

# CREATIVE breaks

## Evaluation report of Creative Breaks

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October 2012–September 2013



Supported by:



Short  
breaks fund



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Creative Breaks

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# Foreword

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Grant making is a very meaningful and rewarding area of work in which to be involved. It is generally straightforward to encourage applications for funding and to distribute grants, which is demonstrated by the fact that most programmes are oversubscribed. It is however, not so clear-cut to ensure that grants maximise their impact nor that the overall fund achieves the aims and intended outcomes.

Evaluating, monitoring and reporting can sometimes appear superfluous to funded organisations which are primarily focussed on delivering good services. It takes time, resources and an understanding of the evaluation process to really tell the story of how your project has changed people's lives. Nevertheless, it is vital to evaluate projects and gather evidence to demonstrate impact if organisation's truly want to learn, develop and deliver person-centred services.

Creative Breaks has a fund value of nearly £1 million a year, and provides grants of between £5,000 and £50,000 to third sector organisations to develop short breaks which promote choice and personalisation to carers of adults, carers of older people, kinship carers and young carers. Through local support organisations it is also able to channel funding directly to carers and people with support needs so that they can design and fund a break that suits them. This evaluation covers the period October 2012 to September 2013.

From a grant maker's perspective it is essential that we consider statistical data around project activities and outcomes that has emerged from the reporting process and conversations held with funded projects. It is equally important that we capture information and stories about how the lives of carers and people cared for have been improved as a result of having a short break. Collecting and utilising this information will help us to get a better understanding of the role of short breaks in supporting caring relationships, and a better awareness of how different models of short break services positively impact on people's lives.

We hope that this evaluation provides the reader with an insight into the significance of short breaks for families and communities and the diverse range of services provided by the third sector.

Shared Care Scotland and the Grants Allocation Panel would like to thank the projects for their dedication and hard work in providing short breaks to carers and people they care for. Without the information provided by projects, we would not be able to produce such a comprehensive evaluation of Creative Breaks.

Keith Wimbles  
Chief Executive Voluntary Action Fund  
Chair of Creative Breaks Grants Panel

## Section 1:

# Background to the Creative Breaks Programme and this Evaluation

## 1.1 In the beginning

In July 2010, the Scottish Government announced funding of £1 million per year over five years to support the provision of additional short breaks and respite care, specifically to help support and sustain carers. The funding was made available in recognition of the important contribution which carers make in caring for a loved one and the vital role breaks play in sustaining carers and those they care for.

The Scottish Government approached the National Carer Organisations (NCO) group to help design and manage the fund. Subsequently the NCO group appointed Shared Care Scotland to manage the fund on their behalf. Shared Care Scotland reports to an Oversight Group consisting of representatives from the National Carer Organisations and from Scottish Government.

The Short Breaks Fund was subsequently launched in November 2010 with the overarching aim of increasing the accessibility, availability and range of short break and respite opportunities for carers living across Scotland. The first funds were awarded in March 2011, with further funding allocated in March 2012 and March 2013. To date 296 grants totalling £4,087,574 have been made under the umbrella of the Short Breaks Fund. And more importantly 13,413 carers and 8,815 people they care for have benefited from short breaks.

## 1.2 What happened next?

The first rounds of the Short Breaks Fund successfully generated an increase in short break provision for carers and those they care for. Feedback from carers and their families confirmed the positive impact a short break can make, but also pointed to the level of unmet need. This was particularly evident among families caring for children and young people with disabilities.

In 2011 the Scottish Government announced a further £2 million would be made available specifically to improve short break opportunities for disabled children, young people and their families. £700,000 was allocated to the Family Fund to administer small grants directly to individual families. The remaining funding was allocated to the Short Breaks Fund.

In order to keep the funding streams separate and transparent, the Short Breaks Fund was divided into two programmes. The Better Breaks programme, which is specific to children with disabilities and their carers, was launched in October 2011. Creative Breaks, which covers carers of adults, carers of older people, kinship carers and young carers, was launched in April 2012.

## 1.3 The Short Breaks Fund portfolio

The Short Breaks Fund now comprises two main funding programmes and a learning exchange:

**CREATIVE**  
breaks

**Creative Breaks** provides grants of between £5,000 and £50,000 to third sector organisations to develop short breaks which promote choice and personalisation to carers of adults, carers of older people, kinship carers and young carers. Through local support organisations it is also able to channel funding directly to carers and people with support needs so that they can design and fund a break that suits them. These two aspects of the funding programme are called Service Development and Time to Live respectively.

**BETTER** breaks

**Better Breaks** provides grants of between £ 5,000 and £50,000 to third sector organisations to develop short break opportunities for disabled children and young people and their families. The programme has a particular focus on short breaks for children and young people with complex and multiple support needs.

In addition to Better Breaks, the Scottish Government also funds 'Take a Break', which provides direct grants to families of disabled children and young people. Take a Break is administered by the Family Fund and separate to the Short Breaks Fund

learning  CHANGE

Funding has also been ring fenced for a **Short Breaks learning exchange**. The purpose of the learning exchange is to encourage shared insights, knowledge and expertise about short breaks, and to inspire new ways of delivering and evaluating successful breaks.

## 1.4 The aim and scope of this report

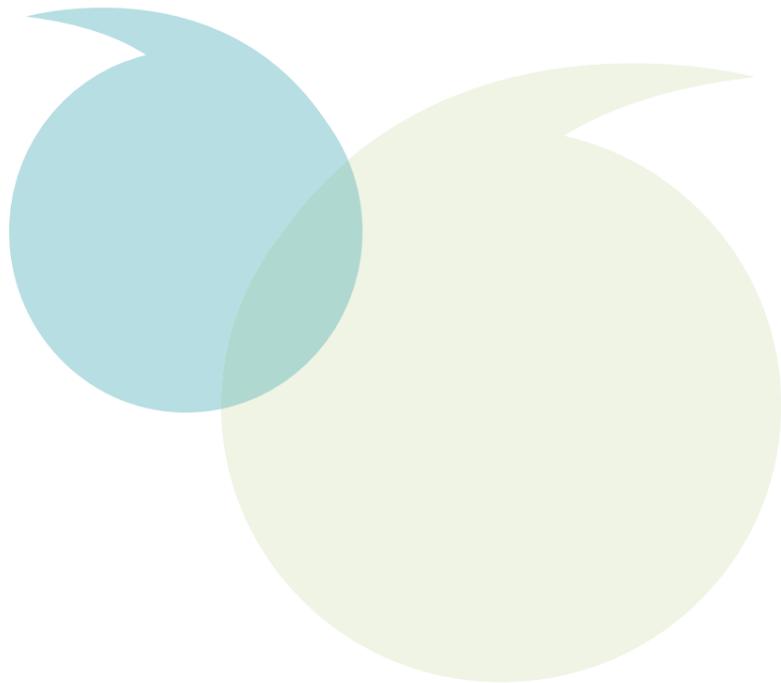
Creative Breaks, as a separate funding programme, awarded its first grants in October 2012. 65 grants, totalling £1,000,117 were distributed to projects across Scotland, so that these projects could deliver quality short breaks for carers of adults, carers of older people, kinship carers and young carers.

The Scottish Government, Shared Care Scotland and the National Carer Organisations (NCO) group are keen to make sure that there is a legacy from this investment, not simply in the form of additional or new short break services, but through better knowledge about what works well in short break services, and about what carers and those they care for need and value. Accordingly, this evaluation aims to:

- Review the individual creative breaks projects and explore their achievements and challenges, with particular emphasis on the service development projects.
- Consider how well the funded projects have contributed towards delivery of the outcomes (the differences) set for the creative breaks programme.
- Consider how well the funded projects delivered the principles of the Short Breaks Fund.
- Capture and highlight examples of innovation, good practice and learning.
- Make recommendations for improving the reach and impact of the creative breaks programme.

The evaluation was based on information provided by the funded projects through their applications, their End of Grant reports, any supporting materials provided, and selected telephone calls.

As well as this evaluation, there is a separate evaluation for the Time to Live projects which considers these projects in more depth. The evaluation can be found at [www.sharedcarescotland.org.uk/resources/publications.html](http://www.sharedcarescotland.org.uk/resources/publications.html).



## Section 2:

# About the Creative Breaks Programme

For most people, being able to enjoy the occasional short break – either with loved ones or apart – is something that can be taken for granted. Unpaid carers should be able to experience the same. The purpose of the Creative Breaks programme is to improve the range and availability of short break provision for carers of adults, carers of older people, kinship carers and young carers.

Breaks give carers and those they care for the space to rest, to be themselves, and be refreshed through outside interests, holidays and other fun activities. Having a regular break can help to strengthen families by sustaining the ability of unpaid carers to continue to care.

## 2.1 Principles

Accordingly The Creative Breaks programme established the following **principles**:

- Funding will make a difference to the lives of carers and the people they care for, improving their quality of life, promoting opportunities and well being, and supporting the caring relationship.
- 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.
- Funding will not pay for short break services which are already being paid for by local authorities.
- Funding will be targeted to those most in need of support. This may include those with a substantial caring role, those who are less likely to access current support or those whose needs are not met by current models of service provision.

## 2.2 Outcomes

To help deliver these and ensure a difference is made where it matters most, the Creative Breaks programme established the following **outcomes**:

- 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.
- Through sharing learning and practice, there will be better understanding of the role of short breaks in supporting caring relationships, and a better awareness of different models of short break services that can be meaningful to different people.

## 2.3 Eligibility

Only voluntary (or third sector) organisations operating in Scotland could apply to the fund. Organisations could apply for more than one grant, provided the grants were for different areas and beneficiaries.

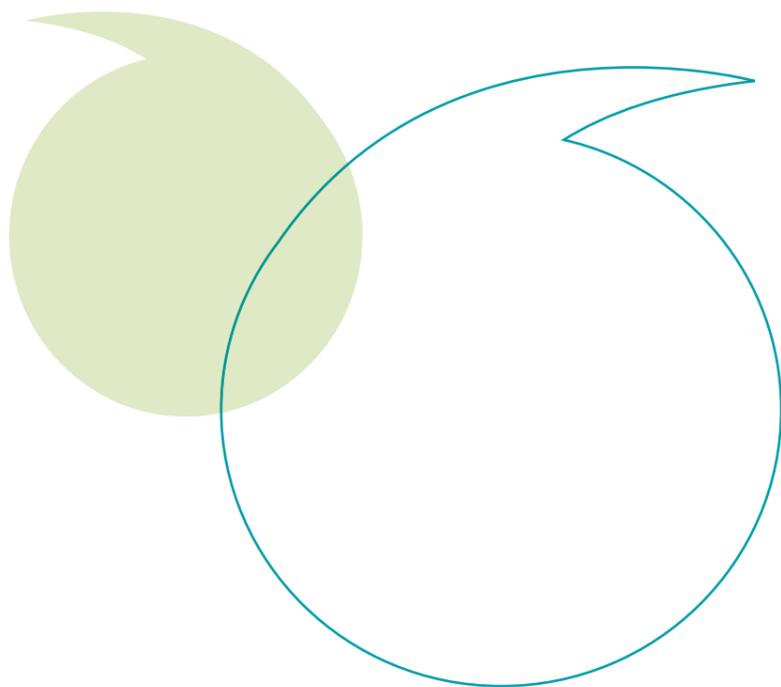
Projects could apply to three different strands. Projects working with children with disabilities and their carers could apply for a **Bridging** grant. These grants were for projects running for up to six months, at which time the project could apply to the Better Breaks programme. Projects to develop short break services for carers of adults, carers of older people, young carers and kinship carers could apply for **Service Development** grants. Organisations that wished to give individual grants directly to carers could apply to the **Time to Live** strand.

## 2.4 Assessment process

Applications to the fund were assessed against the following **criteria**:

- **The competence and capacity of the organisation** to deliver the project and manage the grant.
- **The quality of project planning and design**, including how well the need for the service has been established; the evidence that the needs and aspirations of carers and the people they care for have underpinned your planning; the quality of any partnership arrangements (where relevant); your plans to evaluate your project; the potential for the work of the project to be sustained through external funding or income generation; and value for money.
- **The capacity of the proposal** to deliver the outcomes of the fund, and contribute to relevant Government strategies relating to carers and short breaks.

Applications to the Fund were assessed by independent, external assessors. A grants allocation panel comprising individuals with expertise and knowledge met to review all applications and select those which would receive funding.



## Section 3:

# The Work of the Projects

**106** applications were received for The Creative Breaks Programme with a total value of **£1,959,379**. The maximum request was for **£50,000** and the minimum request was for **£1,500**. The average grant request was **£18,485**.

**65** projects were funded totalling **£957,597**. This included four Bridging projects, 22 Time to Live projects, and 39 Service Development projects. A further **£42,520** was allocated to some of the Time to Live projects, due to underspend of projects in previous funding rounds that had been returned to the Short Breaks Fund. Therefore, the total value of grants given was **£1,000,117**.

The largest grant awarded was **£50,313** including additional allocations. The smallest grant awarded was **£2000**. The average grant awarded was **£15,386**.

At the end of the year, **7** projects returned a total of **£23,335** underspend. As a result, the value of the first round of the Creative Breaks Programme was **£976,782**.

Some projects received matched funding, where other funders or the organisation provided additional funds to the project. The total amount of matched funding across the projects was **£316,729**.

## 3.1 Bridging projects

Four awards, totalling £46,555 (4% of the fund) were made to projects working with children or young people with disabilities and their carers. These projects were funded for six months up until end of March 2013, to align them with the Better Breaks funding year.

**Table 1: Bridging projects**

Organisation	What Was Funded	Amount Awarded	Number of Carers	Number of Cared For	Hours of Breaks
Epilepsy Scotland	Provided one to one support workers to young people with epilepsy, enabling carers to get a break while young people could access activities of their choosing.	£15,000	31	17	1530
PLUS (Forth Valley) Ltd	Piloted a flexible break for carers of children and young people with disabilities, whereby the carer can access a care worker as and when they need it. The main ethos of the project is to put carers in the "driving seat" when it comes to arranging respite care for their child/young person and to make the process of arranging a break as simple as possible.	£15,348	37	23	2188
SNAP	Provided breaks to children with substantial special needs aged 15–19. This included 29 day activity breaks and two 48 hour breaks away.	£7,500	86	57	5595
The Yard Adventure Centre	Provided a social club on Saturdays for young people with disabilities aged 18–25.	£8,707	31	25	2430
<b>Totals</b>		<b>£46,555</b>	<b>185</b>	<b>122</b>	<b>11,743</b>

Based on the above table, Bridging projects cost the Creative Breaks Programme **£3.96 per hour of break**. The total match funding that Bridging projects brought to the above was **£12,612**. So the total cost was **£5.04 per hour of break**.

Organisations could apply for funding to continue these projects through the Better Breaks Programme from April 2013. All but The Yard received Better Breaks funding to continue the project from April 2013. The Yard did not ask for continuation funding at the end of six months, and found other means to continue their project. They also received Better Breaks funding for a separate project, working with a younger age range.

### Case Study 1: Epilepsy Scotland

'K' has a birth mark that covers most of his face and upper body. When we started working with him he had low self-esteem, confidence and felt like he had no friends – it was obvious that his mental health was suffering because of this. His Support Worker got him involved in Scouts, which he absolutely loves, and in turn his school performance has improved, this was because his mum said that she would cancel his support hours to Scouts, if she heard that he had skipped school. His school attendance record has been 100% ever since. This is monumental for 'K', and his outlook on life is so much better than it used to be. Everything about his body language suggests that 'K' is more confident and we take a lot of pride in this transformation.

## 3.2 Service Development projects

39 awards, totalling £476,647 (48% of fund) were made to projects to deliver services to carers and those they cared for. Table 2 gives a brief description of these projects.

**Table 2: Service Development projects**

Organisation	What Was Funded
Amina Muslim Women's Resource Centre	Provided short breaks to Muslim Female carers and cared for in the form of regular telephone, face to face and group befriending activities. Examples of activities include hydrotherapy sessions, attending the Edinburgh Mela, lunch clubs, an Eid party and a BME carer pampering day.
Angus Carers Centre	Provided new ways for carers to enjoy time out from their caring role and time to relax and unwind. This included gardening groups, crafty carers group, pampering days, reflexology, peer support and a film group for young carers. In addition, opportunities to enjoy quality time with the person they care for outwith the home, in the company of others, was provided. These included family fun day and regular reminiscence groups within local libraries.
Barnardo's Scotland	Provided six groups for siblings of children with disabilities
Bield Housing Association	Piloted an extension of their day service by providing an evening service once a week, allowing carers to have time to themselves in the evenings.
BIG Group	Project had planned to provide week-long holidays for 6 Hard to Reach Carers of people with Brain Injuries. The project was based on a partnership with Momentum who, following changes in funding and staffing, were unable to provide resources as planned. Following conversations with the Short Breaks Fund Manager, the money was given to VSA to add to their Time to Live fund, and carers were signposted to VSA. 8 carers were able to access grants for a break.



Grant Awarded	Number of Carers	Number of Cared For	Hours of Breaks
£27,203	38	19	8,157
£27,978	274	74	3,442
£2,000	46	56	412
£9,000	62	41	3,120
£6,000	8	N/A	N/A

**Table 2: Service Development projects (continued)**

Organisation	What Was Funded
British Red Cross	Project had planned to offer a range of volunteer led services to carers and families of people with Huntington's disease. By the mid-grant report, it was clear that they would not get the uptake they expected. They provided one to one support to one carer and returned the remaining unspent balance.
Buddies Clubs and Services (Glasgow West Ltd)	Provided three tailored breaks for six young adults with disabilities
Care for Carers	Delivered weekend long residential short breaks to 20 carers from across Scotland who really needed a break. Caring situations included: Dementia, Stroke, Parkinson's Disease, Osteoporosis, Mental Health, Frail Elderly, Cancer and COPD with a third of the carers looking after someone with multiple and complex long term health issues. The organised weekend break aimed to support carers to de-stress, rest, take part in activities, have fun, make new friends and feel better equipped to cope with their caring role.
Caring in Craigmillar	Provided five-day breaks to Ardgour for older people and their carers.
CHILDREN 1ST	Provided short breaks for kinship carers and their families along with dedicated respite for carers. This included residential breaks as a family, outings for carers only and outings for carers and their families together. The carers and their families are supported by staff before, during and after their breaks to help strengthen the family.
Crossroads Lewis Care Attendant Scheme	Provided home care for 8 carers to have a 3-4 day holiday off the island. They also provided home care for 4 carers to have few hours break on the island.
East Lothian Young Carers Ltd	Provided 24 activity sessions for Young Carers during the school holidays. It also provided 71 short breaks to young carers and their families so that they could go to the cinema, theatre, meals out, etc., allowing the young carer to be a child with their family rather than a carer. A few under significant stress were offered overnights.
Edinburgh Young Carers Project	Supported 30 Young Carers to go on residential breaks. 12 young carers went to the Roses Project for five nights and 18 young carers went to the Scottish Young Carer Festival for a two night break.
ENABLE Glasgow	Through part-funding of a dedicated worker, the grant helped to support an emergency short stay placement for adults with learning disabilities who currently live at home with family carers. The service is available at short notice on a 24-hour basis.
Eric Liddell Centre	Provided older carers and the person they care for activity based day sessions. This included mornings at the Thistle Foundation and afternoons doing various activities at the Eric Liddell Centre.
Geeza Break	Provided out of school club placements for children with Kinship Carers during the October and Easter holidays. Some attended clubs run by GEEZA BREAK, while others were funded to attend their local club.
HIV-AIDS Carers & Family Service Provider Scotland	Provided Caravan holidays at Seton Sands Holiday Park for the families of 87 carers of people affected by HIV or HIV and substance misuse.
Interest Link Borders	Provided befriending to 40 adults with Learning disabilities and group activity sessions to 16 adults with Learning disabilities.
Kincardine & Deeside Befriending	Provided befriending to 33 carers of older people, including 16 carers or people with dementia
Kinship for The Future North	Provided a four-night break to Blackpool, a trip to the pantomime and a farm trip for kinship carers and their families

Grant Awarded	Number of Carers	Number of Cared For	Hours of Breaks
£18,107	3	1	1
£6,692	8	6	960
£15,000	20	0	960
£11,219	40	32	7,488
£21,000	51	81	6,760
£12,890	12	14	1,448
£23,555	157	36	3,573
£8,500	30	30	2,204
£5,490	6	4	16,512
£10,000	10	10	1,440
£10,000	42	44	1,820
£3,600	87	82	10,080
£13,865	56	56	6,900
£20,000	33	33	2,828
£14,700	87	113	9,180

**Table 2: Service Development projects (continued)**

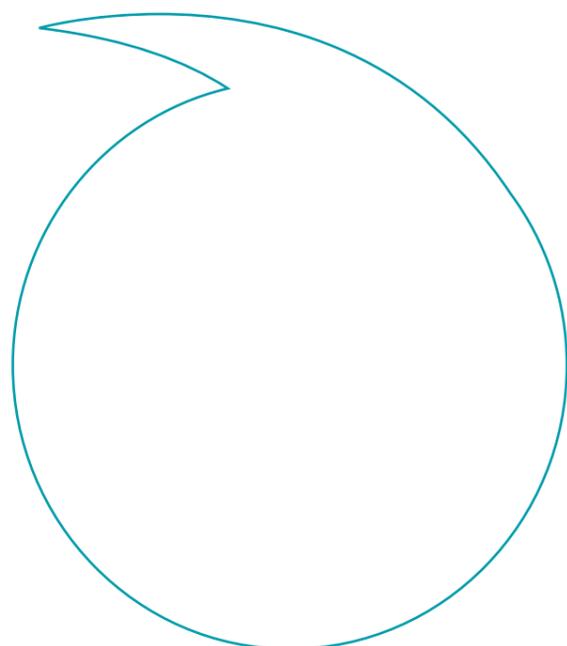
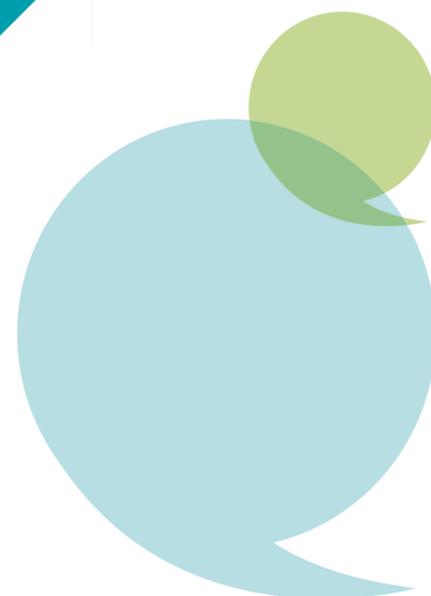
Organisation	What Was Funded
LifeCare Edinburgh Ltd	Extended existing services to include Home Care so that carers can have a break
Multi Cultural Family Base	Provided a weekly group for young, female carers from BME families.
New Horizons Borders	Provided 5 weekend breaks for carers in the natural environment, supporting them to reconnect with nature and access peer support.
No Limits	Took 39 people to the Calvert Trust Centre at Kielder for a week long activity holiday.
Parkinson's Self Help Group (North Lanarkshire)	Provided complimentary therapies to carers on a regular basis, and provided a 'respite lounge' for cared-for individuals to spend time in the company of others.
PASDA	Provided a monthly social group for family carers of adults with autism spectrum conditions living in Edinburgh and the Lothians.
PKAVS Young Carers Project	Delivered a weekly young carers group over 40 weeks. The sessions were two hours long, with dedicated study time in a quiet environment for the first hour, and time to socialise in the second hour.
PRT Stirling Carers Centre	Took a group of 19 young carers aged 11–17 years old on a five-day/four-night educational, cultural and recreational trip to London.
Quarriers	Provided a range of activities for 23 young carers and 8 kinship carers in North East Glasgow. This included music and drama workshops, a residential weekend, befriending and family outings.
Respite Fife	Provided 51 "mini breaks" to 22 families, whereby the cared for person could do an activity of their choosing with the support of a care worker while the carer got time on their own. The mini-breaks could be arranged at short notice or as and when the family most needed them.
Scottish Huntington's Association	Provided a five-day summer camp for 40 young carers of adults with Huntington's, including a range of adventurous daytime and evening activities.
Scottish Spina Bifida Association	Provided a three-night break for older carers of people with Spina Bifida. During the break, carers were offered a variety of workshops and opportunities to share with other carers.
SNAP	Provided a range of breaks to young adults (aged 20+). Breaks included 5 two night breaks, one overnight break and 25 six hour 'Out and About' breaks.
Speak Easy Lanarkshire	Provided a short break for 17 carers of people with throat cancer and those they care for.
Support in Mind Scotland	Delivered 8 sessions of storytelling and autogenic therapy to carers of those experiencing mental ill health.
Support in Mind Scotland Charlie Reid Centre	Provided 3 breaks for carers: a weekend at the Blairgowrie Hotel in Angus, a concert, and a day break at St Andrews. Also delivered a two night break for eight cared for people.
The Haven	Provided holistic assessments to 97 carers of people with life limiting conditions and 210 people with life limiting conditions. Also provided 1431 tailored complimentary therapy sessions in their own homes.
West Glasgow Grandparent Support Group	Provided week-long caravan holidays to 18 kinship carers and their family.
Y Sort It – Youth Info & Support Networks	Project for Young Carers that included overnight camps to Lendrick Muir Outdoor Activity Centre, Dolphin House Outdoor Activity Centre and Alton Towers and an 8 week day activity programme during the summer.
<b>Totals</b>	

Grant Awarded	Number of Carers	Number of Cared For	Hours of Breaks
£11,600	52	52	1,000
£14,500	10	10	1,300
£14,764	38	38	2,704
£11,500	21	15	6,048
£8,320	12	12	528
£2,460	84	0	336
£12,421	104	0	2,000
£9,809	19	22	1,938
£10,725	31	52	5,190
£5,969	22	22	306
£20,000	47	5	5,418
£15,000	22	12	1,584
£14,000	38	28	7,460
£7,200	17	17	4,080
£4,000	12	1	218
£4,000	52	8	1,250
£19,872	97	210	2,862
£10,500	18	26	7,392
£13,208	37	46	4,570
<b>£476,647</b>	<b>1,803</b>	<b>1,308</b>	<b>143,469</b>

From the above table, the average cost of an hour break to the Creative Breaks Programme was **£3.32**. The total match funding that Service Development projects brought to the above was **£167,256**. So the total cost was **£4.49 per hour of break**.

### Case Study 2: Kincardine and Deeside befriending

'D' (aged 92) lives with her son, who is her main carer and who is registered blind himself. 'D' suffers from osteoporosis and continually gets chest infections. She also has very poor eyesight. Before being befriended, she had not been out of her house for a whole year, apart from hospital visits. It took a little time and persuasion for 'D' to feel confident to go out for a short car run and into the local coffee shop for a scone and cuppa. However, getting out and about has given her such a boost to her confidence she now is talking about going a bit further away into the next village. The son is delighted that his mum has something to look forward to as he himself could not take her out and feels relieved this worry has been taken away from him. He also loves the time in the house on his own when his mum is with her befriender!



### 3.3 Time to Live

22 awards, totalling £476,915 (48% of fund) were made to projects to provide grants directly to carers. Projects either had a geographical focus or were Scotland-wide but specific to a Long Term Condition. Table 3 gives a breakdown of these projects.

**Table 3: Time to Live projects**

Organisation	What Was Funded	Amount Awarded	Number of Carers	Number of Cared For	Hours of Breaks
Alzheimer Scotland	Condition Specific – Dementia	£37,580	100	83	17,875
Argyll & Bute Carers Network	Geographical – Argyll & Bute	£21,000	171	22	8,703
Carers of West Lothian	Geographical – West Lothian	£12,500	109	23	3,230
Crossroads Orkney	Geographical – Orkney	£2,500	23	7	3,189
Down's Syndrome Scotland	Condition Specific – Down's Syndrome	£22,815	60	47	6,643
Dumfries & Galloway Carers Centre	Geographical – Dumfries & Galloway	£33,887	137	57	19,535
Fife Voluntary Action	Geographical – Fife	£39,879	58	27	5,225
Highland Community Care Forum	Geographical – Highlands	£25,000	89	0	5,300
MND Scotland	Condition Specific – Motor Neuron Disease	£6,400	25	18	5,712
PRT Borders Carers Centre	Geographical – Borders	£15,640	52	52	4,440
PRT Carers Centre (Falkirk & Clackmannanshire)	Geographical – Falkirk and Clackmannanshire	£25,680	86	40	12,610
Quarriers	Geographical – Moray	£19,794	56	22	8,610
Sense Scotland	Condition Specific – Deafblind and Disabled Adults with Communication Support Needs	£13,186	51	34	8,064
Support in Mind Scotland	Condition Specific – Mental Health	£30,610	90	39	14,482
The PRT Greater Pollok Carers Centre	Geographical – Glasgow	£50,313	188	177	29,317
The PRT Lanarkshire Carers Centre	Geographical – North Lanarkshire	£18,000	53	28	12,260
VOCAL – Voice of Carers Across Lothian	Geographical – Edinburgh	£32,257	97	74	5,694
VOCAL Midlothian	Geographical – Midlothian	£11,770	28	29	5,088
Voluntary Action Shetland	Geographical – Shetland	£2,403	50	6	504
VSA	Geographical – Aberdeenshire	£28,169	217	170	27,521
VSA Carers Services	Geographical – Aberdeen	£24,351	60	70	8,500
Western Isles Community Care Forum	Geographical – Western Isles	£3,181	14	5	1,872
<b>Totals</b>		<b>£476,915</b>	<b>1,814</b>	<b>1,030</b>	<b>214,374</b>

From the above table, the average cost of an hour break to the Creative Breaks Programme was **£2.22**.

### Case Study 3: Greater Pollock Carers Centre

'A' is 49 year old female who looks after her elderly mother; her mother has chronic ME, depression, issues with alcohol and mobility problems. 'A' also has her own health problems and in 2011 she experienced an emotional breakdown, was admitted to hospital and then supported by a community nurse after her discharge.

'A' used her Time to Live award to buy a Citylink Explorer Pass which allows her to travel around Scotland and can be used for discounts to city tours, key attractions and accommodation, gift cards for the cinema and a restaurant and tickets to 2 concerts along with a friend.

*"When you are the sole carer for someone who is in constant pain and debilitated it can bring you to a level of 'compassion fatigue'. It can be very easy to adopt a 'role' without realising it and before you know it all you are is that 'role' of carer. Having Time to Live gave me the breathing space to redefine my role as person again.*

*Doing things again, that I had previously enjoyed and hadn't been able to do for some time, lessened my depression and stress. Having a respite break enabled me to stand back from the situation and heal myself.*

*As a result of having to cope without me, my mother was able to do slightly more for herself which was good to see. I am hopeful that now I will be better able to balance my caring role with a life outside of caring."*

### 3.4 What projects provided

Table 4 illustrates the different types of services that were funded through Creative Breaks.

Table 4: Service types

Type of Service	Number of Projects
One to One Support	12
Clubs and Groups	11
Activity Days	10
Holidays/Overnights	19
Bespoke Breaks	24
Therapies	3
Residential Care	1

**One-to-one support** includes befriending projects, home care or support provided on an individual basis by care workers. For seven of these projects, the person being supported was the cared for. Either a worker or volunteer would be matched with the cared for person while the carer had a break from their caring role. In some instances, this could include two-to-one support if the level of support needed was significant. Four of the one-to-one projects provided one-to-one support directly to the carers.

**Clubs and groups** provide regular, often weekly, opportunities for people to meet together to support each other or take part in mutual interests. Five of the projects provided clubs or groups for the cared for person, five provided them for the carers and one project had a storytelling group for both the carers and those they cared for.

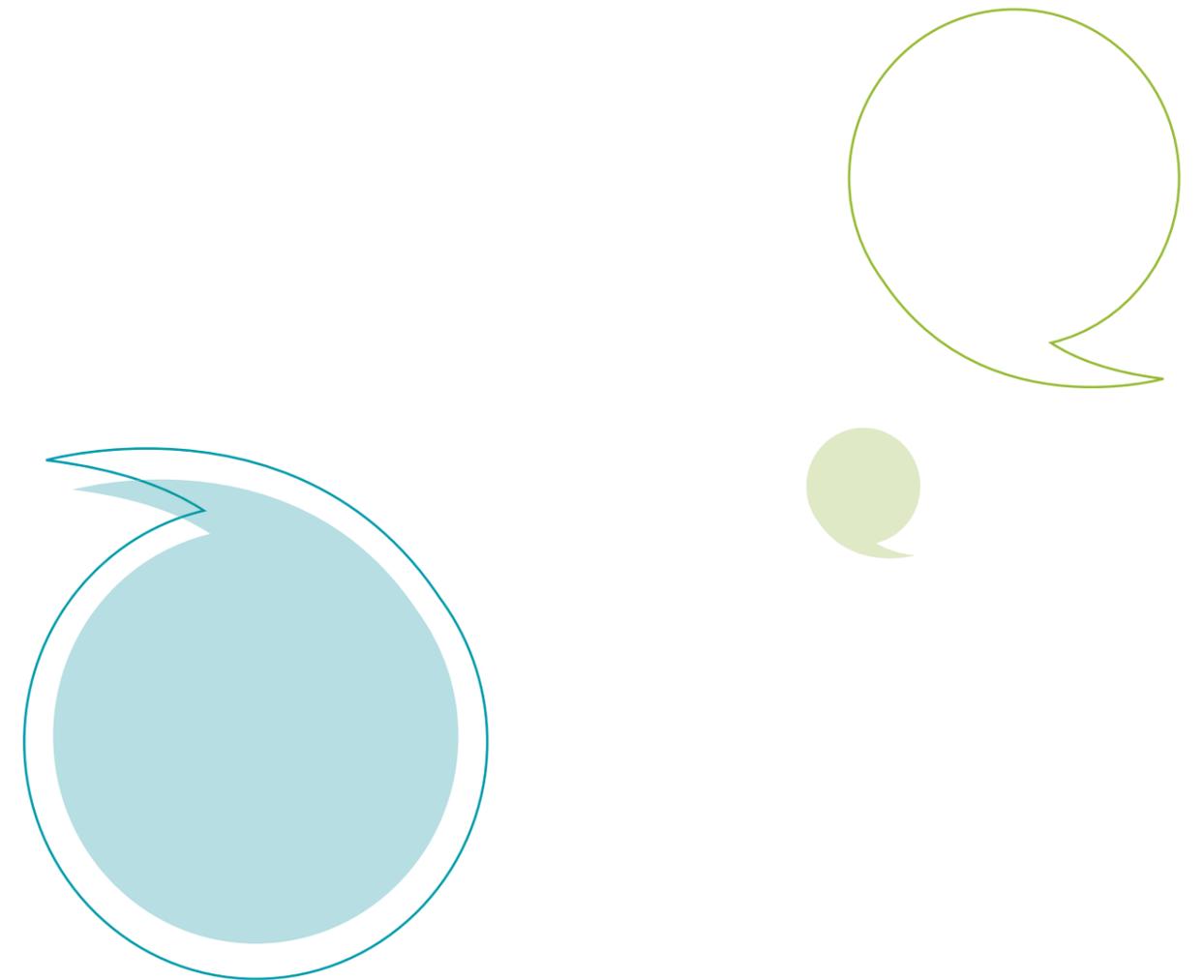
**Activity days** are one-off fun days for people to participate in a range of activities in a group setting. Two projects provided activity days for the cared for, six project provided activity days for the carer and two projects provided activity days for both the carer and the person they cared for.

**Holidays and overnights** include any project that provided an overnight stay somewhere. Examples included a week-long caravan holiday, five nights camping at an outdoor adventure facility, or a weekend in Blackpool. Two projects provided holidays to cared for people, nine projects provided holidays to carers and eight projects provided holidays to carers and those they cared for.

**Bespoke breaks** are projects that created or funded specific breaks for individual carers. This includes 22 Time to Live projects, as well as two projects that worked with a small number of carers and cared for to tailor the break to their individual needs.

Three projects provided complimentary **Therapies** to carers. One of these projects also provided holistic therapies to the cared for in their own home.

One project provided **Residential care** in a traditional care home setting, so carers could get an overnight break.



## Section 4:

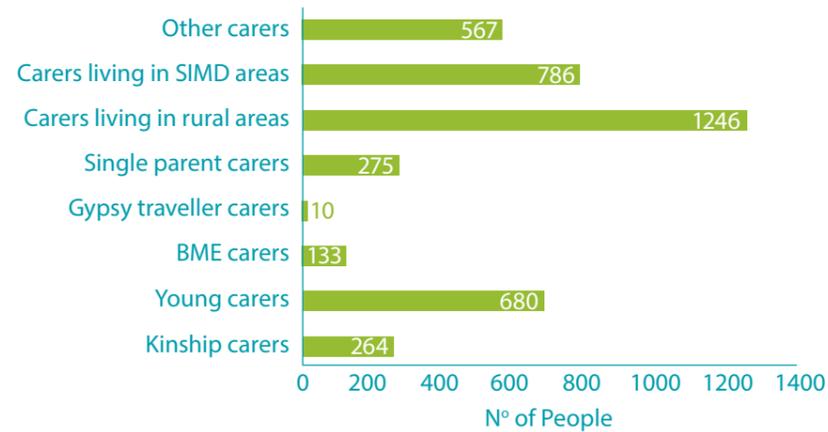
# Who Benefitted

The Creative Breaks programme delivered services and provided breaks to a wide range of carers and cared for. In total it reached **3,802 carers** and **2,460 cared for** people, making a total of **6,262 beneficiaries**. **1,135,203 hours** of breaks were created. Thus on average, it cost **£1.14 per hour** of break and **£160 per beneficiary**.

### 4.1 Carers who benefited

**3,802 carers benefited** from projects funded by Creative Breaks. **Graph 1** illustrates the types of carers that benefited. Please note that the total is greater than the total carers who benefited as some carers fit into more than one category, e.g. a Single Parent Carer who lives in a Rural area.

**Graph 1: Carers who benefited**

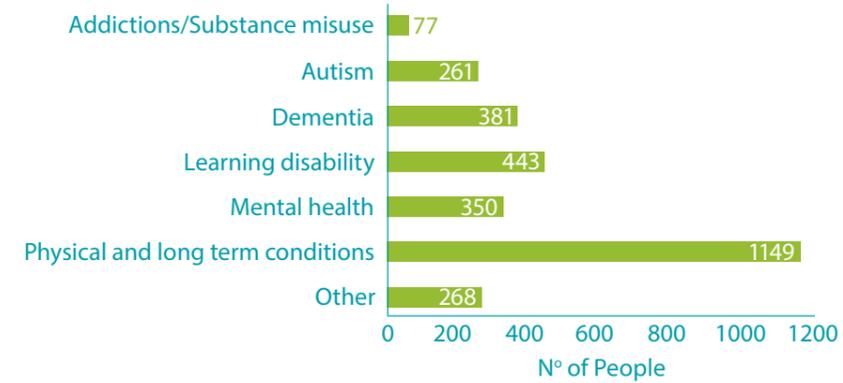


In regards to other carers, this included older carers, LGBT carers, carers with mental health problems or long term conditions and carers providing care to more than one person.

### 4.2 Cared-for people who benefited

**2,460 cared-for** people benefited from projects funded by Creative Breaks. **Graph 2** illustrates the types of cared-for people that benefited. Please note that the total is greater than the total cared-for people who benefited as some people have more than one diagnosis.

**Graph 2: Cared for who benefited**



In regards to other cared-for individuals, this included those with complex needs or needing two-to-one support, brain injury, behavioural issues or ADHD, cancer, frail elderly and those being cared for by kinship carers. It also included additional children being looked after by carers, but these children would not be included in the total number of cared for benefiting.

### 4.3 Geographical reach

**Tables 5 and 6** below illustrate the geographical spread of the work of all the projects, including Bridging, Service Development and Time to Live projects.

Table 5 illustrates the projects that were working in multiple local authorities.

**Table 5: Multiple Local Authority projects**

Local Authority	Number of Awards	Amount	Number of Carers
Aberdeen City; Aberdeenshire; Moray	1	£6,000	8
Clackmannanshire; Falkirk	1	£25,680	86
Clackmannanshire; Falkirk; Stirling	1	£15,348	37
East Ayrshire; North Ayrshire; South Ayrshire	1	£18,107	3
East Dunbartonshire; Glasgow	1	£6,692	8
East Lothian; Edinburgh; Midlothian; West Lothian	4	£30,167	158
Edinburgh; Falkirk; Fife; Stirling; West Lothian	1	£11,500	21
Edinburgh; West Lothian	1	£2,000	46
North Lanarkshire; South Lanarkshire	2	£27,072	114
Scotland-wide (including more than 10 Local Authorities)	9	£164,191	495

**Table 6** illustrates the projects with a single local authority focus. Those highlighted in grey are areas that were also covered in multiple local authority projects. Those highlighted in blue are areas which did not have projects with a single local authority focus, but were included in multiple local authority projects. Those highlighted in orange are local authority areas where no projects operated in this round of Creative Breaks, apart from Scotland-wide projects. It is possible that some carers or cared for in those areas did benefit from a Scotland-wide project, but we did not ask for a local authority breakdown of participants.

**Table 6: Single Local Authority projects**

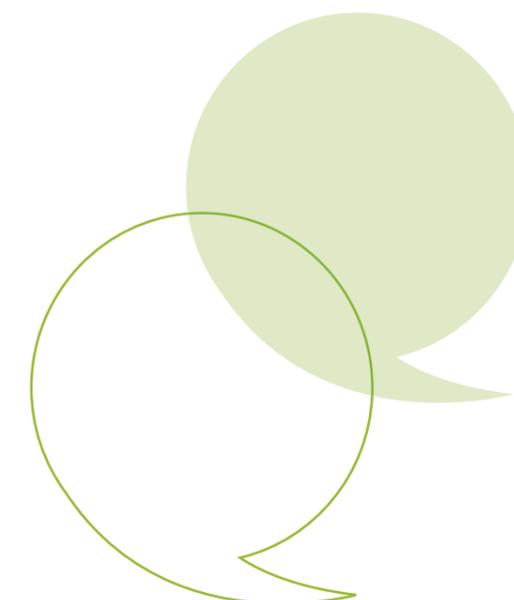
Local Authority	Number of Awards	Amount	Number of Carers
Aberdeen City	1	£24,351	60
Aberdeenshire	2	£48,169	250
Angus	1	£27,978	274
Argyll & Bute	1	£21,000	171
Clackmannanshire	0	£0	0
Dumfries & Galloway	1	£33,887	137
Dundee City	1	£27,203	38
East Ayrshire	0	£0	0
East Dunbartonshire	1	£9,000	62
East Lothian	1	£23,555	157
East Renfrewshire	0	£0	0
Edinburgh City	6	£88,076	239
Eilean Siar	2	£16,071	26
Falkirk	0	£0	0
Fife	2	£45,848	80
Glasgow City	7	£105,728	424
Highland	4	£67,500	264
Inverclyde	0	£0	0
Midlothian	1	£11,770	28
Moray	1	£19,794	28
North Ayrshire	0	£0	0
North Lanarkshire	2	£26,320	65
Orkney	1	£2,500	23
Perth & Kinross	1	£12,421	104
Renfrewshire	0	£0	0
Scottish Borders	3	£44,269	146
Shetland Islands	1	£2,403	50
South Ayrshire	0	£0	0
South Lanarkshire	0	£0	0
Stirling	1	£9,809	19
West Dunbartonshire	1	£13,208	37
West Lothian	1	£12,500	109

From the tables above, we can see that the fund did not benefit carers uniformly across the local authority areas, with some areas not benefiting and other areas doing well.

We did not fund projects in **Inverclyde, East Renfrewshire or Renfrewshire** in this round of Creative Breaks. No applications were received from either Inverclyde or Renfrewshire to choose from and only one application was received from East Renfrewshire. These areas have been cold spots for the fund; we have only funded one project for carers of adults in East Renfrewshire and one in Inverclyde since the Short Breaks Fund began, although both areas have benefited from projects aimed at children with disabilities in other funding rounds. We have not funded any projects for carers of adults in Renfrewshire, although young carers and children with disabilities have benefited from projects we have funded in Renfrewshire in other rounds.

The **Ayrshires** are also a cold spot for this round of the fund. These three local authority areas benefited from one project that was specific to carers of people with Huntington's disease, but the project did not really get off the ground. Most of the grant was actually returned and only 3 carers benefited while the project was operational.

As we did not ask projects in multiple areas for the local authority breakdown of beneficiaries, it is difficult to do detailed analysis of the geographical spread of carers or cared-for individuals. But we can say that the **Lothians** in particular have fared well in this round, with 14 funded projects in this region. According to the Scotland Census, 2011, 14.67% of all unpaid carers in Scotland live in the Lothians. In comparison, the Lothians received more than 20% of the funding in this round of Creative Breaks (not including Scotland-wide grants) and accounted for more than 23% of the carers who benefited. We also know that with one of the 'Scotland-wide' projects at least half of the participants lived in Edinburgh.



## 4.4 Geography and eligibility

Who can benefit from projects also varies across the local authority areas. **Table 7** illustrates who was eligible in each Local Authority area. It includes projects funded in multiple areas, apart from Scotland-wide projects. Where at least one project was open to all types of eligible carers in an area, then a further breakdown of other eligibility has not been included. Please note that carers of children or young people with disabilities are not eligible for this fund, so are not included within 'all carers'.

**Table 7: Carers who could benefit in each Local Authority**

Local Authority	Who Eligible
Aberdeen City	All carers
Aberdeenshire	All carers
Angus	All carers
Argyll & Bute	All carers
Clackmannanshire	All carers
Dumfries & Galloway	All carers
Dundee City	BME Carers
East Ayrshire	Condition Specific – Huntington’s Disease
East Dunbartonshire	Young adults; older carers
East Lothian	Young carers; children and young people with disabilities; Autism; Epilepsy; Mental Health
East Renfrewshire	
Edinburgh City	All carers
Eilean Siar	All carers
Falkirk	All carers
Fife	All carers
Glasgow City	All carers
Highland	All carers
Inverclyde	
Midlothian	All carers
Moray	All carers
North Ayrshire	Condition Specific – Huntington’s Disease
North Lanarkshire	All carers
Orkney	All carers
Perth & Kinross	Young Carers
Renfrewshire	
Scottish Borders	All carers
Shetland Islands	All carers
South Ayrshire	Condition Specific – Huntington’s Disease
South Lanarkshire	Condition Specific – Head, Throat & Neck Cancer; End of Life Care & Haven
Stirling	Young Carers; Disabled Children
West Dunbartonshire	Young Carers
West Lothian	All carers

From the table above, it is clear that who could benefit within each local authority area varied widely.

It is worth noting that Time to Live funding has an impact on eligibility, as all types of carers are eligible for these projects, whereas service development projects tend to be more targeted. For example, service development projects tend to focus on a specific group of carers (e.g. young carers or kinship carers) or on specific conditions of those who are cared for (e.g. autism, epilepsy, mental health, etc.) **Angus** is the only local authority that had a project for all types of carers without Time to Live funding.

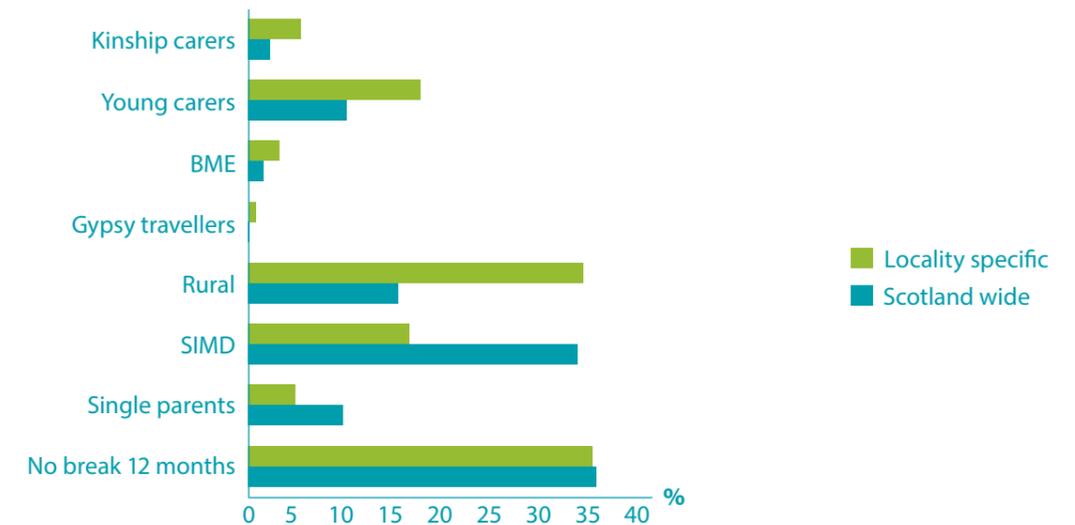
## 4.5 Scotland-wide projects

502 carers (13%) and 320 cared-for people (13%) benefited from projects with a Scotland-wide remit. Of the nine Scotland-wide Projects, seven were condition-specific projects, one was for young carers, and one was open to all carers. Of the seven condition-specific projects, five were part of the Time to Live programme.

Scotland-wide projects were not asked to report on where beneficiaries lived, so we cannot analyse the number of people within each local authority or see whether Scotland-wide projects are reaching carers or cared-for people in any of the geographical cold spots.

There was a difference between what types of carers and cared-for people benefited from Scotland-wide projects as compared to geographical-specific projects. **Graph 3** shows the percentage of carers supported by locality-specific versus Scotland-wide projects. In other words, 7.11% of all the carers supported by locality-specific projects were Kinship carers, whereas 2.22% of the carers supported by national projects were Kinship carers.

**Graph 3: Percentage of different carers supported by locality-specific versus Scotland-wide projects**



From the above table, we can see that geographically-specific projects reached a higher percentage of Kinship Carers, Young Carers, BME carers and rural carers. Scotland-wide projects reached a higher percentage of carers living in multiple areas of deprivation and single parents.

## Section 5:

# Overall Achievements of Service Development and Bridging Projects

Service Development and Bridging projects delivered excellent value for money at an average cost of £3.37 per hour of break. They delivered 155,212 hours of breaks, reaching 1,988 carers and 1,430 cared for people.

Each project established their own service targets once funding was approved. These targets included the number of carers they aimed to benefit, the number of hours of short breaks they aimed to provide and the number of overnight breaks they aimed to offer.

In regards to overall targets of carers and cared-for people benefiting and hours of provision, 12 projects (28%) exceeded their targets and 21 projects (49%) met their targets.

**Kinship of the Future North** were given £14,700 to provide a holiday to Blackpool for 30 Kinship Carers and the children they care for. Initially, they had intended to offer families a range of options of where they could stay, but the group realised that block booking a hotel would be more cost effective. By making this change, they were able to provide the holiday to 34 Kinship Families and still have money left over. With the remaining grant, and with permission from the Short Breaks Fund, they provided two additional day breaks, reaching more carers and those they care for and providing an additional 551 hours of breaks.

A further four projects (9%) met more than 90% of their targets. These organisations cited last minute cancellations being the main reason they did not reach their targets.

Three projects (7%) were below in their targets, but with clear reasons as to why this happened. For one project, an unanticipated venue change which accommodated less people meant fewer carers could attend. For the other two projects, the flexibility of the service made it difficult to estimate how many hours each carer would request. The unspent grant was returned for both of these projects.

Three projects (7%) had significant problems with reaching their targets. In all three of these projects, the main issue was a breakdown between partners involved in the project. Where possible, we worked with the organisations involved to develop exit strategies. Unspent grant monies were also returned.

**Brain Injury Grampian (BIG)** were given £6,000 to provide breaks for up to 10 people with brain injuries and their families. Due to unexpected staffing issues in an organisation they had intended to work with, BIG felt unable to proceed with the project. Through conversations between BIG and VSA, we were able to transfer the grant to the Voluntary Services Aberdeen (VSA). 8 carers of people with brain injuries were supported by Momentum and VSA to access Brain Injury Group Funding through the Time to Live funding systems in Aberdeenshire and Aberdeen.

## 5.1 Range of beneficiaries in Service Development projects

Creative Breaks was open to projects for carers of adults and those they care for, older carers, young carers and kinship carers. **Table 8** illustrates the number of projects that fall into each category. Where projects had two specific aspects relating to different carer groups, they have been included in both.

**Table 8: Who projects were aimed at**

Who Project Was For	Number of Projects
Adult Carers/Cared For	17
Older Carers/Cared For	7
Young Carers	10
Kinship Carers	5
All Carers	3

## 5.2 Carers of adults

Of the 17 projects aimed at carers of adults and those they care for, eight projects provided services to both the carer and the cared for, five projects were aimed at the carer and four projects were aimed at the cared for person. The three projects aimed at all carers also predominantly worked with carers of adults. Projects working with carers of adults and those they care for provided the widest range of services, including at least one of all the services listed in Table 4.

**Parkinson's Self Help Group (North Lanarkshire)** provided support to both the carer and cared for:

*"When my husband and I started to attend the group he was not reading and falling asleep a lot during the day. His balance was not good and he was falling often. This was putting a strain on me as I was always on edge and worried about what was going to happen next. It was good for Bill to have somewhere to go a couple of days a week. He did not have anywhere to go during the week and the group gives some structure to his week. I was then able to go out and meet friends etc. Attending the group helped him in so many ways. Talking to others who shared his illness gave him a fresh start on his journey with his many health issues; he became more interested in what was going on round about him and he started reading again. He also feels more valued. As a carer with my own health issues the group has enabled me to relax and given me some time for myself. I have enjoyed carers days and make use of the therapies that are available. We are looking forward to the next outing with the group. The staff help us overcome any obstacle and we know that we will have great company."*

### 5.3 Older carers and cared-for people

In all the projects aimed at older carers or older cared-for individuals, real consideration was given to both the needs of the carer and the person they cared for. Of the seven projects, four of the projects provided services to both the carer and the cared-for person. One project focused on the carer, supporting the carer to consider replacement care. Two projects delivered services to cared-for individuals at times determined by the carer so the carer could get real time to themselves. Services included three projects providing one-to-one support, two projects providing overnight breaks, and two projects providing regular group activities.

A common theme among these projects was familiarity and routine. There was an emphasis in many of these projects that either the carer or cared for person was able to remain at home or both could attend the project together. For older carers, sometimes it was the small things that made a difference.

**Bield Housing Association** provided an extension to their day service by opening an evening service so carers would have time to themselves in the evening once a week.

**Through the evening service, carers tell us that they are able to do a whole range of activities that they would not have been able to do. Some carers simply enjoy the time on their own to recharge their batteries. Often they don't have the opportunity to sit down in the evening after their meal and watch a TV programme of their choice. One carer told us that she has a "bubble bath" and "chills out" when her husband is in the evening service. Although it's great to hear from carers that they are using their time to do something different, we can't underestimate the benefit to carers of just "feeling normal" for a while. Doing small everyday things is really important to carers and gives them a sense that their life is not over and they still have their identity.**

### 5.4 Young carers' projects

Of the 527 young carer benefiting from Service Development or Bridging projects, 479 of these (almost 91%) were supported by projects which had a specific focus on young carers. All of these projects worked in group settings. Four projects provided weekly or regular clubs and four provided group overnight holidays, often at outdoor adventure places. Three projects also delivered activity days to groups, again usually with an outdoors focus.

A common theme that emerged for young carer groups was the importance of transport for young carers to attend; some projects used taxis, some used mini-buses and others had volunteers or staff collect the young carers. Those who did not include travel were very aware of public transport when choosing venues.

Last minute cancellations was also a common theme among projects with several projects linking this directly to young carers' circumstances. In a few instances, this resulted in projects not reaching some of their targets. However, projects argued that often those with irregular attendance were the most vulnerable, so it was important for the project to keep the space for the young carer even if it meant not reaching their targets.

Three of the projects also worked with young carers on a one to one basis, whilst two projects also provided some activities to the whole family.

**East Lothian Young Carers** provided 71 Family Short Breaks to young carers and their families. The breaks were designed around the individual needs of the young carer and their family. According to the manager:

*"In our experience the majority of young carers see themselves first and foremost as children and want the same opportunities as their peers to spend quality time with their families as children and not as carers."*

**'M' cares for her father who has significant mental health issues. He can be very difficult to live with and at times 'M' can be quite low about the situation. 'M' is unable to have friends back to her house due to her father's erratic behaviour and has been bullied at school because of her home situation. She had expressed an interest in learning to climb so the project funded a block of climbing lessons. 'M's mother accompanied her to and from the lessons. This gave them important uninterrupted mother daughter time. 'M' thrived at the lessons, met some new friends and has learnt a new skill. The experience helped her confidence and self-esteem and the regular one-to-one time with her mum helped her to deal with her home situation in a more positive way. As the stress in the home reduced the project supported the family to have a short holiday away together. The holiday went well and the family are now in a much better place.**

### 5.5 Kinship carers

Projects to support Kinship Carers were eligible for funding through the Creative Breaks programme. The definition used for Kinship Carers was included in the guidance notes that accompanied the application form.

**"A kinship carer is someone who is caring for a child being looked after by the local authority and the carer is either related to the child or they are known to the child and has a pre-existing relationship with the child."**

The Looked After Children (Scotland) Regulations 2009

Of the 230 kinship carers benefiting from Service Development or Bridging projects, 197 (more than 85%) were supported through specific kinship care projects. Breaks as a family unit tended to be popular with kinship carer projects; four of the five projects provided opportunities for the kinship carers to access breaks with their family. This included overnight holidays and one to one support to access mainstream activities. Two of these projects provided a group holiday to kinship carers and their families, whereas the other two projects provided breaks to individual families.

In addition to family breaks, two projects provided clubs for the cared for children, while only one project provided breaks just for the carer on their own.

**West Glasgow Grandparent Support Group** provided a week-long caravan holiday to 18 kinship carers and their families. Below are examples of how the carers benefited:

*'I got to spend lots of quality time with her grandson when usually their relationship is very challenging and can be draining on a day to day basis as he has special needs and has been excluded from school on several occasions. 'I says the break brought out the best in her grandson.*

*'J' and 'A' shared a caravan and got to know each other and those they care for much better due to the creative break. It afforded them more quality time to communicate and support each other. They both have continued to support one another and meet up together in between group meetings.*

More than 63% of kinship carers benefiting from funded projects lived in Glasgow. Indeed four of the five projects were based within Glasgow. The two projects that provided clubs for children in kinship care families both specifically targeted those living in North East Glasgow. Of the remaining projects, one specifically targeted kinship carers in West Glasgow and the other was based in North Glasgow, although this project did not specify targeting a specific locale.

Given the concentration of projects in Glasgow for Kinship Carers, there is a small risk that one family could have benefited from more than one project. It was, however, beyond the scope of this evaluation to determine whether this may have happened.

Kinship carers are different from other carers supported by the fund in that the people that those being looked after do not necessarily have disabilities. It has been pointed out to us that our standard report form does not easily allow for this distinction, as we have not included a separate data category to capture the number of children being cared for by kinship carers. One project did comment that they found the report form difficult and required support from their social work link worker to write it, and two of the other projects submitted substandard reports despite surpassing their service targets.

## 5.6 Piloting different approaches

In the Creative Breaks Programme guidance for applicants there was a specific call for projects that 'pilot different approaches to the development of personalised short breaks' including supporting a 'redesign of services.'

Four projects clearly demonstrated that they wanted to use the fund to try out new approaches. One project trialled a range of new groups for carers based on hobbies, another extended their hours into the evening, a third adapted their activities to accommodate both the carer and cared-for person together and the fourth project wanted to see how they needed to adjust their service to better meet the needs of the carer.

**Life Care (Edinburgh) Ltd** provides care at home services to older people in Edinburgh. This service is funded through a block contract with Edinburgh Council and was based on the needs of the cared for person, usually resulting in a regular pattern of care that was somewhat inflexible. They wanted to pilot a new way of working that would enable them to provide home care based on the needs of the carers; a service that could be more flexible and could be used as and when it was needed.

Through a grant from Creative Breaks, Life Care provided 500 hours of replacement care to 52 carers, at times to suit carers.

*'M's wife has dementia. He felt that having time away to get out on the golf course and catch up with his pals every fortnight was something that he really hung onto. For him it made the difference between coping and not coping. He really looked forward to these times. He said that he felt that he was better able to sustain his caring role because of it. He also felt fitter and his mental health was much better because of being able to access the service.*

Life Care believes that this pilot project has enabled them to demonstrate need, understand the implications of more personalised services and has helped them think strategically as they move to less reliance on block contracts.

Three additional projects received continuation funding to help them embed pilots that had been funded in previous rounds. All three of these pilots had looked at how their services could be more personalised and flexible by providing one-to-one support rather than day or overnight services.

**Respite Fife** have four fully supported three-bedroom accommodations available for short breaks for people with mild to moderate learning disabilities. The service was being well used at weekends, but not always at capacity during the week. Carers were saying that sometimes they just needed a couple of hours during the week instead of overnights, so Respite Fife wanted to try a different approach.

They received funding in the first two rounds of the Short Break Fund to pilot 'mini breaks'. They used existing staff to provide one to one support to the cared for person to access activities of their choosing, often in the community. This could be arranged at times to suit the carer and cared for person, sometimes even at short notice.

*'G's dad was in hospital and 'G' and his mum went to visit him every day. However when we telephoned to see how things were going his mum remarked that although 'G' behaved very well at the hospital it would be nice for her and her husband to have some time to themselves, especially as there were decisions to be made about the treatment he was going to need etc. We arranged for 'G' to go out for the day leaving his mum to go to spend some time at the hospital with his dad and meet with the doctor's in a more relaxed frame of mind.*

In this round of Creative Breaks, Respite Fife were given an additional £5,696 and they used it to continue the project for a further six months and attract additional funding. NHS Fife are now funding the project.

## 5.7 Targeting specific carers

In the Creative Breaks Programme guidance for applicants there was also a call to reach specific groups of harder to reach carers. This included BME carers, Gypsy Travellers, LGBT carers, those living in remote and rural locations and those living in areas of multiple deprivation.

As can be seen in **Table 9**, although projects did not meet their estimated targets, the percentage of carers supported from each of the specified groups is better than the Scottish population for those groups.

**Table 9: Estimates versus actual target carers benefiting**

Carers	Estimates	Actual	% Funded	% Population
BME Carers	107	96	4.83	3.98
Gypsy Travellers		9	0.45	0.08
Rural Carers	726	446	22.45	18.41
SIMD	583	470	23.65	15.00

Caution should be taken when considering the success of reaching BME carers. In regards to the BME population, two projects were funded to work specifically with ethnic minorities. These two projects account for 50% of the BME carers supported; and the percentage of BME carers supported drops to 3.06% without them. It should also be noted that the percentage of BME carers supported in Glasgow and Aberdeen were well below the population percentages for those areas. In Glasgow this can partly be explained by the fact that the carers centre network who manage the Time to Live project identify a range of funding opportunities for carers beyond the Time to Live grants. They were able to draw upon other funding specific to BME communities to support many of the BME carers who were also eligible for Time to Live grants.

In regards to rural carers, the percentage population is based on rigid parameters set by the Scottish Government, but these parameters were not given in the guidelines. Projects could define this themselves; it is clear that different projects took different approaches, with some of the islands putting all their carers in this category and others not.

In regards to those living in multiple areas of deprivation, again the parameters were not given on this. It is common to look at the 15% most deprived areas, hence the listed percentage population, but the guidelines were not clear. As the whole population is included in the Scottish Index of Multiple Deprivation, it is possible that projects were wider with their own definition.

LGBT carers were not included on the End of Grant Report form, and therefore are not included in the table. There is some anecdotal evidence that a few projects did support LGBT carers. Some projects also commented that they found asking about someone's sexual status was intrusive and were not comfortable collecting this data.



## 5.8 Targeting specific cared-for individuals

According to the guidance notes, the fund was also keen to support people with dementia, severe and enduring mental illness and those with long term conditions. How well projects did meeting these targets is listed in **Table 10**.

**Table 10: Estimates versus actual target of cared-for people benefiting**

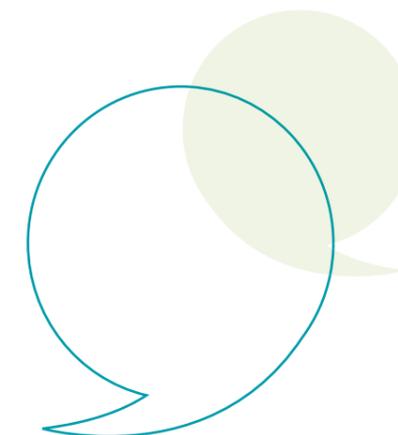
Cared For Group	Estimated Numbers to Benefit	Actual Numbers Benefiting	% of Total Cared-for Funded	% of Scottish Population with Condition
Dementia	368	151	11.54	1.62
Mental Health	412	194	13.57	unknown

In the Application Form, applicants were not asked to estimate how many people with Long Term Conditions they would reach. In the End of Grants form, this information was collected alongside Physical disability. As a result, it is not possible to analyse how many people with Long Term Conditions were supported. What we do know is that Creative Breaks was good at reaching a variety of organisations working with long term conditions; seven Service Development/Bridging projects were aimed at specific conditions. This included brain injuries, epilepsy, HIV/AIDS, Huntington's Disease, Parkinson's, Spina Bifida and throat and neck cancer.

In terms of Dementia, there were no Service Development projects aimed solely at those suffering from Dementia, however six projects did aim to include services to people suffering from Dementia and their carers as a main part of their project. Although the overall target was not reached, the percentage of people with dementia who were supported is well above the population average and suggests the fund did extremely well in reaching these cared for people.

In regards to people suffering from Mental Health, three projects were aimed specifically at this client group. They provided services to 47 people with mental health issues, accounting for just 24% of those supported. Mental Health also featured in Young Carer services, accounting for 64 (33%) of the cared for suffering from mental health issues. In most instances, these Young Carer projects were delivered to the carer rather than the person suffering from mental health issues.

As the actual figure of how many people in Scotland suffer from long term or enduring mental illness is unknown, it is difficult to assess how well the fund is doing meeting this need. It is clear that targets were not met. At the same time, there is also evidence that those with mental health issues are being supported by a wide range of services funded through Creative Breaks rather than just projects specifically targeted at them.



## Section 6:

# Time to Live

22 separate projects provided grants directly to carers to enable carers to have a break of their own choosing, and these projects are collectively known as Time to Live. Time to Live projects delivered excellent value for money at an average cost of £2.22 per hour of break. They delivered 979,991 hours of breaks, reaching 1,814 carers and 1,064 cared for people.

Overall, the Time to Live projects reached more carers and cared for people and provided more hours than estimated. A full evaluation of the Time to Live projects was commissioned and is available at [www.sharedcarescotland.org.uk/resources/publications.html](http://www.sharedcarescotland.org.uk/resources/publications.html).

### 6.1 How carers used the individual grants

Carers could use the Time to Live grants in a variety of ways. Below is a summary from the Time to Live Evaluation of how the grants were spent

- 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.
- The short breaks funded fall into five categories: traditional holiday 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).

The case studies that follow are from **Fife Voluntary Action** and illustrate the variety of ways that Time to Live grants were spent even within one project.

**'H'** cares for her husband who suffers from MS and epilepsy, he struggles to walk unassisted and needs her support 24/7. They were both under a great deal of strain. 'H' applied for funding to go towards the purchase of an electric wheelchair for her husband. The feedback from the carer was "We cannot thank you or express our gratitude enough as the wheelchair has given my husband his independence back. He is now able to go on walks with our dog Casey and myself and also we can go shopping together and I don't have to worry about him getting too tired. The award has been a godsend so from the bottom of our hearts THANK YOU SO MUCH".

**'S'** is a young carer who looks after his mother who has a long term health condition and suffers severe and enduring mental health illness. 'S' felt isolated and was totally exhausted. He applied for funding for a holiday for himself and his mother. The feedback from the carer was "My mother and I had a lovely break we went on a 5 day bus trip to Chester. It gave us both a chance to relax and enjoy ourselves, and it helped me to recharge my batteries – it was a real treat."

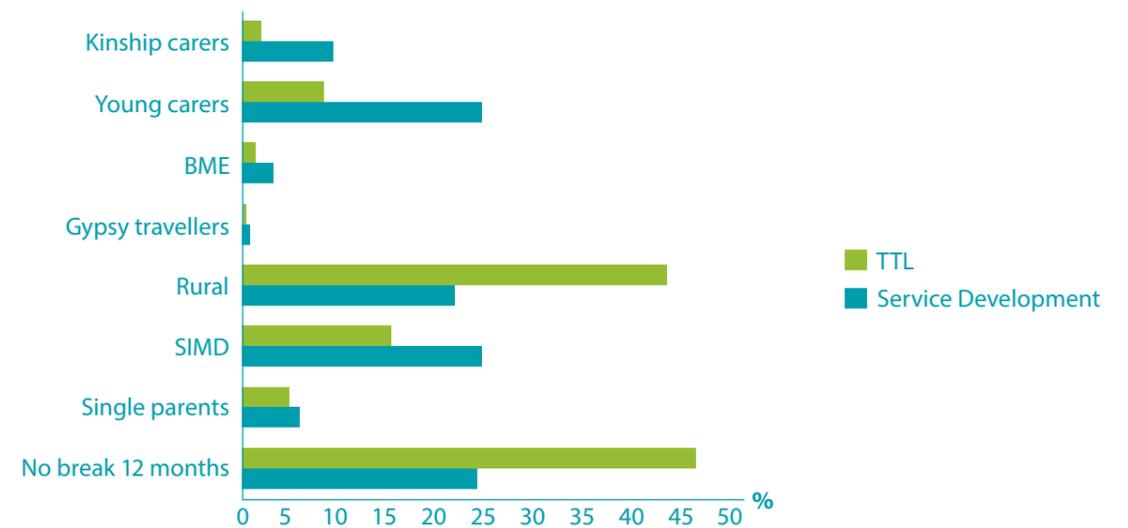
**'M'** is an older carer providing full-time care for her friend who has M.S. 'M' also has health problems and her condition is getting worse due to the stress she is experiencing with her caring responsibilities. She applied for funding for a series of alternative therapy sessions. The feedback from the Carer was: "Please express my sincere thanks to the Panel for the award, it was greatly appreciated. Having these therapy sessions has made a huge difference to me at a time when my caring role was beginning to overwhelm me."

**'K'** is a full-time carer for his older brother who has Huntington Disease and mental health problems. 'K' is finding it difficult to cope with the stress and applied for funding for a gym membership. The feedback from the carer was: "It is so good to get time away from my caring role for a few hours each week, by working out in the gym my energy levels have increased and I don't feel so isolated and stressed – thank you."

### 6.2 Comparison of Time to Live versus Service Development projects

**There is a difference** between the carers that were reached by Time to Live projects as opposed to Service Development projects. **Graph 4** below shows the percentage of target carers reached by Time to Live as compared to Service Development projects.

**Graph 4: Percentage of different carers supported by Time to Live versus Service Development projects**



From the graph, it is clear that Time to Live projects reached a greater percentage of rural carers and carers who had not had a break in the last 12 months. On the other hand, Service Development projects reached a significantly higher percentage of Kinship Carers and Young Carers, BME carers and carers living in areas of multiple deprivation.

Time to Live projects did reach a higher percentage of Young Carers (8.43%) than the estimated national average; young carers account for approximately 2.5% of the carer population in Scotland. Less Kinship Carers were reached than the national average, but the Scotland-wide projects were for the carers of people with specific conditions and therefore less likely to include Kinship Carers.

Only 2.04% of the Time to Live carers reached were from Black and Minority Ethnic backgrounds, as opposed to the 3.98% BME population in Scotland. In the local authority-specific Time to Live projects, only 2.42% of the carers reached were from BME backgrounds as opposed to the 4.75% BME population in these combined local authorities. This can in part be explained because BME carers sometimes had BME-specific funding programmes within some of the local authority areas, and the Time to Live projects sometimes diverted applications to these other funds.

## Section 7:

# Making a Difference: Delivering the Outcomes and Principles of the Fund

A key purpose of this evaluation was to review how well the Creative Breaks projects delivered the outcomes and principles of the fund. As a reminder, the principles underpinning the Creative Breaks Programme and the corresponding outcomes are as follows.

### Principles

1. Funding will make a difference to the lives of carers and the people they care for, improving their quality of life, promoting opportunities and well being, and supporting the caring relationship.
2. 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.
3. Funding will not pay for short break services which are already being paid for by local authorities.
4. Funding will be targeted to those most in need of support. This may include those with a substantial caring role, those who are less likely to access current support or those whose needs are not met by current models of service provision.

### Outcomes

1. Carers and the people they care for will have improved well being.
2. Carers will have more opportunities to enjoy a life outside of their caring role.
3. Carers will feel better supported to sustain their caring role.
4. 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.
5. Through sharing learning and practice, there will be better understanding of the role of short breaks in supporting caring relationships, and a better awareness of different models of short break services that can be meaningful to different people.

The **difference** that the projects have **collectively** made through delivering these principles and outcomes is explored within this section. Principles 1 and 4 will be considered in tandem with the outcomes. Principles 2 and 3 will however be considered separately in the following section. Principle 5 will be covered in section 8.

## 7.1 Outcome 1: Carers and the people they care for will have improved well being

Principle 1 will also be considered here which states that 'Funding will make a difference to the lives of carers and the people they care for, improving their quality of life, promoting opportunities and well being, and supporting the caring relationship.'

62 of the 64 projects aimed to meet this outcome, but all projects demonstrated some evidence that either the carer or cared for had benefited. However, how they reported on it varied greatly across projects. For example, some just said that carers and cared for had a good time, others only gave one or two case studies, while others gave % of participants who met different indicators associated with well-being. It is difficult to compare across the projects as such a variety of measures were used.

**The Eric Liddell Centre** provided 'Day Breaks' to older carers and the person they cared for, including a range of activities and taster sessions. They provided excellent evidence of outcome 1, with real indicators of how health had improved:

*With a large majority of the participants they reported improved physical, emotional and mental health. One carer wrote 'I felt more relaxed and able to cope – hopefully this state of mind will continue'. Another carer – who said they had been very stressed – wrote 'I have felt more relaxed, having had (the Day Breaks) being free of duties and having others to talk with'. The Thistle Foundation staff and volunteers carried out a similar health check where they did a baseline check (including blood pressure) on the first session and at the last session these stats were checked again to reflect on changes during the Day Breaks. In most cases participants results showed positive improvements, especially in relation to their blood pressure.*

Inherent in this outcome and the associated principle is mutuality of benefit, whereby both the carer and cared for person benefit. Although some projects provide quite limited evidence, there is an increase in the number of projects providing excellent examples of mutuality of benefit, even when the service has been primarily delivered to the one party in the caring relationship.

**Scottish Spina Bifida Association** delivered a two night break to 22 older carers at a hotel in Edinburgh. They were clear that it had to benefit the cared for person as well:

**'Make sure that the cared for person is happy about their carers break and has a good time while they are away. Carers will not be able to enjoy themselves if they feel guilty.'**

They supported the families to think about the arrangements, ensuring benefits to the cared for:

**"My sister came to stay with me and that reassured mum and dad and we had a great time, watching girly films and going shopping. I know they worry about leaving me but to be honest I enjoyed having a wee break from them, but don't tell them I said that!"**

There is a clear improvement in reporting mutuality of benefit and does show a marked shift in thinking regarding this principle. Indeed, over 90% of the projects provided at least some evidence of mutuality of benefit. Four projects have even specifically mentioned how the Short Breaks Fund has helped developed their evaluation to this effect.

**Y Sort It** provided a range of opportunities for young carers.

*A challenge we faced in previous years with Short Breaks Fund Evaluation is how to capture if the respite opportunities have had a positive outcome for those they care for. This year, we asked parents and guardians to complete brief surveys on how they feel the opportunities have had a positive impact on the young carers and the person being cared for. Although we did not have all surveys returned, the feedback we did receive showed a high positive impact they felt it had on the young carers lives. The survey also highlighted positive feelings that the parents and guardians felt that the young carers were accessing such support, and how it has helped the people that the young carers provide care and support to.*

## 7.2 Outcome 2: Carers will have more opportunities to enjoy a life outside of their caring role

60 of the 64 projects aimed to meet this outcome. All four that did not include this as an outcome were projects where the carer and cared for were together on the break. Again, the reporting on this outcome was quite mixed, but there are some good case studies.

**The Princess Royal Trust Borders** provided Time to Live grants directly to carers.

*'D' is a young carer who has a brother with a rare chromosome disorder, he needs constant care and attention and 'D' provides a lot of support and supervision and rarely gets time on his own, this has affected his confidence. A Time to Live grant enabled him to go on a rugby tour with his school, this has helped him to integrate with his peers, given him some time out for himself and a chance to experience new and exciting things.*

A common theme that has emerged is that carers appreciated having 'time to themselves' or time to do 'normal activities'. In some instances, this included accessing leisure facilities, attending training or meeting up with friends. In other examples provided, it was the 'little things' that made all the difference.

One carer from **Epilepsy Scotland** uses her time to visit places that are too overwhelming for her daughter. *'Sometimes this is simply popping to the grocery store or going for a haircut, but she says that these simplicities are the things that hold the greatest value – especially when they are taken away from you.'*

One carer from **SNAP** said *'she was really looking forward to just having a conversation with her husband without being interrupted about 20 times before she got to the end of a sentence.'*

One kinship carer from **Geeza Break** *'really appreciates the days allocated to her 8 year old grandson as it gives her some 'me' time to relax, to go shopping and catch up with housework.'*

Certain types of breaks also appear to have more of an impact on this outcome. For example, projects who provided frequent breaks that last for a couple of hours, reported that carers use the time to meet up with friends, access leisure or interests, spend quality time with other family members or just 'chill out'. Projects that provided group activities to carers, tended to emphasise the importance of building friendships and feeling less isolated. Projects that provided one-off days or weekends tended to emphasise how having a break made the carers realise the importance of taking breaks, which sometimes led to further support being sought.

## 7.3 Outcome 3: Carers will feel better supported to sustain their caring role

59 of the 64 projects aimed to meet this outcome, but there are some differences about how projects interpreted the question. Some give examples of how carers were supported, but not necessarily evidencing how they were supported to sustain their caring role. What is evidenced is that breaks help carers to cope, can improve the relationship between the carer and cared for and even just knowing that a break is coming can have a positive impact.

**Support in Mind** delivered a range of overnight holidays and activity days.

*"My taking part in the creative breaks helped me to forget my concerns and troubles at the time. Afterwards I felt more relaxed and cheerier, more patient and able to cope, which I felt was beneficial to my son whom I care for."*

Projects have also helped carers to realise that they may need support, that it is okay to ask for this support and that they do deserve a break.

**"What a difference it makes to get away for a couple of days, did not realize how tired I was, feeling much better already"**

Carer aged 73 years (Spina Bifida Association)

Building networks of support also featured as being an element of sustaining caring roles. Contact with other carers in similar situations helped carers to feel less isolated and find other avenues of support.

**'J' and 'A' shared a caravan and got to know each other and those they care for much better due to the creative break. It afforded them more quality time to communicate and support each other. They both have continued to support one another and meet up together in between group meetings.**

West Glasgow Grandparent Support Group

## 7.4 Outcome 4: Carers who are less likely to ask for support will feel better supported and more aware of sources of help

This outcome correlates with Principle 4: Funding will be targeted to those most in need of support.

Only 39 of the 64 intended to meet this aim, but only a few clearly evidenced it. Again, there were differences in how projects interpreted this aim, with most just explaining how they supported carers in accessing short breaks – not how they reached those who were less likely to ask for support. A few projects did give some good case studies.

**PASDA** provided a social club for carers of people on the Autistic Spectrum.

*'M' is a single parent to an 18 year old boy with Asperger syndrome. She works full-time and has her hands full with juggling work, managing the home and her son. She has been reluctant to ask for help in the past, particularly because of negative experiences she had with professionals when her son was a child. However, since meeting other parents in similar situations at the social group, she has been encouraged to link in with a number of services. PASDA have supported 'M' with a social work referral and her son is now receiving weekly support from an autism-specific support organisation.*

It is also difficult to determine how many new carers were reached this year as projects are not asked to report on this. What is clear, though, is that the majority of projects worked mostly with carers that were already known to them. As one project comments, the people they work with will be disabled their whole life and as long as they are living at home, the carer will continue to need breaks and support.

In so far as this outcome relates to Harder to Reach carers, there is also some ambiguity about what are 'hard to reach carers', and projects could determine this for themselves. For example, two of the Kinship Carers' projects said that they were meeting this because kinship carers are hard to reach – yet all the participants were already known to the group. On the other hand, one of the BME specific projects did not include this as an aim despite reaching 10 new BME carers who had no respite provision previously.

What we do know is that many projects fell short of their own targets regarding BME carers, Rural carers, SIMD carers, Kinship carers, Mental Health and Dementia. (Please see sections 5.7, 5.8 and 6.2). Those that were most successful in reaching 'harder to reach' carers and cared for were already well placed to reach this group, i.e. a BME specific organisation, Mental Health organisation or Kinship Carer group, or worked in partnership with other organisations who worked directly with defined harder to reach groups. Often 'word of mouth' was the best way to reach these carers and this takes time.

**Amina** provides befriending opportunities to Muslim female carers. Their approach often reflected the reluctance of these carers to access support, starting with simple measures in order to coax carers to identify that they had needs.

*'M' looks after her husband who is disabled. She has been finding her role as a carer was getting her tired with the same routine everyday and felt guilty as she was not coping. Since being encouraged through telephone befriending to come to regular group activities, the Carers Befriending Project has supported 'M' in a Lunch club for 8 months. "I am so glad I spoke to someone about my feelings these activities have help me otherwise I always just felt depressed and alone"*

*'A lot of BME carers are now recognising their role as a carer and not just a duty upon them that has to be fulfilled. There seems to be a change of thinking amongst the community that it's OK to ask for help and take the support given through projects like the carers befriending Project.'*

In so far as this outcome and principle relates to how organisations prioritise who receives a service, most Time to Live projects had clear criteria for prioritising carers and reaching those most in need of support, as this was something required of them. Service Development projects were not specifically asked about how they prioritised carers, so it is less clear how well they targeted those in most need. Some did provide evidence of how they prioritised carers, and some also just used a first come first served model.

What we do know is 36 % of the carers who benefited were listed as not having a break in the last 12 months, although it is possible that projects may have interpreted the question as not had a holiday in last 12 months. Time to Live projects were particularly good at reaching these carers; 49% of all the carers receiving a Time to Live grant had not had a break in the last 12 months.

For some projects, prioritising need is not straightforward; there can be a variety of competing factors that affect who receives a service. For example, staff or volunteer availability sometimes affected who received a service first. For some group activities, the dynamics of the group was considered crucial for selecting who would participate.

## 7.5 Principle 2: 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

The Creative Breaks programme (and all of the Short Breaks Fund programmes) expects funded projects to put those being cared for and their carers at the heart of the planning, delivery and evaluation of projects. Although there are still some projects that are limited in how they do this, e.g. giving participants a menu of options rather than enabling them to develop the programme from scratch, other projects demonstrated real engagement.

Some organisations have used the fund to develop a more personalised service, care that can be accessed at short notice or as and when needed. Time to Live projects are particularly strong in demonstrating personalisation, which can be seen by some of the unique ways that carers used their grants. For example, some young carers bought bikes, enabling them to take regular breaks and to feel the same as their friends. Another carer purchased a greenhouse, giving her a space to take a short break and engage in a much loved hobby; she has even grown plants which have won prizes at local gardening shows, enhancing her self-esteem. Another carer purchased driving lessons, which ultimately cut down the time required to care for her elderly relative as it took several changes by public transport. Time to Live projects also gave money directly to carers, which in itself had implications for creating a more personalised service.

“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. It is very easy 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

Certain types of projects are easier to be personalised than others, just by their nature. But it is clear that carers and cared for do want a range of services. For certain types of carers in particular, i.e. Young Carers, BME Carers, and carers who feel isolated, there is evidence that group activities are the right break. Yet these activities, by their nature, are likely to be less personalised than those that are delivered on a one-to-one basis.

There are, however, some really good examples of how group activities can be personalised. For example, the group who will attend come up with the ideas of where they want residential breaks, decide on activities and vote on the choices as a group. Or projects that meet individually with participants prior to any activity, to enable full participation of every person.

**Y Sort It** is run by a committee of Young People and this group shapes all of the services of Y Sort It, including the initial decision to develop services for young carers.

The organisation was funded to provide camps and summer activities. The young carers took responsibility for researching various locations, and then voted on which they would like to attend. They were in charge of designing the programme at the camps as well as all the activities they want to do in the summer activities.

### 7.6 Principle 3: Funding will not pay for short break services which are already being paid for by local authorities

To some extent, it can be said that all of the funded projects were additional and complementary to statutory short break provision. Some worked with families they had never supported before and whom had not had a break in the last 12 months. Some extended the provision they already provided. Many stated that ‘carers breaks are not funded by the Local Authority’.

There are, however, grey areas in relation to being additional to statutory provision. Some of the beneficiaries were in receipt of statutory services, often provided by the organisation, and the project was just an extension of the package they already receive. Some of the projects aimed at carers were not clear about what statutory respite they were already given. In some of the funded projects it was evident that the referral process was dominated by statutory services.

There were also a few instances where services had been funded that have been previously paid for by local authorities. This was usually due to universal budget cuts, rising thresholds for respite care packages and the implementation of Self-directed Support.

**Buddies Clubs and Services (Glasgow West Ltd)** provided tailored breaks to young people with disabilities.

Social Work continues to be their main funder, and they always go to them first. ‘Due to funding cuts however an increasing number of young people are being assessed as not requiring services via social work or are waiting to begin the process of personalisation. These families are becoming increasingly under stress and the Creative Breaks funding can be used as a source of support to them in these circumstances.’

Going forward and depending how different local authorities implement Self-directed Support, there may be increased ambiguity about how funded projects relate to statutory funding.

## Section 8:

# Learning and Evaluating

One of the underlying principles of Creative Breaks is 'Through sharing learning and practice, there will be better understanding of the role of short breaks in supporting caring relationships, and a better awareness of different models of short break services that can be meaningful to different people.'

### 8.1 Understanding the role of short breaks in supporting caring relationships

There were several themes that emerged regarding the role of short breaks in supporting caring relationship.

#### 8.1.1 Changing carers perceptions

Many projects mentioned that carers do not necessarily always identify with being a carer; they are first and foremost a parent, a spouse, a sibling, a child, a grandparent, etc. As such, they often do not recognise their need of a break, or can feel guilty that they want time away from their loved one. Short breaks can help carers recognise their own needs within the caring relationship.

Some carers required considerable support and encouragement in order for them to take part in a short break; 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 Centre).

#### 8.1.2 Short breaks leading to more support for carers

Several projects mentioned that a short break provided carers with a 'taste' of respite. This sometimes helped carers to realise the benefits of short breaks or better understand their own needs within the caring relationship.

**'It was a break from day to day caring and gave me ideas to take breaks when I get home.'**

(carer, Care for Carers)

**"One carer said that whilst she felt guilty leaving her son at home, she realised the stress and possibly neglect that was placed on her other children. She said 'having a few days to just play with my children, hear them laugh rather than shout, tell them I love them was precious'"**

HIV-AIDS Carers & Family Service  
Provider Scotland

This better understanding of their needs can lead carers to finding new avenues of supports.

#### Bield Housing Association

"We have found that carers reluctant to accept day care or short breaks have used the evening service as a "stepping stone" to those services. The service has enabled carers to build relationships & a support network with other care professionals."

#### 8.1.3 Short breaks preventing a breakdown in the caring relationship

Several projects provided case studies that demonstrated how a short break could prevent a crisis in the caring relationship.

#### PLUS

"J' is a single father of a 5 year-old girl with autism. The daughter can be very boisterous and has a very poor sleeping pattern. 'J' is finding it tough having to cope with the challenging demands of caring for a child with autism as a single parent. Social Workers put the family in touch with PLUS and Direct Short Break (DSB) has recently been set up. A DSB worker goes to the family home and spends time with the daughter while 'J' goes out for a walk, or to meet up with friends and get some space. 'J' is very appreciative of the service and in particular how it enables him to arrange a much needed break before he reaches breaking point."

### 8.1.4 Short breaks improving family relationships

Another theme that emerged was how short breaks improved family relationships. Below are just some of the examples provided:

- The break gave the carer/cared for person something to talk about
- The carer felt more positive/in a better place which had an impact on the relationship
- The cared for felt less guilty and was happy to see the carer taking time to themselves
- The carer enjoyed seeing the person they cared for enjoying themselves; often seeing them in a new light

For some, the break allowed the carer to spend time with other family members.

#### Epilepsy Scotland

"One parent carer told us that the respite time they get through their child's support hours allows her time to spend with her other daughter. This means that she feels less guilty about the amount of time supporting and caring for her child that has support needs. She is less resentful and as a consequence is reinvigorated after each period of respite. She feels that this short break means she can continue in her role as carer."

For others, the time away together had a beneficial impact on families.

#### Young Carer, Y Sort It

"It gave me a chance to relax and to get ready for whatever I have to do next when I go back home. My sister and I both came on the camp and we weren't getting on. The trip has brought us together away from the stress at home so we can get along, so that will help in the caring role in the house when we get back."

There were also a couple of instances where other family members provided the care when the main carer had a break. Sometimes this has led to additional offers of help.

#### PASDA

"The primary caregiver attends the club and other members of the family (usually fathers or siblings) have taken a more active role in caring on that particular day. This improves the overall family dynamic as it means the mother is not left with overall responsibility which can often be the case."

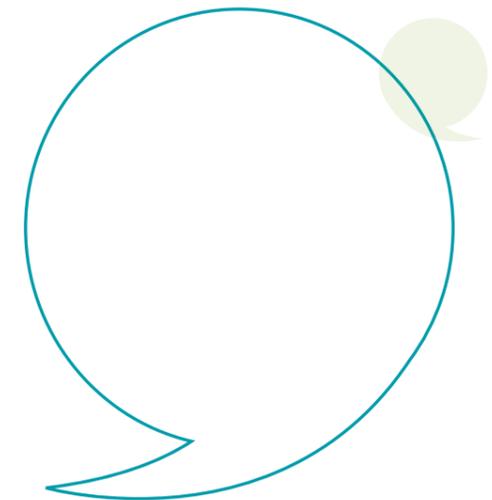


## 8.2 A better awareness of different models of short break services that can be meaningful to different people

Creative Breaks funded a wide range of projects, and from the success of the vast majority of them, it is clear that one size does not fit all. Projects demonstrated they were meeting real need, and carers and cared for valued the variety of services on offer.

### 8.2.1 Thinking more creatively

Several organisations mentioned that this funding has enabled them to be more creative in their thinking of short breaks. For some groups, it has enabled them to see how their service can meet the needs of the carers, rather than just providing a service to the person with a disability. For others, it has given space for carers to develop their own break and explore what is meaningful for them.



### 8.2.2 Building trust

One theme emerging from a wide variety of projects, is the importance of building the confidence and trust of the carers and cared for. Examples include:

- For those providing one-to-one services, there is a clear preference for consistent staff. This was often more important than complete flexibility; for example, if their usual volunteer is not available, the family prefers to wait for availability rather than accept the service from another volunteer not known to the family.
- Some projects moved people through a range of services, building confidence as they went. Many projects start with a one to one approach before moving to a group setting. Other projects worked with people in a club setting before taking them for longer breaks away.

**“C’ also commented “As the children become more familiar and befriended one another I became more at ease sharing my concerns & dilemmas regarding the child I care for”. I now feel more able to join in social events which have been organized by our group.”**

West Glasgow Grandparent Support Group

### 8.2.3 Managing budgets

The model of giving individuals their own budgets has been developed with The Time to Live projects and at least one Service Development project. As well as allowing carers to spend the money in ways that are meaningful to them, the act of trusting carers with a budget had a positive impact in itself.

**“All of the young carers received spending money for their week away. This was built into the original application as it was acknowledged that the young carers would require spending money due to the nature of the short-break, and to ensure that everyone had the same amount as some young carers would have been unable to bring any spending money with them. This had an unexpected outcome with the young carers expressing that they felt trusted, empowered, and respected by being given the money. In addition, they were also supported with budgeting and therefore learned a valuable life skill. Comments received included: ‘More independence and trust’ ‘Made it easier to fit in because we all had the same amount of money’ ‘Made me feel responsible’”**

PRT Stirling Carers Centre

### 8.2.4 Group activities are meaningful

For some people, groups are still an important part of the short break experience. Group experiences can provide different outcomes than services provided to individuals. It can encourage the formation of friendships or provide an opportunity for people to share experiences and find support from each other. It can also add enjoyment to an activity.

**“We got our Young Adults group to take part in the Baxters 5K race – this was suggested by a member of the group. Exactly half of this group are overweight some have major weight and health related issues, which is a huge concern for parents. Their level of physical activity since leaving school for some of our young people has dropped considerably. We gradually over a number of weeks incorporated some level of exercise into each weekly club, provided pedometers to each person so we could check their weekly output which they recorded, this also added a competitive side to things which we didn’t expect! Parents also became more active encouraging their children to exercise more (some kept up the level of activity after the event). We collectively decided to dress up for the event as animals which added a fun element, we had monkeys, penguins, a tiger, cat, panda and donkey on the day. All dressed up, and all 14 that entered, completed the race. It was a huge high for all those who took part or watched the race, everyone’s self-esteem was through the roof when we finished. The experience brought a lump to all our throats seeing the camaraderie within the group in the build up and throughout the race- 4 of the group took off through the mid-section of the race but as we neared the end of it the front runners had waited for the rest of the group, one of the boys said to me ‘we started together, we will finish together’ and we all crossed the line as one.”**

SNAP

### 8.2.5 Traditional breaks

Even when carers are given space to be creative about how they want to take a break, some choose a traditional break because it is the right break at the right time for them. Breaks do not always need to be innovative to be personalised.

**“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.”**

MND

### 8.3 Evaluation methods used

Organisations are using a wide range of evaluation methods. The majority of projects use questionnaires, with some following this up with focus groups or one-to-one interviews. A few use baseline measures to see the real difference from beginning to end, and others use more creative methods like wishing trees. A few projects relied solely on informal feedback, but this tended to be the very small groups who did not have administrative support.

Case studies were by far the most popular way of giving evidence to support outcomes; only a few projects evidenced the outcomes in quantitative ways. This does mean that it is difficult to compare across projects and we are unable to report on the percentage of carers or cared for that reached each outcome. It is possible that some projects have quantitative data but did not give it because of how the End of Grant form is laid out, stressing case studies and limiting the word count.

It has been identified in previous rounds that projects could be better supported with evaluation. During the year, an action learning group was established who created an Easy Evaluation Toolkit specifically aimed at Short Break providers. Although the real benefit of this toolkit will not be noticed until the next round, those involved in the action learning set have commented on how it has improved their practice in regards to evaluating their service.

### 8.4 Learning Exchange events

As well as the Evaluation Toolkit action learning set mentioned above, Shared Care Scotland has provided a range of Learning Exchange events for funded groups.

In order to ensure the best possible applications were received, the Short Breaks Fund Manager delivered six workshops across Scotland to provide information about the application process. They were attended by representatives from 76 different organisations and 45 applications were received by organisations attending these workshops. Although the success rate of 75% for these applications was the same as the overall success rate, only 13% of the applications were assessed as a low priority, as opposed to 30% of applications from organisations who did not attend the workshops. 31 of the organisations attended did not submit applications, and it could be argued that this in itself is a success as these groups may have realised that the fund was not appropriate for their project.

In addition to the application workshops, one sharing practice event aimed at groups working with young carers and one aimed at Time to Live grant holders were delivered. 12 participants attended the Young Carers event, representing 11 organisations. Six organisations attended the Time to Live event. Feedback from both events were very positive, with participants saying it helped them to develop their practice and that they particularly enjoyed the networking opportunity.

**“Attending Shared Cared Scotland’s Sharing Practice Workshop: making short breaks work for young carers early this year was an excellent opportunity to purely network with other professionals from a variety of organisations to stimulate new ideas and different ways of working.”**

PKAVS

There were also a range of events aimed at Better Breaks funded organisations, including a conference and a video project. Some organisations who are funded from both programmed benefited from these events as well.

## Section 9:

# Conclusions and Looking Forward

The Creative Breaks fund has been very successful. It has reached a wide range of people, surpassing the number of carers and cared for it expected to benefit, providing more hours of breaks than anticipated and costing just 86p per hour of break.

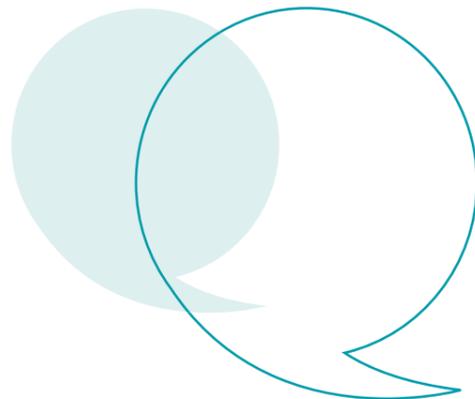
Creative Breaks projects are operating across much of Scotland, and the fund has been successful in reaching some of the under-represented carers and cared-for people it hoped to support. But who can benefit from the fund does vary greatly according to where someone lives and the type of carer or cared for person they are. It is also not clear how many new carers and cared for people have been reached in this round of Creative Breaks.

Time to Live projects and Service Development projects meet different needs. Time to Live grants allow for mostly one-off tailored breaks for individual families, whereas Service Development projects tend to provide more regular support or group activities. Service Development projects were more successful at reaching BME carers, Gypsy Traveller carers, Kinship carers and young carers. Time to Live projects were more successful at reaching people with dementia and prioritising those who had not had a break in the last 12 months.

Carers have benefited from improved well-being, opportunities to live a life outside their caring role, feeling more able to cope and sustain their caring role, improved family relationships, increased awareness of their needs, accessing additional support available and enjoyment at seeing their cared for having fun. For some, it has prevented a breakdown in the caring relationship. For others, it has just provided a normalcy that others take for granted.

People with care and support needs have benefited from improved well-being and improved family relationships. Many have had the opportunity to experience new things, access activities that may otherwise be unavailable to them and enjoy their breaks. For others, they have been able to stay in their routine while their carer gets a break, preventing anxiety for those cared for people who find change difficult.

From when the fund began, there has been a clear shift in thinking regarding mutuality of benefit; to get the most from a short break both the carer and cared for person need to benefit and many projects are in a better position now to evidence this. There has also been an increase in projects taking a more personalised approach, with a large increase in Time to Live projects as well as innovative pilots within Service Development projects. All of this is helping carers and those they care for to get the right break at the right time.



## Recommendations

### 1. Geographical cold spots:

- Speak to the Carers Centres and Third Sector Interface organisations in the geographical cold spots to promote the fund
- Prioritise application workshops in these cold spots
- Consider actively encouraging the development of a Time to Live project in these local authorities
- Ask projects to provide more detail as to where carers come from so it is clearer who is benefiting in multiple local authority and Scotland-wide projects
- Encourage Scotland-wide projects to reach people in cold spots

### 2. Under-represented carers:

- Continue to encourage applications targeting groups that are under-represented
- Provide clearer guidance and some real examples to potential applicants about what we mean by under-represented or harder-to-reach groups
- Consider specifically targeting BME groups in Glasgow and Aberdeen
- Deliver a learning exchange event about how to reach under represented groups, both for Time to Live and Service Development projects
- Consider offering multiple year grants for projects aimed at under represented carers, allowing time to build the appropriate relationships and build trust

### 3. Prioritising need:

- Ask on application form and End of Grant forms to report on how many new carers and cared-for people the project has reached
- Include a prompt question regarding how projects prioritise participants under the relevant principle in the End of Grant form

### 4. Improving reporting and evaluation

- Develop workshop for new grant holders explaining the reporting requirements and promoting the Evaluation Toolkit.
- Deliver a learning exchange event regarding the Evaluation Toolkit.
- Review the Outcomes forms when they are returned, identifying any projects that may need support.
- Highlight good examples of high quality reports on Short Break Stories website.
- Update the Outcomes form and End of Grant Report to create a better link to the fund's outcomes and include example indicators.
- Consider an evaluation that is resourced centrally by Shared Care Scotland, whereby outcomes of different types of projects could be more easily compared.
- Ensure that the data gathered on evaluation forms matches those asked for on the application. Any changes that need to be made should be decided when creating the application and should be 'locked down' until the next round of funding is opened.
- Include a field for how many looked after children Kinship Carers care for on the Application form and End of Grant form.
- Ask projects operating in more than one local authority to state how many beneficiaries come from each local authority.



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