

CREATIVE breaks

Evaluation of Time to Live 2012–2013

by Dr. Adele Laing



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Short
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Executive Summary

In July 2010, the Scottish Government announced funding of £1 million per year over five years to establish a short breaks fund to support the provision of short breaks for carers. In 2012 the Creative Breaks programme was established with the aim of:

“Improving short break provision for adults and older people with care and support needs and their families/carers, supporting social and leisure opportunities for young carers.” (Creative Breaks Guidance for Applicants 2012–2013, p.1).

The Time to Live strand is part of the Creative Breaks programme and awards grants directly to individual carers so that they can arrange and pay for the short break that suits them best.

In 2011 the Time to Live strand was piloted with 12 organisations who offer support to carers based upon geographical boundaries. In 2012 the application was extended to include organisations with a national, condition specific focus. This evaluation examines the projects running from October 2012 through to September 2013

The projects

- 20 organisations were funded to run 22 projects
- 17 of the projects funded worked with carers within a specific local authority area and five projects work nationally with carers providing care to people with specific conditions
- Including the five condition specific projects a total of eight projects ran for the first time in 2012

The grants awarded and the carers who benefited.

- In total, an estimated 1360 grants were awarded.
- In total 1,814 carers were awarded funding to support a short break and 1,064 cared for people benefitted from their carers taking their short breaks.
- Projects aimed to support 1,413 carers and this target was met and surpassed by 22%.
- Of the targets set in relation to hard to reach carers the only target met and surpassed was those carers living in the lowest Scottish Index of Multiple Deprivation (SIMD) areas (316 proposed vs 251 achieved). Targets for carers from BME communities (90 proposed vs 37 achieved) and Carers in Isolated Rural Locations (802 proposed vs 800 achieved) were not achieved but in the latter case only by 2 carers.
- 883 of the carers supported had not had a break in the previous 12 months. 102 were single parent carers and only 1 carer from the gypsy/traveller community was supported.
- 34 kinship carers were supported, considerably fewer than the 75 proposed and only 153 young carers were supported compared to the 217 proposed.
- Despite not achieving their targets the projects all stated that they were reaching new and under-served carers.

How did projects advertise Time to Live?

Projects advertised the fund widely and adopted creative advertising strategies in order to reach new and under-served carers. Advertising strategies included: taking part in radio presentations; placing information and leaflets in schools and general practice surgery's; forging new links with other agencies and workers working with people in hard to reach groups who are not necessarily providing support related to caring to; and, disseminating information via Allied Health Professionals, Social Workers and General Practice Surgeries.

How did projects administer Time to Live?

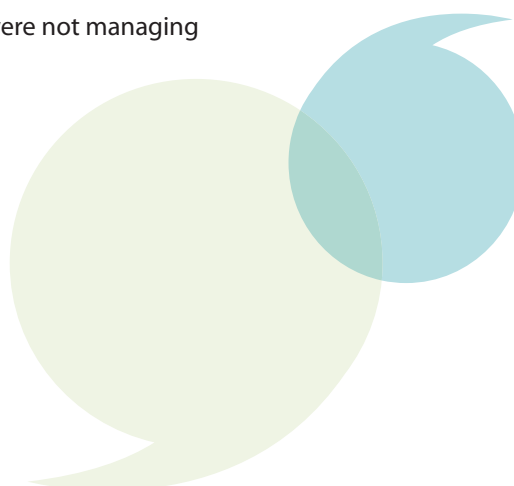
- Projects spent considerable time working with carers to make them aware of the fund and supporting them to believe that a short break was something that they would benefit from, that they were deserving and that a short break was possible.
- All of the projects created and used application forms for applicants to complete. Guidance in completing the application forms was provided online, via separate documentation, incorporated into the application form and/or via one-to-one support.
- All of the projects spoken to offered one-to-one guidance when completing the application if necessary and one organisation required that applications were made under the guidance of either one of their own staff, Carer Support Workers or Social Workers.
- Applications were assessed by a panel composed of board members, Social Workers, Allied Health Professionals, members of carer support organisations, carers and project staff. Applications were screened by project staff before panel meetings to ensure compliance, eligibility and that sufficient information was provided.
- Selection was based upon pre-established criteria including: length since the carer had last had a break; time spent caring each week; how long the person has been caring for; whether other funding was available; could the carer afford to pay for the break themselves; if the caring role involved broken sleep; if they were the sole carer; and, if the carer cares for more than one person.

How did carers use the funding?

- Carers used the funding creatively, achieving breaks that were very personalised
- Carers were well supported to make their own choices about what breaks would best suit them and their needs
- Short breaks funded fall into five categories: Traditional Holiday Type Short Breaks (trips requiring overnight stay away from the caring situation); short breaks receiving services (e.g. a massage or alternative therapy); short breaks receiving equipment (e.g. bikes or computers); short breaks receiving space (e.g. a shed or a greenhouse); and, short breaks receiving time (e.g. driving lessons to shorten travel to the caring role, makes time available for a short break)

Were there any implications for Self-directed Support?

- Projects could not give a concrete answer on how carers found managing their short break budgets as this was not something they had asked nor could they make comment on if the project had inspired carers to look into Self-directed Support. Anecdotally it was reported by three projects that some carers had gained confidence from managing their own budgets and it was stated that some were keen to go further and apply for other funding.
- Two projects stated that they felt there was no connection between the Time to Live projects and Self-directed Support as they were far too different, and managing a short break was not the same as, or even close to, managing a personal budget.
- Other projects stated that Self-directed Support was so far behind in their area that it was not likely that any carers were considering it, and certainly they did not know of any who were aware.
- One project was not giving money directly to carers and so they were not managing their own budgets.



Challenges

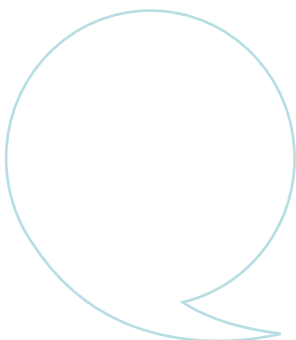
- Carers needed to be persuaded to apply for funding, to think about themselves and to take breaks.
- The administrative process and striving to reach new and under-served carers resulted in slower than envisaged uptake. Though projects soon found that applications arrived and there was no problem distributing the funding.
- All organisations stated that their Time to Live projects were particularly time consuming. Only one project felt that they had adequately applied for the actual costs for staff time on the initial application and many had considerably under-applied.
- The organisations running Time to Live projects are diverse and for some the financial burden of administering Time to Live projects is greater. Smaller projects with less administrative support face greater challenges running the projects as they have to establish administrative procedures not already in existence.
- Projects were hampered in their administration by several inconsistencies between information requested by Shared Care Scotland in the initial applications, mid-term reports and End of Grant reports.
- The individual grants awarded to carers varied considerably across projects and there was an apparent geographical divide with the largest grants offered in the central belt and the smallest in the Highlands and Islands.
- Projects adopted different strategies to managing the funding. Projects which offered smaller grants aimed to achieve a wider spread and provide more carers with an opportunity to have a short break. Projects which offered larger grants focused more on supporting those that were funded to take greater breaks.
- There is confusion surrounding the exclusion of carers of disabled children and young people from the Time to Live fund. Two projects had not realised that the carers of disabled children and young people were not eligible until after supporting and receiving applications from such carers. Three projects reported that there was no equivalent funding for carers of disabled children and young people.

The right break at the right time

- Carers have made excellent use of the Time to Live fund and have taken creative and personalised short breaks, but personalised short breaks do not need to be creative to be effective.
- The right break at the right time is about supporting carers to choose the breaks that work best for them, no matter how pedestrian or how radical they might seem.

Thank you

- Carers were profoundly grateful for all that they received.
- Just the act of supporting carers to make applications had a positive effect; hearing another person identifying the good and demanding work that they are doing and recognising that they needed a break was significant. It was nice for the carers to feel cared for themselves.



Section 1:

Background

1.1 Introduction

In July 2010, the Scottish Government announced funding of £1 million per year over five years to allow the provision of additional short breaks and respite care, to help support and sustain carers – including young carers and kinship carers.

Shared Care Scotland, working on behalf of Scotland's National Carer Organisations and the Scottish Government, was asked to establish and administer a Short Breaks Fund – a grant making programme to support the development of short break services and to support carers and their families to arrange their own breaks.

1.2 Creative Breaks and Better Breaks

In 2012 additional funding was made available specifically for disabled children and their families. As a result of additional funding the Short Breaks fund split into two separate programmes; the Creative Breaks programme and the Better Breaks programme. The remit for the Creative Breaks programme was:

“Improving short break provision for adults and older people with care and support needs and their families/carers, supporting social and leisure opportunities for young carers.”

and the remit for the Better Breaks programme was:

“Improving short break provision for disabled children and their families/carers”.
(Creative Breaks Guidance for Applicants 2012–2013, p.1).

1.3 The remit

The guidance given to organisations applying for Creative Break funding stated that the purpose of the programme was “to improve the range, choice and availability of short breaks so that carers and the people they care for have a better quality of life and feel better supported in their caring relationship.” (Creative Breaks Guidance for Applicants 2012–2013, p. 4).

There were five key outcomes that Shared Care Scotland wanted to achieve with the fund, these were that:

- Carers and the people they care for will have improved wellbeing;
- Carers will have more opportunities to enjoy life outside of their caring role;
- Carers will feel better supported to sustain their caring role;
- Carers who are less likely to ask for support (such as carers from BME communities, kinship carers, and carers of people with a mental health problem) will feel better supported and more aware of sources of help; and,
- Through sharing learning and practice there will be better understanding of the role of short breaks in supporting caring relationships.

Particular emphasis was given to supporting less visible ‘hard to reach’ carers; those from specific communities or areas with whom there has historically been less engagement and who have as a result been under-served. Hard to reach carers include: BME carers; carers living in areas of multiple deprivation; carers living in isolated rural locations; young carers; kinship carers; single parent carers; and, carers from the Gypsy/Traveller community.

1.4 Time to Live

The Time to Live strand is part of the Creative Breaks programme and it is therefore eligible to people who care for and support adults¹ and older people. Time to Live projects award grants directly to individual carers so that they can arrange and pay for the short break that suits them best.

In 2011 the project was piloted with 12 organisations who offer support to people based upon geographical boundaries.

In 2012 the application was extended to include organisations with a national, condition specific focus.

1.5 The evaluation

This evaluation looks at Time to Live projects funded through Round 1 of the Creative Breaks Programme running from October 2012 through to September 2013.

1.5.1 Aims of evaluation

The aims of the evaluation are:

- To review the individual projects funded through Round 1 of the Creative Breaks Programme to deliver Time to Live grants. In doing so, to compare and contrast how each project is delivering the grants, how well they are reaching new and under-served carers, how carers are using the funding and to what extent they are preparing carers for Self-directed Support.
- To compare and contrast the financial implications of administering a fund like Time to Live across the funded projects.
- To capture and communicate points of learning and good practice around giving grants directly to carers / cared for to take a short break – in order to inform future funding programmes as well as future practice in delivering short breaks.

1.5.2 Evaluation process

Shared Care Scotland has monitored and evaluated each project using Mid-term and End of Grant Reports. Whilst the reports produced have captured a breadth and depth of information they were not specific to Time to Live projects. Telephone interviews were conducted with a representative from each project in order to enhance the data; to explore issues of specific interest to the Time to Live grants which was beyond the scope of the Mid-term and End of Grant Reports. The evaluation draws upon information collected in the Mid-term and End of Grant Reports, and the telephone interviews.

¹ Adults are above the age of 20. Creative Breaks provides funding for children and young people up to the age of 20 (Creative Breaks Guidance for Applicants 2012–2013, p. 6).

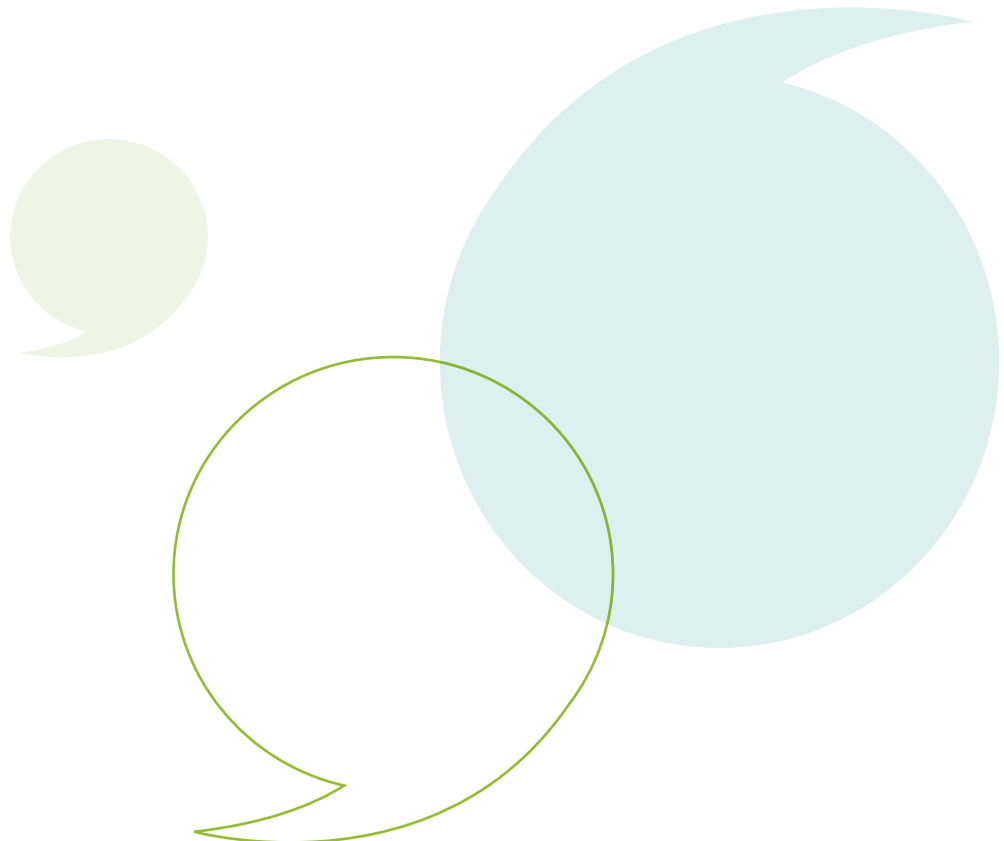
1.5.3 Key questions

Specific questions addressed included:

- How many grants were given and how many carers / cared for benefitted as a result? Did this meet the target set?
- How well are the projects reaching new and under-served carers, and what strategies have they adopted to achieve this aim?
- How did the projects advertise the funding to potential applicants?
- How did projects manage the application process? What support was offered to applicants? Who assessed applications?
- How carers are using the funding? How personalised are the breaks?
- How do carers find managing their own breaks? Is there any learning relevant for Self-directed Support?

1.5.4 Format of the report

The report is split into 5 sections. Section One outlines the background of the Time to Live fund and this evaluation. Section Two outlines the projects funded, the number of grants given, the number of carers and cared for people who benefitted from taking short breaks. Section Three outlines how the projects were administered. Section Four discusses how carers used the funding, the breaks taken and how carers found managing their own budgets. Section Five is a discussion of outcomes and a conclusion. The report ends with a set of recommendations.



Section 2:

The Projects Funded

Section Two outlines the projects funded, the number of grants given, the number of carers and cared for people who benefitted from taking short breaks.

2.1 The projects

In total 22 Time to Live projects were operated in 2012 by 20 organisations. This evaluation looks at the work conducted by these 21 organisations with projects funded and running between October 2012 and October 2013.

There were 17 projects working with carers within specific local authority areas and five condition specific projects working nationally. The condition specific organisations funded were: Alzheimer Scotland; Down's Syndrome Scotland; MND Scotland; SENSE Scotland; and, Support in Mind Scotland.

As a result of the changes introduced in 2012 this was the first time that the condition specific organisations had been funded, three geographically specific organisations were also funded for the first time in 2012, these were: Highland Community Care Forum; PRT Borders Carer Centre; and, Quarriers (Moray). Table 1 lists the projects funded.

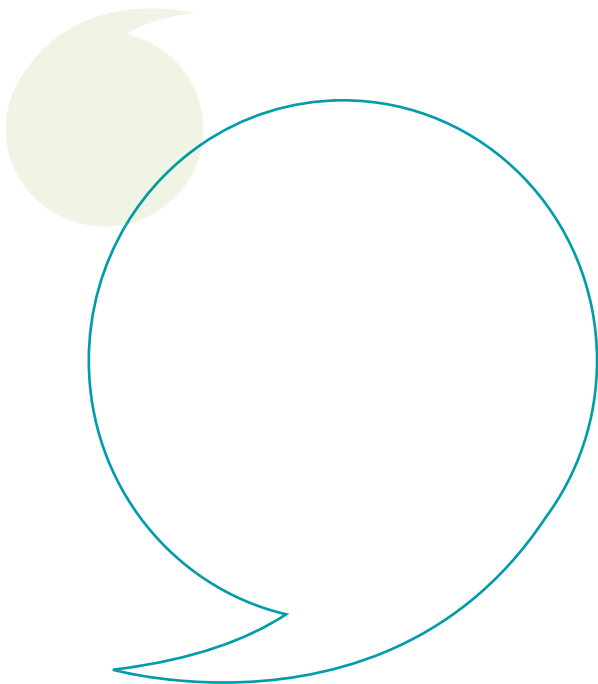


Table 1: The organisations funded, the project names and whether they are geographical or condition specific

Organisation	Project Name	Geographical/ Condition Specific
Alzheimer Scotland	Short Breaks for People with Dementia and their Carers	Condition Specific
Argyll & Bute Carers Network	Creative Carer Breaks in Argyll and Bute	Geographical
Carers of West Lothian	Time Out Project	Geographical
Crossroads Orkney	Weekend Breaks	Geographical
Down's Syndrome Scotland	DSS Creative Breaks Grant Programme 2012/13	Condition Specific
Dumfries & Galloway Carers Centre	Carers Short Breaks Project	Geographical
Fife Voluntary Action	Something to Look Forward To (Fife)	Geographical
Highland Community Care Forum	Time to Be	Geographical
MND Scotland	MND Scotland Holiday Grant Fund	Condition Specific
PRT Borders Carers Centre	My Time	Geographical
PRT Carers Centre (Falkirk & Clackmannanshire)	Short Breaks for Adult Carers in Falkirk & Clackmannanshire	Geographical
Quarriers	Quarriers Short Break Fund	Geographical
Sense Scotland	Breathing Space	Condition Specific
Support in Mind Scotland	National Time to Live Fund for Mental Health Carers	Condition Specific
The PRT Greater Pollok Carers Centre	PRT Greater Pollock Carers Centre	Geographical
The PRT Lanarkshire Carers Centre	Time to Live	Geographical
VOCAL – Voice of Carers Across Lothian	Edinburgh Short Breaks Fund – Time to Live	Geographical
VOCAL Midlothian	Midlothian Short Breaks Fund	Geographical
Voluntary Action Shetland	Short Breaks for Carers Shetland	Geographical
VSA Carers Services – Aberdeenshire	VSA Time to Live Fund Aberdeenshire	Geographical
VSA Carers Services – Aberdeen City	VSA Time to Live Aberdeen City	Geographical
Western Isles Community Care Forum	Short Breaks 2013	Geographical



2.2 Grants awarded

In 2012 a total of £434,395 was awarded to the 22 organisations. The amount offered to organisations providing a geographical grant was calculated on the basis of how many carers reside within their catchment area with an additional premium made available to those delivering services in remote and rural areas. Some organisations were given additional money from returned surplus funds in previous rounds. This additional £42,520 was allocated based on the organisations' plans to use the additional funding.

The total amounts awarded to each organisation is given in Table 2.

Table 2: The amount awarded to each organisations between October 2012 and September 2013

Organisation	Amount Awarded	Additional Money Given
Alzheimer Scotland	£31,200	£6,380
Argyll & Bute Carers Network	£21,000	
Carers of West Lothian	£12,500	
Crossroads Orkney	£2,500	
Down's Syndrome Scotland	£22,815	
Dumfries & Galloway Carers Centre	£28,147	£5,740
Fife Voluntary Action	£39,879	
Highland Community Care Forum	£25,000	
MND Scotland	£5,000	£1,400
PRT Borders Carers Centre	£13,000	£2,640
PRT Carers Centre (Falkirk & Clackmannanshire)	£21,430	£4,250
Quarriers	£19,794	
Sense Scotland	£13,186	
Support in Mind Scotland	£25,480	£5,130
The PRT Greater Pollok Carers Centre	£45,213	£5,100
The PRT Lanarkshire Carers Centre	£15,000	£3,000
VOCAL – Voice of Carers Across Lothian	£32,257	
VOCAL Midlothian	£11,770	
Voluntary Action Shetland	£2,403	
VSA Carers Services – Aberdeenshire	£23,409	£4,760
VSA Carers Services – Aberdeen City	£20,231	£4,120
Western Isles Community Care Forum	£3,181	
Total awarded	£434,395	£42,520

2.3 Amount awarded to individual carers

There was considerable variance in the amount awarded across the country, with standard awards varying from £100 to £750. The central belt allowed the largest grants to carers (£750 – Greater Pollock Carers Centre; £750 – Dumfries and Galloway Carers Centre; £600 – VOCAL; £500 – Carers of West Lothian) and the Highlands and Islands provided the smallest grants (up to £100 – Orkney; up to £200 – Western Isles, Shetland; up to £250 – Highland Community Care Forum). The average maximum grant available was £425, and the average grant given was £304. Table 3 provides a full break down of the maximum grant awarded by each organisation.

Table 3: The maximum grant available to carers and the average grant awarded in each project between October 2012 and September 2013

Organisation	Maximum Grant Available	Average Grant Awarded
Alzheimer Scotland	500	435
Argyll & Bute Carers Network	500	386
Carers of West Lothian	600	347
Crossroads Orkney	100	101
Down's Syndrome Scotland	500	293
Dumfries & Galloway Carers Centre	750	135
Fife Voluntary Action	500	436
Highland Community Care Forum	250	223
MND Scotland	500	339
PRT Borders Carers Centre	300	282
PRT Carers Centre (Falkirk & Clackmannanshire)	300	277
Quarriers	350	305
Sense Scotland	500	359
Support in Mind Scotland	350	350
The PRT Greater Pollock Carers Centre	750	284
The PRT Lanarkshire Carers Centre	300	306
VOCAL – Voice of Carers Across Lothian	600	415
VOCAL Midlothian	500	413
Voluntary Action Shetland	200	95
VSA Carers Services – Aberdeenshire	400	221*
VSA Carers Services – Aberdeen City	400	369
Western Isles Community Care Forum	200	193
Average Maximum Grant Available	425	304

* This is an estimate, as grants given included money from matched funding and it was not clear how the different funding streams were allocated. Aberdeenshire is therefore not included in the overall grant average.

2.4 Number of applications received and funded

The total grants given depended on the amount of funding the individual projects had and the maximum grant available to carers. Most of the projects reported that they were able to fund all *eligible* carers who applied. Table 4 provides a full breakdown of the number of applications received and the number funded. Some projects did not give the number of applications received, in a few instances this is because there were other funds available to carers if they did not receive Time to Live grants.

Table 4: The number of grants awarded by each project between October 2012 to September 2013

Organisation	Number of Applications Received	Number of Applications Funded
Alzheimer Scotland	Approx. 85	83
Argyll & Bute Carers Network	80	70
Carers of West Lothian	29	29
Crossroads Orkney	25	25
Down's Syndrome Scotland	61	60
Dumfries & Galloway Carers Centre	135	126
Fife Voluntary Action	64	58
Highland Community Care Forum	89	89
MND Scotland	23	19
PRT Borders Carers Centre	53	52
PRT Carers Centre (Falkirk & Clackmannanshire)	96	86
Quarriers	55	52
Sense Scotland	31	31
Support in Mind Scotland		75
The PRT Greater Pollok Carers Centre		161
The PRT Lanarkshire Carers Centre	56	53
VOCAL – Voice of Carers Across Lothian	Over 120	71
VOCAL Midlothian	35	26
Voluntary Action Shetland	20	20
VSA Carers Services – Aberdeenshire		100*
VSA Carers Services – Aberdeen City		60
Western Isles Community Care Forum		14

* This is an estimate. Grants given included funding from other sources, so this is the estimate of the proportion of grants that were given from the Creative Breaks funding.

2.5 Carers who were funded

In total the projects aimed to support 1,413 carers to take short breaks, this aim was exceeded as 1,814 carers benefitted.

Despite proposals stating that a total of 217 young carers would be supported only 153 benefitted from short breaks, only Carers of West Lothian (15 stated and 32 achieved) and VSA Aberdeenshire (25 stated and 34 achieved) surpassed their aims. In the latter case this is to be expected as VSA Aberdeenshire were funded to run a dedicated project specifically focusing on young carers. 34 kinship carers² were supported to take short breaks this is less than the 75 proposed.

The group of hard to reach carers best served were those living in Isolated Rural Locations where 800 benefitted from a short break. In total the projects aimed to support 802 carers in rural areas though some areas fared considerably better achieving their aims (PRT Carers Centre (Falkirk and Clackmannanshire) 10 stated and 26 achieved, VSA Aberdeenshire 125 proposed and 217 achieved), than others (VOCAL Midlothian 20 stated and 0 achieved, Fife Voluntary Action 10 stated and 1 achieved).

There were 37 carers from BME communities mostly coming from projects with a greater urban catchment area as might be expected. This was considerably less than the 90 BME carers who projects proposed to fund. This can be accounted for as more rural areas failed to meet their targets (Argyll & Bute Carers Network stated 20 and achieved 0, VSA Aberdeenshire stated 20 and achieved 0) but more urban areas did not fare much better (The PRT Greater Pollock Carers Centre stated 20 and achieved 10, VOCAL Midlothian stated 5 and achieved 2). There were 316 carers from the lowest Scottish Index of Multiple Deprivation (SIMD) areas and this compares with the 251 proposed. The PRT Greater Pollock Carers Centre (stated 90 achieved 128) and VSA Aberdeenshire (stated 30 achieved 56) did better than expected but Fife Voluntary Action (stated 36 achieved 12) funded less carers in SIMD areas that proposed.

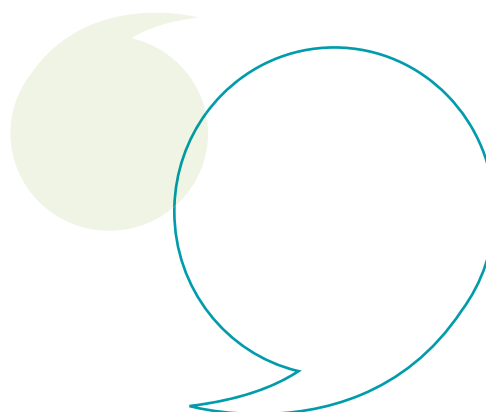
Of the 1,814 supported carers 883 had not had a break in the previous 12 months and 102 were single parent carers. There was only 1 carer from the gypsy/traveller community. There were 250 carers listed as other. Other carers included carers of people with Mental Health difficulties, carers of people with cancer, carers of older people, sibling carers and adult carers. A full breakdown of the funded carers is in Table 5 and a comparison of the target figures and those funded is in Table 6.



² Kinship Carer is usually a close family member who looks after a child or children in place of a parent on a full time basis, because the child's parents are unable to do so.

Table 5: Breakdown of the carers funded by projects between October 2012 and September 2013

Organisation	Total Carers	Type of Carer		
		Kinship	Young	BME
Alzheimer Scotland	102		5	
Argyll & Bute Carers Network	171	1	0	0
Carers of West Lothian	109	0	32	3
Crossroads Orkney	23	0	1	1
Down's Syndrome Scotland	60			
Dumfries & Galloway Carers Centre	137	1	24	
Fife Voluntary Action	58	1	2	3
Highland Community Care Forum	89		7	2
MND Scotland	25			
PRT Borders Carers Centre	52	2	3	3
PRT Carers Centre (Falkirk & Clackmannanshire)	86	1	1	0
Quarriers	56	0	17	0
Sense Scotland	51			1
Support in Mind Scotland	90			
The PRT Greater Pollok Carers Centre	188	7	14	10
The PRT Lanarkshire Carers Centre	53	1		2
VOCAL – Voice of Carers Across Lothian	97	3	7	6
VOCAL Midlothian	28	3	0	2
Voluntary Action Shetland	50	0	3	0
VSA Carers Services – Aberdeenshire	217	7	34	0
VSA Carers Services – Aberdeen City	60	7	2	4
Western Isles Community Care Forum	14	0	1	0
TOTAL	1814	34	153	37

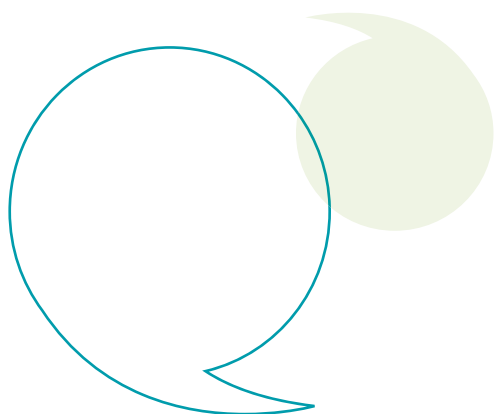


Type of Carer					
Gypsy Traveller	Carers in Isolated Rural Locations	Single Parent Carers	SIMD Areas	No Break in 12 Months	Other
	34	2		47	
1	168			169	
0	2	1	5	22	
0	3	0	0	2	0
	11	15	17	20	20
	137	21			
	1	1	12	56	
	25		10	25	
	1		1	7	
0	52	25		52	
0	26	4	22	52	15
0	56	1	0	20	10
	4	9	9	6	65
					90
0	0	1	128	188	0
					50
0	0	19	17	47	
0	0	1	4		
0	50	2	0	4	
0	217		56	120	
	0		35	42	0
0	13	0	0	4	
1	800	102	316	883	250

Table 6: Comparison of the targets set and carers funded between October 2012 and September 2013

Organisation	Total Carers		Kinship Carers		Young Carers	
	Stated	Actual	Stated	Actual	Stated	Actual
Alzheimer Scotland	97	100				5
Argyll & Bute Carers Network	150	171		1		0
Carers of West Lothian	25	109		0	15	32
Crossroads Orkney	25	23	1	0	5	1
Down's Syndrome Scotland	60	60				
Dumfries & Galloway Carers Centre	145	137	5	1	40	24
Fife Voluntary Action	42	58	4	1	10	2
Highland Community Care Forum	120	89			50	7
MND Scotland	10	25				
PRT Borders Carers Centre	20	52	10	2	10	3
PRT Carers Centre (Falkirk & Clackmannanshire)	50	86		1		1
Quarriers	30	56		0	6	17
Sense Scotland	30	51				
Support in Mind Scotland	100	90				
The PRT Greater Pollok Carers Centre	90	188	15	7	20	14
The PRT Lanarkshire Carers Centre	100	53		1	20	
VOCAL – Voice of Carers Across Lothian	50	97		3		7
VOCAL Midlothian	40	28		3		0
Voluntary Action Shetland	50	50	10	0	6	3
VSA Carers Services – Aberdeenshire	125	217	20	7	25	34
VSA Carers Services – Aberdeen City	40	60	10	7	10	2
Western Isles Community Care Forum	14	14		0		1
TOTAL	1413	1814	75	34	217	153

BME		Carers in Isolated Rural Locations		SIMD Areas		Other	
Stated	Actual	Stated	Actual	Stated	Actual	Stated	Actual
3		20	34	5		5	
20	0	130	168				
	3	4	2		5		
2	1	20	3		0		0
		10	11	20	17		20
		145	137			15	
	3	10	1	36	12	10	
	2	120	25		10		
			1		1		
	3	40	52				
	0	10	26		22		15
	0	30	56		0		10
5	1	5	4	10	9	10	65
						100	90
20	10	0	0	90	128	30	0
5	2	20		10		10	50
5	6	5	0	10	17		
5	2	20	0	20	4	2	
	0	76	50		0		
20	0	125	217	30	56	30	
5	4		0	20	35	15	0
0	0	12	13		0		
90	37	802	800	251	316	227	250



2.5.1 The coverage within each area

The percentage of carers supported in each area was calculated using data from the 2011 Census (National Records of Scotland, 2011 Census – Table QS301SCb – Provision of unpaid care). The total number of unpaid carers in each council area in Scotland was compared against the number of carers supported by Time to Live projects working within each council area.

Voluntary Action Shetland achieved the greatest saturation with 2.46% of the carers receiving funding for a break between 2012 and 2013. Argyll and Bute Carers Network (1.94%) and Crossroads Orkney (1.16%) followed most closely behind. The PRT Lanarkshire Carers Centre (0.15%) and Fife Voluntary Action (0.17%) achieved least saturation. Table 7 provided a detailed breakdown of the percentage of carers supported by Time to Live projects to take a short break between 2012–2013.

Table 7: The percentage of carers funded in each area

Organisation	Total Carers Funded	Total Carers in Area	% of Carers Supported
Alzheimer Scotland	102		
Argyll & Bute Carers Network	171	8,821	1.94
Carers of West Lothian	109	16,645	0.65
Crossroads Orkney	23	1,978	1.16
Down's Syndrome Scotland	60		
Dumfries & Galloway Carers Centre	137	14,955	0.92
Fife Voluntary Action	58	34828	0.17
Highland Community Care Forum	89	20,993	0.42
MND Scotland	25		
PRT Borders Carers Centre	52	10,346	0.50
PRT Carers Centre (Falkirk & Clackmannanshire)	86	19,749	0.44
Quarriers	56	7,809	0.72
Sense Scotland	51		
Support in Mind Scotland	90		
The PRT Greater Pollok Carers Centre	188	53,914	0.35
The PRT Lanarkshire Carers Centre	53	34,393	0.15
VOCAL – Voice of Carers Across Lothian	97	37,859	0.26
VOCAL Midlothian	28	8,238	0.34
Voluntary Action Shetland	50	2,034	2.46
VSA – Aberdeenshire	183	19,398	0.94
VSA Carers Services – Aberdeen City	60	15,571	0.39
Western Isles Community Care Forum	14	2,660	0.53

2.5.2 Who funded carers are caring for

In total 1,064 cared for people benefitted from the Time to Live project. This number differs from the number of carers who were funded as people may have more than one carer who benefitted from the fund. 411 physically disabled people or people who have long term health conditions benefitted from Time to Live projects. The carers of 230 people with Dementia were funded to take short breaks, 83 of which were supported by the project ran by Alzheimer Scotland. The carers of 130 people with Learning Disabilities were supported, 47 being funded by Down's Syndrome Scotland. There were 156 carers of people with mental health difficulties, 39 of which came from Support in Mind. 103 and 11 carers of people with Autism and sensory impairment respectively benefitted from short breaks. Only 15 of the people who took breaks were carers of people with addictions. 83 cared for people were listed as other. Other people included people with brain injuries, cancer, people under 65 with dementia, cerebral palsy and kinship. The total number for each of the different subgroups is greater than the total number of cared for people as some people have more than one condition. A full breakdown of the people which the funded carers care for is in Table 8.

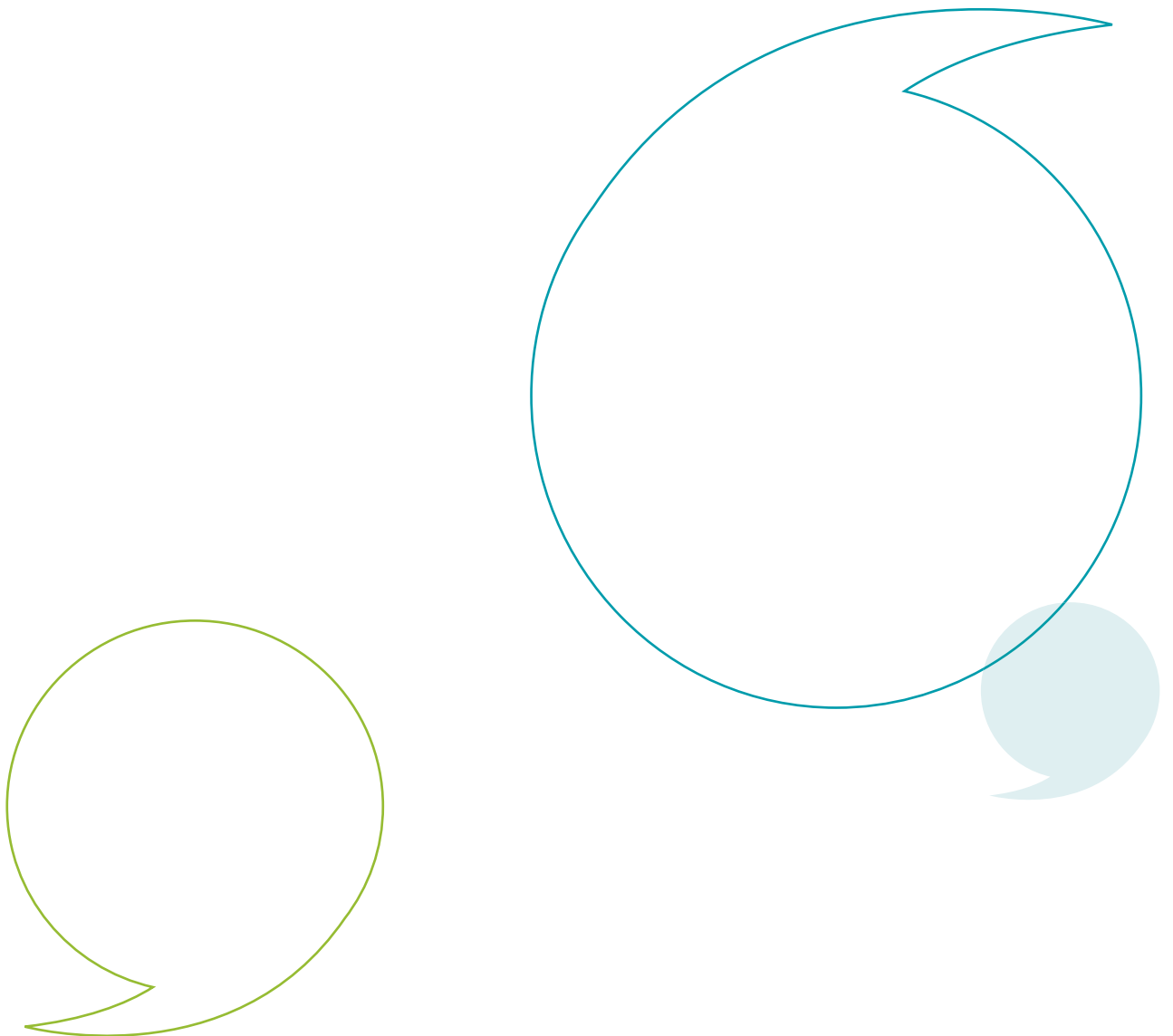
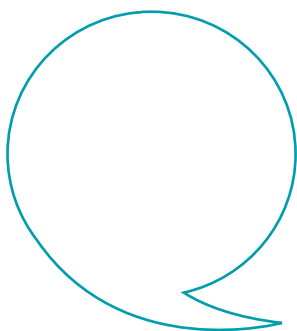


Table 8: Breakdown of the cared for people whose carers have benefitted from taking a short break between October 2012 and September 2013

Organisation	Total	Cared For		
		Physical Disability/Long Term Condition	Dementia	Learning Disability
Alzheimer Scotland	83		83	
Argyll & Bute Carers Network	22	14	1	3
Carers of West Lothian	23	11	7	
Crossroads Orkney	7	5	0	0
Down's Syndrome Scotland	47			47
Dumfries & Galloway Carers Centre	57	19		7
Fife Voluntary Action	27	13	7	2
Highland Community Care Forum				
MND Scotland	18	18		
PRT Borders Carers Centre	52	30	4	8
PRT Carers Centre (Falkirk & Clackmannanshire)	40	29	4	5
Quarriers	22	17	3	3
Sense Scotland	34	34	0	
Support in Mind Scotland	39			
The PRT Greater Pollok Carers Centre	177	82	30	15
The PRT Lanarkshire Carers Centre	28	12	1	8
VOCAL – Voice of Carers Across Lothian	74	5	25	7
VOCAL Midlothian	29	8	8	4
Voluntary Action Shetland	6	8	2	0
VSA Carers Services – Aberdeenshire	204	83	40	11
VSA Carers Services – Aberdeen City	70	19	15	10
Western Isles Community Care Forum	5	4		
TOTAL	1064	411	230	130



Cared For				
Mental Health Problem	Autism	Addictions	Sensory Impairment	Other
				11
1	2			1
3				
0	2	0	0	
5	13			13
4		1		
6	3			10
4	2	0	0	8
4	3	0	0	
		0		
39				
33	33	9	0	0
1	4		2	
6	15	2	1	3
2	4	0	0	3
4	2			
25	18	3	7	29
19	2	0	1	4
				1
156	103	15	11	83



Section 3:

How Projects were Administered

Section Three outlines how the projects were administered.

Despite the diversity in the size and remit of the organisations administering the funding projects were administered very similarly across the board.

3.1 Advertising

All but one of the projects spoken to stated that they issued an open call for eligible carers to apply for the funding available. Of the projects spoken to 14 stated that they had prepared short articles for in house magazines and additional carers publications as suited to their particular group. 14 projects ensured that Allied Health Professionals, Social Workers and other charitable advice workers were made aware of the funding with the intention that they would make their clients aware as appropriate. One organisation took part in BBC radio presentations in order to specifically target their audience, knowing that this was a particularly effective tool within their specific geographical area. Two organisations discussed placing information and leaflets in schools and five mentioned doing the same in General Practice Surgeries. Three projects worked to forge new links with other agencies working with people in hard to reach groups, who are not necessarily providing support related to caring, to disseminate information about the fund and to support applications.

19 of the projects advertised the funding on their own webpage. One project which was composed of many smaller groups only advertised the funding on the website of one of the groups and it was difficult to find, one other project did not appear to have any advertisement on their own webpage but it was listed on the local authority webpage and one other project did not appear to have advertised the project anywhere online.

3.2 The application process

All of the projects created a standard application form for applicants to complete. 14 organisations made the application forms available online (for download), applications were also available for postal return, for collection from the projects premises or for distribution via Allied Health Professionals, Social Workers and other charitable advice workers. One organisation created an online application which applicants could complete and submit online via a web form. Others permitted applicants to make applications via email or via telephone request, though it should be noted that these organisations did subsequently find a need to create an application form which they deployed, once created, midway through the funding period.

The projects noted that they were aware that carers often feel overburdened by the paper work that they are required to complete, and so they were cautious when designing their applications so as not to make yet more arduous work for carers.

14 organisations provided written guidance to support applicants when completing the application forms, 11 of these organisations made this information available online (via download). Guidance notes were either offered with the application form or via download. In several instances it was stated that application guidance was incorporated into the actual application form and one organisation stated that they had purposely made the application very easy to complete such that guidance was not necessary.

All organisations offered one-to-one support, if required, to help applicants. Two of the organisations spoken to required applicants to have one-to-one support when completing the application forms.

The guidance provided was primarily used to ensure that applicants were aware of eligibility criteria so as not to cause wasted time. In many instances guidance also included information about the selection criteria and it was stated that this was done in order to ensure a fair and clear processes and to make applicants aware of this.

3.2.1 Carer involvement in the organisation

As noted, most organisations opened up applications to anyone apply within their particular catchment area and as a result applications were welcomed from both those that they were aware of and had worked with previously, and entirely new carers with whom they had had no previous contact.

Two projects required some usage of their services whilst applying, for example in one area applicants were supported by carer support workers when completing their applications. If the carers didn't have their own carer support worker then the project would allocate one to enable them to complete their application. In this particular area applications could be submitted via the relevant carer support worker, or via an Allied Health Professional or Social Worker in tandem with a carer support worker, but never solely by the applicant directly.

3.2.2 Selection

The standard form of appraisal was by panel. All of the organisations spoken to either used established panels or created panels specifically with the purpose of assessing the applications and selecting which carers should be funded. Panels were composed of board members, Social Workers, Allied Health Professionals, members of carer support organisations, project staff members and carers. Two organisations had a short break panels composed entirely of carers. Two organisations stated that they had Short Breaks panels which were composed entirely of carers.

Most organisations found it wise to have the panel meet at set points throughout the year, and where this had not been established at the beginning of the grant period this was soon implemented as it was subsequently found to be necessary. The regularity of panel meetings varied, for example in some areas the panel met four times throughout the funding period, others met every six weeks and the two panels composed solely of carers met fortnightly to review and make decisions about applications.

It was noted by some organisations that although they had regular panel meetings they did have some flexibility for carers. There was an understanding that the needs of carers and those they care for can sometimes change rapidly; panels therefore did, at times, meet outside of pre-arranged occasions. Alternatively the decision making process was conducted via email where an application had an urgent status, for example the carer was deemed to be at crisis point or the cared for person was rapidly nearing the end of their life.

Most projects had a key staff member who would assess applications pre-panel in order to ensure compliance and fullness of information, and if necessary they would obtain more information before submitting the application. The same key staff member was also responsible for liaising with the applicant post panel meeting, reporting their decisions and requesting additional information if the panel requested further clarification. If necessary this staff member might be authorised to make a decision as recommended by the panel based upon additional information received or to return the application to the panel for reconsideration.

3.2.3 Selection criteria

Applications were accepted using the criteria established by Shared Care Scotland:

“Carers and the people they care for will have improved well being
Carers will have more opportunities to enjoy a life outside of their caring role
Carers will feel better supported to sustain their caring role
Carers who are less likely to ask for support (such as carers from BME communities, kinship carers, and carers of people with a mental health problem) will feel better supported and more aware of sources of help “
(Shared Care Scotland, Guidance to Applicants 2012–2013).

Additional selection criteria were determined to ensure that those most in need were prioritised, this included:

- The time since the last break;
- The financial situation of the carers and whether they were in receipt of other funding;
- The caring situation (was it full or part time, how long had they been caring, did the caring involve interrupted sleep, was other support available either informally or formally, were they caring for more than one person); and,
- The state of the carers own health (were they at “breaking point”; the state of the cared for persons health, whether the caring demand was high, was the condition terminal, or if they were nearing the end of life).

One organisation felt it was very important to have clear selection criteria and that these should be shared with applicants. As they stated:

“It was a big change for us to actually be the gate keeper normally we are negotiating with the gate keeper. If you see what I mean. So I thought it was really important that we were very clear and transparent and open with carers ... about how we were making the decisions and why we were making the decisions we were making. ... but I also felt it was useful for any disappointment because we have been in the position where we are saying no to people that they don’t feel negative about VOCAL and that they don’t feel that they can’t talk to us about other things.”
(VOCAL, T.I., 7.30).



3.3 Measuring the difference made by the short breaks

All of the projects used a variation of a written feedback / evaluation form to assess the difference made by taking the short break. One project elected to use a standardised instrument “the ACQOL³ toolkit” (Borders, EoG Report, Q2.10, p. 8). The remaining projects used documents which had been developed in house.

It was stated that the outcome training day facilitated by Evaluation Support Scotland and Shared Care Scotland had helped organisations to develop their written feedback/ evaluation forms. Other projects also stated that they had had additional liaison with Evaluation Support Scotland in order to further support development.

Four of the projects spoken to stated that they had designed their written feedback/ evaluation forms to be as simple as possible for carers to complete (with tick boxes where appropriate). Two projects mentioned the importance of allowing space for prose in order to enable applicants to fully describe their own situation and the break requested. As one project noted *“we ask people to tell us in their own words what difference the grant will make/ has made to them, as we really want to know the personal impact of the scheme on people’s lives.”* (MND Scotland, Q. 2.10, p. 8)

Two projects mentioned that they created specific forms for specific groups, for example a simplified version for young carers was developed by one group, noting that this form was *“completed on a one to one basis with Young Carers using an interview approach”* (Dumfries & Galloway, Q. 2.10, p. 10).

Some projects mentioned looking for change over time capturing using carer support workers to assess and obtain baseline measurements prior to the break and following up with written feedback / evaluation post break. Other projects used the initial application as a means to gather initial baseline information. Both means amounting to a *“wellbeing tick box pre and post award”* (Highland Community Care Forum, Q.2.9, p. 7).

As well as capturing formal feedback from carers, feedback was also captured from others who were witness to the beneficial effects of the breaks, for example, *“conversations with family advisors to provide an indication of longer term impact and future needs”* (SENSE, EoG Report, Q 2.10, p. 9).

Some projects attempted to capture the longer term benefits of the short break with more qualitative approaches. One project noted that such long term feedback would be gained from carers who also received respite care from the organisations during their six monthly review.

The projects reported many informal means used to measure the difference that the projects made. Such informal methods included: letters, email and phone calls. Some organisations also captured feedback verbally at project events that the funded carers were attending for example, *“the carers summer outing and the young carer Easter/summer programmes”* (Carers of West Lothian, Q.2.10, p. 7). Some projects also used receiving of Thank you cards and postcards as indicative of the difference that the short break made to carers.

In addition to capturing information about the specific breaks taken projects also asked applicants for feedback on how they might do things differently were they to apply again in order to learn from the direct experiences of carers and to pass this on to future applicants.

Similarly, organisations also undertook evaluations to assess at project level, what worked and what did not with a view to informing and enhancing future delivery subject to further funding. Some produced case studies to support organisational evaluation and learning, and for demonstrating why the Time to Live fund made a difference to carers lives.

3 Australian Centre on Quality of Life

Section 4:

How Carers Used the Funding

Section Four discusses how carers used the funding, the breaks taken and how carers found managing their own budgets.

4.1 Carers in control of their own breaks

Initial guidance provided to organisations applying to run projects stated that the Creative Breaks grant programme should follow four specified principles, one of which states that:

“Funding will provide opportunities for carers and the people they care for to be at the centre of planning and decision making about their short breaks, and for their break to be genuinely personalised: the right break at the right time” (Shared Care Scotland, Guidance to Applicants 2012–2013, p. 2).

All applicants were given freedom to choose a break for themselves and to design it subject to the funding available. All of the organisations spoken to stated that they would offer one-to-one support to help applicants to choose and design their breaks. Where one-to-one support was required the carers were supported to ensure that the breaks they were choosing were indeed what they wanted and needed and that they would be of genuine benefit to them.

“For many carers this was their first taste of being fully in control of how they use a budget and required a real revolution in thinking. Not only could they choose what kind of short break to have, the focus was on their needs – both alien concepts for some carers to take on board. Many of the families we support have to be so focused on caring, from the day to day physical tasks to fighting for budgets and resources, their own needs are pushed so far to the side that they might as well no longer exist. Life is managed on a day to day basis and the thought of tomorrow or next week, next month, next year holds little but anxiety for the future. It is very easy for them to identify the needs of the person cared for but much more difficult to think about their own needs and what kind of break would benefit them.

This project supports personalisation for carers and those they care for in that the opportunity to access funds for a short break in a sense forced carers to begin to think about making active choices around how budgets can be used creatively and to make the cultural leap from taking the care “package” offered to creating more imaginative options.” (SENSE, EoG Report, Q 2.9, p. 7–8).

Many carers need to be reminded that the short breaks were for them and not for those that they cared for, as one project stated “I told her, “that’s a very lovely break now let’s talk about what **you** would like to do”.

4.2 How carers used the funding

Carers arranged a very diverse range of short breaks, demonstrating the success of the projects' abilities to support carers to take personalised breaks. The short breaks taken can be roughly ordered into 5 categories: traditional holiday type short breaks; short breaks receiving services; short breaks receiving equipment; short breaks receiving space; and, short breaks receiving time.

4.2.1 Traditional holiday type short breaks

Many carers elected to take traditional holiday type short breaks. These ranged from weeks away abroad to weekends staying with relatives. Understandably there was a connection between the style of traditional holiday type short breaks and the amount of funding available from the projects to which they were applying. Applicants who could apply for less funding either supplemented themselves or stayed with family. Larger grants were also sometimes supplemented to extend the duration of the trip or the quality of the accommodation.

4.2.2 Short breaks receiving services

Carers used the short breaks to receive services, the most common services being massages and alternative therapies such as aromatherapy. Depending on the funding available carers used the money to book several sessions of such therapies. Other services paid for included guitar lessons, gym memberships and leisure centre membership to enable regular swimming sessions.

Funding was used to help young carers purchase breaks in the forms of services they could attend such as music lessons or after school clubs enabling them to get time away from their caring roles and to be children again. One young carer stated that their break was: *"Kinda fun, kinda helped me getting friends"* (Carers of West Lothian, Q.2.8, p. 5–6).

Some projects arranged group services for carers who were eligible for Time to Live funding. One project recognised that carers felt isolated and that they would benefit from a short break in which they were able to pursue an activity as a group; simultaneously receiving a break and gaining some peer support and interaction. In one area a group of carers who visited the projects centre, and who were eligible to apply to the *Time to Live* fund, expressed an interest in taking Yoga classes. The organisation arranged a regular Yoga group for the carers to attend together. The carers feedback stated that they had: *"Enjoyed the social aspect of the group", "Would love the class to continue", "Enjoyed the small encouraging group", "Enjoyed feeling so relaxed", "So relaxing, it was brilliant" and "Feeling of well being and inner strength"* (Carers of West Lothian, Q.2.8, p. 5–6).

4.2.3 Short breaks receiving equipment

Some carers used the funding to purchase equipment to enable them to take short breaks more regularly. One carer used the funding to buy sports clothes to enable them to take part in exercise and to attend the gym.

Another carer who felt isolated and lived in a geographically isolated area used the funding to purchase a computer and training which enabled them to seek and obtain support online.

One young carer used the funding to purchase baking equipment to enable them to pursue baking cakes as a hobby, it was noted that this helped the young carer to re-establish their identity within the family where as previously they had felt invisible due to the primacy of their unwell siblings needs; baking cakes enabled them to do something for which they could gain attention and which they and the family enjoyed.

Other young carers have enjoyed the purchase of bikes which enabled them to take a break from their caring role and to play with their friends.

“Z and D care for their mum (brain injury caused by a vicious attack by the girls’ father). For their break, they chose bikes – the family does not have the means to buy Z and D the things their friends have. This will make it easier for the girls to take regular breaks from their caring responsibilities, and to feel the same as their friends.” (Quarriers Moray, EoG Report, Q.2.8, p. 6).

4.2.4 Short breaks receiving space

Carers have used the funding in creative ways to enable them to have a space in which they can take a short break whenever time allows. For example the funding was used to purchase a greenhouse which gave the carer somewhere to escape to, to take a short break. The availability of having somewhere to escape to whenever they needed provided real support in sustaining their caring role. The greenhouse also provided benefits in that the carer had been able to use it to grow plants which had won prizes at local gardening shows, enhancing their self-esteem.

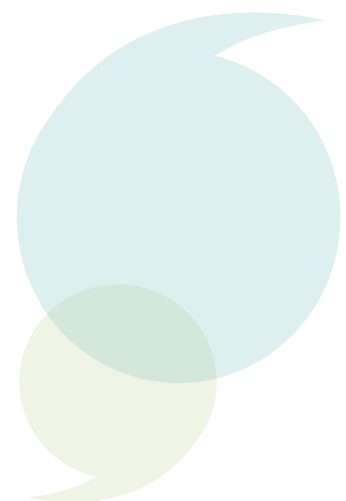
Another carer used the funding to purchase a radiator to give them year round access to a space for a short break. They had built a conservatory and found that this was a restorative space during the summer months but they had been unable to use it during winter as it became too cold and the cost of an electric heater they had been using was too great. The installation of a radiator gave them a space in which they could take a short break year round.

Carers reported that having a space to escape to had a real impact on their ability to sustain their caring role.

4.2.5 Short breaks receiving time

Carers also used Time to Live funding to give them time. One carer with a young family cared for an elderly relative who lived far enough away to require the use of public transport with several changes. This carer used Time to Live funding to purchase driving lessons so that they could cut the time they spent commuting and give themselves more time with their family.

In another case a couple had used the funding to create a downstairs bedroom for the person that they cared for. As a result of the physical changes the cared for person was able to use the bathroom unaided during the night allowing the carers to gain a full night’s sleep. The Time to Live fund gave the carers time to sleep.



4.3 The impact on carers

All but one of the projects aimed for the breaks to improve the physical, mental and emotional wellbeing of carers and all organisations stated that they had achieved this aim.

4.3.1 Physical wellbeing

There were many examples of how the breaks had improved physical wellbeing. For some carers this was to be expected as they had purchased breaks which had the primary purpose of improving physical wellbeing, for example gym membership, swimming lessons or the purchase and use of a bike. For other carers physical wellbeing was enhanced by the short break being the provision of massage or a similar physical therapy. Some carers reported that their physical wellbeing was improved by the nature of break taken, for example a holiday whereby being removed from their normal surroundings enabled them to go for long walks and to get out and enjoy fresh air.

4.3.2 Mental and emotional wellbeing

All organisations reported an improvement in carers mental and emotional wellbeing as a consequence of taking their short breaks. Carers were identified as being very tired and rundown before their break, often citing that they needed time to relax and to take time off from the work of caring. In some instances the breaks came at times of crisis and it was stated that the short break had avoided the complete breakdown of care.

"I had time just to relax, have some 'me' time, care for and look after myself. I remembered that I still have some life. For a few days I wasn't just a carer or a mum or a wife. I'd left behind the colostomy bags, the washing, the cooking, trachie tubes and my husband's mood swings. It was great to have something for me and I came back ready and able to pick up where I left off."
(The PRT Lanarkshire Carers Centre, EoG Report, Q. 2.8, p. 6).

As a result of taking the breaks carers had had a shift in thinking which enabled them to see themselves as not only deserving of a break but that this was a positive outcome for both the carer and those they cared for as it enabled them to return to their caring role with renewed energy, enthusiasm and ability. In several instances it was reported that the breaks had inspired lasting change whereby carers had been inspired to continue taking their breaks and recognising the value in taking time for themselves, and for protecting themselves.

In addition, it had also alerted carers to the possibility of additional support which might be available to help them and their family and to the organisations and services which may be able to provide it.

The act of applying for the grant and having someone spending time with the carers supporting them to complete the paper work, encouraging them to take a break and to 'spoil' themselves was identified as having positive effect on carers mental and emotional wellbeing.

Similarly, even just the existence of the funds itself, was stated to be of positive effect as carers felt heartened that people were acknowledging the work that they do and recognising that they too needed to be looked after, to be 'cared for', and given a short break.

It was often noted that the breaks were designed with the cared for people very much in mind, for example many chose to go on breaks whereby the cared for people could also attend, enabling the carer to get some respite but with the reassurance that those that the cared for were close by should they need anything. Some chose to use the grants to go on holidays with other family members to allow them to reconnect with family members whose relationships had deteriorated due to the demands of the caring role and also to allow them to share the caring responsibility to enable the carers to enjoy a break.

4.3.3 Carers were better supported and more aware of sources of help

The extensive manner in which some organisations advertised their Time to Live projects meant that they received applications from some carers with whom they had had no previous contact. The act of applying for funding offered carers the opportunity to connect with local carer support organisations who were then able to offer additional support, for example via support workers or through offering financial advice.

Some organisations incorporated offers of support into their application forms, for example one organisation asked applicants whether they had ever had a carers assessment and if they wanted the organisation to conduct one for them (though this bore no effect on whether or not their application would be successful), other organisations made registration with the service, and therefore discussions about additional services available, a condition of the application and other organisations required completion of the application with the assistance of a support worker who was then able to offer additional advice and support.

Some applicants had had no support because they simply did not know that it was available, in such instances they were very welcoming of the additional support offered.

In other instances applicants became more willing to seek additional support as a result of the manner in which the Time to Live fund had been administered. Carers developed trust in the organisations which enabled them to pursue other support. Similarly the easiness with some organisations had administered the fund gave applicants confidence to seek and apply for other sources of help and support.

4.4 The impact on cared for people

There were many ways in which the short breaks provided positive outcomes for both carers and the people that they care for.

Some carers opted to go on breaks with the person that they cared for. Removing themselves from the caring situation enabled carers and the people those that they care for to view each other differently (outside of the caring relationship), to enjoy each other's time more and to renew their relationships. Enhancing the relationship between carer and those they care for was clearly of benefit to both parties.

Other breaks helped the cared for person to see themselves a bit more independently from their carer and to realise that they could manage with other services or people providing support.

Cared for people also benefitted from seeing their carer take a break and having some time to themselves; as one organisations stated, both carer and cared for person gained mutual pleasure in the others enhanced wellbeing (MND Scotland, Q. 2.9, p 6–7) and a carer funded by another organisation stated *"after my break my upbeat mood reflected on my son. Things were just better for both of us"* (The PRT Lanarkshire Carers Centre, EoG Report, Q. 2.9, p.8).

Cared for people benefitted from having the carer return rested with renewed vigour.

4.5 Managing budgets

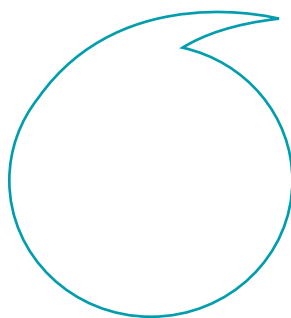
If successful, applicants were able to book and pay for the breaks by themselves using the money given by the organisations. Not all applicants chose to manage their breaks in this manner, some applicants preferred to have the organisations make the arrangements and payments directly so as to remove additional stress from their already difficult lives.

One organisation did not give money directly to carers.

Managing their own budgets inspired some carers to look into other sources of funding feeling confident about managing their own budgets in again in the future.

“This year the funding has benefited many carers who hadn’t previously had a grant budget to manage, or who were indeed unaware that funding such as Creative Breaks existed and could be accessed by them in a relatively straightforward manner. It has allowed freedom for the carer to consider what type of break would benefit them most and consider how to spend their grant within the criteria of the fund. Carers who have benefited from funding this year are asking questions about other funding available to them and are more likely to access this in future. By managing their small grant carers may feel that they are better able to manage a personal budget in the future or at least may consider this choice where previously they wouldn’t have.” (Down’s Syndrome Scotland, Q.2.9, p.9).

Despite this, when asked, none of the projects could confidently state the extent to which Time to Live had inspired carers to think about self directed support. It was noted that in some areas self directed support is so far away, with Local Authorities being completely unprepared, that it was not possible for people even to begin to consider it.



Section 5:

Outcomes and Conclusion

There were many positive outcomes to running the Time to Live projects. The joy at being able to support carers was by far the greatest outcome mentioned by projects and other benefits included: the benefit of the short break; increased interaction with carers; matched funding; increased interaction with service providers and supporting long term change. Projects also experienced a number of challenges most significantly there was often considerable difficulty just persuading carers that they were worthy of taking a break. Other challenges included: slow uptake; challenges administering the fund (including staffing and staff time); the difficulties associated with the additional costs of living in remote and rural areas; and recognising the *right break at the right time*. Projects also experienced difficulties reaching their targets of hard to reach carers.

5.1 The benefit of the short breaks

All of the projects acknowledged that the greatest benefit was that received by the carers who were able to take a Short Break. Across the board carers were profoundly grateful for their breaks. Second to witnessing the benefits of supporting carers to take short breaks, projects found the gratitude expressed by carers to be phenomenal.

Carers were also very appreciative of the time spent with them helping them to recognise that they needed and were entitled to take a break, in addition to the time spent supporting them to design and arrange their breaks.

Financial

Carers often face financial hardship and this can impact on their ability to have a 'life outside of caring', giving money to cares enabled them to pursue life outside of caring when it would not otherwise be possible. In some instances this came in the form of funding a short break away which could not have been financed otherwise or in other instances this was as a result of funding being available to purchase the equipment necessary to pursue a hobby that could not otherwise have been purchased.

"A carer who supports her mother with dementia used a grant to fund several complimentary therapy sessions. She stated following the breaks that this was something she would have found it really difficult to spend money on as it was for herself but also made the comment "having these appointments has made me aware that I need to make more time for myself I can see the benefit for all of us and will feel less guilt from now on"." (Voice of Carers Across Lothian, EoG Report, Q. 2.8, p. 6).

5.1.1 Increased interaction with carers

The Time to Live fund provided an additional route to engaging with carers. Through applying for the funding applicants who were new to projects were able to take up offers of additional support and services provided by the organisations running the projects. The Time to Live fund also supported the development of positive relationships between carers and the carer organisations. The organisations were delighted to have something to offer the carers which they had some control over and was not subject to application to other organisations with unknown outcomes. In particular this enhanced or renewed the relationship between carers who had used the organisations services previously but with whom contact had lullled.

Organisations were also able to have greater interaction with carers through the administration of the project as many involved carers in the applicant process. In particular carers were often involved in the selection process, sitting on the selection panels.

5.1.2 Matched funding

The Time to Live fund also resulted in additional funding being made available from other sources from which it had not previously been received, for example some NHS services and Local Authority's provided match funding which made the projects go much further. This also established new working relationships between the carer supporting organisation and the NHS and Local Authority.

Some organisations were able to 'buddy up' with other service providers to effectively match funding and make the Time to Live budget go much further. One example of such collaborative working is Voluntary Action Shetland pairing with Crossroads, whereby Voluntary Action Shetland administered the Time to Live fund to pay for the break whilst Crossroads provided the respite care, and met the costs associated with doing so.

5.1.3 Increased interaction between service providers

The fund also supported the establishment of better working relationships with other organisations and professionals who were supporting the process via assistance with advertisement, completion of applications or selection via their presence on panels.

The fund also supported the establishment of new working relationships between the projects and other professionals who were working with hard to reach carers. Projects worked with these organisations to help them to reach out and offer the fund more widely. It is hoped that these relationships will enhance other work which the organisations are doing.

5.1.4 Carers were better supported to sustain their caring role

There were many ways in which the short breaks enabled carers to be better supported to sustain their caring role. Carers reported that their breaks had left them feeling refreshed both physically and emotionally; as one organisation noted "*carers came back reinvigorated and with a much more positive attitude to caring*" (Borders, Q. 2.8. p, 6.).

"this is really important and helps me cope with my caring role. I feel I need to keep fit and fulfilled. Being the sole carer I need to remain independent for as long as possible. Thank you so much for funding my short break, it was just the tonic for me and made me feel valued and appreciated." (Carers of West Lothian, Q.2.8, p. 6)

In some instances carers involved other family members in their short breaks. Sometimes this took the form of taking a short break to be nearer to other family members and in other instances this involved family members stepping in to provide care while the carers took their breaks. In these instances carers found that family members became more aware of the demands of caring and might therefore be more inclined to offer support to enable future breaks. Likewise it also made carers aware that other family members, or neighbours or close family friends, could offer support and were indeed willing to do so, and that the caring role did not have to rest solely on their shoulders.

Carers also found that the break made them appreciate that they could go away, take a break, and that everything would be ok; respite services worked well. This gave carers confidence to take future breaks or to look at other forms of respite available: as one carer stated "*The team working with my son functioned well and I have confidence to plan time away to visit other family members. Then I am hoping for days to revisit 'old haunts'*" (Carers of West Lothian, Q. 2.8, p., 6). Likewise those who are being cared for have also learned that they too can cope with additional services providing care.

Short breaks have been useful in helping people to rediscover themselves and their relationships which have been lost into the caring role. The breaks have allowed relationships to be rediscovered, for example one couple have used their short break grant to enable them to go on regular date nights. Carers noted the value they found in having time just to 'be silly' and to 'have fun' and to have time to appreciate each other (Down's Syndrome Scotland, Q. 2.8, p, 7). The breaks have also allowed carers time to reflect on the people that they cared for in ways other than just thinking about the here and now, and immediate care concerns. One carer noted that time for reflection had helped her to understand her mother's illness a little bit better.

5.2 Challenges

5.2.1 Persuading Carers

All organisations noted that the biggest barrier to getting carers to take breaks is their own perceptions. It is difficult to get carers to recognise that they need a break, that they should take a break, or indeed that they are worthy of taking a break. Some carers required considerable support and encouragement in order for them to apply, these were also some of those most in need of a break. As one organisation noted *"they need support and guidance to accept that they are 'deserving' of the break or that it won't be detrimental to the person they look after"* (Greater Pollock Carers, EoG Report, Q 2.10, p. 9).

"Wee treats"

Recognising this difficulty one project has introduced a mini-break scheme called "wee treats" in order to help carers to learn to take breaks. The "wee treats" do not preclude people from applying for full short breaks, rather they are used as a mechanism to assist the project to persuade hard to reach carers that they too are in need to a break and entitled to take a break. The "wee treats" offer small amounts of funding, less than £30, to carers to have a small break which lasts only a matter of hours, uses of this funding have included trips to the hairdresser or a massage. This is noted as being particularly beneficial in circumstances whereby the carer is not confident about leaving the person which they care for and this short, local break builds confidence for the carer and the cared for person.

5.2.2 Slow uptake

Some organisations experienced problems with an initial slow uptake of the fund. This made it more difficult for the organisations concerned to complete grant review forms required by Shared Care Scotland and posed difficulties when it came to reapplying for future funds.

Ensuring that those most in need are accessing the funding might be related to the difficulties some experienced in slow initial uptake. Organisations were concerned to reach hard to reach carers and as a result adopted advertising strategies designed to maximise the uptake by hard to reach carers and not necessarily prioritising the speed at which they began to receive applications. Strategies such as disseminating information via Allied Health Professionals, Social Workers and in G.P.'s surgery's understandably took longer to produce results (or applications). Likewise establishing relationships with key professionals working with specific hard to reach groups, for example Social Workers specifically working with BME communities or organisations working specifically with gypsy/traveller communities, would take additional time before the results would be witnessed in the form of applications.

The organisations concerned reported that the uptake rose steadily and after a short while they had no problems distributing the money.

5.2.3 Administering the funding

Many challenges associated with administering the funding were identified.

The fluctuation in the number of applications received posed some challenges for organisations who had decision making panels, at times the volume of applications could prove to be impossible to deal with during the meetings, at other times meetings were brief due to the limited number of applications.

Likewise the sheer volume of application caused some difficulties for organisations as limited staff members with limited time sometimes struggled to deal with the number of applications being received.

Two organisations reported that they had difficulty obtaining receipts from carers but interestingly most other organisations spoke without prompt about how little trouble they had had in recovering receipts, emphasising emphatically just how honest and reliable the carers had been and describing this as indicative of their gratitude.

Three organisations had concerns about giving money directly to applicants to enable them to purchase the breaks for themselves. The organisations were concerned about the need to maintain accountability of public funds and that the potential for misuse could not be dismissed.

Making the applications suitable

Projects mentioned challenges they experienced trying to make their application forms suitable. Application forms went through several iterations before projects could finally settle on one form which adequately captured the necessary information required to make appropriate decisions but which were also simple enough not to become yet another burden for carers.

One organisation mentioned that they had to adapt their application process when they realised that many applications were making it to the panel stage with many questions still needing to be asked about the break and the carers circumstances. As a result the organisation introduced an additional step whereby applications were reviewed for eligibility and fullness of information and only submitted to the panel once matters were clear.

Double funding

There was some concern that some applicants could potentially obtain double funding by applying to one of the national organisations as well as one of the local organisations. One organisation suggested that there might therefore be a need for data sharing between organisations where appropriate. One alternative solution might be for the organisations to proactively manage this concern and instead provide match funding from their respective grants and this might also be used.

Statutory funding

It was clearly stated that the funding should not be used to replace statutory funding and all organisations upheld this stance, however it was noted that it was not necessarily clear what was actually available through statutory funding and some had to take some time establishing the limitations of statutory funding before they could confidently administer the fund appropriately. Likewise it took effort and time to ensure that the fund wasn't being used to replace the financial assessment towards the respite provided by the council.

Being flexible

Some carers found that they wished to change their breaks having subsequently reconsidered their needs. Other carers found that changes to the caring circumstances meant that they either needed to change their breaks or forgo them altogether, the latter was particularly upsetting for carer organisations if they had spent a great deal of time supporting someone to recognise their need for a break and working with them to ensure it was a possibility.

Managing expectation

Organisations were keen to manage expectations from potential applicants and not to promise what they could not deliver. There was concerns that they may get to the stage where considerably more people are applying than can be funded and existing selection criteria used to establish the most deserving may not prove sufficient to narrow down the numbers. There was concern about the negative impact this might have on applicants in terms of getting their hopes up, persuading them that they really do need a break and the value that this will have for them and the people that they care for, only to then tell them that you cannot fund their break.

Staff time

Projects noted that considerable staff time was often necessary in order for them to address their commitment to ensuring that those more in need and hard to reach carers benefitted from the Time to Live fund.

Time was invested in ensuring that hard to reach carers were made aware of the fund. Projects took time to find appropriate persons or services who were working with hard to reach carers or the communities which they came from, and then worked with them to advertise the projects. This was often pivotal in reaching hard to reach carers. Argyll and Bute Carers Network were the only organisation who reported that they received and funded an application from the Gypsy/Traveller Community. The project worked with a Social Worker whose role is dedicated to the Gypsy/Traveller Community, and gave presentations to various groups and organisations.

In addition to time spent on advertising the project appropriately and liaising with other agencies and professionals, several visits might be required in order to help the carer to feel that they are entitled to a break and that it is possible. Applicants might need to be supported when considering their breaks, and provided with support to recognise what the best break might be for them, and that it need not look like a conventional holiday style 'short break'. Many organisations offered applicants one-to-one assistance with completing applications, and also assistance in designing and researching the breaks.

Following submission staff time was required to go through the applications and check for any discrepancies, omissions or areas in need of clarification. Subsequent to panel meetings staff might also be required to gain additional information from applicants and this may potentially also require an additional meeting with the carer.

Some carers did not feel comfortable making the necessary arrangements for their breaks and therefore the organisations took onboard this role as essential for ensuring that carers were able to take their breaks. One representative joked that at times it was like their office was the local travel agent.

After the breaks it took time for applicants to return necessary evaluation forms and receipts and staff might be required to chase up applicants who had not done so. Staff in turn were also required to take time to maintain statistics on the delivery of the Time to Live project and to complete evaluations for Shared Care Scotland.

All of these activities took the investment of staff time, and it was felt that this was necessary in order to ensure that the projects were a success and that the outcomes and the principles of the fund were delivered. Despite this many organisations requested very little money to cover staff costs, if any at all. When asked how much it was costing to administer the funding projects reported that it was costing more than had been requested, only one organisation stated that they had adequately budgeted for staff costs on their application to Shared Care Scotland. Some organisations noted that the activities being conducted to support the Time to Live projects was beneficial to the organisation overall and consistent with the work that the core funded staff would be doing anyway were they not administering Time to Live, but for others whose roles were less secure this was not always the case.

Staffing

Concerns about staffing were raised within the context of one staff member who had been made redundant during the time of the project. This staff member was the key contact for Shared Care Scotland and the primary manager and administrator of the project. Thankfully the organisation which she worked for were able to find additional funding to employ her to administer the project but it poses interesting questions about the nature of the funding and the security of the posts of those who are administering the project. Should additional funding not have been found it is unclear how the project could have proceeded.

Related to concerns about the permanency of posts, the illness of those administering the funding has also posed some difficulties for organisations. Naturally this is particularly of concern in small organisations where there is often only one relevant person who can administer the grant. This was the case in one area whereby the main contact was unfortunately absent for several months and subsequently Time to Live activities effectively halted until they returned. This caused difficulties in distributing the money in the remaining time, despite the very creative and context sensitive efforts which had been made to advertise the fund.

Information required by Shared Care Scotland

There was considerable variation in the information requested from projects. The initial application sought details about how many carers projects hoped to reach within specific groups, including: BME communities; Remote and Rural Areas; Areas of Scotland effected by Multiple Deprivation; and, LGBT communities. The End of Grant report requested information about how many carers had received grants from BME communities, Gypsy/ Traveller communities, carers in isolated rural locations, single parent carers, carers from the Scottish Index of Multiple Deprivation (SIMD) areas, carers who have not had a break from caring in 12 months. It might be expected that organised projects would be capturing the information required by Shared Care Scotland in a database or spread sheet on an ongoing basis. Any initial database would likely be based upon the conditions implied in the initial application. Subsequently changing the information which projects needed to report back to Shared Care Scotland required projects to revisit funded applications and gather additional information, or in some instances require obtaining additional information from funded carers. This was time consuming and frustrating.

There were similar problems with the information requested about the people being cared for whereby initially it was asked how many cared for people where living with: a physical disability; mental illness; learning disability; and, dementia/Alzheimers. The information requested was separated into further two categories: cared for adults between 18–64 and older adults 65+. In the End of Grant reports the information requested appeared to conflate the two age related categories as age was no longer mentioned simply the number of carers with a physical disability, and so on. Furthermore three additional categories were added: autism; additions and sensory impairment.

The specific nature of the information requested was not always clear. Using the above example it was not clear to projects whether the two age related categories should be conflated or whether older people should be included as 'other' with explanation given in the open text box provided. Some applicants certainly adopted the latter strategy as it was clear in their End of Grant reports but in other instances it is not clear whether there was no older carers or whether these have been added to the other categories.

Likewise, on the initial application forms projects were asked to how many carers they hoped to support, how many kinship carers and how many young carers. All of this data is asked within the one sub-section and it is not clear whether the number of carers is a total and the kinship carers and young carers are part of this number or if they are separate.

There is a considerable amount of missing data whereby projects have not entered information into the boxes on the application form, mid grant report and end of grant report. It is unclear whether the omission is an indication of zero or purely that they have not completed the section.

It is difficult to draw concrete conclusions as to whether targets have been met as it is not clear how the different organisations have interpreted the questions asked.

Sharing learning

Most projects stated that they enjoyed and benefitted from the learning exchange events arranged by Shared Care Scotland. This was particularly apparent in relation to the construction of the application forms.

One project expressed difficulty sharing their learning with other projects. They stated that they were, after all, ultimately in competition with other projects for funds and it was not necessarily wise for them to reveal their competitive advantage.

5.3 Hard to reach targets

Projects did have some difficulty reaching under-served or hard to reach carers. With the exception of carers living in the lowest SIMD areas and in remote and isolated areas, the targets were not met. There appear to be several reasons why projects did not meet targets. Firstly the initial targets were not realistic. Projects were not sure what they could achieve as the fund is new and most (if not all) had little on which to base their estimates. Despite noting that many of the projects had been involved in pilots of Time to Live, at the time when the organisations were applying for this first full round of funding there were only six months into their pilot projects. Other projects who were not part of the pilot had nothing to base their targets on.

Secondly the projects took a considerable amount of administration and this might not have been appreciated at the point of applying. All of the applicants are deserving and it became compelling for projects to work with all carers who needed and were entitled to take short breaks but who were hesitant. From the report it is obvious that this was essential work and should be encouraged, but nevertheless this might have impacted upon the time projects had to pursue harder to reach carers.

It could be suggested projects need to adopt better strategies in order to target hard to reach carers. Some projects spoke of very good strategies and had attempted to be as far reaching as possible with their advertising of the fund. In particular liaising with other professionals and organisations who deliver other services and support to people in hard to reach groups proved to be an effective approach. It was through this approach that they only carer from the gypsy/traveller community was identified. Projects who did not adopt this approach during this funding period stated that they were now taking such steps and

it is therefore hoped that successes in this area will be witnessed in the next evaluation. Other projects should be encouraged to adopt similar strategies and Shared Care Scotland should encourage this with recognition of the additional administrative costs which are incurred as a result.

It is difficult to suggest what else projects could try other than to be cautious about not driving people away by requiring too much interaction with the organisations. It is admirable that the projects want to support carers so much but at the same time there may be people who just do not want to have contact with their services. It would be a mistake if people were put off applying out of fear of being compelled to engage through administrative approaches.

5.4 The differences across the organisations

Whilst projects were mostly similar in how they administered their projects there were two very marked differences: giving money directly to carers and the differing amounts of funding available to applicants across the projects.

5.4.1 Giving money directly to carers

As is to be expected different organisations have implemented different administrative procedures. Whilst most of the projects gave the money directly to carers one project did not and another two were not comfortable doing so but did at the request of Shared Care Scotland.

The projects who were unsure about giving money directly to carers were concerned about the need to maintain accountability of public funds and that the potential for misuse. They raised concerns about the safety of the money being held by carers who are caring for people have difficulties with addiction and substance abuse and they expressed concern that those that they care for might misuse the funds should they be able to gain access. Furthermore there was concern about the potential adverse effect that this might have for the relationship between the carer and the carer organisations should the carer have to explain why they have not used the money as agreed.

Not giving money directly has caused some difficulties for carers when taking their breaks. Some of the companies providing the short breaks have required the presentation of the booking card upon check in or receipt of the break and this is obviously not possible where the credit card is that of the carers organisation and not in the possession of the carer.

Though not explicitly breaking one the principles that *“Funding will provide opportunities for carers and the people they care for to be at the centre of planning and decision making about their short breaks, and for their break to be genuinely personalised: the right break at the right time”*, as carers might still be at the centre of planning and decision making, it might be suggested that this is not entirely consistent with the spirit of giving carers money to spend as they see fit.



5.4.2 The amount of funding available

Perhaps the most startling difference between projects is the variance in the maximum funding carers could apply for in each area. The maximums varied considerably from £100 in one area to £750 in another, with one area even giving a one off grant of £1000, though it was noted that this was an exceptional case.

Maximum grant available



There is an apparent geographical divide in the amount of funding made available to carers. Carers in the Highlands and Islands, or more rural areas, were able to apply for the lowest grants (£100 – Orkney; £200 – Western Isles, Shetland; £250 – Highland Community Care Forum). Carers in the central belt, or more urban areas, were able to apply for the largest grants (£750 – Greater Pollock Carers Centre; £750 – Dumfries and Galloway Carers Centre; £600 – VOCAL; £500 – Carers of West Lothian).

The additional costs of living in the Highlands and Islands

When choosing short breaks people living in the Highlands and Islands were often faced with limited choice given the lack of facilities available locally. Lack of choice, coupled with smaller grants, might ultimately have resulted in some carers not being able to obtain the short breaks they would have ideally enjoyed.

It was noted that carers living in the islands often wanted to access breaks, or opportunities for breaks, off of the island. The costs associated with leaving the island meant that the grants could often only provide a small supplement to the overall total with carers having to find the rest of the money themselves.

Furthermore the additional costs associated with obtaining a similar break to those living in the central belt meant that some carers effectively received less of a break. For example the carer might choose a regular trip to the cinema as their short break. A carer living in the central belt might be able to get 15 trips for their £400 grant. Someone living on an Island which has no cinema may only get 2 trips for their £100 on account of their additional travel costs.

5.5 The exclusion of those caring for disabled children and young people

There has been some confusion about the limits of the Time to Live fund and the relationship between other funding streams. In particular this confusion centres around the exclusion of those caring for disabled children and young people. Two organisations stated that they initially believed that the funding was available to all carers, including those who care for disabled children and young people, only to subsequently find out that this was not the case but only once they had received and supported applications from such carers. This caused distress as the project had to return to the applicant, having taken time encouraging them to apply, to tell them that there had been a mistake and they were ineligible. Four different organisations stated that they had had to turn carers of disabled children and young people away.

The Scottish Government has given money for carers of children and young people with disabilities. This part of the Short Breaks Fund is administered by the Family Fund through the Take A Break scheme. There appears to be some differences or confusion regarding eligibility for Take A Break. Two projects stated that it was a shame that carers of disabled children and young people could not apply for Time to Live funding as there was no other equivalent for them.

There needs to be greater clarity about Take A Break and other sources of funding available for Time to Live equivalent projects for carers of disabled children and young people. Time to Live funded projects could redirect applicants to the appropriate funding stream.

5.6 The right break at the right time

In guidance to applicants it was stated that the Creative Breaks Programme would adhere to several principles, one of which was that *“Funding will provide opportunities for carers and the people they care for to be at the centre of planning and decision making about their short breaks, and for their break to be genuinely personalised: the right break at the right time”* (Shared Care Scotland, Guidance to Applicants 2012–2013, p. 2).

Some organisations expressed surprise at how many applicants had elected to take short breaks which were more in the form of a traditional short break (a few days away from caring duties in the form of a mini-holiday), especially when such radical alternative choices were available. It is important to assert that it is the choice, flexibility and personalised nature of the break which is important and not its ‘radical’ or alternative nature. It is giving people the flexibility to determine what would be the best break for them not limited by what others might think constitutes a good break.

For example a short break to a hotel in Blackpool might seem like a very pedestrian use of the funding but the back story provides clear illustration of the personalised nature of the break. One daughter had been very happy and emotional to hear that she had successfully applied for funding for her parents to go on a short break to Blackpool. Her parents had gone to Blackpool on their honeymoon and had continued to visit every year, until her father was diagnosed with MND. The trip to Blackpool was the perfect break for their family and was of great personal and emotional significance to the couple. It gave them many happy memories and was a very special time. Her father sadly passed away a short time later. This was the right break at the right time.

5.7 Conclusion

All of the organisations have successfully administered their Time to Live projects. Carers have been able to take short breaks that might not otherwise have been possible. Carers have benefitted from improved physical and emotional health and wellbeing, and those that they care for have benefitted from seeing their carers taking a break and doing something for themselves, coming back refreshed and better supported. It is good value for money, costing just 49p per hour of break it delivered.

Aside from financial, the biggest barrier to getting carers to take short breaks is their own perceptions. It takes the sensitivity, care, time and professionalism of the projects to persuade carers to take a break. The people working on the Time to Live projects are all committed to making a difference and improving the lives of carers. Having money from Time to Live to support carers to take breaks was widely regarded as one of the best things ever to have happened. The organisations running the Time to Live projects are delighted to finally have something direct which they can offer to carers.

Time to Live is without doubt a phenomenal success the only concern for organisations, and carers, is that their funding should cease.

5.7.1 Thank you, thank you, thank you!

It is best to conclude this evaluation by emphasising the gratitude of the carers for what is in essence a very small gesture in recognition of the very significant work which they do. Carers were profoundly grateful to be given financial support and encouragement to take short breaks. It is important to acknowledge that the encouragement and support given to carers is very much as important as the money, without either many breaks would cease to be. Just the recognition that someone was thinking about them, their needs and really valuing the work they do was incredibly important to carers and in many cases as important as the break itself.

“The award has been a godsend so from the bottom of our hearts THANK YOU SO MUCH.”

“My stress levels have gone down. I am able to cope with life a lot easier and I have achieved something I never thought I could – Fantastic! – to say thank you doesn’t seem enough.”

“I can’t thank you enough for making this fund available, getting this break has saved my sanity, literally! I now feel I can cope again.”

Recommendations

1. That the financial implications of administrating the projects are reconsidered by Shared Care Scotland. In particular in relation to the additional costs occurred as a result of genuinely striving to meet the principles of the fund and in recognition that not all of the organisations administering the projects have access to the same resources or administrative support.
2. That additional costs of living in a remote and rural area for short breaks are reconsidered.
3. To assess the efficacy of advertising strategies on reaching hard to reach and under-served carers all projects should ask carers how they heard about the fund and to record that information for Shared Care Scotland.
4. That projects are advised to record information about the total number of applications received, the total number of carers funded, the amount given and the nature of each individual break funded.
5. That strategies for reaching hard to reach carers are shared and implemented across projects wherever possible.
6. That there is greater clarification provided about the situation regarding funding for carers of disabled children and young people.
7. That the components of the reporting required by Shared Care Scotland (Mid and End of Grant) be made clearly and precisely to projects at the beginning of the funding period.
8. That applicants are advised to complete all of the boxes on any data gathered by Shared Care Scotland in order to provide full data for analysis in future evaluations.
9. That future evaluations have time to involve speaking directly to carers to find out directly what works and what doesn't. Participatory /Action Learning methods would be suited to this to enable the research to be of best value to carers, projects and shared care.
10. MORE MONEY! Without fail when asked for any recommendations for the future, organisations responded by stating "MORE MONEY!". The projects would like amounts of funding awarded annually, if possible, and all of the organisations expressed a desire that Time to Live funding be continued indefinitely! The projects have been so valuable to carers, one project identified this as "the best way ever to enable carers to take short breaks".





SHARED CARE
scotland

Unit 2, Dunfermline Business Centre,
Izatt Avenue, Dunfermline,
Fife KY11 3BZ

Tel: 01383 622462

Email: office@sharedcarescotland.com

A company limited by guarantee registered in Scotland SC161033. Registered charity SC 005315.