

Respite is a Necessity not a Luxury!

2009 National Respite Conference

Stamford Grand Hotel, Glenelg, Adelaide.

October 27, 28, 29.

Conference Summary Papers.

Conference Conveners:

Interchange Respite Care NSW

Interchange Victoria

Interchange South Australia.



Respite is a Necessity not a Luxury!

Conference Agenda.

Key Note Address: The Nature & Impact of Caring for Family Members with a Disability.

Daryl Higgins. Australian Institute of Family Studies

Interactive Sessions:

- The Funding Landscape**
- Workforce Issues**
- Unmet Needs**

Key Note Address: **The Self Managed Funding Model**
Robbi Williams. In-Control Australia

Carers Panel:

Joan Jackman, Nicki Thornley (NSW)
Julie Milburn, Jayne Lehmann (South Australia)
Sherrilyn Deed, Val Taylor (Victoria)

Hypothetical Panel:

Robbi Williams (In-Control Australia)
Dell Stagg (Parent - Carer)
Nell Brown (Parent - Carer)
Jayne Lehmann (Parent - Carer)
Arthur Rogers (Director General - Department of Human Services Vic.)
Sally Pryor (Manager Community Services - Eurobodalla Shire Council)

Chaired by: **Richard Bruggemann** - Dept. of Disability Studies, Flinders University, Adelaide

Workshops:

- Client Centred Planning
- Host Family Model
- The Gentle Art of Teaching (Supporting People with Challenging Behaviour)
 - Public Speaking
 - Individual Assessment
 - Managing Volunteers
 - Mental Health Respite
 - Corporate Partnerships
 - E:Learning
 - Kinesiology
- OHS in the Clients Home
 - Governance.

The Nature & Impact of Caring for Family Members with a Disability

Presented by: Dr Daryl Higgins, General Manager (Research)
Australian Institute of Family Studies

Key Statistical Data.

- **13%** of people living in households were carers (ABS, 2003)
- 2.4% of adults are primary carers (474,600)
- Access Economics (2005) estimated the annual value of informal care in Australia (in 2005 dollars) ranged from **\$4.9 billion to \$30.5 billion**

In June 2007, there were:

- **116,614** people receiving Carer Payment (unable to participate substantially in workforce due to care role)
- **393,263** people receiving Carer Allowance (supplementary allowance for those providing daily care; not taxable or subject to income or assets testing)

Carers Survey Research

Carers receiving government payments

- *Carer Allowance only* or
- *Carer Payment and Carer Allowance*
- Random sample of 5,000 carers who were eligible were mailed a brochure
- 65 opted-out of the survey
- 1,002 CATI interviews of 34 minutes
- 73% response rate
- Representative (except age of carer)

Hours of Caring by Primary Carer:

78% of Carers undertake more than **40 hours a week** of primary care.

With **58%** of these carers undertaking more than **101 hours of primary care per week**.

Years of Being Cared For.

73% of carers have been caring for a family member for **more than 4 years**.

26% of these carers have been caring for **more than 13 years**

After accounting for the following variables:

gender, partner status (i.e., married), employment, income, and financial stress:

being a carer was still a significant predictor of:

- poorer mental health
 - poorer vitality
 - clinical levels of depression in past 4 weeks
 - depression experienced by carers' family members
-

- Almost 1 in 3 female carers aged 50 or less had separated or divorced since they started caring
- 1 in 7 over age 50 had separated or divorced since they started caring
- heightened risk of arguments between carers and their partners shortly after commencement of caring
- 1st year of caring seems to be the critical period when additional support may reduce arguments between spouses
- Carers who had multiple care responsibilities or who were also caring for children had worse mental health outcomes
- Almost twice as many carers were in poor physical health than the general population
- Social isolation: 18% have face-to-face social contact with friends or relatives outside of the household once or twice every 3 months, or less often than this
- Main reasons: the care needs of the person with the disability and financial hardship
- Almost half of interviewed carers wanted more face-to-face social contact
- Significant numbers of Australians provide care for a family member who is frail aged or has a disability

Disability services used by Carers

- **47.9% None**
- **13.0% Respite**
- 11.2% General practitioner
- 10.6% Other
- 6.5% Community support services
- 6.5% Counselling
- 5.6% Attendant care or personal care
- 5.2% In-home accommodation support
- 4.8% Therapy
- 3.1% Physiotherapy

Use of respite services (hours per month)

0-10 hours	37.1%
11-20 hours	21.0%
21-30 hours	12.1%
31-40 hours	5.6%
41-50 hours	7.3%
51 hours or more	16.9%

Nationally representative sample of those on carer income supports shows that caring is associated with:

- Poorer mental health
- Arguments, separation, and divorce
- Poorer physical health
- Financial hardship
- Reduced engagement with the paid workforce
- Reduced social contacts
- Limited use of respite and other services

Interchange Respite Care (NSW) Incorporated

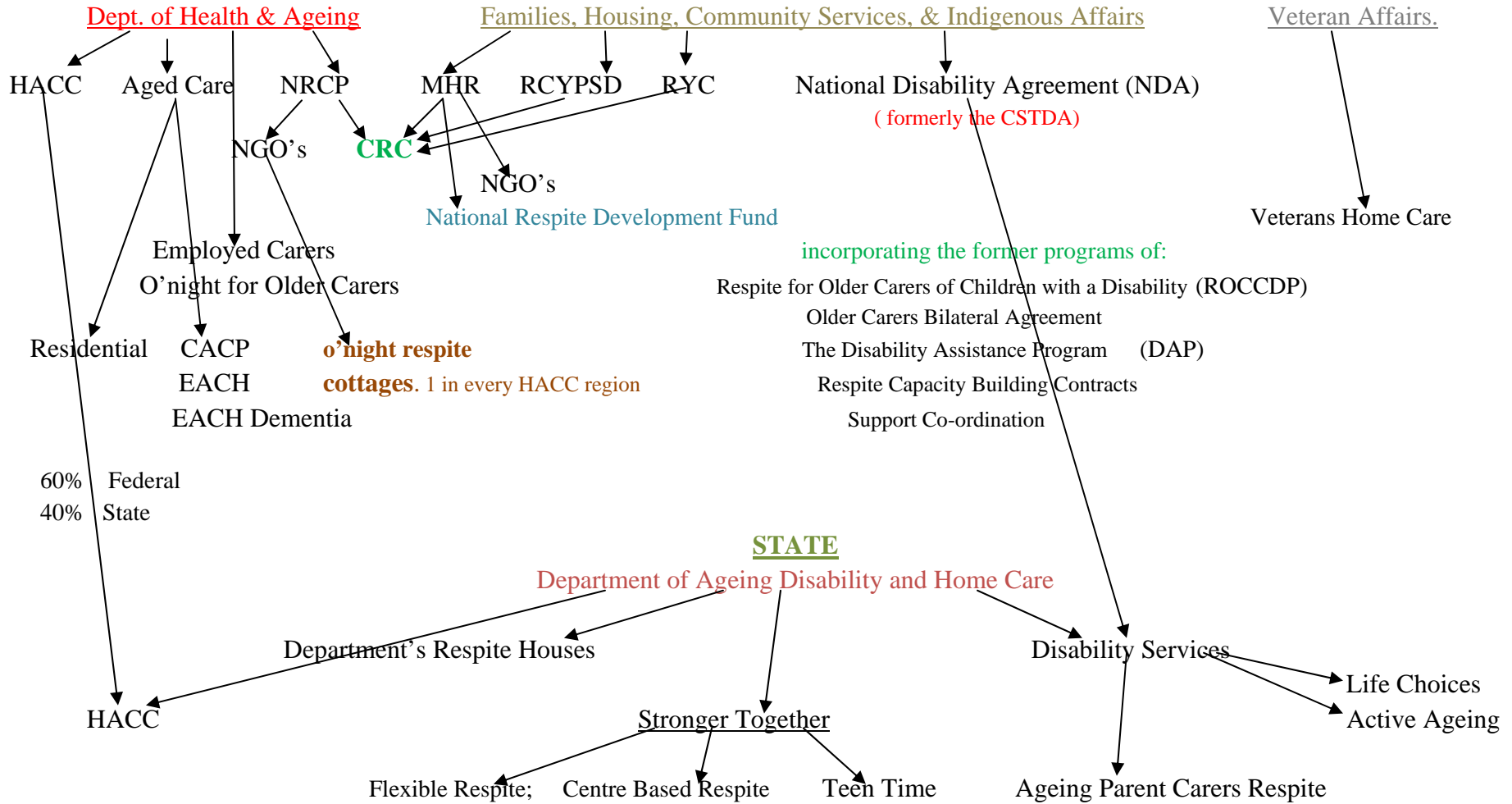
Leading, Supporting and Enhancing Respite Care and Social Support service Provision Across NSW

RESPITE FUNDING LANDSCAPE

Applicable to NSW

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COMMONWEALTH



Code: NRCP = National Respite for Carers Program; HACC = Home & Community Care; MHR = Mental Health Respite; RCYPSD = Respite for Carers of Young People with Severe Disabilities; RYC = Respite for Young Carers; ROCCDP = Respite Older Carers Children with Disabilities Program; DAP = Disability Assistance Program; CSTDA = Commonwealth States & Territories Disability Agreement; CRC = Carer Respite Centres; NGO = Non-Government Organisations; CACP = Community Aged Care Packages; EACH = Extended Aged Care at Home



National Respite Conference

TUESDAY SESSION:

FUNDING LANDSCAPE

Question 1. **Service Flexibility** : Do you believe your service is flexible in meeting your client's respite needs

Yes: 74%	No: 24%	Don't Know: 2%
<ul style="list-style-type: none"> - Always willing to improve - but only because we have multiple programs. Councils have constraints. Don't meet entire needs - but a high dependency on volunteers - but restrictions in brokerage model for Mental health. Broker thinks service is only for short term - as we creatively interpret guidelines & be person-centred - we have different programs to offer a range and supplement high cost of care - Yes & No: all new block funding is controlled by referrals from DS QLD. Limitations with funding contracts and guidelines - Yes but the amount of respite available to carers is usually inadequate. - the SDS needs to be a little more flexible but we can negotiate this with the Department - a range of programs makes this practicable (3) - only complaint from clients is not enough hours available - we use funding agreement as guidelines and seek permission to amend when required to maintain client focus. - we are a small service & not governed by large organizational procedures - able to provide individually designed packages using HACC \$'s 	<ul style="list-style-type: none"> - Awards, Legislation, Skilled Staff, retention of skilled staff - p'work for care plans & medical records for each respite period have forced us to have a minimum of 2 weeks care. - funding contract & organizational constraints - set criteria in funding contracts does not meet needs for our groups - Limitations in funding contract, issues with recruitment & retaining of staff - limitations in funding contract and we are small. (8) - limitations in funding contract and organizational constraints (6) - due to lack of flexibility in service system - we are a small service with small number of staff - organizational constraints, output constraints. - limitations in funding contracts, unit cost restrictions, limited infrastructure & resources, silo approach to services within our organization, guidelines restricted - we run 1 single program and guidelines are confusing - limitations in funding contract and need for case management 	<ul style="list-style-type: none"> - Some: HACC very restrictive; DSP very flexible; Teen Time not enough funding to meet outputs. - Yes: for mental Health; No for disability - limitations in funding contract.

This is a good response of people's perception. The key barrier however for the other 26% is still mainly limitations in funding contracts and programs.

Question 2. Funding Capacity **Is your funding grant adequate to meet your contracted Outputs.**

Yes: 39%	No: 55%	Don't Know: 6%
<ul style="list-style-type: none"> - Yes: but borderline sometimes as we might have to ask for emergency grant. - Yes; only as we are new& in early stages (MHRP) - Yes: as long as it is flexible - Yes: for paid care; No: for volunteer care - Yes: but we could do more if government recognized true cost of travel expenses in remote areas. 	<ul style="list-style-type: none"> - particularly DoHA (NRCP) & FAHCSIA (RCYPSD) - But not for Life Choices & PSO - Lack of funds for program management - Disability = No; HACC = yes - issues with broker as they have terminated support hours. Using block funds to provide support - increased demand with no additional funding - About 20% to 305 is subsidized by local government - funding has not gone up in 8yedr (apart from CPI) - Organisation provides 15-20% of funding requirements - no factors for clients who need 2 workers, after hours, transport & activity costs, award increases, compliance costs, OHS, etc - New QLD SACS award not being funded to by HACC. Unit costs increase but funding does not. - Very difficult to meet needs of people who have high and complex support needs - As a provider of brokered services we do not have sufficient funds to meet respite requests. Dis SA funding only a bandaid. - Brokered respite is o.k. , but Host Family not. Funding does not adequately cover recruitment cost - Vic: recent changes to Disability Act have meant increases to client needs and we have difficulty meeting demand. Outputs are met but we need to source philanthropic funds - Some programs need top-up through fund raising to offer higher quality outcomes - We are a brokerage agency providing support to high to complex needs clients out-of-hours. - huge growth area and funding has not caught up fast enough - does not meet family transport needs - 6 years ago we could do 20 carers individually, now only 4 & 6 in a group - not adequate to meet waiting list. NRCP contract for 3 years. - need to do groups to meet outputs. - Not even close. Huge demand. - inadequate unit cost funding - we need to be imaginative in sending in our outputs - for Social Support Outputs. These are 10 times more than respite funding, with same dollars, and department wanting more 1:1 support. - Funding has not increased but admin, compliance, and SACS award have. - Shortfalls picked up by brokerage income and fees - Funding levels still at 2005, clients more than doubled - \$33 p/h does not meet out-of-hours support 	<ul style="list-style-type: none"> - Flexible respite packages are o.k; but HACC outputs totally unrealistic - Unsure: but we get same rate as Permanent residents and need higher for respite residents - We are a fee for service and this often increases the cost of providing service - Evaluation is essential for any on-going funding

Demonstrates that the sector is still under-resourced.

Question 3. Unit Costing

Are Unit Costing figures a fair means of benchmarking funding for respite service types.

<p style="text-align: center;">Yes: 22%</p>	<p style="text-align: center;">No: 55%</p>	<p style="text-align: center;">Don't Know: 23%</p>
<ul style="list-style-type: none"> - Yes: but only if expectations of service provision does not increase without unit cost increases. - Yes: need to have a way of benchmarking, but also needs to include the range of fluctuating service and compliance costs and adjust accordingly. - Yes; as long as funding is provided at the benchmark level - Yes: at \$46-00 p/h - Yes: but only confusing / variable factor is travel costs - Yes: these reflect on an individual basis the service cost for each client - Yes: but they need to be increased: Vic. \$33.99/ph 	<ul style="list-style-type: none"> - No: does not include operational costs. - No, to many variables - Government way of forcing down the costs - DADHC dictate hours for service that don't meet the award - Don't cover all aspects or provide for differences in client needs - No: detracts from flexibility - There are more costs that come into play than identified at assessment level - No: not reflective of true costs - More consideration for administrative component - Too much variation now for similar types of service support - No: only if respite is restricted to 9-5 weekdays. - No: consideration needs to be given to client need and quality outcomes - No: does not consider out of hours, transport, and flexible options. - No: Individuals need different levels of support to meet individual goals - No: does not incorporate geographical considerations and cultural differences. - No: Inadequate and inconsistent. Variables not taken into account. Not meeting needs. - No: For Profits charge more than Unit cost to provide service without factoring in admin costs & reporting requirements - Government department can pay more to direct support workers than non-profits. - No: does not factor in complex behavior, medical needs, out-of-hours rates - No: does not allow for person centred service - No: should be based on client needs & quality of service 	

Unit Costing as a Funding benchmark formula still remains problematic.

Question 4: Funding Trends. Is the growth in respite funding correctly being directed to respite services or should it be directed to other service supports which clients need as a priority, or vice-a-versa.

The Need for Other Services

- Carers want more long term accommodation options
- Long term planning required for accommodation, not just respite
- Respite is on-going & increasing but it can't replace need for accommodation, domestic assistance, & personal care.
- More funding needed for accommodation, and day programs
- More of a need for permanent accommodation.
- As respite is usually the first point of call, more funds are needed, but many families generally require long term accommodation support
- Respite is only 1 part of the picture, other areas need their funding
- \$ for other services to assist clients to have more options
- In SA we need more supported accommodation options
- Respite is important but other services often seem underfunded.
- A greater need for supported accommodation and centre-based respite
- It should be directed to other services
- Other service supports are badly needed. In rural areas there is a lack of supported accommodation.
- Some of our clients use respite because they can't access behavior or communication support.
- Respite funding is essential but there is a huge need for accommodation services
- More funding needs to be directed into accommodation
- More funds for supported accommodation as families are concerned for the future.
- Other services, plus into Emergency respite through NRCP
- Other service supports; whole of life approach
- More funding into both areas (2)

The Need for More Individualised Support

- It should be all varied and negotiable according to individual & family needs
- Clients should be the ultimate deciders of where funding is directed.
- Funding should go to families to meet seek services they require (2)
- Should be part of a whole service individual package to the client
- Funding needs to be flexible, holistic, and individualized. (20)
- Due to diverse needs of clients, each client should purchase their own services
- Move to more of Self Managed Funds model
- In Vic, ISP's mean client has a greater choice of how package is managed.
- In Vic., new funding going to individual support packages, with potential for more flexibility.
- Funding needs to be more flexible
- Our aim is to try and reduce respite need over time and not make clients dependent.

The Need for More Respite

- Yes
- Still a large unmet need for respite
- We find more clients are requesting respite support
- It is being directed to more respite but not enough to meet needs
- Our 600+ on waiting lists says more respite funds required
- Flexible respite prevents crisis & supports families to continue
- I believe so, as long as guidelines remain broad enough to cover additional client needs
- Correctly directed at the moment
- Yes, but for CALD families need a range of support services at home.
- We run a MHRP but find we do more supported living activities. Disabilities is crying out for more respite \$'s.
- Needs to be a balance

Other Issues

- Should be directed where priority is
- NSW system is a mess, allocates direct to families but has a pre-determined service provider. Too much wasted admin and co-ordination. Families can get same care service from block funding.
- There is no growth in SA. 2,500 people with disability by 2014 will not receive any service
- No growth in SA
- No. no growth funds in our area
- More funding into both areas
- In NSW a great deal of funding for aged, demand for children's respite is not being met
- More recent funding is for one-off short term support. Adds more stress to clients. This works on a deficits/crisis model not a strengths based model.
- Respite funds should be directed to service providers and not channeled through brokers (2)
- Need to consider a model of prevention rather than reaction to crisis.

Long Term Supported Accommodation again is identified as a key missing support. This correlates to research undertaken by Interchange Respite Care NSW in 2006 (Carer Stakeholder Forums) and 2007 (Unmet Needs Impacting on Respite Care) that identified from a carer perspective that long term supported accommodation is desperately needed.

There is a growing trend of opinion, from both clients and service providers, for Individualised Funding Models.

Question 5: Funding Methods.

From your organisation’s perspective, what is the most efficient way, and best use of public money, to fund agencies to deliver respite support.

Block Funding: 60%	Brokering 3rd Agency: 18%	Directly Funding Clients: 46%	Tendering: 5%	Unit Cost Formula: 15%
<ul style="list-style-type: none"> - Brokerage not appropriate. Block funding provides more flexibility - Block Funding: but it has to grow every 1/2/3 years to meet client needs - Only Block funding, others are too restrictive, red tape and lack of accountability with OHS, quality management, training, staff consistency, etc. - A mixture can be provided out of Block Funding - Block funding with in-built flexibility - Block funding: Person-centred planning can provide flexible respite (3) - Block funding if agencies are accountable, - Block funding but outcome focused 	<ul style="list-style-type: none"> - Less third party brokerage - We are a rural SA brokering agency. We don't have overheads, use contracted providers, and can provide more flexible service. 	<ul style="list-style-type: none"> - Families should be supported in directly managing funds if that is what they want. Give them choice. 		<ul style="list-style-type: none"> - Unit Cost if it is realistic - Unit Cost if rate is appropriate
<ul style="list-style-type: none"> - A range of options would be helpful (23) - Currently brokering our service but with a view of employing staff in near future - Need flexibility of service to address individual needs and provide person-centred approach - A mix of individualized & block funding is preferable - We are a CRCC. Needs clearer referral pathways and common assessments, that could be done through CRCC. - No benefit in brokerage arrangements as \$'s are spent in unnecessary admin. - One-Stop-Shop for assessment and needs identification, then brokered out. 				

A sustainable Community Care industry needs a fairer method of funding support.



National Respite Conference

Workforce Issues: Skill Development Workshop

Feedback Summary

27 October 2009

Background

The Community Services and Health Industry Skills Council (ISC) was invited by Interchange NSW to participate in the National Respite Conference. The ISC was asked to explore skill development in the respite sector and used the Skills Growth and Skills Atrophy model to explore this concept. The ISC conducted two consecutive workshops to accommodate the numbers of delegates [there was approximately 160 people] at the conference.

The National Respite Conference was an initiative by Interchange NSW, Victoria and South Australia to provide an opportunity to share best practice and discuss some of the key issues we face in the respite sector. The conference organisers hoped to equip delegates with the knowledge to respond to some of the needs of their clients and their carers, as well as volunteers and staff in their organisation. The conference ran over three days from 27 October 2009 – 29 October 2009. The ISC presented on the first day of the conference.

Critical to the conference was the commitment by the conference organisers to develop strategies for remediation that could be fed back to federal and state governments. The feedback contained in this summary will be distributed to the conference organisers to inform their recommendations to government and inform workforce development.

Workshop Background

Delegates were asked to consider skill development within a workforce development model namely the **Skill Growth and Skills Atrophy Model**. Delegates were presented with a background to the model as well as the informed about the key features of each of the seven “pre-conditions” and how they relate to skill formation and growth.

For a summary of the **Skill Growth and Skills Atrophy Model** see [appendix 1](#)

Each of the pre-condition was then explored by groups of delegates who were asked to generate recommendations that would build improvement in an organisations skills growth position for that particular pre-condition. There were 32 different groups and therefore the ISC gathered 32 different pieces of feedback

Following the group activity the groups were encouraged to share their response and comments with the larger group.

Summary of Feedback

Upon analysis of the feedback it became apparent that the feedback [comments and recommendations] did not relate specifically to the particular “pre-condition” [that each group was asked to explore] but rather the comments addressed skills growth and development from a more generalist and/or sector approach. Therefore, the feedback will be presented according to different **themes** as opposed to being aligned to a particular “pre-condition”.

The following themes were created to describe the key concepts proposed by delegates in relation to skill growth and skill development in the **Respite Sector**. They are presented in no particular order of preference or importance.

1. Shifting the sector’s Culture

There was a strong belief that there needs to be a shift in the culture of the sector. It was felt that the sector needed to move away from being thought of as only working in the sector because they ‘care’ about people. The role in fact moved beyond an individual’s ability to care and drew upon a core set of skills and knowledge with an opportunity to specialise in different areas.

One comment included the following statement:

“You might not care but you can do the job in a professional manner”

Despite an overwhelming response to wanting a shift in the culture of the sector one group expressed concerns about *“the old workers training the new workers”* and the threat of *“new workers changing the culture of the organisation”*

2. Terminology Changes

It was felt that the terminology used within the sector had a great impact on the culture [of the sector]. There was support for not using the word ‘**respite**’. In particular, it was felt that the word ‘**respite**’ was a difficult word to translate as well as being viewed as a negative light.

The word ‘**carer**’ was also seen as having a negative impact on the sector and was born in an old fashion and antiquated work model. In addition, one group of delegates suggested that the sector move from using patient or client centred when describing their service model. Instead they advocated for the use ‘**person centred**’. It was believed that this phrase was more empowering and would improve the way people viewed the sector.

3. Recruitment and Selection Processes-

Further attention was needed during the recruitment and selection process ensuring that the right person was selected for the job therefore avoiding high attrition rates during the initial stages of employment.

In addition, several groups explained that the sector needed to be culturally inclusive by attracting more Aboriginal and Torres Strait workers and cultural and linguistically diverse workers into the sector.

4. Induction practices

Induction practices needed to include greater assessment practices when assigning a respite worker and client. Thus ensuring that the worker and client are a “good fit”. When the fit was not right it was perceived that there was a gap and one group explained that good assessment practices would assist in “*closing the gap*”

5. Regular Staff Appraisals

Regular staff appraisal was raised by a number of groups as a means to ensure that workers were sufficiently supported and had access to training and information throughout their employment with an organisation.

6. Developing a Respite specific qualification and/or units of competency

There was strong support for developing a specific qualification for respite workers. It was felt that this qualification would include core skills that are typical required across the community services and health industries; such as Occupational Health and Safety [OHS] first aid, working effectively in the community services sector etc. In addition the development of additional units of competency that would accurately describe the work of a respite work was seen as being critical to this qualification.

7. Minimum and Mandated qualification for respite workers

The majority of the feedback supported the introduction of a minimum qualification for ALL Respite Workers. There was no indication as to what level the minimum qualification should be. Nevertheless, it was believed that a minimum qualification would contribute to the professionalisation of the sector as well as provide a starting point for wage equality across each of the states and territories.

8. Developing a registration and code of practice

Some of the feedback went further to suggest that there should be a registration process and code of practice for ALL Respite Workers. It was believed that this would again assist in the professionalisation and wage discussions as well ensure quality across the sector.

9. Promoting the benefits of training

The feedback strongly reflected the importance of promoting training across the sector. It was believed that promoting training would not only assist in sector '*buy in*' but would also encourage the sector to approach training in a more strategic and proactive approach. It was suggested that the benefits of training could be promoted within the following contexts:

- **Benefit to Employer:** -including providing a quality service, succession planning, retention and being seen as an employer of choice.
- **Benefit to Employee:** - including remuneration, professional development, promotion opportunities, job satisfaction [and feeling valued] and rewards and bonus for completing training
- **Benefit to Client and Community:** - including encouraging a whole of sector approach to training where the benefits extend beyond an individual or organisation but are viewed as a means of ensuring clients receive the services that they are entitled to.

10. Flexible Delivery of Training and Assessment

It was felt that the sectors training plan needed to ensure that it supported a flexible approach to training and assessment. Traditional face to face models of training delivery were not seen as being appropriate to this sector group due to the sector reliance on part-time, casual and volunteer workers. Back filling to attend training was seen as an unrealistic strategy.

Instead the feedback suggested the development of structures that would support:

- Recognition Assessment
- On the job training
- On the job assessment
- Online and E-learning training and assessment
- Module based learning [unit by unit]
- Up-Skilling of workers to undertake workplace assessment and training [TAA 40104 Certificate IV in Training and Assessment]

11. Remuneration - Equal pay across all states

The issue of inequality of remuneration across the country for the sector was raised. This was seen as an issue that was working against the sector and incongruent to achieving the sector's goal of skills growth and workforce development. Securing equal pay was seen as having a great impact and influence on the themes in this document.

12. Funding for Training – Who Pays?

There was much discussion and feedback about who should fund training when this sector is only strictly funded for service delivery. Some delegates felt that the Commonwealth/State Government should build funding for training into each of their funding agreements. Likewise it was proposed that funding for training could be built into funding submissions. Alternatively, it was proposed that employers could include a dedicated percentage of a worker's salary dedicated for training

Another approach was put forward where-by if an organisations payed for an employee's training the employee would be required to commit to working for the organisation for a set period of time [We pay – You Stay]. If the employee did leave the organisation then they would be required to pay for the training [pro-rata basis]

13. Networking:

Networking was seen as a necessity for the sector. In fact the conference itself promoted *networking* as clear and important aspect in attending the conference. Nevertheless there was no specific funding set aside for this activity and therefore was difficult for the sector to promote, participate and plan networking opportunities. Without structure around networking activities the benefit and momentum generated from these activities would more often than not be lost.

14. Promoting the Respite Sector

It was felt that a public relations and/or rebranding of the Respite sector was required. This was seen a way to ensure that the sector was promoted as a valuable and important service rather than being seen as a "charity".

For example, one suggestion was that respite care should be promoted as a '*human right as opposed to a charity*'.

15. Promoting Career Pathways – A Career of Choice

Similarly as with the above point sector needed to promote itself as a professional occupation as well as being seen as worthwhile, rewarding and legitimate career option. Thus creating an environment where job seekers, school leavers and existing workers etc choose to work in the sector

One group commented that respite care was “*not a dead end job*” and that there were true career pathways and these needed to be promoted accordingly

Internal promotional opportunities and succession planning need to be included in the promoting a Respite Career Pathway

16. Partnerships

In terms of skills growth and development greater attention needed to be given to the development of partnerships between services providers and between service providers and Registered Training Organisations [RTO].

17. Sharing of Skills

Many groups commented that organisations could benefit from sharing the skills or workers between each service. To some extent the size of the organisation was irrelevant as it was in fact “the same job” in either a large or small organisation. Further to this the idea of secondment was explored by some groups.

18. Traineeships

Traineeships were seen as a viable way to access funded training for the sector however little was known about this initiative.

The ISC Skills Development Manager provided information about Productivity Places Program explaining that this was another stream of funding for training that the sector could access. This funding was quite accessible and abundant in the CS&H industries

19. Governance

In addition to training for support workers and coordinators the sector felt that it also needed training in Governance [and to some extent operations/management].

Workshop Conclusion

Following the provision of feedback by the smaller groups to the larger group delegates were informed about the SevenScope tool. SevenScope is an online workforce diagnostic tool that was based on the **Skill Growth and Skills Atrophy Model**. It allows organisations to self assess themselves against several criteria indicating the level of performance of an organisation's effort in skill development.

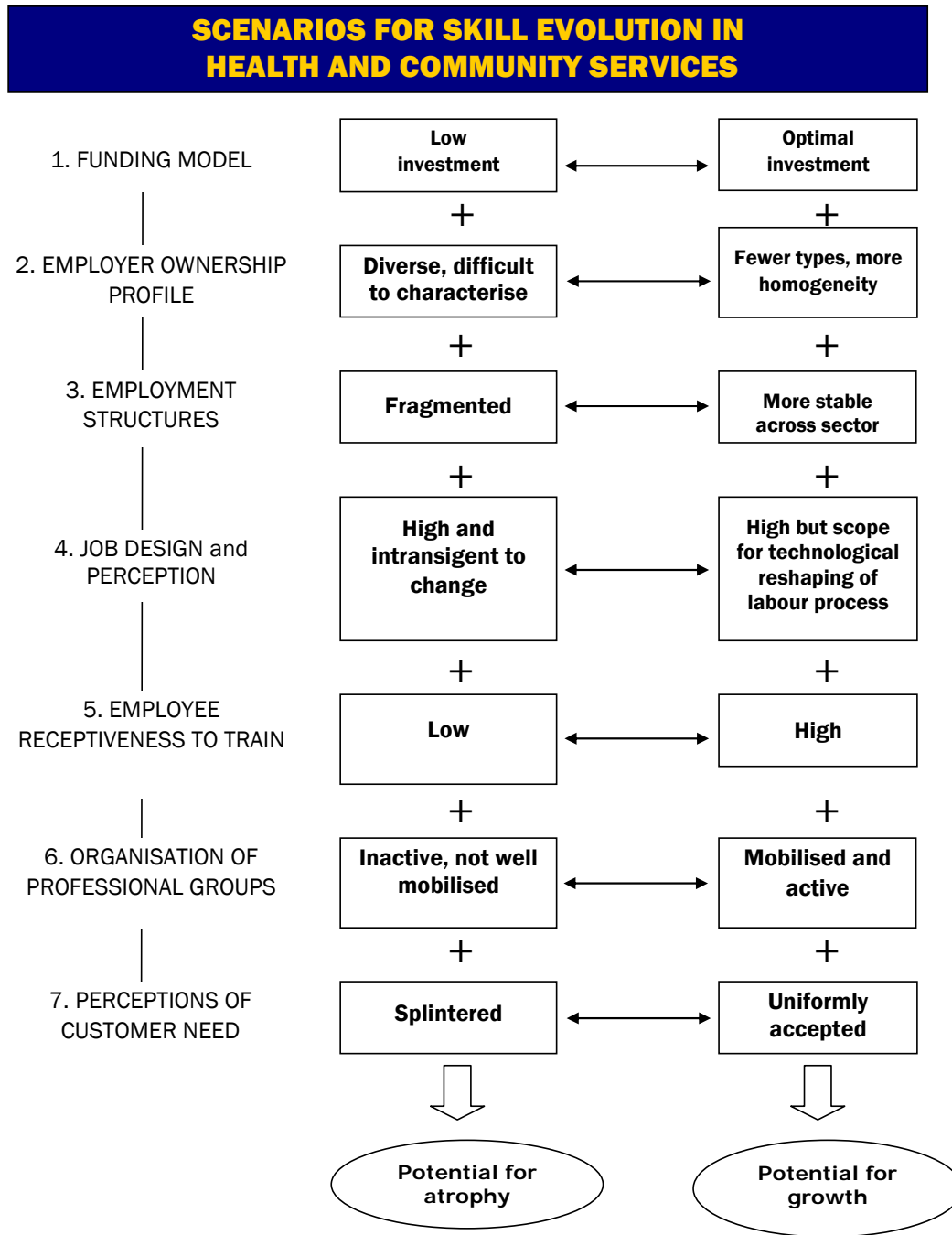
The diagnostic tool assesses where an organisation is placed within the range of two ends of a workforce development framework. One end of the framework represents a loss or *atrophy* of workplace skills and the other is represented by positive *growth* in workplace skills development.

The sector was encouraged to access the free tool and in doing so receive a detailed report in terms of their current effort in skill development. In addition each organisation accessing the tool would be contributing national data about the Respite sector thus assist in the sectors growth.



For more information about SevenScope please see www.cshisc.com.au

Appendix One: Skill Growth and Skills Atrophy Model





National Respite Conference

TUESDAY SESSION:

UNMET NEED

Question 1. Central Intake: Should there be a central intake point/service?

Yes: 62%	No: 23%	Don't Know: 14%
<ul style="list-style-type: none"> - Will alleviate multiple assessments and make this independent of service providers. - Needs to be separate to service provision - Should use a transparent assessment allocation process - CRCC role can be extended to include this across community care and respite - Yes; some people recorded on many different lists, central list could provide more accuracy. - for consistency of referrals and access - Use of S2S - some clients may be double dipping - locally but not nationally. Not to allocate funds, only to register & refer to services - reduces services admin & amount of forms for clients - assists with mapping service requirements & un-met need. Helps co-ordinates services and a good utilization of resources. - locally through Respite Co-ordination Groups - saves time & double dipping. Prioritises levels of need. Common assessment form. - Central but not a Single point of entry - But a Single entry Point. - ensure amount of respite provided is appropriate to needs of each family - helps with equity - For every region - The Respite Co-ordination Group works well due to opportunity for consultation & negotiation. 	<ul style="list-style-type: none"> - Services need to have some say as to which families fit into programs, families should have some choice in which providers they go to. - No: as follow up assessment is still required by Service Provider to implement service provision - Needs multiple points of access into a single service system (eg: RCG process) - will de-humanise the process. Service assessment process assists in building trust and rapport with client - all services have different eligibility criteria - this destroys networking - Intake locally and info given to a central point for statistics. - if the Central Intake Service has 'preferred' providers, then others miss out. - should be a no wrong door policy, but all carers receiving respite should be recorded by CRCC so no double dipping. - TAB 2 is a debacle in NSW - any door / first door should be able to do a common intake. Central intake point unwieldly time frame - but there should be ease of being referred to an appropriate service wherever you enter. 	<ul style="list-style-type: none"> - Don't Know: not working in our area at the moment. Philosophy is sound though it has huge issues for services. Needs to be an independent agency and not tendered to an existing service. - Don't Know: needs to be evaluated from service user perspective. Is this for efficiency or for rationing reasons? - Don't Know: current one not working well - Don't Know: collated information service

Question 2. Unmet Need Data Collection : Should this be done at a macro level (federal/bureaucracy/state) or at a micro level (regional/local service system)?

Macro Level: 2%	Micro Level: 39%	Both: 58%
<ul style="list-style-type: none"> - Micro level very open to bias - Needs to be an agreed and common methodology - Large federal bodies lose sight of what's happening at ground zero - Both; local feeds into federal (no state) - Local then passed up to state & federal (9) - Micro more realistic as regions can vary greatly in demographics - By LGA, Regional, and State - Locally & regionally and can be captured by CRCC's software - Local more realistic but problem with doubling up on providing client info - Not sure of capacity of federal bureaucracy or if regional services have the resource. - Micro: it is easier to map gaps in service & plan service delivery - Micro: but needs adequate resources - Local: at least we know its factual - Micro level so services can respond to the needs of their community 		

Many agencies still believe there is a valid place for maintaining & recording their own data on Unmet Need and feeding this into other planning processes to complement other data and research.

Question 3. MDS Data Reporting: As a service provider would you rather spend your administrative resources reporting on demographics and profile of:

Clients who Currently receive a Service: 11%	Clients you are Unable to provide a service to: 15%	Clients you are providing a service to + those waiting to receive a service: 72%	Don't Know: 2%
<ul style="list-style-type: none"> - Feedback needs to be on regional and agency data - Happy to report once systems become workable - Information needs to be available and shared - MDS works well, provides valuable feedback data, but does not track unmet need - The way data is collected needs to be revised & streamlined - CSTDA is horrendous and should be brought into line with NRCP & HACC - Need to use such info to shape future services and fill gaps. No feedback now on info sent in. - Need a more streamlined & simplified collection system - One system across all funding programs - As long as information is used to improve funding services - How do we truly record unmet need? These are individuals who have not yet accessed any services or know of services yet. 			

Supports the needs in Q. 2 above to also identify & report on those clients who are not receiving a service.

Question 4: Respite Entitlement

Do you believe that every eligible family should have a basic level entitlement to respite support?

Yes: 70%	No: 22%	Don't Know: 7%
<ul style="list-style-type: none"> - families will always choose whether they use this or not. - At 6-8 hours per week (3) - Should be more than the 168 hours currently offered in packages - Everyone deserves the right to a service that is non judgemental, accessible, and fair - So long as it is monitored and no double dipping - but needs on-going assessment (3) - in whatever form that suits them (eg: equipment equivalent) (2) - but families should be able to utilise this at their discretion - reduces focus on strengthening informal supports - If not taken up after say 12 months then pass onto another family according to their perceived need. We all have access to health support through Medicare, why not similar for disability or community care. Also include this for accommodation support once a person turns 18. - but other factors need to be considered; available transport, other service support, 63 day Centrelink trigger on allowance. - current system has inequities - only if increase in funding was provided to go with it - however needs to ensure this doesn't result in scarce resources being spread more thinly - but needs assessment for hours & \$'s. - family members are vulnerable to depression and they need respite as a break - you need enough funded services to provide not only the basic entitlement but what people using the service define as their need. - needs to be some sort of scale to measure the complexities of individual and family caring needs. 	<ul style="list-style-type: none"> - Should be based on need not entitlement, allows funds to be spread around - individual choice and relative needs have to be considered for distribution of resources - The power is taken from the family if you have an entitlement level - results in over reliance on services & dependence - Entitlement should be situational - respite is very 'individual', not every-one may need it, and not for long periods - Individual needs should drive all services (2) - perhaps we should have a notional average - Flexible support: give families what they need as opposed to what they should get - every family is entitled to respite but not given a minimum or basic level - a need not a necessity. - not every-one wants support – entitlement does not support wellness models - should be assessed in relation to expanding family capacity to care as well as providing a break 	<ul style="list-style-type: none"> - Don't Know: Consult with families. More wholistic approach required. - Don't Know: There should be an entitlement once the need has been established.

A principle which needs more advocacy & rights based action. An overhaul of the taxation system should provide the capacity for this to be achieved.



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

Client Centered Planning.

Workshop Overview

Client and Family Centered Service Provision for older people and people with disabilities from CALD backgrounds

The workshop will focus on two respite programs delivered by spectrum MRC: one a centre-based program focused on ageing migrants (**Clifton Respite Cottage**) and the other program focused on adults with disabilities and their ageing carers (**Disability Respite Program**).

1. **Home Away from Home -Clifton Respite Cottage (CRC)**

Spectrum's Clifton Respite Cottage provides centre-based respite, 7 days per week, to frail aged migrants with employed carers or carers wanting to return to the workforce. The Cottage provides respite to four ethnic communities, some large and established and some newer and emerging: Macedonian, Vietnamese, Italian and Chinese.

The presentation will incorporate the screening of a recently produced documentary film on the cottage, followed by a discussion on: preferred service models for ageing migrant communities; social connectedness, health and well-being; pathways into the service system; and strategies for healthy ageing.

2. **Family Stories – Disability Respite Program**

Spectrum MRC's Disability Respite Program provides a range of supports to adults with disabilities and their ageing carers from migrant backgrounds. A family-centred approach is utilized to ensure respite programs meet the needs of both the person with a disability as well their carer/s. The families that use Spectrum's service face dual challenges of isolation resulting from living with a disability combined with limited English language fluency. The program also works towards increasing access to services and information for both person with a disability and their carers

The presentation will incorporate the screening of a documentary film into the lives and homes of four families from different cultural backgrounds. Following screening of the film the workshop will invite participation from the audience and tease out issues identified in the film as well as provide examples of best practice in respite care.

Presenters: Nirmala Abraham – Manager Aged and Disability Services

Nirmala has a Bachelor of Arts, majoring in English, history and education. Nirmala has also completed one year in Psycho Drama, and is a certified Trauma Therapist from Cairnmillar Institute. She is currently undertaking her Masters through research at RMIT.

Niramala has worked with Yooralla as a disability worker, St Vincent De Paul, North East Housing, Hume City Council, Kensington Council in London and she currently works with the Spectrum Migrant Resource Centre. Her work experience at the Spectrum Migrant Resource Centre has included advocating, supporting and working with newly arrived migrants and underrepresented elderly for housing, health and well being focused activities, coordinating in home respite hours for the National Respite for Carers Program and is currently manager, Aged & Disability Services.

Nikki Marshall- Coordinator Aged and Disability Special Projects

Nikki has extensive experience in program and team management, policy development and advocacy, community development, and project innovation and documentation. She has worked predominantly in non-government and community based organisations and for the past 18 years the needs and rights of refugees and migrants has been her main focus, especially new arrivals to Australia, women, the aged and people with disabilities and their carers. Nikki has also facilitated health programs with rural and remote Aboriginal communities in central and northern Australia as well as rural Victoria.



HOST FAMILY MODEL

Workshop Outline.

What is the essence of the Host Family Model?

Matching a young person with a disability with an approved volunteer Host family / individual.

What do we rely on (*Brainstorm*)

- Volunteers
- Clients
- Staffing
- Funding

Involves: (*Brainstorm*)

- Trust
- Careful screening
- Support and training (staff and Volunteers)
 - Skills and knowledge (medication)
 - Assessment and
- Safety — (duty of care, health and Hygiene, first aid, transport, OH&S — lifting / transfers, Food handling, allergies, safety inspections/ requirements, abuse, neglect, alcohol & drugs)
 - Commitment — (at least 12 months)
- Communication (Worker, Carer/s, family, child/ Support networks) -
 - Recognition — valuing
 - Respect
 - Responsibility
- Processes & administrative requirements (Forms stats)
 - Supervision
- Finance — reimbursements — staffing
 - Relationships and friendships
 - Respite
- New opportunities
 - Consideration
 - Awareness
 - Flexibility

Why do families use / want Host family Model? (Larissa) – Respite

- Family based opportunities for child
- Opportunities for relationships/ friendships for child outside of family - Flexible care / opportunities
 - Consistency and regularity
- Safety — supervised and monitored

What were the findings of survey conducted (Larissa).

What are issues for Program/ staff?

- Training & support (General and child specific)
- Understanding and respecting cultural and personal differences
- Care options for families. (Consider extended family and support network options)
- Screening and assessment (putting in safeguards)
- Sustainability and growth — Funding / Volunteer recruitment and retention.
- Health and Safety Requirements for all — Client, volunteers, staff, general community
- Impact of ISP's — Families have choice, money to buy service. Need to provide quality, affordable service or will go elsewhere. Funding model for ISP's
- Marketing and Promotion

Finish with:

Is it important to maintain a volunteer host program? — Why not paid care model?



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

The Gentle Art of Teaching.

Workshop Overview

Gentle teaching is about how we exist as human beings, how we see ourselves and how we see our relations with others. Basically the Art of Gentle Teaching is about recognizing that people react or respond to the way they are treated. Recognizing that people are responding to the way you talk to them; ignore them; treat them etc rather than 'behaving' in a challenging way, is the first step to building a positive relationship.

Each human being hungers for a feeling of being with others and having a feeling of companionship The central purpose of 'giving care' to anyone is to establish a feeling of companionship. It is more than being 'nice' to someone. It is a feeling a 'belonging'. Often, people who live with a disability or a mental illness have learned to be afraid of others. They have never had a companion they can trust. As Workers we can start this process by looking at the person we are working with as a **person who has not yet learned the feeling of companionship** rather than as a person with behavioral problems.

This philosophy helps us to understand that people respond or react to the way they are treated. With this understanding we can then look to ourselves, our processes and our environment as reasons behind why people may act in a way that may be challenging and modify our approach to assist people move ahead.

Everyone deserves to have:

- A sense of self worth
- A sense of choice
- A sense of Companionship
- A sense of freedom

People who have only a few aspects of SELF may be fearful and untrusting.

When people are fearful and untrusting they may be confused about what is happening around them and react in a way that challenges you and those around you.

The Art of Gentle teaching is about recognising why people react the way they do. How external triggers such as the environment, the way people speak, don't listen, expect compliance, don't understand, may lead people to react in a way that challenges us. The Art of Gentle teaching is a philosophy that can be applied to all aspects of our lives; it is particularly useful when engaging with people who have learnt that no one really cares to fully understand how they feel.

Presenter: Vicki Batten has been working in the field of disability for 30 years. She has been CEO of FSG Australia for the past 7 years and has a strong belief in the rights of people with a disability to live their chosen lives, and understands that some of the power needed to do this, can be taken away by the very services who are trying to help. It is this awareness that is behind the philosophy that she works by and asks all FSG staff to work under. Vicki has qualifications in Social Sciences and psychology and is a qualified clinical counsellor.

FSG Australia has Grown rapidly in the past 6 years, under her directorship, to a large and diverse organisation with over 550 staff, and a turn over approaching \$30m, delivering a service to over 2500 people per month. Vicki maintains this has happened due to the dedication and passion of the staff that work at FSG. There is also a large element of being prepared to look to the future, taking some calculated risks and always remembering who they are there for!



INDIVIDUAL ASSESSMENT

The presentation covered information about “The What I’d like you To Know About Me” resource. This resource is an online tool that allows families and organisations to create holistic and highly individualised profiles for and with people with disabilities. This resource truly empowers families and sets a strong foundation in Person Centred Planning and in upholding a holistic personal approach within the framework of disability service providers. The presentation gave background information about the development of the resource; its conception and its many benefits to families, service providers and people with disabilities. The employment and implementation of the resource is suited to many environments and uses and this generated many interested responses and questions from the large attendance of participants to both sessions. The presentation concluded with a brief look at the actual resource and a further chance to discuss and answer any further questions.

Anne Patmore
Project Officer
Life’s for Living



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

Managing Volunteers

Workshop Overview

OBJECTIVES of Workshop

- To know and understand the values, expectations and factors that motivate volunteers
- To understand the differences in management of paid staff and volunteers
- To develop competence in monitoring the *volunteer readiness* status of an organisation and in how to improve this status
- To understand and apply the basic aspects of a volunteer management program, with distinctions between paid staff and volunteers
- To understand the importance of volunteer specific aspects of a volunteer management program, such as retention and recognition.
- To develop an ability to recognise and map the competencies and skills required of a manager who seeks to lead an organisation through continuous improvement in volunteer management.

Presenter: Liam J Hanna. BA Dip Ed (Flinders)

Liam is currently Regional Development Officer and A/Manager of Training with Volunteering SA & NT. He has career experience of significant involvement in education, cultural and social science fields with a strong focus on community development at local, national and international levels.

Career milestones which have involved community building and volunteering are:

- 1991 – 97: Assistant Director of the Australian War Memorial and a member of the executive team which established the Tomb of the Unknown Australian Soldier and initiated the rebuilding of the museum galleries;
- 1997 – 2000: Director, Information and Secretariat, with the Commonwealth War Graves Commission (UK based) and established the *Debt of Honour* database listing the commemorative details of each of the 1.7 m fatalities of both World Wars.
- 2005 – 07: Worked with The National Trust (UK) as Regional Volunteer Coordinator & Community & Learning Coordinator



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

Mental Health Respite

Workshop Overview

House With No Steps has five MHRP services throughout regional and rural NSW including services covering remotes areas including Far Western NSW and started these new services in 2008.

This Workshop will look at issues such as:

- How does this program compare to State funded respite services?
- What difference has direct service delivery funding made to the programs and what is the future after capacity building cease in June 2011?
- Is it possible to balance meeting the needs of such diverse stakeholders – mental health, intellectual disability and autism – that this programs covers?
- How effective is this program compared to state funded services and does the partnership with Commonwealth Respite & Carelink Centre's work?

This workshop will be interactive with opportunities to map and produce a "list" of key questions to pose to funding bodies

Presenter: Greg Harwood: Greg currently works in the role of Respite Service Project Manager for House with No Steps, one of the largest providers of community, business and employment services for people with a disability in NSW and Qld- providing support for around 2000 people with disability and their carers.

Recruited to the new role in March 2008, Greg's brief was initially to support HWNS six regions with the establishment of 10 new Respite for Older Carers (ROCCD) services across NSW and Qld and Stronger Together service with DADHC funding. This role was expanded when HWNS was invited to tender for new mental Health Respite programs and was ultimately awarded five of the new service capacity building contracts.

Greg recently worked in Victoria with Individual Service Packages , Funding and transitional services during the introduction of the Disability Services Act 2006, and has worked in many service types including accommodation, respite, day programs and community access, community support and programming, employment and business services. The last 20 years of his 30 years in community services have been in service management including at senior levels and includes working in metropolitan services (Sydney and Melbourne) and regionally in the Illawarra and Shoalhaven NSW.



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

Corporate Partnerships

Workshop Overview

Would you like to see your organisation seek out, secure and sustain a successful partnership with a corporate organisation? And, do you want a corporate partner that will increase awareness of your brand and work, which will ultimately make fundraising a lot easier? This workshop presents some ideas and strategies that will lead you in this direction.

Companies have started to realise that corporate social responsibility is something that is here to stay. This trend is good news for non-profit organisations who are seeking out partnerships, however many of these non-profits do not have the expertise or confidence to approach these companies.

The workshop will explore the 10 steps to create a successful cause related partnership. This process is designed to increase your organisation's ability to seek out, secure, sustain and nurture partnerships with corporate organisations.

The difference between sponsorship, philanthropy, cause related marketing and partnerships will also be explored. This workshop is for anyone who wants to see their not-for-profit organisation succeed!

Presenters: Jetha Devapura and Haley Martin

Jetha is the Executive Officer at Interchange Victoria and has had over 10 years experience in several corporate organisations before joining the not for profit sector. A qualified engineer and MBA graduate, Jetha is the founder and chairman of CCC Foundation Inc., a not profit charity organisation which working with its partners the RCH and Peter Mac to assists cancer patients in Sri Lanka.

Jetha is passionate about getting community and corporate involvement to create greater awareness and inclusion for people with a disability. He has been instrumental in developing 'The Great Australian Sunny Sizzle' to be the single biggest disability awareness campaign in Australia. Jetha believes partnerships are critical for future growth and sustainability of any organisation and corporate partnerships in particular is an untapped resource for not for profit organisations.

Hayley is the Marketing & Events Coordinator at Interchange Victoria. Hayley completed a Bachelor of Arts, Public Relations at Deakin University and pursued her interest in community and citizenship by joining Interchange Victoria in October 2008. Hayley has a genuine interest in connecting the wider population to local respite volunteering opportunities to build stronger, more aware and more inclusive communities. Hayley has also been an active member of Toastmasters International for over 18 months developing and refining her public speaking skills and has most recently served as Vice President of Public Relations and Membership on the Essendon Executive Committee.



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

E: Learning

Workshop Overview

e-learning – It is here for Respite

Synchronous or non synchronous that is the question we want answered. No this is not Hamlet and what the hell does that mean. This workshop will explore how Interchange Respite Care (NSW) will roll out an adapted program of VETAB accredited courses with a respite focus. What is good about it what is better done as face to face. How we can skill up our workforce without the need to travel to gain access to the expertise in trainers that we need and carers can gain access to knowledge skills and understanding about respite.

Presenter: Edward Thomas

Edward is the Training and Development Officer for Interchange Respite Care (NSW) Incorporated. A trainer in VETAB courses for Mental Health, Disability, Aged Care, Leisure and Lifestyle. In charge of the Learning Management System for teaching on Line for Interchange Respite Care (NSW) in partnership with Wesley Vocational Institute. Currently completing the design and testing of the online respite course for Mental Health Respite. We are also designing a program for carers to gain recognition of their experience as credit for a qualification through VETAB accredited courses. I have over 21 years in respite experience in all the above field areas including palliative care. Previously managed a carer respite centre for nine years.



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

Kinesiology

Workshop Overview

Applied Kinesiology uses manual muscle testing as a bio-feedback tool, to access and simultaneously balance stress patterns held in the mind/body system of the person being tested. The stress patterns can be structural, such as tight muscles which pull attached bones out of their alignment, or biochemical/nutritional stresses which lead to poor digestion as well as allergic reactions. Muscle testing also identifies emotional stresses that if left unbalanced, create more symptoms and interfere with the body's own inherent self-healing/self-regenerating capacity.

In the sixties Applied Kinesiology was used by chiropractors/osteopaths to identify structural imbalances – subluxations - and this practice made a significant improvement in mobility and spinal corrections. Later professionals using muscle testing discovered it can be used on virtually any problem/pain ranging from detoxifying organs, restoring neural pathways in the brain for improved learning and memory, and very effective on speeding recovery of injured/fatigued muscles. In addition, it proved effective in balancing fears, phobias and addictions.

In this way, Kinesiology is able to access the deeper/root causes underlying all imbalances which the more conventional modalities overlook.

Presenter: Teya Skae M.A. B.A. Dip Health Science. Dip Clinical Nutrition

Certificate IV Training and Assessment. Applied Kinesiologist/Nutritionist/Lecturer/Author

Teya is the founder of Empowered Living and works in two clinics in Sydney, specialising in balancing multiple symptoms of stress and has successfully treated people with chronic back pain, migraines, behavioral and emotional issues, including fears, phobias and addictions, anxiety/panic attacks and adrenal/chronic fatigue.

She is the author of Stress and Adrenal Exhaustion and has taught Applied Kinesiology and balancing Fears/Phobias/Addictions at the College of Complementary Medicine (CCM) in Sydney for 3 years. In addition to teaching at the CCM she assessed/examined kinesiology students in their formal examinations and has since developed her own courses which have been running every semester at Sydney's WEA since 2005.

As a writer Teya has written over 30 articles published in various health publications, newspapers and journals globally including a regular contribution to Fitness First Magazine and is the host of an internet radio program "To Your Health" broadcasted on World Puja network. Teya is a professional member of Australian Traditional Medicine Society (ATMS) and Australian Kinesiology Association (AKA) and is passionate in delivering topics on optimal health and wellbeing practical and accessible.



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

OHS In The Clients Home

Workshop Overview

There are many issues that affect professional respite carers as well as carers themselves. Accidents can be expensive to the carers, organisations and result in higher delivery costs. Ultimately this may erode funding available to direct care. These issues affect how carers can safely carry out many activities of daily living. This workshop will focus on the roles of various practitioners, manual handling, behaviour management, mobility and how to minimise typical injuries to back, shoulder and neck. By the end of this workshop carers will be aware of resources, assistance and awareness of safety in the house and community.

Presenter: Michael Chin. Michael began his career in Adelaide with Alfreda Rehabilitation prior to assuming the role of Senior Rehabilitation Coordinator with Julia Farr Services. He then then took a position with Territory Health Services based in Darwin. In 1998, he was a senior project officer with WorkCover NSW. He is now in his current role as General Manager of Occupational Health Professionals and Disability Professionals. Michael's interest is assisting individuals, companies and NGO's achieve service quality that does not compromise on safety.



NATIONAL RESPITE CONFERENCE.

WORKSHOPS. THURSDAY OCTOBER 29.

Governance.

Workshop Overview

Wayne will present the importance of effective governance. This will entail understanding the key governance accountabilities of a Board, and the legal importance of good governance.

Questions that will be answered include...

- Are you putting your personal assets at risk?
- Is your organisation technically insolvent, but don't know it?
- Do you understand the responsibilities that you have as a Board member?

Topics that will be covered, include...

- What is Governance?
- Four pillars for the Board's role
- Typical Board roles within the four pillars
- Legal Framework
- Risk Management
- Financial Management
- Strategic Planning
- Board Performance Appraisal

Presenter: Wayne Turner.

Wayne is the General Manager of CBB Consulting, a Division of the Community Business Bureau Inc. Wayne is responsible for the delivery of consulting services to not for profit organisations across Australia. Consulting areas are in training, management and business development, and bookkeeping accounting and financial support. Wayne has a MBA and BA (Acc) and has been awarded the Sir Thomas Playford Prize for Innovation, and the Mentor of the Year Award. Wayne's has in excess of 23 years consulting experience. In that time Wayne has been a senior manager in an international consulting firm, as well developed several independent consulting businesses. Wayne has also held executive positions in the education and health sectors. Wayne is actively involved with several Boards, including not for profit Boards.



Thursday October 29.

Final Session Summary Points

Q. What were the Key Issues or Learnings you acquired from the Conference

- Similar issues across States.
- Overview data from 1st session on Tuesday: The Nature & Impact of Caring
- Funding maze and its complexity – helpful to see the big picture
- Reaction not behaviour – change behaviour support to reflect this.
- New language – how we word what we do.
- Who is the recipient? PWD or carers
- Individual packages (self directed funding) – Look at this in next conference
- Venue – respite for me too!
- Carers Panel – good to listen to and the hypothetical sharing. Need to include carers from multicultural communities.
- E-learning – beneficial for rural services
- Corporate partnerships
- Meeting people, learning from others, sharing information and networking
- Recognition of volunteers
- Student perspective – good learning. Have students involved in the future, great opportunity for learning – should market to Uni.

Q. What topics or subject would people be interested in for the next National Conference.

- ❖ Invite other partners and Universities
- ❖ focus on funding
- ❖ new tax arrangements
- ❖ aged care issues
- ❖ Have decision makers here to listen
- ❖ How to renew, re-energise and nurture both self and staff
- ❖ \$. value – what people should have in terms of respite
- ❖ Styles of respite
- ❖ round table networking session with knowledge of best practice and innovation.
- ❖ Continue carers panel and include people receiving respite and other family members
- ❖ Supporting individuals with complex needs.

Interchange Respite Care (NSW) Inc.

Leading, Supporting and Enhancing Respite and Social Support Service Provision across NSW



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TYPES OF RESPITE

Host Family

The child or young person with a disability has respite in the home of a volunteer family. This respite usually occurs over a weekend. The volunteer family is reimbursed for expenses.

In Home Respite

The respite is provided in the home of the client, and can be for a few hours or a few days.

Peer Support

Adolescents and adults with disabilities are supported in leisure and recreation activities. Key workers or volunteers of similar age and interests assist with small group activities or on a one-to-one basis. Activities are wide ranging, from visits to restaurants and movies to abseiling, camping, and trips interstate.

Individual Support

On a one-to-one basis this enable persons with high support needs or challenging behaviour to receive respite support. It enables users to access a range of respite experiences not previously available to them.

Out-of-Home Residential Respite

Out-of-Home residential respite generally occurs in a residential accommodation facility. Individuals can stay for short periods of time so that they and their family have a break from their everyday roles of carer and caree.

Centre Based Day Care

A facility which provides structured group activities to frail older people that helps develop, maintain, or support their capacity for independent living and social interaction. Both carers and care recipients receive a break from the usual caring role.

Respite packages

Families can access a "package" of hours or money, which they can use to purchase a range of respite options. For example, one family may want regular, weekend host family respite, whereas another family would prefer to save their package and use it to purchase support for the whole family to go on a two week holiday together. Packages are a flexible way to provide a range of respite support to families

Vacation Care

These are day activities during school holidays. Some disability services, including respite services, provide support for children with disabilities and their siblings. However many are moving towards integration into vacation care programs and providing support workers to provide extra assistance for children with a disability. Support with this can be acquired through the Inclusion Support Program operated by FaHCSIA.

Emergency Respite Care

Carer Respite Centres provide short term, one-off and emergency respite for carers.

Family Managed Funds

Families take on the responsibility for the management of the funds allocated to them.