



Back to Business: Re-starting Short Break Services

Case Studies

Due to the COVID-19 pandemic, many respite care and short break services have been suspended and consequently many families are facing significant, additional pressures. Bringing these vital services back 'on line' as quickly and safely as possible is a key priority. 'Scotland's route map through and out of crisis' (Scottish Government, May 2020), specifically mentions respite care and breaks from caring as part of the Phase 1 stage of easing lockdown:

"We are planning the gradual resumption of key support services in the community. We are expecting to restart face-to-face Children's Hearings and for there to be greater direct contact for social work and support services with at-risk groups and families, and for there to be access to respite/day care to support unpaid carers and for families with a disabled family member. All of these would involve appropriate physical distancing and hygiene measures."

Families will need to be confident that every possible step has been taken to minimise any risks of infection. However, introducing measures to manage infection prevention and control, including the use of physical distancing, will be challenging to services. Careful planning will be needed to ensure everything has been thoroughly considered, and all risks have been identified and mitigated.

The purpose of these case studies is to illustrate the approaches taken by different organisations to ensure their short break services are able to operate safely for both clients and staff as we enter and move through Phase 1 of easing lockdown. There can be no 'one size fits all' approach and each service will need to move at their own pace, and tailor procedures to their particular setting and circumstances.

Organisations must also, of course, continue to operate within the relevant legal and regulatory frameworks, and have regard to the latest national advice on COVID-19¹. It is also important to work with the local authority and Health and Social Care Partnership to make sure plans tie in with local service remobilisation arrangements, and infection control measures.

Many thanks to all the organisations that have provided information for these case studies. Further case study examples will be added in due course. If you have any questions, please contact: don.williamson@sharedcarescotland.com

¹ Advice on infection prevention and control for different health and care settings can be found on the Health Protection Scotland website: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/COVID-19/>

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1. Re-starting Saturday Café - A Phased Approach

The [Saturday Café](#) provides care and a comprehensive range of recreational clubs and activities for disabled children aged 5-18, from their base in Glasgow. The Club focus is primarily on free unstructured and sensory play through a wide range of fun activities both outdoors and indoors. They support 90+ children and young people. Prior to COVID-19 they were providing 450 hours of general clubs, and 315 hours of holiday clubs with on average 25 children and young people at each session.

In planning to resume their services, the Saturday Café has consulted with staff, families, their local authority and the Care Inspectorate, amongst others. They have also worked closely with their health and safety advisers (Citation) who have provided detailed template COVID-19 specific checklists, risk frameworks and staff briefing notes, which Saturday Café have adapted to their services.

Pre-launch planning

To facilitate their return to business, Saturday Café has undertaken a full review of facility and operations management to ensure these are in line with national COVID-19 guidance. This has included:

- Agreeing with their landlord that they can have sole use of the premises
- Reviewing and updating their cleaning schedule and accessing additional funding to deliver additional cleaning hours and a full deep clean and sanitisation of the venue and all equipment (internal and external) - Funders STV Appeal and BoS REACH
- Reviewing and updating their access and egress procedures including drop-off and pick-up procedures for carers
- Reviewing their planned holiday service of activities to ensure safe working practices and handling of equipment

- Reviewing their health & safety procedures (utilising health and safety advice from Citation) to ensure a safe environment for staff and service users (internal and external)
- Reviewing and updating all risk assessments (via Citation) in relation to all aspects of service delivery
- Accessing required PPE via HSCP hub with a process in place for a weekly delivery
- Arranging additional online training (via Citation) for staff and identified funding to deliver one-day on-the-job training (BoS) in their new processes and procedures week beginning 25th May
- Purchasing additional staff uniforms and maintenance of uniform procedures prior to service delivery
- Reviewing with their supplier the menu and delivery of meals and snacks for their Holiday Food provision (GCC Funding)

They are also taking steps to redesign the layout of the venue in relation to:

- Staff:
 - providing increased space for breaks
 - the purchase of lockers for personal clothing and equipment
 - increasing time and space for personal hygiene
- Service users:
 - providing increased space for meals and snacks (hall space not used for any other activity)
 - purchasing individual storage bags for service users personal belongings
 - issuing guidance to carers/service users on utilising the service
 - identifying communication materials required (including signage) - posters etc for the venue
 - developing an induction session for all service users returning to Club
- Equipment & Storage
 - identifying safe-to-use equipment
 - removing all soft toys and other equipment which may be hazardous at this time, including dress-up
 - purchasing storage containers for used equipment to be removed after each use, and sanitised at the end of each session
 - purchasing sanitiser for large equipment which has to be cleaned and sanitised after each use

A phased approach will be adopted to ensure a gradual building of capacity, with ongoing testing, review and evaluation.

Phase 1:

In this first phase Saturday Café will deliver services as follows:

- 3 days per week
- 2 sessions per day
 - Breakfast Club: 9am - 12noon
 - Lunch Club: 1pm - 4pm

- 12 disabled children per session
- *Total service hours delivered = 18*
- *Total children accommodated = 72*

Phase 2:

In the second phase, they intend increasing to a 4-day service (additional Sunday session), but running on the same format as Phase 1:

- 4 days per week
- 2 sessions per day
 - Breakfast Club: 9am - 12noon
 - Lunch Club: 1pm - 4pm
- 12 disabled children per session

They intend to run Phase 2 for two weeks and by the end of phase 2 they will have delivered the following:

- *Total service hours delivered = 48*
- *Total children accommodated = 192*

Saturday Café intend to run this level of service through to the Summer School Break. Prior to the Summer Break they will review their funding and, if safe to do so, will further increase the number of days service delivered each week.

Currently funding is in place from the Short Breaks Fund Better Breaks service, which will be used for the 3-week service outlined, and also the six-week summer service. They are awaiting the final outcome of a funding application to the Wellbeing Fund to bridge the gap between these projects.

Update

"We re-opened our service on the 1st June and it has been amazing. Carers have been so emotional and grateful for the service we are providing - no doubt hard work but worth it! Thanks to Better Breaks and funding from Glasgow City Council Playscheme fund and Holiday Food Programme fund, we are now in week 2 offering: short breaks for carers; 2 x 3-hour sessions per day for our children and young people with either morning (breakfast) or afternoon (lunch) serving 10 children per session. We have funding in place to deliver this service again for the six weeks Summer break. We would have had a gap between these 2 packets of funding (3 weeks), but we have been awarded a Wellbeing Fund package to close the gap and are now delighted to be able to continue to deliver and develop the service through to (at least) the 7th August."

2. COJAC - Maintaining Service During Lockdown

COJAC (Caring Operations Joint Action Council) is a voluntary managed charity with its own premises in the Castlemilk area of Glasgow.

The centre provides children services, afterschool activities during term-time and during holidays, adult services three evenings per week, and a one-day service for young adults. All service users have additional support needs including distressed behaviour.

COJAC has continued to provide day services to children aged 5-18 years during the COVID-19 lockdown. They are providing a week-day service between 9am and 3pm, with on average 6-8 children and young people attending per day.

Initially this was to support children of key workers, but over time this was extended to include families that had previously accessed the service. Many families using COJAC are vulnerable, and it became evident that some were now struggling to manage without a break. School provision was very limited and often difficult to access.

The centre manager has worked closely with staff and families to ensure there is a safe environment for both the children and the staff, and to allow people to discuss any concerns. This was crucial in building confidence. As a change of service hours was required (to provide support throughout the day instead of only after school), the Care Inspectorate was notified and this was approved quickly. Their HSCP commissioning officer was also informed and a positive response was received.

A successful application was made to Firstport for resilience funding and this extra funding has helped to offset the additional costs, which have included:

- Paying staff extra hours for cleaning and sanitising
- Additional time needed for staff to put on and dispose of PPE
- Additional time required to collect PPE, queue and collect snacks etc from supermarkets
- Purchase of extra cleaning products, signage, etc.

Guidance on infection prevention and control was collected from various sources (Health Protection Scotland, HSE, Scottish Government, Care Inspectorate) and used by the centre manager to prepare local policies and procedures. One difficulty has been the overwhelming volume of guidance that has been produced, and deciding which is most relevant.

The information of most importance related to:

- Accessing and using PPE
- Advice on social/physical distancing
- Advice on accessing testing for staff
- HR advice on safe working practices for staff

Sector specific guidance was also sought from official sources in England, as it was felt they were further ahead in their planning for resuming certain public services. For example, practical advice in relation to adapting the school environment was found to be relevant to the COJAC setting.

Taking account of the guidance available, COJAC has taken the following steps:

- Children are dropped off at a designated place where distancing can be maintained and contact between families is minimised. COJAC staff then collect children and bring them into the centre
- Hand sanitiser points are provided and children are helped with their hand hygiene, particularly on entering and leaving the building
- Staff involved in providing personal care are given appropriate PPE and training
- All spaces are regularly cleaned and sanitised
- Parents/carers are kept fully informed about the infection control measures and invited to speak to staff if they have any questions or concerns.

Physical distancing

Many of the children require 1:1 support and so physical distancing has been easier to manage. Also, there are small numbers of children and young people attending each day – 6 to 8 on average. However, inevitably children do mix during play and COJAC feel it is not in the child's interests to try and implement strict distancing measures. This places greater importance on the other infection prevention measures.

Access to testing and PPE

Access to testing has been very important to ensure service continuity. If a member of staff has to self-isolate for precautionary reasons, they would be unavailable for 14 days resulting in a major impact on service capacity. Now staff can be referred to the local testing centre and results are available within 48hrs. The local health board infection control service has been a useful source of advice for the centre manager, helping them with any questions about testing and infection control measures. PPE is provided by the local hub (their usual supplier had run out) and this has been working very well.

Next steps

COJAC is now exploring resuming their evening service for young adults. Previously this has involved collecting clients from their homes with a minibus, which would make distancing difficult. They are also making plans for their holiday provision and outdoor visits, but this will depend on overcoming similar transport challenges, and also how quickly lockdown restrictions are relaxed. However, they are determined to find solutions and be ready as they anticipate more families will begin to struggle without access to their normal supports.

COJAC has the following advice for organisations planning to resume their services:

- Keep staff and families fully involved and informed. Listen to their concerns and ideas for resuming services safely
- Ensure you and your staff are familiar with the latest available guidance on infection prevention and control. Use this as the basis to create your own operational

policies, procedures and risk assessments. Provide training and regularly meet with staff to review and identify improvements

- Carefully plan how people will enter and exit your building and have clear guidance visible on COVID-19 prevention
- Keep staff to the minimum required
- Ensure sufficient supplies of PPE and hand cleaning facilities
- *“It can be done! If we follow the guidance we should feel confident we can keep people safe.” “Speak to families to help them understand what safeguards are in place, but ultimately they will decide when they’re ready to come back.”*

3. PLUS - Re-designing Services

[PLUS](#) is a charity working in the Forth Valley area of Scotland and provides a range of different services to disabled children, young people and young adults, and their families. PLUS aims to provide a better quality of life through activities which support social inclusion and regular short breaks.

While PLUS has managed to maintain support to families during lockdown - mainly through online and telephone support and activities - they were eager to resume face-to-face services as many families were not coping.

A phased approach is being taken with advice sought from the organisation's health and safety consultants, the local authority, the Care Inspector and their insurance company. PLUS also reached out to families and staff to get their ideas and thoughts on the proposed adjustments to services.

Phase 1

This involved a full review and redesign of their service from being group based, to being 1:1 or single family focused within their building. Sessions are now 90 minutes in length and all family members are able to come to the building to benefit from the safe space it offers. 30 minutes is allocated to clean the areas used by the family, before the next family comes in. It is hoped this will help families feel more confident about leaving their house, and accessing support. It will also provide the young people with a chance to take small steps after 10+ weeks at home.

After the first couple of days, some families said they would be comfortable with 4-6 children accessing the space (due to the size of the indoor and outdoor areas) at the same time, as the lack of social contact has been one of the difficulties experienced by the young people and their families. Other families continue to want sole access to the building. Some are shielding, but based on their own assessment of risk they are comfortable to come out - but will not require staff support.

PLUS is happy to work with the families, taking their lead as they gradually increase their provision and confidence increases, but also as they move through the phases of the route map. It is just as important that the staff also become comfortable with this new way of working, understand the requirements around this, and can support the organisation in improving its offerings.

By the end of week 1, PLUS had supported 29 children and their families across a total of 35 sessions. They aim to continue to grow the provision, based on the responses from the families, referrals from social work, and also through re-engagement with funders to discuss how their grant income could be used to meet outcomes in a different way. They feel it is essential not to rush this phase, but they are aiming to have small groups meeting over the summer - for the families who are comfortable with this - and continuing with more of the 1:1 support for those who are not.

Home support service

PLUS has also restarted their home support service as part of phase 1, where they are meeting young people at their family home and taking them out for a walk, cycle etc. This is working well for families who have been unable to engage in their centre-based activities due to not wanting to use public transport, or for those young people and families who it was agreed would benefit more from this type of support. This service is currently limited for now, and in the main will only be offered to families who received a home-based support service pre-lockdown. Additional risk assessments are required and further agreement from families. This service is being provided to two families at the present time.

Communications

In advance of their service redesign, PLUS was able to reach out to families to seek their feedback on the different options, and also take on board their suggestions. They also involved their wider staff team who were on furlough. This was very important as many of the staff had been feeling quite helpless and isolated, and this helped bring back the feeling of being part of a team. The feedback then allowed the organisation to apply for funding, based on a clear plan for how they would deliver their short break services in a safe way.

With 275 families attached to PLUS, keeping in touch by phone was logistically challenging. Families were encouraged to join a private Facebook group so that information could be easily shared. Furthermore, families have consented to communications via text, which has proved to be an effective way to reach out to them - particularly with home life being so hectic at the moment for many.

Risk assessment

PLUS produced a risk assessment and had this reviewed by their external health and safety advisers (Ellis Whittam). This remains an active document which will continue to be reviewed and updated. PLUS has offered to share this assessment with families who may want to view it in advance of a service beginning, bringing transparency to their processes.

Social/physical distancing

This features heavily within the Risk Assessment, however PLUS has made it clear that this will not always be able to be followed - with the health and safety and well-being of the children being central. Recent government guidance around physical distancing within early years and education supported this decision. Families are engaging in the services knowing that staff will be physical distancing with each other, but that for many of the young people supported, this will be very difficult to achieve.

Other steps taken to mitigate risk include:

- The removal of any resources which cannot be easily cleaned or sanitised
- Purchase of new resources to allow cleaning rotation – i.e. whilst one set is being used the other is being cleaned
- Creation of craft packs, allowing a new pack to be taken out when a family comes in for a session
- Providing staff with additional uniforms and advice on laundering
- Open channels of communication with families and staff

- Encouraging staff to walk or cycle, or use their own car, to get to work. For those using public transport, they are asked not to wear their uniform
- Sourcing of PPE. There are not sufficient, reliable supplies at the Hub so alternative sources have been found
- Staff are working in small, regular teams and matched to families to minimise contact
- Outdoor play and activity are being encouraged as much as possible
- Enhanced cleaning schedules have been introduced with more frequent, thorough cleans
- A mobile handwashing unit is positioned at the reception area to be used on arrival/departure, and then in the main space/outdoor area for the duration of the session.
- Staff have been issued with their own sanitiser, as well sanitiser gels available elsewhere in the building
- Staff members working with families at their home have been issued with PPE (staff based in the building will also have easy access to PPE – which will also be made available to families attending, if requested)
- If a staff member, or someone living in the same household, displays any symptoms, PLUS support would stop immediately until either a negative test result is received, or the 14-day isolation period is up.

Family agreement

Families have been asked to sign a revised family agreement based on the new service model. This provides clarity around what they can expect from PLUS and what PLUS will expect of them. Google Forms is being used as an electronic means of accessing feedback. This prevents paper being passed between numerous members of staff.

Staffing & training

All staff returning from furlough have undertaken a 3-hour infection control training session. In addition, a further induction session has been introduced which focuses on the service risk assessment. The second part of the induction covers the new way of working in terms of shift patterns, dynamics, etc. All staff are then required to sign that they have attended the induction, and they understand their responsibilities.

As there is a large team of sessional workers, PLUS has been able to ask for volunteers to return to work. Some staff members have a preference of remaining on furlough until lockdown has ended, perhaps because they are shielding for themselves or others. With the extension of the furlough arrangements, PLUS can delay their return but will continue to ensure these staff are kept informed of the changes taking place.

Planning for Phase 2

PLUS has now started planning phase 2 which they expect to begin before the end of June. Many families will need to continue to shield which will prevent them from accessing direct support, therefore online opportunities are being explored, including;

- Music sessions (sets of instruments which we will dropped off to families. Small online tuition sessions will be facilitated 4-6 times per week)

- Weekly Sensory Bag (dropped off to families, filled with an activity of the week. There will be written/visual instructions provided, but staff will also do some time lapse videos where appropriate)
- Baking activities (a visual instruction will be provided along with a time lapse video)
- Arts and craft activities (a visual instruction will be provided along with a time lapse video)
- Story Sack (PLUS has been able to source Story Sacks from a local school. Staff will read the story, and make it more multisensory by telling the story through the characters and objects within the bag.)
- Creating videos to help the children they support understand what's happening and why (e.g. washing hands, physical distancing, wearing masks, going back to school, etc.)
- Small group quiz sessions
- Family support sessions using the private Facebook group

All of these ideas are being developed in the hope that PLUS can reach a larger number of young people and their families, bearing in mind the wide geographical spread of the Forth Valley, and also the varying interests and needs of the families. PLUS also want to use their experience to explore with families how their services might evolve further given the ongoing restrictions, and how they can continue to reduce the social isolation experienced by the young people.

What has PLUS learned?

- Make contact with other organisations who are in a more advanced position and learn from their experiences (e.g. Shared Care Scotland Network, ACOSVO, SCVO Digital Groups)
- Clear, transparent communication is vital
- Engage with relevant organisations, e.g. Care Inspectorate, Local authority and Insurance providers to check you are covered to resume services
- Seek external advice on your Health and Safety/Risk Assessment development. Many agencies are offering access to templates for free
- There is funding available to be able to facilitate alternative ways of working and this may provide additional flexibility to trial new formats, or provide the financial capacity to deliver your services to reduced numbers
- Sign up to some e-bulletins. It is hard to follow everything as one single person working... the HR briefings from GCVS have been insightful, as have the briefings from SOSCN (Scottish Out of School Care Network).

4. Midlothian Health & Social Care Partnership - Collaboration and Coordination

Midlothian HSCP recognised early on that day and respite care provision for adults with Learning Disabilities would be continued to help alleviate the pressures faced by some families and carers due to COVID-19 lockdown restrictions. These supports would be prioritised for those individuals and carers who were assessed as having critical needs. This assessment would be based on the judgement of care providers and social workers, who know the families involved and their circumstances. A Red/Amber/Green (RAG) system was used to indicate where support was most critical. Individual risk assessments considered the risks of continuing to provide support versus the risks of not providing supports, and considered a range of factors including underlying health conditions.

HSCP/care providers online forum

The HSCP establish a care providers forum that met online twice weekly in the early stages of lockdown. The forum gave providers the opportunity to talk through how services could be maintained safely, raise concerns or seek information, and also take advice. The HSCP was able liaise closely to ensure care providers were included from the outset in the plans for the provision of childcare for critical workers, and staff testing for COVID-19. Providers could share practice and work together to find ways of overcoming particular operating challenges, and discuss these with the HSCP. There were positive examples of providers supporting each other in practical ways such as sharing risk assessment templates, staff, and even PPE supplies.

The HSCP supported providers to develop their COVID-19 infection prevention and control measures, and helped ensure that providers were following the relevant, current national guidance. The HSCP was also able to support access to supplies of PPE, and that the appropriate PPE was being used in the different care settings.

The HSCP supported care providers to look at and develop alternative forms of support. For example, staff would take people out for a walk to give the carer a break, or would provide in-home activities for the cared-for person, similarly to give the carer some time-out. In all cases, appropriate PPE would be provided and physical distancing maintained. These alternatives worked well for those people who were perhaps more at risk from using day services.

Online sessions with cared-for people and carers were arranged to provide some social contact, and training was made available to help people use technology to access online supports.

Maintaining momentum

Looking ahead, as lockdown restrictions continue to be relaxed, the HSCP will continue to work with care providers to increase capacity, broaden the range of activities available, and expand respite provision.

The online care providers forum continues to meet once a week to ensure open and effective communication, and to maintain momentum. The expectation is that short breaks and respite care capacity will have to expand as there is growing concern that more carers

and cared-for people are beginning to struggle as time goes on. The risks of infection will continue to be weighed carefully against the significant risks to health and well-being of people being left with little or no support.

The HSCP believes it has an important role to play in bringing providers together and fostering a collaborative approach. The gradual expansion of respite care and short breaks can only be achieved through joint effort with everyone playing their part. The HSCP will continue to provide regular briefings to keep people informed of commissioning intentions, and remobilisation plans.

What has Midlothian HSCP has learned?

- Collaboration and regular communication are key
- Clarify the purpose of the support (or what you're trying to prevent) to help assess risks
- Given the likely limitations on service capacity, be clear about how places will be allocated and the criteria that will be used. Keep this under constant review.
- Rely on local staff (care providers and social workers) to exercise their judgement and make decisions. They know individuals, how they might cope with lockdown and what are the signs that people are starting not to cope.
- Keeping referring to the national guidance and supporting care providers to interpret and apply this to their particular setting helped everyone develop their knowledge and understanding of how best to manage risks
- Encourage creativity² and be open to new ideas

5. Garvald Edinburgh - Working Together

Contributed by Paul MacDonald, Day Services Manager, Garvald Edinburgh

“[Garvald Edinburgh](#) worked closely with Midlothian HSCP to establish a hub support service within our Mayfield House building. With the help of the HSCP, an assessment of all service users was conducted to identify any individuals or families at critical risk. As a result, a critical care hub service was provided to nine individuals, with a further five individuals helped with supported walks from their homes. In each case a stringent risk assessment was conducted to first establish whether providing this support represented the lowest risk approach, and to establish a support plan specific to the context of the situation.”

“Additionally, all keyworker staff have maintained agreed contact with another 50+ service users to maintain and overview of their welfare, and develop appropriate remote support for the individuals, their families and carers. The frequency of these contacts ranges from several times daily to once a fortnight. A weekly report is provided to the Midlothian HSCP

² <https://artlinkonline.com/> - Artlink online resources

<https://www.youtube.com/playlist?list=PLajITwW7n28IVcjXIWxSB4VkjJwj8tv71> - Cherry Road day services - keeping in touch

<http://www.garvaldedinburgh.org.uk/> - Garvald online resources

detailing the contact maintained and the current welfare status of each individual, which has assisted the partnership in maintaining their duty of care.”

“To support service users at home we created an online resource Garvald Connected³ on our website. This platform, along with closed group social media, has allowed us to build a large bank of activity ideas, keep people connected, share health and wellbeing information, and provide resources to others beyond our direct service users. Linked to this we created a Garvald Radio podcast, which has been hugely popular, with different service users presenting each week and the content made up of service user contributions including recitals of stories, recordings of song performances and shout outs to friends and families. For those not able to access online content, we have provided the media in other formats including DVD and CD and, in some cases, where the barrier was lack of access to hardware, we have supplied tablets.”

“Video conferencing has also helped us to support individuals and maintain friendships and relationships. Group tea breaks, activity and exercise classes, music sessions have steadily grown in frequency and participation and become important in providing some structure to people’s weeks. Numerous editions of newsletters have been produced and, similar to the radio podcast, these have been based around service user content. Hundreds of bespoke and themed cooking and craft activity kits have been produced and delivered in person to people’s doorsteps. These have been hugely popular and welcomed.”

What has helped Garvald deliver this provision?

“From the earliest signs of the pandemic crisis we have worked closely with Midlothian HSCP to coordinate our response, and ensure the welfare of our service users. Initially twice weekly conference call forums were established by the HSCP bringing together all service providers in this sector. These forum calls were invaluable in keeping up to date with the current situation, and the developing and changing guidance. Additionally, in bringing service providers together, we were able to develop a collaborative and consistent approach to risk assessments, best practice and service delivery. I believe the leadership and coordination shown by Midlothian HSCP during these incredibly difficult circumstances has been pivotal in the robust manner in which all providers have been able to respond in this crisis.”

“The well-established relationships between staff, service users and their families and carers has also been instrumental in directing how we have been able to provide support. It has also been the basis of uncovering welfare concerns. Again, the close working relationship with the Midlothian HSCP has meant that in all these instances of welfare concerns, the response has been quick with the necessary support.”

What was the biggest obstacle that you had to overcome, and how did you do this?

“This has been a significantly challenging period and there have been a number of obstacles to overcome, including supporting staff to cope during a highly anxious period, and being unable to give service users and their families and carers clear timeframes for anything close to normal service. High on this list of obstacles has been the lack of clear guidance specific

³ <http://www.garvaldedinburgh.org.uk/>

to the area Garvald Edinburgh works in, i.e., day services for adults with learning disabilities. There was a period of concern where we had to step down from the critical care hub provision, to first seek assurance from the Scottish Government that this service was complying with lockdown regulations in a similar form to the school hubs in operation. Once receiving this letter of comfort, we were able to re-establish the critical care hub in Midlothian as instructed by the HSCP, but found very differing views and approaches from other local authorities.”

“Current planning to re-instate day service provision, appropriate to the lifting of lockdown phases, is still proving difficult by having no specific guidance to work with. We have looked at the guidance for schools as an indicator, but would be greatly helped by specific guidance to ensure our risk assessment and service plans are robust and appropriate. Working with the HSCP and other providers and our staff union has helped in identifying current best practice, but does not provide the regulatory instruction required.”

[Advice for other organisations planning to resume their services](#)

“Looking for opportunities to where there can be shared practice has been invaluable, so the advice would be to consult with other service providers. At this time more than ever I have found everyone most willing to share risk assessments and strategic plans.”

6. [Leuchie House - Residential Breaks](#)

[Leuchie House](#) offers residential short breaks in a country house just outside North Berwick in East Lothian. They can accommodate up to 15 guests in their own room and have their own team of care and health colleagues. Leuchie ceased provision of respite in March, ahead of the lockdown and in anticipation of shielding requirements for its guest group, who all live with a complex neurological condition.

Leuchie began to provide a range of alternative supports through their [Leuchie Together](#) programme. For those who have the technology, Leuchie has been scheduling a variety of fun and social activities online, but also staff have been chatting on the phone with guests, and many volunteers have been writing to guests as well. In addition, they are supporting some guests, who they know particularly well, to navigate the implications of COVID-19 for their care and health needs.

[Residential breaks](#)

Given the available resource, Leuchie contracted with the NHS to provide a hospital step down service. Some guests have come from hospital and some from the community. In all cases this is because of a lack of care at home. There has been more through-put of individuals than anticipated and so Leuchie has developed comprehensive infection prevention and control protocols, to safely manage arrival during the stay and on departure. No guest or member of staff have contracted COVID-19.

As a result of their contact with their usual guest cohort, Leuchie is aware that the need for shielding is becoming overwhelmed by the need for a break. They have accordingly drawn upon their learning so far to open up for the provision of safe breaks for those in urgent need.

Every aspect of their service has been reviewed for IPC measures, in brief:

- Newly arriving guests must do so with the approval of a social work or healthcare professional - to confirm that need overwhelms shielding and travel restrictions
- Newly arriving guests must have taken a test and have a negative result with 48 hours of arrival
- Leuchie operate on the basis of individual quarantine for the first 14 days of any stay, with core teams to limit potential cross contamination
- All staff must wear PPE and maintain social distancing at all times, per guidance. This doesn't stop chatting and playing games at a distance
- Any symptom from any staff member or household member leads to immediate staff isolation and testing, and no return until a negative result is seen. Leuchie has operated an internal 'trace, track and test' regime for some time
- There is strict uniform and PPE donning and doffing protocols for entry into the building, changing during working hours, including at break times and on departure and on arrival at home

This is a brief summary and Leuchie is happy to provide more detailed information, on request.

7. Hansel & South Ayrshire HSCP: Residential Short Breaks and Micro-breaks

[Hansel](#) is a social care provider, based in the West of Scotland, offering a range of flexible services and supports to people living with disabilities, and in particular adults with learning disabilities.

Context

As a result of COVID-19 restrictions, and in agreement with South Ayrshire Health and Social Care Partnership, Hansel's Connect community support was reduced to delivering a service to only a few individuals, and their 'Connect at The Baird Centre' group was temporarily closed. In addition, Hansel's caravan-based short breaks support service was closed, and 'The Cabin' residential respite service was available only for emergency and outreach support.

In mid-April, with ongoing restrictions set to continue for months to come, Hansel was concerned that increasing numbers of people they support at Connect, and through Hansel Short Breaks, would struggle to cope without some form of support in place.

Purpose

In partnership with South Ayrshire HSCP (SAHSCP), Hansel agreed that over an initial period of six weeks (from 11th May to 21st June) a plan would be put in place involving:

1. Re-designing essential short break and community support services for people with learning disabilities and their families
2. Higher levels of outreach support to both Connect and Hansel Short Breaks service users, using a blended model of short break and micro break support.

The plan would comply with national infection prevention and control guidance.

By combining resources and working in partnership with families and SAHSCP, Hansel creatively re-modelled Connect and Hansel Short breaks to begin to offer some essential support choices to help prevent breakdown in informal supports, and to mitigate risks of family crisis happening wherever possible. (The results of a recent survey by the Scottish Commission for People with Learning Disabilities highlighted how much individuals and their families are struggling due to closure of essential services.⁴)

Method

Four re-designed support choices were created to help introduce choice and control for individuals and their families:

- A. Emergency residential short break / respite
- B. Daily micro-break support at Connect@ Baird Centre
- C. Outreach micro-break community support
- D. Virtual support to connect with others and support positive mental health

⁴ <https://www.sclcd.org.uk/theimpact-of-coronavirus-on-people-with-learning-disabilities/>

During all types of emergency support break, Health Protection Scotland guidance was followed at all times, with team members wearing gloves, disposable aprons and face masks if working within 2 metres of a person being supported. Service users were also able to wear PPE if they chose to do so.

Evaluation

Throughout the six-week period, Hansel gathered feedback on an ongoing basis from clients, their families and team members about their experience of providing and receiving these new models of support. The pilot was evaluated by collecting quantitative data, detailing hours of support delivered for each support type; qualitative data gathered from feedback forms and comments from service users, families and team members; video material; extracts from social media comments.

A. Short breaks at the Cabin

The Cabin offered emergency residential short break support for a maximum of three people.

It was important to consider the weekly bookings to ensure the best balance of clients was achieved. Infection control procedures included two, pre-visit planning calls to establish whether COVID-19 symptoms are present, to mitigate risk of community transmission. On arrival for their visit, people had their temperatures checked before coming into the Cabin. A personal short break plan was co-designed with each individual for every visit. Access to communal areas was restricted to be able to safely social distance clients, and mealtimes were staggered to manage safe use of the dining/kitchen areas. Access to community resources was not possible, and so the usual range of activities had to be creatively provided in-house for example: BBQs, woodland walks, bingo evenings, baking groups, art and crafts activities, or going out for minibus journeys.

The original plan was to offer full week breaks to reduce foot-flow until 'nearer normal' provision could resume. However, for some people, they preferred to experience one or two nights initially, so they felt comfortable and safe being away from home. The length of stay was therefore determined by individuals.

Over the initial six weeks Hansel provided seven different individuals a short break at the Cabin, with some having 7-night breaks, and others having shorter stays of one or two nights, and perhaps coming back for another short stay to build confidence. Hansel has provided a total of 71 short break 24 hour supports over the six weeks. In the first few weeks, one of the three placements were reserved to be used in emergency to support families. The emergency placement was used on two occasions when a main family carer was admitted to hospital.

B. Micro-breaks @The Baird centre

Micro-breaks at The Baird Centre were offered for 1 to 1 specific activities, within clearly designated spaces in the Baird centre, as well as therapeutic or outdoor horticultural short break supports. These 1:1 sessions lasted up to 3 hours, with an hour set aside in the middle of the day for sanitising and cleaning all areas and equipment used, and to offer team members a break. Hansel facilitated a maximum of five sessions in the morning from

9am to 12pm or 1pm to 4pm in the afternoon, and one session per room / space. A micro-break plan included a comprehensive risk assessment, and activities were co-designed with each person and included: arts and crafts, music and dance, exercise, IT and gaming, fun pampering, horticultural activities.

Prior to the micro-breaks, people were sent an information sheet and an 'agreement' detailing what could and could not be provided during each break. People were contacted in advance with 'triage' phone calls to check that no-one within the household had coronavirus symptoms. Arrival and pick up times were agreed in advance to control the numbers of people arriving at the same time. Some people were offered pick up/drop off, but only where family were unable to drive to The Baird Centre. Everyone, including team members, had a temperature check before entering the building.

The pre-visit calls enabled people the opportunity to think about what activities they wanted to do, and then people could make choices on arrival and be allocated to a space and a team member. Communal toilet areas were closed off, and instead everyone was provided access to one designated toilet facility. This helped to manage social distancing rules, and meant that only one toilet area required to be sanitised each time it was used.

These micro-breaks have been provided incrementally over the six weeks to ensure they could be delivered safely. The team delivered a total of 345 support hours over the six-week period. The maximum capacity within this model in The Baird Centre is 150 hours per week. (5 people per session, 10 sessions of 3 hours per week).

What worked well

- The consistency of the team
- A variety of activities could be offered due to flexible spaces within and outside the building
- Planning preparatory time to clear and clean the building before people were starting supports, and de-cluttering to make the continued cleaning process easier and more manageable
- Allocating time to familiarise the team with PPE and Triage procedure before starting supports
- Staggering arrival and pick up times
- Gradually increasing the number of people accessing the building over the six-week period
- Having team members available to deal with unexpected deep cleans, or in case team members had to go home.
- Allocating rooms/space for clients to use on each day of support - rotated throughout the week if attending more than one support session, for variety
- Designating a room where staff can have breaks/ use for e-learning training/ Team meetings/ Supervisions/ Paperwork
- Having a People Planner for rota production and for 'booking' buses

Learning points

- The need to minimise the number of toilet spaces being used to reduce foot flow and frequency and amount of cleaning

- As more supports were planned there were fewer team members to maintain the buildings cleanliness, fewer to respond if an un-expected deep clean were to be required due to someone with symptoms of COVID-19
- Careful allocation of resources was necessary as the demand on use of micro-break minibuses increased, due to outreach supports and the number of families unable to drop clients off
- The need for sufficient equipment for each room for playing music/ video screens / games (outdoor and indoor) / arts and crafts materials/gaming equipment/ sports equipment, etc. Equipment was allocated to each room to avoid potential risk of spread of the virus

C. Outreach micro-break community support

Hansel's short break minibuses were adapted and used to provide creative outreach micro-break support across South Ayrshire. A micro-break plan and a risk assessment was agreed with each person.

Each minibus was staffed by at least one Hansel team member wearing PPE as required in an enclosed space. Each micro-break session lasted a maximum of three hours after which the minibus was thoroughly cleaned and sanitized before the next person was supported. This option was aimed at creating a maximum of 21 support sessions each week per micro-break minibus. However, after consultation with colleagues at Health Protection Scotland, and in light of the need to thoroughly clean the inside and outside of the vehicle, it was agreed to reduce the maximum use to 14 support session to better mitigate risk of community transmission. The same 'triage' protocols were put in place for the minibus micro-breaks, with preplanning phone calls taking place with the supported person and their family, and in advance of collection from the home. The person's temperature was checked before boarding the minibus.

People were offered several choices about where to go for a bus run. Families were able to benefit from this type of break by using their time to complete essential shopping, collect prescriptions, exercise, or just relax.

D. Virtual support using social media – Connect @home

Hansel provided 'virtual' social media support for a period each day through managing a closed Facebook community group chat. This offered those who wanted to a regular opportunity to have contact and virtually enjoy a range of socially inclusive activities to help support friendships and maintain positive mental health. Activities included: posting lifestyle images, sharing music, singing, arts and crafts, weekly activity planning, sharing stories etc.

This was developed incrementally, with more people engaging on social media as the weeks went on. Some people were happy observing, while others were more proactive posting pictures and videos of themselves doing activities or playing music.

In week one, Hansel facilitated 11 hours of 'live time' which needed 25-30 hours of support from the team member who specialised in this area. By week six, this had increased to 44 hours per week, with the team member taking 30-35 hours to edit develop and monitor content. By the end of week six, there were 24 people engaging in this type of support.

During this time staff also trialled their first Zoom meeting with five people engaged in a two-hour session, where people enjoyed a number of activities, for example quizzes, movie reviews, exercise classes.

Conclusions

Everyone who received support and provided feedback felt their support experience was very positive, and were glad to be able to get out of the house and re-connect with their friends and support team.

Everyone who responded to the request for feedback said they felt safe and well supported. Family members enjoyed the chance to have the short break and have time to themselves. Continuation of these types of supports will hopefully rebuild resilience for carers, and build confidence for the people supported to return to some form of support routine.

Hansel has been motivated by this experience to explore further creative ways to support people during this pandemic, and their teams have valued the experience of working closely 1:1 with people. They have also learned the true value of the work they do, and how much it means to the people they support and their families.

“In the early stages of the pandemic I was re-deployed to other services - I was very anxious about that and felt out of my comfort zone in a new service. Now I’m really pleased to be back at Connect and I feel really safe. We use PPE and deep clean throughout every day and that gives us all confidence too”

“Everyone has been working well as a team, the staff morale has been good, and it has been enjoyable coming to work”

“Throughout the Covid pandemic I was very apprehensive about coming back to work due to the risks involved. I was very worried about how my customers would cope with not having any support in place for them as I know how much it benefits them and how much they enjoy their support. We have learned together as a team how to provide a new type of service for our customer through the micro breaks which has brought back some form of normality for ourselves and customers. The support from my manager throughout the full experience and has been absolutely fantastic...during this very challenging and daunting situation.”

“In the midst of a very difficult time there have been many bonuses to being able to implement such an intimate service for people. The team are really enjoying getting to know customers much better as they are supporting them on a 1-1 basis where previously they may have been part of a larger group.”

8. Family Respite Service - A Canadian Perspective

The following case study has been provided to us by the Executive Director of [Family Respite Services](#) (FRS), a not-for-profit organisation based in Windsor, Canada. The information relates to their short breaks service 'Weekend with Friends', which provides short breaks for disabled children at their Spago residential short breaks facility.

Service planning for Weekend with Friends and Spago Respite

Family Respite Services continues to provide services to all children who are registered to receive support at the Weekend with Friends or Spago respite home in modified ways, in consultation and with the input of families. Their regular overnight respite support has been suspended at this time due to restrictions related to response to the threat of COVID-19. Instead day provision is being provided to some of the families.

Criteria for determining the type of service provided

1. The current modification of services and supports is in response to the risk of COVID-19. Therefore, the first level of assessment will relate to any risks with the child or their immediate and extended family for COVID-19.
2. Families may determine that because of the child's health status, or concerns about a member of their family, that they wish to continue with virtual services at this time. FRS will also conduct an assessment to determine if there are any risks that the child may introduce to the home or staff.
3. The second factor that will be considered is the level of support that the child requires. The adapted service at the home will be based on fewer children, built in adaptation to allow for social distancing and expectations of staff wearing masks while providing service. Some children may not be successful with this type of service and this is discussed with the family.

In person support

The model of in person support at the Weekend with Friends home is based on

- Two children being scheduled for support with a "home base" of WWF.
- FRS will only schedule more than two children at a time if the children are able to socially distance with other children present.

Hours of service

- The staff will call the child's home between 8:30-9.00am on the day they are scheduled to attend.
- Staff will come to pick up that child after the pre-screening is completed.
- Staff will return the child home at 3.00pm to allow for time for cleaning of the vehicle and home.
- There will be two scheduled periods available- Monday to Thursday and Friday through Sunday
- No child will be sleeping overnight

Infection prevention and control measures

To promote safety in the service, the following measures are being taken:

Lead people within the agency

- A lead has been identified to ensure that appropriate infection control, safety and management measures are in place. They report to the Executive Director concerning these measures.
- A working team also is in place to review and make recommendations about the continuing safety measures and service supports.
- The plan was developed with consultation with the Windsor Essex Public Health Unit.

Education of staff

All staff members working in this service will complete training in advance of working in the service and be approved for working by the Service Manager. The training includes infection control, health and safety, proper use of Personal Protective Equipment, screening and response if a child or staff exhibit symptoms in addition to the usual training maintained by FRS.

Service measures:

- Children will be picked up at their home in separate vehicles to eliminate parents coming into the homes. A screening protocol will be completed prior to the child entering the van and coming for service.
- A log will be kept of every child using the service and the daily contacts and activities while using the service.
- Up to date contact information will be maintained so that a child's guardian can be contacted in the event of the child or a staff member becoming ill
- Other people who are not part of the service will not be on site.
- FRS will not schedule a staff person to work in more than one site.
- Staff will be asked to disclose if they work in other congregate care settings than FRS so that we can schedule them appropriately (i.e. virtual support vs. in person)
- The home will be cleaned at the end of each day and in between groups of children accessing the service as well as disinfecting high contact points used during the day.

Personal Protective Equipment

- Staff will be oriented and trained in protective measures related to COVID-19 and have access to appropriate PPE as required. Staff will wear masks while providing services to the children.
- A barrier will be installed in the van between the rear passenger seat and the driver to reduce any exposure to droplets.
- FRS will share social stories and use other measures such as wearing buttons with pictures of their faces with smiles and no masks to assist children to feel more comfortable having a staff member support them who is wearing a mask.
- Children/youth are not required to wear a mask.

Physical distancing:

- Staff will work with the children to maintain social distance with members of the public when out in the community.
- As much as possible, use of the home and entry and exit times will be staggered so that a physical distance can be maintained, unless the two children using the home are able to work within the parameters of maintaining a social distance from each other.

Physical capacity/environment

- To assist in maintaining social distance, if there are two children in the home at the same time each child will be assigned their own bathroom that will not be shared with another child.
- If for any reason another child or staff needed to share the bathroom cleaning measures would be implemented.
- Children will be asked to bring their own lunch. FRS will not prepare meals to be shared. Snacks that are prewrapped will be provided. Drinks will be provided in clearly marked individual cups.
- If both children are at the home at mealtime, either mealtimes can be staggered, or if the children can tolerate social distancing, the children will be assisted to eat at locations that are at least 6 ft/2 meters apart.
- Each child will have their own relaxing area in the home.
- Toys, equipment, dishes etc. will not be shared with another child or staff member.
- Frequent hand washing will be built into the activities of the service.
- Touchless garbage cans are in the home.
- Tissues will be provided.
- The home will be thoroughly cleaned at the end of each day. High points of use will be cleaned after use (e.g. toilet handles, chairs, counter tops, tables, play equipment)
- Soap and water will be available for the children to use and hand sanitizer as appropriate, and assistance provided to children to maintain this routine.
- Furniture will be arranged to encourage social distancing in the home (e.g. removing couches and having chairs placed 6 feet apart)

Entry into the home/Screening:

- Before scheduling a child into the service, a staff member will discuss with the parent the parameters of the service, discuss safety measures and determine if the service will be a good fit for the child. The goal is to have a safe, fun time.
- An annual medical must be on record as required for our Ministry licensing
- Prior to going to pick up the child, the staff member will call the family and complete active screening, including reviewing the checklist regarding the child or family member having any symptoms, travel outside the country within the last 14 days, and any other symptoms or issues of concern. If there is any concern the visit will be cancelled.

- Once arriving at the child's home, the staff member will take the child's temperature and the parent will sign off on the screening document.
- The child will then be taken by the staff either to Weekend with Friends or out to do activities in the community for part or all of the day.
- All staff members and children will wash their hands upon entry into the home.
- Washing hands will be built into the schedule, including before and after touching surfaces in common areas or play equipment, before and after eating, before and after preparing food, after using the bathroom, after being in the vehicle.
- Other health measures will be followed such as appropriate hydration, sun screen and nutrition.

Staff screening:

- All staff will be screened before entry onto the site.
- The only person allowed on site without screening would be an emergency first responder.
- All staff are provided information about self-monitoring and are expected to not report to work if they report having any symptom associated with COVID-19 or other infectious illness.

Cleaning and disinfecting

- Prior to any child coming into the home the home will be cleaned and disinfected.
- High touch surfaces that are touched frequently during the day will be cleaned at least twice a day and when visibly dirty- (door handles, sinks and toilets, phones, light switches)
- Single use paper towels will be used.
- Vehicles will be cleaned at the end of each day.

Response measures if a child or staff exhibit symptoms while using the service:

- If a child begins to exhibit symptoms associated with COVID-19 while using the service, they will be taken to a separate area and kept apart from other children. The parent will be called to come and pick up the child. If it is safe for the child, they will be asked to put on a mask. Physical distance will be maintained between that child and any other resident.
- If possible, physical distance will also be maintained between the child and staff members.
- Once the child has gone home the entire home will be cleaned.
- The child will not return to the service for a minimum of 14 days.
- If a staff person begins to exhibit symptoms associated with COVID-19 while actively providing support, they are instructed to immediately call the Manager for a backup to assist the child, and the staff member will go home.
- The family of the other child using the service must be notified.

Response measures if a child or staff member test positive for COVID-19

- A serious occurrence form will be completed.
- Windsor Essex Public Health Unit will be contacted.
- The child will not be readmitted to the service until they test negative and have had at least 14 days between visits.
- If a staff member tests positive return to work would be based on guidance from the person's health care provider, the local health unit and provincial guidance.

END