

Respite Care Services in Kirklees



October 2017

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Acknowledgments

Thank you to Nathan Tse from Kirklees Council, who was the original author of this respite care report. This document was updated by Healthwatch Kirklees following the completion of additional questionnaires that were collected after the original report had been written. Healthwatch Kirklees has also included analysis of qualitative responses from participants who provided further information alongside their answers to some of the questions posed in the survey.



Executive Summary

- 106 people responded to the respite care services questionnaire and consisted primarily of carers with past or current experiences of these services.
- Generally people felt positive about their experiences of respite care services, which were given an overall rating of 7 out of 10 from respondents.
- However, people wanted to see an increase in the variety of services currently available to them, stating that home visits for a few hours every day would be the most beneficial. In addition, people felt that bespoke care, i.e. the right type of care for the cared-for person would be the most helpful.
- Most people were willing to travel between 2 and 5 miles in order to access respite care services, stating that this distance would be manageable both time-wise and taking into consideration public transport.
- 45% felt that booking respite services one month in advance would be the most beneficial for them to manage their own lives. However, shorter timeframes were linked to requiring more urgent help and longer timeframes were selected in order to help people plan for holidays or more complex travel arrangements.
- Finally, people wanted access to respite care services to be improved in addition to simplifying/streamlining procedures in order for their experience to be both less stressful and time consuming.



1. Introduction

Kirklees Council want to ensure that respite provision within Kirklees meets the needs of service users and carers. The current model of respite provision relies heavily on a buildings-based, bed-based model and ideas for change include remodelling the current provision to offer an increase in the choice of community-based options.

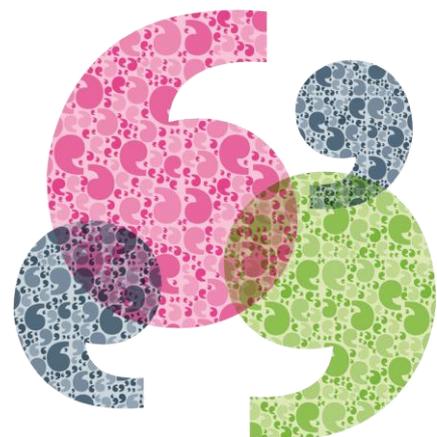
This engagement focuses on pre-bookable respite provision for older people and people with mental ill health who access respite breaks in Kirklees. Kirklees Council has already undertaken similar engagement with individuals with learning and physical disabilities and their carers.

2. Why are we focussing on this issue?

Healthwatch Kirklees agreed to support Kirklees Council's engagement on this issue because we know that respite services are crucial for the wellbeing of carers and the person being cared for. Healthwatch Kirklees have regular contact with organisations who support older people, people with mental health issues and carers groups and wanted to share this engagement to maximise the opportunity for people to have their say on ideas for changing respite services in the future.



“This engagement focuses on pre-bookable respite provision for older people and people with mental ill health who access respite breaks in Kirklees.”



3. Methodology

Healthwatch Kirklees produced a video which explained some of the ideas being considered to improve respite services for older people and people with mental ill health. Click [here](#) to see the video.

After watching the video, people were then asked to complete a survey which asked questions enquiring about:

- Respite options people access currently
- How well they work in providing a break
- How people would like to see respite breaks provided in the future

To see the full survey please click [here](#)

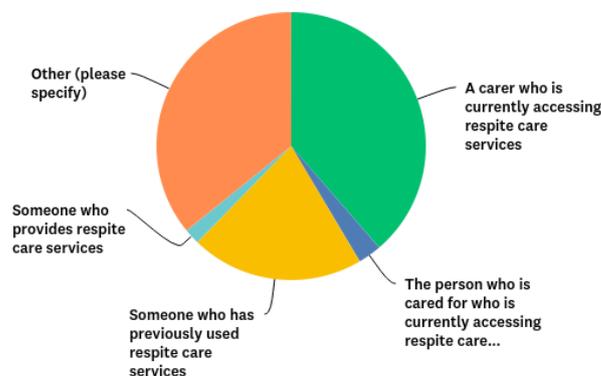
The survey was promoted by Healthwatch Kirklees via social media, reaching 37,000 people. However, in response to the survey's response rate being low, this approach was changed. Instead, staff visited carer services and day centres to collect responses in person and the video and survey were circulated via email to relevant organisations in Kirklees, with an offer for someone from Healthwatch Kirklees to visit different services to explain the engagement or to complete surveys over the phone.

4. Results

People completing the questionnaire

In total 106 responses were received, most of whom were carers currently accessing services (38%). People who classified themselves as "other" made up 36% of responses (primarily carers - 48%), followed by people who had previously used respite services (21%).

Q1 Are you completing this questionnaire as...





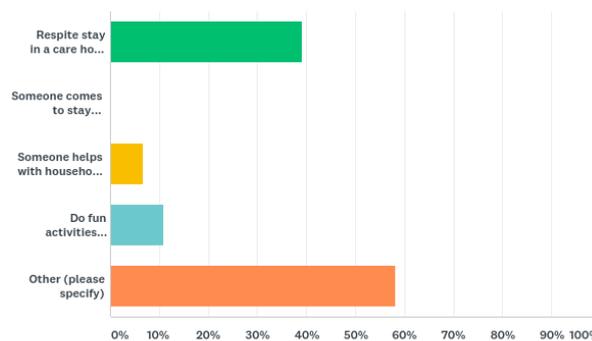
Most people did not complete all or any of the demographic section of this questionnaire; a breakdown of those people who did respond is as follows:

- 50% were White British
- 7% lived in WF12 and 7% lived in WF14 postcode areas (14% total)
- 42% were female
- 19% were aged 60 to 69
- 37% were Christian
- 27% had a long-term health condition
- 29% had a mental health condition

Services being used and experiences of respite care

When asking respondents which services are currently used, 58% replied “Other” - this group mainly consisted of people who don’t use respite services at present (21%) and people who use sitting services (18%). The next largest group of respondents were those who use care home services for the person they care for (39%).

Q2 Which respite care services do you currently use? (please tick all that apply)



When asked to rate their experience of respite care services on a scale of one to ten (ten being the best), the average score was seven. Of those people who provided an explanation for their scores, most people felt very happy with respite care services (41%) and that it gave carers a chance to get some rest (15%). However 15% had poor experiences of respite care services and 13% found it difficult to access.

“We have been very happy with the care he has received there and the break has given me the chance to have a much needed rest.”

“I have found respite care excellent and am extremely grateful for all that I received.”

“I have been unable to obtain any respite due to long waiting lists.”

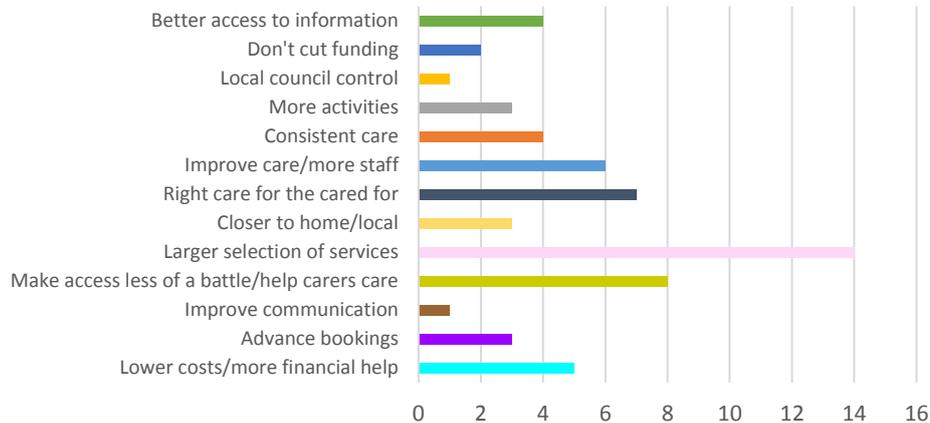
“Staff don't check often enough on patients' needs...staff didn't take notice of care plan or contact agency for details on patient's fluid intake for peg feed, which led to dehydration...Didn't give patient shower, just bed baths because of complex needs.”



What could be done to improve services

When people were asked what could be done to improve services, the largest proportion of responses was to increase the selection of services available (23%), followed by improving access to help (13%), and ensuring that care being provided was right for the person being cared for (11%).

What could be done to improve your experience of respite care services



“Day care close to home. We live in Clayton West on the border with South Yorkshire and find that most facilities are town based. As a young-thinking, ex entertainer, 68 year old, nursing homes do not fit the bill at all and cause mental distress for such as my husband”

“It is difficult to take my mother on holiday due to her physical disabilities so would be good to be able to take her on a holiday to meet up with carers and patients with similar issues. My mother will not agree to go into a care home on her own whilst we go on holiday”

“More notice to be paid to a carer’s needs assessment when you state that you are struggling and need support, especially, in my case, to remain in full time employment”

“Having a good choice of respite homes which all adhere to a high standard, giving piece of mind when you use the services”

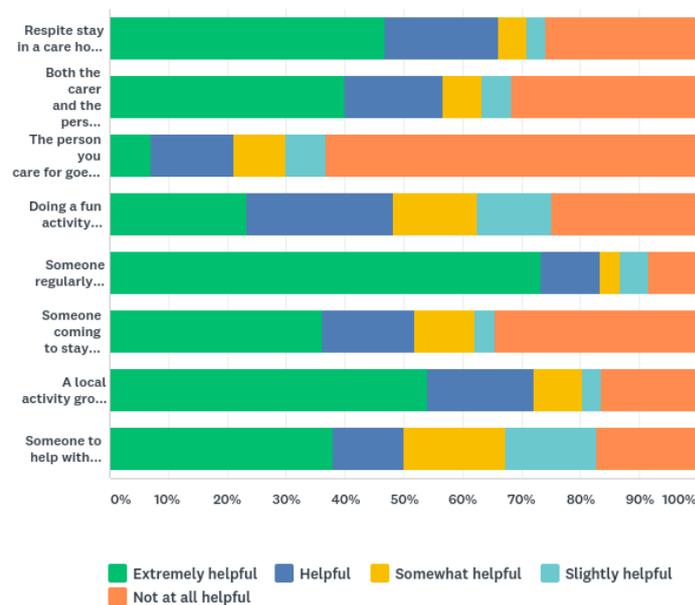
“It would be good if there were more adult mental health facilities to choose from for my respite”

“I think more activity based help such as trips out support to independence. Craft or reminiscing activities support to help older person focus on relaxing or happy memories”

Opinions of services offered in different ways

People were asked to if services offered in different ways in other parts of the country would be helpful to them. The chart below shows the total number of responses; the most popular extremely helpful options were to have someone regularly visit the home for a few hours every day to look after the cared-for person (73%). This was followed by the provision of a local activity group with support, where the cared-for person could be dropped off for a few hours (54%), and the provision of respite care in a care home (47%). The option that was found to be the least helpful was the cared-for person spending time with another family (63%).

Q5 In other parts of the country they are providing respite care services in different ways, we want to know if you would find any of these services helpful. If you have any other ideas then please let us know.



People could also comment on other things that they would find helpful; the most popular was that people wanted bespoke care or the right type of care for the cared-for person. However, additional comments encompassed emotional support for carers, stimulation for the cared-for person and practical help for the carer.

“Help with hospital visits and doctors’ appointments; visitors to the person for chats as when your there 24/7 you run out of nice things to talk about; people to go on a friends register to take it in turn to visit each other in their home.”

“Helping with house work can be good, especially if the carer has other responsibilities like looking after small kids or working.”

“More support on evenings or weekends - caring isn't 9 - 5 Monday to Friday.”



Travel in order to access chosen respite care

The people who participated in this survey were asked how far they would be willing to travel to their chosen respite care service - the preferred distance was between two to five miles (40%), primarily as people would use public transport and/or don't want to spend a long time travelling. People who were willing to travel further, i.e. up to ten miles or even further, were willing to do so due to the lack of choice in their area and the increased likelihood of more choices being available within a larger radius.

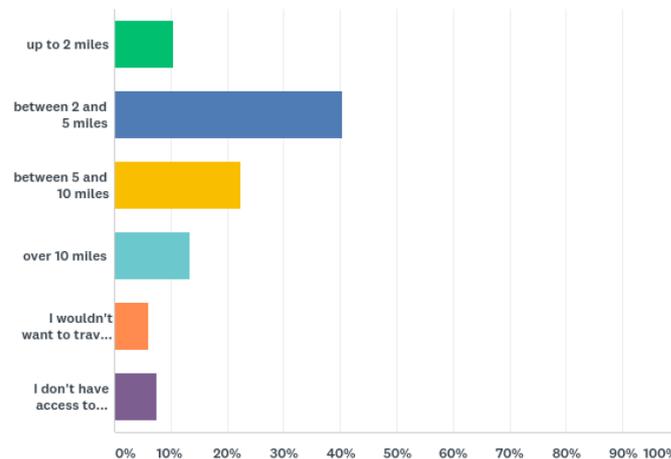
"I would want somewhere near home so that family and friends would find it easy to visit."

"Person in care cannot travel that far"

"I don't want to travel far from our home."

"Would have thought a care home would be available this distance it covers a large area."

Q6 How far would you be willing to travel to access the respite care of your choice?



Of those people who stated that they wanted services closer, did not have access to transport or were unwilling to travel, comments related to their own health, or the impact travel had on the cared-for person.

"My husband will not travel on the bus anymore. He doesn't like it to be too crowded or noises."

"Sometimes I don't feel well enough to drive and my [cared-for person] gets anxious about getting into a car with a stranger (taxi) as it would a different person each time... There is 'access bus', but it is very restricting. Limited times available and having to give notice too far in advance and very limited places. It just doesn't work for us."



Advance bookings for respite care

When asking respondents how far in advance they would like to book respite care in order to manage their own lives, most people selected up to one month (45%). In general, shorter timeframes were more suitable for more urgent help where there was less time available to make advance plans, whereas longer timeframes helped people confirm travel or holidays away; the longest timespan (six to twelve months), helped enable people to make arrangements for more complex requirements.

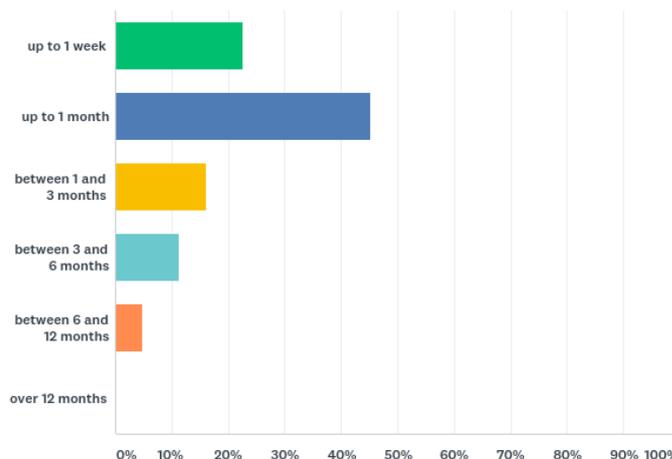
“Something might come up that you can’t get out of but can’t leave the patient home on their own.”

“I think this would be a realistic timescale for someone who was feeling overwhelmed by their caring duties.”

“I regularly have to use respite for hospital stays or treatments and it is less stressful if I can guarantee I can book the dates I require in advance. If I go away for a few days I need to be certain respite dates will be available.”

“Time to book a holiday and know that care can be offered so everything can be coordinated.”

Q7 In order to manage your own life, how far in advance do you need to be able to book your respite care?



Other suggestions to improve services

There were a range of comments, but the two most popular themes were that people wanted accessibly to respite care to be improved (11%) and for procedures to be simplified so that organising respite care was less stressful and time consuming (11%).

Other themes revolved around flexibility and variety of services for both the carer and cared-for person; improving information so that service providers supply correct details and carers know what they can or cannot access during certain timeframes; and finally, appreciating the situation of the carer and the cared-for person, taking into account what is important to them personally.



5. Limitations of the study

Healthwatch Kirklees believe that there are approximately 400 families in Kirklees who access home care support. We think that we have made contact with 25% of people who use these services, but clearly it is always better to gain a larger sample size. The report is designed to be indicative to help Kirklees Council in their thinking, as they look to redesign their services and it is not a definitive form of consultation.

6. What happens next?

Kirklees Council will use the findings from this engagement to inform their future plans for respite services in Kirklees and will keep people informed as things progress.



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