

**National Respite  
Association Inc.**

# Annual Report 2010/2011



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National Respite Association receives funding from  
The NSW Department of Family & Community Services,  
Ageing, Disability and



Home Care.

# National Respite Association ANNUAL REPORT

## National Respite Association Inc

2010/2011

<b>METROPOLITAN REGION</b>	<b>Glenda Pearce</b>
<b>METROPOLITAN REGION</b>	<b>Phil Coller</b>
<b>3rd METROPOLITAN REGION REPRESENTATIVE</b>	<b>Noeline Charters</b>
<b>HUNTER REGION REPRESENTATIVE</b>	<b>Vacant</b>
<b>SOUTH EAST REGION REPRESENTATIVE</b>	<b>Sue Clements</b>
<b>NORTHERN REGION REPRESENTATIVE</b>	<b>Tanya Fox.</b>
<b>WESTERN REGION REPRESENTATIVE</b>	<b>Fred Banning</b>
<b>RIVERINA REGION</b>	<b>Vacant</b>
<b>EXECUTIVE OFFICER</b>	<b>Kevin Marron</b>
<b>TRAINING &amp; DEVELOPMENT OFFICER</b>	<b>Edward Thomas</b>
<b>RESEARCH OFFICER (Contractual)</b>	<b>Tiffany Coles</b>

# National Respite Association ANNUAL REPORT

## Minutes of the Annual General Meeting

*Interchange Respite Care NSW, held on  
Tuesday December 14, 2010. at  
The Carrington Centre, 2 Carrington Square.  
Campsie. 1.30pm*

### 1. Attendance

**Present:**

**Via Web Platform:** Shan Watts, Simon Kerry, Carolyn McKay, Fred Banning

**Via Tele-Conference:** Glenn Connor-Brown, Glenda Pearce

**Staff:** Kevin Marron, Edward Thomas.

**Apologies:**

Katharine Carney	Disability Trust
Leisa Davies	Blue Mountains Recreation & Respite
Shirley Crowe	AFFORD
Phil Coller	Anglicare Rooty Hill
Vicky Smyth	Great Lakes Council
Fiona Scott	Bega Valley Meals-on-Wheels Co-operative
Naomi Peters	South West Respite Care
Gary Phillips	Kempsey Respite Services
Susan Clements	Southern Highlands Respite & Carelink Centre
Tanya Fox	Brighter Access
Noeline Charters	Civic Residential Services
Lucy Crawford	Mai Wel
Jackie Constant	Clarence Valley Council
Debi Andrew	Newcastle Temporary Care
Sharon Brenton	Holiday Coast Respite Co-operative
Kirsten Girnth	Disability Services Port Stephens
Sally Pryor	Eurocare Services
Helen Martens	Dungog Neighbourcare
Rainer Strassberger	Respite Care Bega Valley
Lisa Whittaker	Valmar Support Services
Maria Fernandez	Interaction Disability Services
Maureen Kelsey	Hastings District Respite Care
Dianne Lockwood	New Lake Peer Support
Narelle Dale	Hawkesbury Penrith Respite Services
Catherine Martin	Creating Links Co-operative
Rowena Lefever	Cowra Special Needs Inc
Desley Tyler	Caringa Enterprises
Georgine Wise	Bucketts Way Neighbourhood Group
Sandra Haycock	Coonamble Parent Support
Jeannine Kokozaki	Schizophrenia Fellowship of NSW

# National Respite Association ANNUAL REPORT

## 2. Previous Minutes

The minutes of the previous AGM were presented.

**Motion: That the Minutes be accepted as true and accurate.**

Moved: Glenn Connor-Brown

Seconded: Glenda Pearce

Carried unanimously.

There was no business arising from the previous minutes

## 3. President's Report:

3.1 There was no President's report as this year the Board had not formally elected a President.

## 4. Treasurer's Report

Glenn Connor-Brown spoke to the report stating the organisation was in a healthy position. Our retained surpluses had increased in the last year and members equity had increased by 18%. Our net Assets had increased by more than 2½ times since he had come onto the Board 6 years ago. The organisation made a further surplus this year and will provide much needed income to sustain future sustainability.

**Motion: That the Treasurer's report and Audited Financial Statements be accepted.**

Moved: Glenn Connor-Brown

Seconded: Glenda Pearce.

Carried unanimously.

**Motion: That Accounting firm Akele & Kinnas been appointed again as Auditors for 2010-11.**

Moved: Carolyn McKay

Seconded: Simon Kerry

## 5. Executive Officer's Report

5.1 Kevin commented and spoke briefly on his report, highlighting some of the key issues and activities undertaken by the organisation last year. These included:

- new initiatives for research work
- ADHC's new Respite Program Guidelines
- COAG decision to split the HACC Program
- Productivity Commission's Inquiry into the National Long Term Care & Support Scheme
- Information & networking support to members via the Email Query Tree
- further development of the E:Learning Platform
- Mentoring Project
- Advanced Diploma of Community Sector Management places

# National Respite Association ANNUAL REPORT

- the 2009 national Conference, and
- our Strategic Planning exercise in February and an updated Strategic Plan

Kevin thanked the Board and Edward for their support and efforts through-out the last year. Kevin asked that his report be accepted.

**Motion: That the Executive Officer's report be accepted.**

Moved: Glenda Pearce

Seconded: Fred Banning

Carried unanimously

## 6. Organisational Name Change.

Notice of Motion was delivered to the membership 4 weeks prior to this meeting with the following Motion:

*That the current name of the organization be changed from*

*Interchange Respite Care NSW Inc. to the National Respite Association Inc.*

There were 24 ballot papers returned with members voting on the motion. Each member has only 1 vote (per organisation). Of the 24 returned ballots, all 24 voted in favour of the motion.

The motion was thus carried.

## 7. Other Business.

Kevin thanked both outgoing Board members Glenn Connor-Brown and Lucy Crawford for their work and support in the 6 years they had been on the Board.

## 8. Election of Vacated Positions on the Board of Management :

### 8.1 Metropolitan Representatives (1 position )

Phil Coller .

Moved: Leisa Davies

Seconded: Glenda Pearce

Carried Unanimously

### 8.2 Northern Representative

Tanya Fox

Moved: Gary Phillips

Seconded: Simon Kerry

Carried Unanimously

### 8.3 Hunter Representative

No Nomination

### 8.4 Riverina Representative

No Nomination

## 9. Close

Meeting closed at 2.00pm

# National Respite Association ANNUAL REPORT

## Secretary's Report 2010-11

During the 2010/11 year the committee met 3 times, April 2010, May, 2010, & June 2010, and the members attended as follows:

Members	Position	Present	Apologies
Glenda Pearce	Metropolitan Rep	3	0
Vacant	Riverina Rep		
Phil Coller	Metropolitan Rep	3	0
Vacant	Hunter Rep.		
Noeline Charters	Metropolitan Rep.	2	1
Sue Clements	South-East Rep	0	3
Tanya Fox	Northern Rep	2	1
Fred Banning	Western Region Rep.	3	0

At no time were members absent without leave from meetings.

All compliance matters for the Department of Fair Trading have been completed and lodged.

All registers are complete and up to date.

Minutes of all meetings have been kept, with copies are also available at the National Respite Association office.

# National Respite Association STRATEGIC PLAN

## OBJECTIVES

## OUTCOMES

### 1. *Research*

Undertake, initiate and facilitate relevant research that identifies best practice, develops knowledge, and can inform policy direction in respite care

Development of at least 3 research papers  
Utilisation of such research papers to inform the sector and influence policy.

### 2. *Public Policy & Advocacy*

Ensure members and their views are adequately represented to public policy makers on relevant industry issues, at key forums, and at appropriate levels of government.

Interchange responds to requests for input into relevant public policy topics.  
Such responses are widely distributed beyond the specific collecting agency.

### 3. *Information & Networking.*

Ensure members have access to relevant & useful industry information

Maintain & re-develop a regional presence across NSW through the convening of regional meetings and other activities.  
Development of on-line modes of communication, networking, and information dissemination.  
Development of a Policy & procedure bank.

### 4. *Training.*

Facilitate access to training and training resources relevant to the respite sector

Development of on-line learning opportunities  
Development of training & skill enhancement programs.  
Development of relevant training resources.

### 5. *Statistics & Data.*

Collect & analyses relevant & useful data that will underpin research work and inform policy development

Ensure each member agency has access to a user friendly data base that can extrapolate & provide statistical data to meet our requests.

### 6. *Conferences.*

Convene state and national conferences on a rotating yearly basis.

State conference held in 2010 and 2012  
National conference held in 2011 and 2013

### 7. *Partnerships and Alliances*

Establish new, and improve existing relationships with other services, departments, organizations and sectors.

Projects are undertaken in partnership with others  
Increase organisations to our membership

### 8. *Governance*

Ensure a skilled, informed and committed Board leads the organisation

Review of Corporate structure and Board positions  
Board endorses and is committed to strategic directions  
Board meets all legislative & financial corporate requirements  
Board is appropriately supported by EO  
Board ensures that good financial processes exist  
Board ensures that human resources are managed effectively & provide value to the organisation.

### 9. *Resources & Resourcing.*

Develop and / or collect relevant industry resources for use by the membership.

Maintain a resource library / data bank and promote this to the membership for their own utilisation

### 10. *Image & Profile.*

Raise and enhance our profile as an expert peak in respite care.

Dissemination of our Research, Training, Policy, and Conference information/papers to relevant Government Departments, our Membership, and the wider sector.

## Executive Officer Annual Report.

Well this year marked an historical change for the organization with our change of name to the **National Respite Association**. We anticipate this will be the platform for future growth as we now try and develop relevance to respite agencies in other states and grow our membership. We hope the National Conference coming up in August will provide us with the opportunity to recruit new agencies into the membership and increase our reach across the country.

The Website remains as the only key outstanding change to be made as I replace the name and banner logos, cull old dated material, and re-vamp & up-date the site.

We completed a key piece of research work across NSW this year on the **‘Carers Perspective of the Ideal Support Worker’**. Following another round of Carer Forums late in 2010, we also undertook a small pilot piece of research on **‘Carers Health & Well-Being’**. Both of these were conducted by **Tiffany Coles** who will present the findings at the National Conference in August.

**Edward** has developed an on-line training course for **Orientation to Respite**, aimed at new workers to the sector, and in developing a recent tender to the NSW Department of Ageing Disability & Home Care to be an approved training provider for their internal training needs, we now have a developed a team of trainers and a bank of training courses we hope to be able to deliver on-line or face-to-face.

Our **Mentoring Project** is almost near completion, and in the new year we hope that the new Mentors will be available to be matched to workers in the sector seeking a mentoring service & support. This has been a longer than expected project but we do expect that our Trainer Consultant will be able to develop a VETAB accredited course around Mentoring & Coaching.

At the end of this financial year we are now nearing the commencement of our National Conference in Tweed Heads. Numbers have been steadily building with a healthy surge coming in before June 30. We have a wide variety of topics, speakers, and workshops, so I am hoping that all those who attend will get some value out of the event.

With the uncertainty around the COAG Health & Hospital Reforms and what that means for the HACC program at state levels, our funding future remains unclear. Our current grant which we have historically received comes through the HACC program, so what will happen to that once there is a Federal & State split between Aged & Disability funding responsibilities is up in the air. There is a possibility the Department may re-look at funding for peaks and withdraw these funds.

Key areas of work in relation to the Strategic Plan, as detailed on page 8, were as follows:

## 1. RESEARCH.

### A Carer's Perspective of the Ideal Support Worker.

The purpose of this project was to create a profile of the ideal support worker from a carers perspective. To get a clearer picture of the skills and attributes of Support Workers, that Carers and Care Recipients most value. By identifying these skills and attributes, the respite care industry can then prioritise these in recruitment and develop further in training. It is hoped that the outcome of these activities will then lead to the needs of client groups being better met through existing service provision.

We had **171 carers** complete a standard survey. The survey was distributed by respite providers across New South Wales on behalf of ourselves. Both the scored responses and the respondent comments were used as information sources for the conclusions reached.

The outcome of the study showed that carer preference for worker skills, traits and duties, are driven primarily by the carer's need to **ensure the wellbeing of the care recipient** while in respite care. Therefore, those skills seen to directly impact on the standard of care for the care recipient, such as managing emergencies, were valued more highly than those perceived not to, eg: good written skills or time management.

The **quality of relationship / rapport** between worker and care recipient, and worker and carer, also **determined how confident** the carer felt about the respite provided. The worker's **capacity to develop a relationship / rapport** which valued the care recipient, **increased carer confidence** that the care recipient's **needs would be met** while in respite. The workers capacity to develop a similar relationship / rapport with the carer, both increased carer confidence that the care recipient's needs would be met and increased carer optimism that difficulties or problems could be worked through to a positive conclusion. Traits most valued by carers, were those more likely to predispose workers to establish these kinds of relationships / rapports.

Overall, the traits provided in the survey were rated as more valued than the skills provided. The traits rated most highly by respondents were those more likely to promote the **formation of a relationship / rapport** between worker, carer and care recipient, which maximised the wellbeing of the care recipient during respite.

These being:

- trustworthy, followed by
- friendly & approachable,
- honest & truthful,
- patient and
- respectful.

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

A common theme throughout the survey responses, was the wish by respondents, that the worker genuinely enjoyed working with people with disability and did not see their work, as merely a job.

The skills rated most highly were:

- the ability to work co-operatively (again a relationship driving skill),
- display initiative and
- have good listening skills.

Central to the establishment of any relationship is the **ability to develop a rapport**. The ability to establish a **rapport** with the care recipient, was seen by respondents, as a **vital element** in the provision of a positive respite experience.

The project also canvassed some additional issues apart from skills and traits, such as the impact of Occupational Health and Safety Regulations on service delivery, as well as gathering carer opinion about some of the services they consider should be provided as part of the respite experience.

Some of the Key Information ascertained is as follows:

## **Basic demographic Data:**

- (a) **Number of Respondents:** 171
- (b) **Primary Carers 96% vs Significant Support People 4%**
- (c) **Average Age of Carers who responded to survey - 57 years**
- (d) **Gender of Carers: Females: 87% Males: 13%**
- (e) **Average Age of Care Recipients 37.7 years.**

## **Survey Question.**

**Respite Care Support Workers must be able to develop a rapport with the person they are caring for. 99.4% Strongly Agreed or Agreed with this statement**

13 Respondents did not consider rapport between worker and client, to be situational and **believed it was a critical respite success factor**, irrespective of how or where respite was delivered. Some key points raised included:-

- (a) Respondents viewing good rapport between worker and client as an indicator that the worker treated the client with respect and as an individual.
- (b) A good rapport between worker and client made carers feel more confident, that the needs of their care recipient would be met within the respite setting, inclusive of the care recipient's emotional needs.
- (c) The presence of good rapport was more likely to result in a positive respite experience for the care recipient, making it more likely that the care recipient would then agree to further occasions of respite.

## Survey Question.

**Respite Care Support Workers should be able to work with little supervision.**

**95.8% Strongly Agreed or Agreed with this statement**

31 Respondents agreed that workers should be able to work with little supervision

## Some key themes emerging from Respondent Comments.

1. The worker's capacity to work with little supervision was seen as a reflection of the worker's capabilities and skills. This in turn, was linked to the carers trust and confidence in the workers capacity to provide care to the care recipient.
2. Further to the above, respondents also linked the workers capacity to work unsupervised with the amount of training they received from the organisation and their knowledge of the care recipient.
3. Beyond initial information provision about the care recipient, Respondents did not see themselves as having any ongoing responsibility for the support or supervision of workers.

## Survey Question.

**It is important that Respite Care Support Workers follow the Organisation's Policies and Procedures? 94.8% Strongly Agreed or Agreed with this statement**

26 Respondents viewed following Policies and Procedures as positive.

## Some key themes emerging from Respondent Comments.

1. Policies and Procedures set standards for care received by families and for the conduct of staff.
2. Policies and Procedures enhanced safety for the care recipient as well as for staff.
3. Policies and Procedures provided consistency and cut down on confusion regarding organisational processes for carers, care recipients and staff, particularly when staff changed.

## Survey Question

**Respite Care workers need to be efficient and manage their time effectively.**

**98.8% Strongly Agreed or Agreed with this statement**

## Some key themes emerging from Respondent Comments.

1. 14 Respondents agreed that workers need to be efficient and manage their time. Comments highlighted the need to maximise time that was available, get most value out of available funding and not waste money.
2. 13 comments received by respondents, emphasized the importance of flexibility in managing time and programs for clients. Providing an experience that was enjoyable and not stressful, meeting the needs of clients and allowing time to manage unforeseen circumstances, was considered to be important to these respondents.

## Survey Question.

**It is important that respite care support workers can provide appropriate care to people from other cultural backgrounds?**

**93.5% Strongly Agreed or Agreed with this statement**

**Some key themes emerging from Respondent Comments.**

(a) 37 Respondents stated that **it was not important** that Respite Care

Workers have a similar cultural background to those they were providing care for.

(b) 17 Respondents stated that **it was preferential or important** that Respite care Workers have a similar cultural background, but not absolutely necessary.

## Survey Question.

**Respite Care Support Workers must be able to handle emergencies and solve problems**

**98.2% Strongly Agreed or Agreed with this statement**

**Some key themes emerging from Respondent Comments.**

(a) 37 Respondents believed that this was a very important skill in providing respite to people with a disability.

(b) 16 Respondents indicated that workers could handle emergencies and solve problem to a certain extent. This was then dependent on the type of emergency and the skill and experience of the worker. These respondents indicated that it was important that support workers had support in solving problems or emergencies, ie they could contact the organisation, senior staff, medical personnel or the carer themselves.

## Survey Question.

**Is it important that Respite Care support Workers have formal qualifications to support the work they are doing eg a qualification in disability work, aged care or nursing.**

**Responses Yes: 61% No: 39%**

**Some key themes emerging from Respondent Comments.**

**Qualifications required or preferred**

**28 Respondents** stated that qualifications were required or preferred. Reasons given include:-

(a) Formal qualifications gave the carer more confidence that the worker was competent.

(b) Qualifications protected the client and worker.

(c) Qualified workers were more likely to have a better understanding of the needs of the client and therefore provide a higher quality service.

**Personal Traits**

**60 Respondents favoured** employing workers based on their personal traits over formal qualifications. These respondents did not view qualifications as a stand alone guarantee of worker effectiveness. The attitude of the worker, their ability to do the work and their willingness to learn, were more valued than the worker's qualifications. They valued the workers previous experience over formal qualifications. This included previous experience caring for people with disability, in paid and unpaid capacities.

## Survey Question.

**Do occupational Health and Safety regulations effect service delivery?**

**Responses**                      **Yes: 69%**      **No: 31%**

## Some key themes emerging from Respondent Comments.

- (a) **45** Respondents believed that OH and S regulations had had a negative effect on the services they received.
- (b) **24** Respondents believed OH and S regulations had a positive impact on service provision.
- (c) **27** Respondents were unaffected by OH and S regulations.
- (d) **7** Respondents were unsure of the impact of OH and S regulations.

## Survey Question

**Should respite care support workers be able to provide information which is of assistance to you as a carer?**

**Responses**      **Yes: 78%**                      **No: 22%**

## Some key themes emerging from Respondent Comments.

- **82 Respondents** believed that this did form part of the support worker role.  
    **64 of these** Respondents or 78 % of those who wanted additional information, wanted this to be about additional or available services they could access.

**18 Respondents** believed that this did not form part of the support workers role. Reasons given for this opinion included:-

- That this was the role of specialist services like Case Mangers or the worker's employer
- That if they did provide this information, it may not be up to date
- Additional information could be provided by newsletter or web page.
- Respondents saw the support worker role as caring for the care recipient, not information provision.

## Survey Question;

**Do you believe the following are Necessary or Unnecessary duties of a respite care support workers.**

### Responses

<b>1. Transport:</b>	<b>Yes: 89%</b>	<b>No: 11%</b>
<b>2. Administering Medication:</b>	<b>Yes: 90%</b>	<b>No: 10%</b>
<b>3. Manual Handling:</b>	<b>Yes: 82%</b>	<b>No: 18%</b>
<b>4. Personal Care:</b>	<b>Yes: 82%</b>	<b>No: 18%</b>
<b>5. Managing Challenging Behaviour:</b>	<b>Yes: 81%</b>	<b>No: 19%</b>
<b>6. Provide Meaningful and age appropriate activities:</b>	<b>Yes: 96%</b>	<b>No: 4%</b>
<b>7. Should this include regular community access/participation?</b>	<b>Yes: 81%</b>	<b>No: 19%</b>

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The following Skills and Traits were rated by carers as part of the survey and this is how they were collectively ranked in a scale of importance.

<b>1. Trustworthy</b>
<b>2. Friendly and Approachable</b>
<b>3. Honest and Truthful</b>
<b>4. Patient</b>
<b>5. Respectful</b>
<b>6. Encouraging</b>
<b>7. Positive</b>
<b>8. Works Co-operatively</b>
<b>9. Displays Initiative</b>
<b>10. Good Listener</b>
<b>11. Flexible</b>
<b>12. Follows Directions</b>
<b>13. Punctual</b>
<b>14. Strong Advocate</b>
<b>15. Physically Fit</b>

## Initial areas where the National Respite Association may consider further work.

### Rapport

- (a) How do staff define rapport. What are the benefits to staff, clients and carers in having a good rapport?
- (b) What are some of the strategies staff use to develop good rapport with carers and clients. What challenges can exist when using these strategies?
- (c) What professional boundaries and ethics may be a consideration when establishing rapport with clients and carers?

### Supervision

- (a) What ongoing training and support do staff receive? Is this done routinely or when problems arise? What mechanisms are in place for direct care workers, clients and carers to identify training needs?
- (b) How do senior staff become aware of direct worker practice issues if they are not raised directly by staff, carers or care recipients? Are there other quality control mechanisms which could be put into place?

### Recruiting for Attributes

- (a) What focus is placed on attributes when recruiting new staff.
- (b) What strategies can be used to further develop the attributes valued most highly by carers, in existing staff.
- (c) Does the way in which the organisation delivers service, reflect the importance placed by carers on these attributes.

## Carers & Stakeholders Respite Forums

In late 2010 we held **7 Carers & Stakeholders Respite Forums** in various locations around NSW. These being: Moruya, Kempsey, Kurri Kurri, Queanbeyan, Cowra, Forster, and Penhurst (Sydney), with a total of **121** people attending. These were convened as a tertiary round of forums building on the forums we initiated in 2006 & 2008 in response to the very restricted service delivery guidelines being developed within the Respite Service type of the Home & Community Care program guidelines, and on-going issues around Unmet Need.

During the course of these public forums many issues were raised about the respite care service system & ideas suggested as to how to improve this service system. As per other rounds of Forums, a **Consolidated Summary** paper was produced and circulated back to all participants, members, and relevant Federal & State government departments.

### Consultation Topics and Responses were on:

#### Transport Issues.

Previous research by Interchange Respite Care NSW has found:

#### 2007 Research: Unmet Needs Impacting on Respite Care:

**- 25% Respondents said they require Transport Support for respite.**

#### 2008 member survey:

**- 50% of clientele require transport support, for many people this is difficult to arrange.**

2008 member survey:- We asked 3 Key Questions.

1: **Availability of transport resources when you need it.**

**Main response from our Members: It is Difficult to obtain on many occasions when it suits us and our need to provide respite support**

2: **Access to appropriate transport resources;**

**Main response from our Members: Appropriate Transport is not appropriate for our needs on many occasions but we make do with what is available.**

3: **Cost of sourcing transport resources.**

**Main response from our Members: On most occasions, the cost is too expensive.**

Question to Participants in these Forums was:

#### **Is Transport to & From Respite an Issue for You?**

- your vehicle
- your time
- the distance
- the service
- Your cost
- taxi's; community transport

## Responses.

### Travelling To and From Respite

- Travelling to and from respite is an **issue** for many families due to the **cost and time** incurred in doing so.
- When transport is provided as part of the respite service, it can **consume a large proportion** of the actual hours which are available for respite.
- Transport is a service which is **expensive for providers**, with funding for transport, having to be met from other parts of the organisation's budget which then impacts upon other areas of service provision.
- Some providers have passed on some of this cost to service users, making the transport they provide, **unaffordable for many families** to use on a regular basis.
- Some programs, such as aged care programs, mean **that travel is no longer part of the service provided**. Some general respite programs make no provision in their budget for transport.
- Transport to Sydney is a major issue, with many families providing their own transport or using other services such as Angel Flight, to enable them to receive treatment for illness etc.
- Lack of transport and the associated time and cost in providing transport to and from respite, has **forced some families to decline respite**.

### Community Transport

- This was seen as a service of high demand and **insufficient resources** to meet demand.
- Community Transport will not transport to a place of work.
- Some Community Transport services require that the person with disability, **travel with a companion**.
- There are often rigid pick up and drop off schedules, making it difficult to utilise to travel to flexible respite.
- **Costs can be high**, particularly for travel to Sydney.

### Public Transport

- Many routes covered large geographic areas, making trips very long and so an unsuitable option for many frail aged people and people with disability.
- Vehicles themselves were not very accessible or would not allow people to carry on their wheelchairs.
- Bus stops were sometimes difficult to access due to their location or state of the footpaths leading to them.

### Taxis

- Were seen as a **very expensive transport option**, even with a subsidy.
- There is a **lack of available wheelchair accessible vehicles**, particularly during periods of peak demand, like before and after school.
- Eligibility for taxi vouchers **excludes people with a cognitive disability** and eligibility is determined by physical ability to access public transport.

## School Transport Scheme

- Travel escorts in taxis, will only be provided if a child has a medical condition. Children with behavioural issues are exempt from the scheme and are therefore unable to travel in taxis.

## Carers Perspective : Key Skills for Direct Care Workers.

### Question to Participants in these Forums was:

**What are your general comments on key skills & attributes that should be held by Direct Care Workers.**

### Skills

- Ability to communicate and listen including provide feedback to managers and carers.
- Client and carer centred
- Flexible
- Knowledge of the client's disabilities
- Professional boundaries, standards and ethics
- Ability to problem solve
- Ability to manage situations
- An understanding of different cultures and languages
- Ability to manage medication
- Ability to support people with high care needs
- FirstAid Certificate
- Nursing experience
- Ability to use necessary equipment to provide care
- Ability to manage challenging behaviour and implement a behaviour management plan
- Good conflict resolution skills
- To be a positive role model for the care recipient

### Attributes

- Caring
- A sense of fun/sense of humour
- Morals similar to the families
- Initiative
- Compassion
- Empathy
- Reliability
- Patience
- Non – judgemental
- Warm and friendly personality
- Positive outlook and desire to do the job
- Age respectful
- Sociable

## General comments

- Significant unmet need for therapy supports such as OT, speech and physio
- Support workers also need to be valued by the sector and by clients
- There is often discontinuity in workers as retention of staff and associated staff turnover is an issue.
- Assessment needs to be streamlined. Consistent reassessment for carers is difficult.
- An understanding of the economic situation faced by families would be helpful regarding inability to pay for activities and outings from time to time.
- Access to independent living skills training is valuable.

## A Respite Entitlement

The Parents Families & Carers Party in their May 2010 Newsletter articulated their position that -

“Every parent or carer of a person with a disability, mental or chronic illness, and aged frailty, who is currently eligible to receive the **Carers Payment** or **Carers Allowance**, should receive a **Respite Entitlement**, assigned directly to each parent or carer in the form of a service voucher for an amount equivalent to the purchase cost of **six weeks of external support annually**”.

At our 2009 National Respite Conference in Adelaide, a survey question to Service Provider delegates, “Do you believe that every eligible family should have a basic level entitlement to respite support” had a response saying:

**Yes.**  
**70%**

**No.**  
**22%**

**Don't Know**  
**7%**

The concept of a Respite Entitlement is a Position that National Respite Association has supported and advocated for a number of years.

## Key comments from Attendees

- There is a pressing **need for Long Term Supported Accommodation** in the clients local area and an **associated transition process** to alternative accommodation options.
- There are **gaps in accommodation options** for young people who are deemed to **high functioning** for group home support.
- Case Management services were very important in trying to navigate available services.
- It would be helpful to have more early intervention support for young children with disability
- That **assessments needed to be done in the client's home**, with more tailored referrals provided as a result of this.
- There is a need for more planned respite eg regular weekend breaks and vacation care
- There is frequently a waiting list for respite support and then what is available is often not enough.

- There is a need for more **independent living skills training** aimed at developing the independence of Care Recipients.
- Better community acceptance and also accessibility would be helpful, especially for teenagers.
- **Carer stress needs to be quantified independently** of the degree of disability of the care recipient.
- Some attendees would like to see a **move toward individual self-directed care funding**.
- Available funding must be recurrent
- Some attendees felt it would be beneficial to establish bands of support for people with high needs.

## Carer Wellbeing

Forum attendees were informed of our second piece of Research we were embarking on focusing on Carers Health & Wellbeing and satisfaction with Respite.

The Background to this was that **The Australian Unity Wellbeing Index for Carers** has measured carer wellbeing across a number of fields. It has shown that carer wellbeing is the lowest of any group that the index has measured in Australia.

**Additionally The Australian Institute of Family Studies has found:**

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

A Nationally representative sample of those on carer income supports also 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

**When asked a general question about their Health and Wellbeing**, a number of people indicated they have physical health or mental health issues. Carers used the following words to describe their current circumstances:-

- Tired
- Resentful
- Crappy
- Stressed
- Depressed
- Not looking at the future
- If I had my current services just working well, co-ordinated and reliable then I would be happy

## CARERS WELL-BEING.

This was a smaller pilot piece of research undertaken with just 20 carers recruited from our Carer Forums. The genesis for this piece of work stems from a piece of work undertaken in 2007 by Deakin University, in conjunction with Australian Unity Limited and Carers Australia, which produced a report entitled

**“The Wellbeing of Australians – Carer health and Wellbeing”**. The report covered many aspects of caring and its impact across a number of fields of carer health and wellbeing. In summary, the report found that of all the groups it had previously looked at:

1. Carers have the lowest collective wellbeing of any group yet researched.
2. Female carers have a lower wellbeing than male carers.
3. Carers have an average rating on the depression scale that is classified as moderate depression
4. Carers are more likely than normal to be experiencing chronic pain
5. Carers are highly likely to be carrying an injury and this is associated with reduced wellbeing.
6. Carers are more likely than non- carers, to have a higher Body Mass Index.

This led us to undertake a **Pilot Study**, seeking Carer feedback on a number of issues.

**Firstly**, how many carers are able to participate in leisure activities.

**Secondly**, how do carers do this and what role, if any, does respite play in this, and

**Thirdly** what effect do carers perceive, the participation in leisure activities has on them and their capacity to fulfil their caring role.

We have also asked some more general questions about respite, such as what Carers do during periods of respite and how they feel after having received respite.

At the Carers & Stakeholders Respite Forums held last year, I had been mentioning this piece of work and seeking volunteers wishing to participate in this research and survey. We subsequently undertook about 18 face-to-face surveys with carers who wanted to participate.

Each interview **Tiffany** undertook with carers took between 1 and 2 hours.

### **The purpose of our Project was to examine a number of Issues:**

1. Current respite, its effect on carer wellbeing and impact on maintaining caring relationships.
2. Current leisure activities undertaken
3. The role of respite in participating in these activities
4. The effect of current leisure on wellbeing and impact on maintaining caring relationships.

## **The Efficacy of Carer Support Interventions in Increasing Carer Wellbeing**

In recognition of the needs of both carers and care recipients living in the community, a range of supports have been developed and provided to both maintain such caring relationships and enhance the quality of life of those in caring partnerships. Little research has, however, been conducted into the efficacy of many of these interventions including respite, in achieving these aims, so the actual effectiveness of such interventions, is largely unknown.

The Australian Unity Study gave carers a range of resources to consider including Respite, Community care services, Carer counselling and Carer Education and training. Out of these choices, **Carers considered respite to be the most important service**, however, the study found an inverse relationship between importance and wellbeing. Therefore as the importance of respite and other services rises for a carer, their wellbeing decreases.

There is little research based evidence to suggest that respite as a time out strategy, leads to little more than a need for further respite. This is due to a number of factors:-

- (a) There is no evidence that decreasing a primary carers role by a small number of hours each week (as is frequently the structure of many respite programs) is enough in itself, to provide the carer with any appreciable increase in their wellbeing and capacity to provide care.
- (b) Respite as an intervention, does not increase the social connectedness of carers, to the wider community.
- (c) Respite does not address the underlying issues which drive a carer to seek respite.
- (d) Respite does not address the wellbeing and health indicators such as injury, depression and high body mass index as described by the Unity Wellbeing Study.
- (e) Respite does not impart any additional skills, resources, knowledge or strategies to maintain caring responsibilities.

## **What does this mean for respite as an intervention?**

What appears to be more significant in promoting long term, consistent carer health and wellbeing, is looking at **what carers actually do with this respite time**, rather than the volume of time provided. This requires a broadening of focus to include the carer in planning for their own health and wellbeing via the utilisation of respite opportunities as much as the experiences afforded the care recipient through respite.

Respite that is viewed as an opportunity to self-care, to improve or maintain community connectedness, to participate in activities that promote good health and enjoyment or decrease the likelihood of care related injury are all activities that are likely to increase carer health and wellbeing. Carer participation in leisure activities is likely to meet many of these aspects.

## **What our Current Research on Carer's Health and Wellbeing and the Impact of Leisure found:**

However, the wellbeing of carers was found to increase as carers became more satisfied both with the amount of leisure time they had and with the way in which this leisure time was spent.

### **Satisfaction with Caring and Leisure**

1. Wellbeing decreases as the number of hours spent caring increases.
2. Wellbeing increases with satisfaction with amount of leisure time available
3. Wellbeing increases with satisfaction in the way that leisure time is spent.

The study found, that increasing satisfaction with the number of hours spent caring, is less effective in raising wellbeing and that increasing satisfaction with leisure is more effective in raising carer wellbeing.

This pilot project highlighted a diversity in the skills of carers to care for themselves. Some carers had become skilled at winding down quickly at the commencement of respite, to maximise benefit to themselves, others had devised means to participate in activities they enjoyed, on a daily basis, others had gathered friends together to walk or swim on a regular basis and so also provide an opportunity to maintain connectedness with others.

Other carers struggled to self care. The formal assistance they received wasn't structured in a way which enabled them to promote their own health and wellbeing, they didn't feel entitled to engage in activities which gave them enjoyment, they felt guilty about seeking formal care for their care recipient so that they could engage in leisure activities, or they were unsure what it was that they actually wanted to do.

The **question then we may be pondering** as a peak, is that **do Service Providers have a more active role to play in assisting carers to realise every benefit they can derive**, from respite. Respite as an intervention, needs to be as focussed on the long term health and wellbeing of the carer, as it is on the care recipient.

We now have to give some consideration as to where we go next with this piece of research. My initial thoughts have been that we modify the survey tool Tiffany developed so that more carers can easily complete this on their own and push this out through the membership and agencies across Australia to gain a wider research group.

We anticipate we may commence this in late 2011.

## **2. Public Policy & Advocacy**

### **ADHC – TRANSPORT to and from DISABILITY RESPITE SERVICES.**

Stemming from the Departments New Direction for Disability Services in NSW 2006-2016, in early 2010, ADHC engaged KPMG to undertake a project to Develop Costed Policy Options in relation to provision of transport to and from disability respite services. Accessing transport to get the care recipient to and from respite has been a major factor consistently identified through consultation with ADHC Regional staff. Service providers consistently argue for the inclusion of a transport component in funding allocations for respite services.

The Consultancy Project had 4 main tasks:

1. Analysis of the relevant policy in the National Disability Agreement (NDA) and the Home & Community Transport Agreement impacting on this project.
2. Review of Policy & Practice in other Australian jurisdictions (Vic, Qld. & WA) relating to provision of transport to and from disability respite services.
3. **Stocktake of current policy & practice in NSW regarding provision of transport to and from disability respite services.**
4. Identification of costing of policy options for the provision of transport to and from disability respite services.

Of the three settings in which respite is provided, it is access to and from centre-based respite (out-of-home residential respite) that is proving to be the greatest barrier, especially for families and carers in rural and remote locations.

#### **The transport issues which have been identified as a barrier to respite support for many carers include:**

- Even where the carer has access to transport, providing it can be time consuming and costly and can significantly diminish the usefulness of the period of respite. This is particularly problematic for families who live in rural and remote areas where the benefit of respite can be negated, particularly when they have to travel long distances to access respite support. Furthermore the cost of fuel can be prohibitive.
- Where service providers are providing in-home respite, the travel time to the client's home may be counted in the hours of respite provided, effectively reducing the amount of respite provided to the carer.
- While carers of people with a disability have some access to HACC transport, availability is limited and it is costly.
- For older carers, young carers, Aboriginal carers and/or those without access to their own transport and those who live some distance away from respite services, transport to and from respite is a critical issue.

As part of the Project KPMG is expected to undertake a stocktake of current practice regarding transport to & from disability respite services in NSW, including both ADHC operated and funded services.

Our position has been for the last few years, that ADHC, in order **To meet the increased need for transport support within respite and social support services, should allocate to individual agencies a specific funding component from transport funds for client transport costs. Agencies will then have the flexibility to use such funds to meet any necessary client transport needs in a flexible and individual manner.**

**From our own research work we have identified the following information:**

**2007 Research: Unmet Needs Impacting on Respite Care:** - 25% Respondents said they require Transport Support for respite.

**2008 member survey:-** 50% of clientele require transport support, for many people this is difficult to arrange. Our 3 Key questions from this member survey found:

- 1: **Transport resources are Difficult to obtain on many occasions when it suits agencies and their need to provide respite support**
- 2: **Access to appropriate transport resources is not appropriate for agency's needs on many occasions but they make do with what is available.**
- 3: **Cost of sourcing transport resources. On most occasions, the cost is too expensive.**

**This consultancy was due to finish in August 2010 but 1 year on and this report has still not been released.**

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## **The NSW Children's Guardian - Voluntary Out-of-Home Care legislation**

The recent *Special Commission of Inquiry into Child Protection Services in New South Wales* recommended that legislation be introduced to better safeguard the interests of children and young people in voluntary out-of-home care (VOOHC), many of whom have disabilities. The Government has responded to the recommendations of the Special Commission by introducing new **VOOHC legislation.**

The new legislation commenced on the **24<sup>th</sup> January 2010.** It provides for the VOOHC system to be progressively rolled out over the next 12 months, in consultation with VOOHC agencies and representatives of parents and other carers of children and young people who may use a VOOHC arrangement.

Implementation of the legislative changes will significantly change the way that VOOHC will operate in NSW and impact upon all VOOHC providers. VOOHC includes:

- centre based respite care;
- host family respite care;
- crisis or emergency care; and
- long term residential placements.

The new legislation introduces thresholds stating that:

- children and young people in VOOHC for more than 90 days in any 12 month period must be supervised by a designated agency; and

- children and young people in VOOHC for more than 180 days in any 12 month period must have a case plan that meets their needs.

One of the major operational changes for organisations providing VOOHC under the new legislation will be the introduction of a VOOHC Register. The VOOHC Register will enable organisations to provide information about the placement of children in overnight care that is arranged voluntarily between the parent and an organisation. The Register will also enable organisations to access information about the care history and any case plans for the child or young person they are caring for.

**Stella Rohrt** from The NSW Children's Guardian **presented at our September Regional Meetings** with a 90 minute training and demonstration session on how to use the Register and the impact of these legislative changes.

## COAG Reforms - Splitting of the HACC Program.

As reported in last year's report, as an outcome of the National Health and Hospitals Network Agreement, COAG has established the Commonwealth Government as the level of government with full funding, policy, management and delivery responsibility for a national aged care system. These reforms include a transfer to the Commonwealth of current resourcing for aged care services from the Home and Community Care (HACC) Program.

Hence **The Commonwealth** will assume:

- funding and program responsibility for basic community care services currently provided under HACC for people 65 years or over (50 years and over for Indigenous Australians); **and**
- funding responsibility for specialist disability services provided under the National Disability Agreement for people aged 65 years and over (50 years and over for Indigenous Australians).

**The States** will assume responsibility for:

- funding and regulating basic community care services currently delivered under HACC for people under the age of 65 (under 50 for Indigenous Australians); **and**
- funding packaged community and residential aged care services delivered on behalf of the Commonwealth for people under the age of 65 (under 50 for Indigenous Australians).

The current HACC Agreement between the Commonwealth and NSW ceased on **30 June 2011**. NSW will retain current Funding Agreements with providers until at least **30 June 2012**; as most recent contracts with providers were written for 3 years and this concludes on June 30 2012. This includes existing service delivery requirements and conditions.

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

Ageing, Disability and Home Care (ADHC) engaged Aged and Community Services NSW & ACT to support and lead a state-wide consultation process for the community care sector. This process will provide information & advice, consultation forums and activities to support the sector during the transition phase to ensure continuity of services for existing and new clients. Following discussion with sector, ACS will release a consultation plan to outline the strategies and timeframes.

Aged and Community Services NSW & ACT engaged Sue Findlay to undertake this process over the next 2 years. Sue has undertaken many meetings and consultations with HACC service providers across the State, other HACC peaks, and ourselves.

Last year I sent out an extremely brief questionnaire to members who are in receipt of HACC Respite funds. I estimate we have about **56 members** who receive HACC Respite funds and **27 responded** with the information I requested. As I suspected most members receive HACC Respite funds and provide a service to only one or the other of the 2 HACC target population groups. Most provide their respite service to people with a disability (under age 65). There are only a few who spread their respite support across both people with a disability and people who are frail aged, and even then it is mostly weighted to one group or the other.

Subsequently we developed our position as to how such a transition should unfold for HACC Respite services. We wrote to both State and Federal Departments and Ministers stating our position that:

From an industry and client perspective we believe the industry would be better serviced if current respite funds delivered under the HACC program were moved to other National & State respite programs.

Our proposal is as follows:

- For projects currently receiving HACC Respite funding who deem themselves to be disability services, and whose current clientele is predominantly people with disabilities, their funding grants should be transferred to the **NDA program** (Old CSTDA) and their service contracts re-written under the Disability Services Program and funded through the Ageing Disability & Home Care within the NSW Department of Human Services. This will enable those services to provide a more flexible service under these funding guidelines.
- For projects currently receiving HACC Respite funding who deem themselves to be aged care services, and whose current clientele is predominantly people who are frail aged, their funding grants should be transferred to the **NRCP** (National Respite for Carers program) and their service contracts re-written under this program and funded through the Department of Health & Ageing. This will enable those services to provide a more flexible service under these funding guidelines.

We recently surveyed our membership of those agencies who receive HACC Respite funds. With 27 agencies responding, 50% of our membership that receive HACC Respite funding, 25 agencies have respite projects that service exclusively people with a disability, 2 agencies have respite projects that service exclusively people who are frail aged.

3 member agencies have respite projects where 90% or more of their clientele are people who are frail aged, with a few clients being people with a disability.  
Only 2 members have a more mix of clients.

Subsequently we hence also propose that:

- For those few services that have the mix, and most are heavily weighted to one group or the other, transfer their funding to the most relevant program of the above 2, and continue to let them service those other existing clients until an appropriate transition can be made to an alternate service, or until those clients naturally exit the service.

Respite as a funding type is now better placed in some of the other existing funding programs and should be moved out of the HACC program altogether. This proposed split of the HACC program, whilst creating problems for other service types, provides a timely opportunity to re-align the respite dollars within this program to other existing funding programs that will provide more flexibility to both the service provider and the client.

In putting this forward this proposal we also recommend that with any transfer of an agency's existing funding contract to another funding program, **the agency retain their existing funding, uncontested and in a block grant**, as they currently receive, to ensure the continued variety of funding models and allow the agency the flexibility to maximise these resources in meeting existing need.

We received muted responses from both levels of government showing no real interest in adopting this approach. This new year of 2011-2012 will provide us with a clearer picture of how these reforms will unfold in funding and service delivery practice.

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## Flexible Respite Policy Position - NSW Department of Ageing Disability & Home Care

In April, NSW Department of Ageing Disability & Home Care released its [Flexible Respite Policy Position \(Disability\)](#) which applies to all government and non government flexible respite service providers funded through a Departmental Funding Agreement or a Memorandum of Understanding.

The Policy Position aims to set out a clear direction for disability flexible respite services to provide clarity about the parameters of flexible respite service provision and inform the negotiation of future funding agreements with flexible respite service providers. The Flexible Respite Policy Position outlines ADHC's aims and principles for flexible respite, with a particular focus on the need for flexibility in the context of having choice in services and coordinated service delivery.

The Policy Position takes into consideration the need for services to adapt to varying levels of support needs and encourages services to be innovative with service models and activities.

The key points that stood out from our perspective were:

- **Section 5:** The policy does state that respite has a dual client focus ( our long term position & definition) but it still ultimately defines the client as the care recipient (person with a disability) so as not to upset or change the MDS defined criteria.
  - **Section 8:** In eligibility definition; fails to mention the word ‘cognitive’ impairment which I feel leaves it a bit ambiguous as to whether people with an acquired brain injury are to be included in the eligible population group
  - **Section 8:** Respite Co-ordination Groups will start to become more common across all parts of the state
  - **Section 10:** Services are still expected to make some provision and capacity within their funding to be able to respond to emergency situations for both clients and non-clients;
  - **Section 11:** There are only 4 types of respite models, Out-of-Home Residential (centre-based) is not listed as a service type;
  - **Section 12:** Transport may still be delivered & provided by the agency and its costing component is to be taken from the respite funds. ADHC did engage a consultancy last year to develop a policy on Transport For Respite which was meant to be finalized by September last year, but the Department states still no details on this.
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## Federal Budget – May 2011.

Some of the key initiatives stemming from this year’s Federal budget relevant to the Respite Care Sector were:

### Portfolio.

#### Families, Housing, Community Services and Indigenous Affairs

##### **A Better Start for Children with Disability — Early intervention**

The Government will provide **\$146.5 million** over five years to improve access to intensive early intervention services for children with sight or hearing impairments, cerebral palsy, Down syndrome or Fragile X syndrome, from 1 July 2011.

Eligible children under six years of age who are diagnosed with a listed disability will have access to up to \$12,000 for early intervention services. A maximum of \$6,000 would be available in any financial year. This funding is available until the child's seventh birthday. In addition, eligible children up to the age of 15 years will have access to diagnosis and treatment services funded through Medicare Australia, provided a treatment plan is in place before the child turns 13. A \$2,000 one-off tax-exempt payment will be also available to children of families living in outer-regional, rural and remote areas to help meet some of the costs of accessing services.

## **Helping Children with Autism — additional funding**

The Government will provide **\$28.7 million** over two years to meet increased demand for early intervention services provided through the Helping Children with Autism (HCWA) initiative. The HCWA package provides access to early intervention services for children up to the age of seven years old who were diagnosed with an Autism Spectrum Disorder by the age of six. Early intervention facilitates improved cognitive, emotional and social development prior to a child starting school. The additional funding will ensure the continuity of service provision for children with autism at a time when evidence demonstrates that early intervention would have the most impact on their long term functioning and capacity to participate both economically and socially.

## **National Mental Health Reform — Expanding community mental health services — additional Family Mental Health Support services**

The Government will provide **\$61.0 million over five years (including \$18.5 million in 2015-16)** to provide an additional 40 Family Mental Health Support services. These services provide prevention and early intervention support and assistance for families and children to address mental health issues early in life and early in the onset of mental illness. They have a particular focus on young carers and vulnerable children, including those who have been identified as being at risk of mental illness.

## **National Mental Health Reform — expanding community mental health services — additional personal helpers and mentors and respite services**

The Government will provide **\$208.3 million over five years (including \$60.2 million in 2015-16)** to expand and integrate Personal Helpers and Mentors and respite services. This will provide greater access to intensive, one-on-one support for people with persistent and/or episodic mental illness to aid recovery and reduce social isolation, with a focus on employment and educational outcomes. It will also provide improved access to respite for their families and carers. As part of this expansion, \$50.0 million will be allocated to provide personal helpers and mentors to specifically help people with mental illness on, or in the process of claiming, income support including, the Disability Support Pension, and who are participating in employment services.

## **Supporting Grandparent Carers — peer support groups**

The Government will provide **\$1.2 million** over four years to establish 25 MyTime for Grandparents Peer Support Groups around the country for grandparent carers to meet, share information and experiences, and support each other. The Government will also establish dedicated grandparent advisors in selected Centrelink offices

The Government has allocated **\$60 million over three years** to build innovative, community-based supported accommodation places for people with disability. This funding will go towards addressing the shortfall in supported accommodation places and respite for people with disability and their carers and families.

## Portfolio.

### Health & Ageing

#### **Aged Care — additional community places**

The Government will ensure **additional high-level community aged care places** are made available by temporarily **adjusting the balance between high-level community aged care and high-level residential aged care.**

This measure reflects the current preference of many older people to stay in their own home for as long as possible while accessing care services. This measure will provide savings of **\$211.7 million** over five years from 2010-11, due to the lower costs associated with delivering care at home.

As part of the Government's commitment to reform of the aged care system **it will consider long term funding for community and residential aged care.**

#### **National Mental Health Reform — coordinated care and flexible funding for people with severe and persistent mental illness**

The Government will provide **\$549.8 million over five years (including \$192.4 million in 2015-16)** to develop a single assessment framework and provide better coordinated care for people with severe and persistent mental illness who have complex care needs.

Care services will be coordinated through Medicare Locals and Non-Government Organisations. Under this measure, services for people who meet the assessment criteria will be provided, in consultation with the individual and their family, through a tailored multidisciplinary care plan. The 2010-11 Budget measure *National Health and Hospitals Network — Mental health — flexible care packages for patients with severe mental illnesses* will be expanded to provide additional services.

The net cost of this measure is **\$343.8 million over five years (including \$146.9 million in 2015-16)**, with the remaining costs of **\$206.1 million over five years (including \$45.5 million in 2015-16)** to be met through the consolidation of existing elements of the *Mid-Year Economic and Fiscal Outlook 2010-11* measure *Mental Health — Taking Action to Tackle Suicide — Providing more frontline services and support for those at greater risk of suicide* and the 2010-11 Budget measure *National Health and Hospitals Network — Mental health — flexible care packages for patients with severe mental illnesses.*

#### **National Mental Health Reform — establishment of a single mental health online portal**

The Government will provide **\$14.4 million over five years (including \$3.3 million in 2015-16)** to help establish a single mental health online portal, to enable consumers to more easily identify and access services. The portal will also provide online training and support to General Practitioners, Indigenous health workers and other clinicians delivering mental health services. The e-mental health portal will provide consumers with access to a suite of online assistance at a range of treatment levels. Health professionals will have access to information, training and resources that will assist them in delivering treatment and mental health services.

This measure will build on existing initiatives in online services and is part of the Government's *National Mental Health Reform* package

## **National Mental Health Reform — expansion of Support for Day to Day Living in the Community program**

The Government will provide an additional **\$19.3 million over five years (including \$4.2 million in 2015-16)** to the existing *Support for Day to Day Living in the Community* program to support an estimated 3,650 additional people with severe and persistent mental illness per year. The *Support for Day to Day Living in the Community* program provides structured activities such as cooking, shopping and social outings where the individual can participate in social rehabilitation and gain independent living skills.

## **Departmental Stated Outcomes in Budget papers**

In 2011-12, the department will continue to implement aged care reforms under the Council of Australian Governments' (COAG) Heads of Agreement on National Health Reform to improve aged care services. The first phase of the reform will include:

- a phased implementation of the one stop shop measure beginning with the introduction of a single phone number to make it easier for older people and their carers to access and navigate the aged care system;
- the Commonwealth providing funding for Home and Community Care (HACC) aged care services nationally, except in Victoria and Western Australia, where current arrangements will continue while the relevant governments work in consultation with relevant local government stakeholders, to consider potential changes in responsibilities for these services;

In 2011-12, the department will advise the Government on the Productivity Commission's final report on its inquiry into the aged care system. The Government has asked the Commission to systematically examine the social, clinical and institutional aspects of aged care in Australia and to develop regulatory and funding options that support independence, social participation and social inclusion, and that are financially sustainable for Government and individuals with appropriate levels of private contributions. The Commission has also been asked to systematically examine the future workforce requirements of the aged care sector and to develop options to ensure that the sector has access to a sufficient and appropriately trained workforce. The Commission is due to provide its final report to the Government in June 2011.

## **Aged care assessment.**

### **Equitable and timely access to assessments.**

Aged Care Assessment Teams comprehensively assess the care needs of frail older people and determine their eligibility for subsidised residential care, community care and flexible care services in accordance with the *Aged Care Act 1997* (the Act), the Aged Care Principles and Australian Government guidelines, and in line with clinical best practice. These assessments incorporate the restorative, physical, medical, psychological, cultural and social dimensions of care needs. Aged Care Assessment Teams also make referrals and facilitate access to the combination of services that best meets the person's care needs.

Through the Heads of Agreement on National Health Reform, the Council of Australian Governments (COAG) recently agreed that the Australian Government would take responsibility for managing a national aged care system. In 2011-12, the department will engage with state and territory governments and Aged Care Assessment Teams to implement these agreements and develop future models of aged care assessment service delivery.

In the interim, the Australian Government will continue to fund state and territory governments to manage and operate Aged Care Assessment Teams across all regions in each state and territory.

To ensure consistency and quality of decisions by the approved delegates from each Aged Care Assessment Team, the department has responsibility for the *Aged Care Assessment Program National Orientation Training Resources* and *National Delegation Training Resources*. In 2011-12, the department will continue to update the content of the training resources to ensure they reflect changes made to the operation of the Aged Care Assessment Program and include a focus on people with special needs. The department will also provide education opportunities for Aged Care Assessment Teams through the *Aged Care Assessment Program Toolkit for Assessment*. This will improve the consistency of assessments by Aged Care Assessment Teams. Aged Care Assessment Teams are required to respond to referrals in a timely and efficient manner, based on allocated priority. Clients with immediate needs have a high priority and are assessed within 48 hours of referral. **For clients who are not at immediate risk, assessments are completed between three to fourteen days from referral.**

In 2011-12, the department will continue to work with state and territory governments to improve the timeliness of assessments by Aged Care Assessment Teams. This will be achieved by monitoring the key performance indicators included in the Aged Care Assessment Program Implementation Plan, agreed between the Australian Government and state and territory governments as part of the Health Services National Partnership Agreement. The department will also continue to work with the aged care sector to improve efficiency of the Aged Care Assessment Team intake and referral processes so that assessments are conducted only for the people who genuinely need them.

### **3. Information and Networking**

#### **National Membership.**

In developing our strategy to recruit member agencies from across Australia, we shall be articulating on our website soon our list of Membership Benefits and the [Value of Membership](#), that being:

- **On-Line training,**
- **Email Query Tree & access to shared resources, knowledge & practice,**
- **On-Line Member Webinar Forums & Meetings;**
- **Respite Info-Links Alerts**
- **Legal Advice & Consultation;**
- **Support with Tenders;**
- **Centrelink Demographic Population data by LGA;**
- **Advocacy representation to Funding Bodies & Government;**

- **Public Liability Insurance Scheme;**
- **Research Work;**
- **Conferences**

## Email Query Tree:

The Email Query tree has again been very useful to a number of members. Topic Questions put out by members this year have been:

Centrelink Rent Assistance  
Surveying Staff/Clients/Stakeholders  
Volunteer Transport  
DVD - A Place Called Home  
Administration Fees  
Policy Childcare Accreditation Council  
Smoking in the Workplace  
Case Managers / Co-ordinators Case Loads.  
Children's Services in Sydney  
Use of HACC Funds  
Host Family Re-imburement  
After Hours On-Call  
Job Descriptions & Employment Packages  
Un-Calibrated Insulin  
Tracheotomy  
National Childcare Accreditation  
Memorandum of Understanding: Service Manager  
Traineeships  
Panadol by Suppository  
Resuscitation of a Client  
Typed Case Notes  
Cash Policy  
Respite Fees  
Client Survey Consultant  
Lifter hire  
MDS Output & Data Base Consultant  
Sleepover Shifts

## Regional Meetings

We held only 2 rounds of Regional Meetings in this year which were in September (2010) and February (2011). The Children's Guardian attended the September round of meetings to explain the new legislation changes and to demonstrate their on-line data recording requirements.

## 4. TRAINING.

### New Online Respite Orientation Training for New Staff

Edward has developed a curriculum for an on-line training of **Orientation to Respite** aimed at new staff. He undertook a trial of this with about 6 staff from member agencies earlier this year. The learning modes are a mix of quizzes, practical exercises, resource information, and on-line classroom activity with the trainer. Staff will be able to undertake this from their own pc in their office over a period of a few weeks.

Course content covers the following topics:

- Who is the National Respite Association
- What is Respite
- Underlying Principles of Respite Care
- Definitions of Respite
- Respite Service Types
- Program Standards
- Service System Landscape
- Program Guidelines
- Meeting Individual Needs
- Duty of Care
- OHS & Risk Management
- Complaints Handling
- Key Skills & Competencies

(at a later date we will also add a unit on Valued Traits & Attributes)

### Mentoring Project.

We spoke about this in last year's report but it has now taken us 12 months to finally complete this Project as our Consultant has been able to develop this into a Diploma course in **Mentoring & Coaching** that many of us have gone on to complete. Our Training Consultant (Claire Bishop) has spent a lot of time and energy developing this into a VETAB accredited course. As we went down this path, all participants needed to attend a number of further 2 day seminars to complete the additional curriculum.

**Our pilot** has served **to identify the specific competencies & skills** participants require to become skilled mentors, and Claire has mapped these skills to specific competencies drawn from a range of existing Management courses & diplomas. Claire has been working to construct and develop a specific VETAB accredited course around **The Advance Diploma of Management**. Claire has mapped the management skills to the needs of our industry and contextualized the units of competencies to our industry needs.

The aim & scope of the pilot was to provide participants with the skills and knowledge to establish them as a Mentors within their work environments. We anticipated that participants would be able to offer their support in a formalised way to other organisations and in doing so making a valuable contribution to workforce development in the community services industry.

We believed that on a personal level participants will experience the opportunity to influence the development and career paths of staff of the community services industry who may be less experienced than themselves, or they may be invited to mentor an experienced worker who recognises a particular skill set that they have to offer. This would also offer opportunities for personal and professional growth.

We will be looking to launch the mentoring Program in late 2011, offering to link people to appropriate Mentors. We will also be looking to try and expand the mentoring program and offer this course to a wider audience and also the opportunity to acquire a qualification in mentoring & leadership through the Advance Diploma of Management.

## Training Seminar.

We held 1 Training Seminar this year in March. This was on:

**Creating a Therapeutic Working Alliance between Clients & Staff**, Presented by Bruce Todd & Bob Tsapilis.

Following the successful POD sessions by Bruce & Bob at the Wagga Conference, on **Creating a Therapeutic Alliance between staff and clients**, we tried to roll out a number of 1 day training seminars for Direct Care Workers, Respite & Disability Service Co-ordinators, and Managers encompassing the following content:

1. Clinical Issues: - Review of major dual diagnosis categories
2. The Care Worker Role: - Assessment & treatment options  
- Creating a therapeutic alliance with clients and carers  
- the day-to-day management of dually diagnosed clients
3. Workshop Discussion: - Behaviour problems or psychiatric disorder?  
- Case study reviews.

However we have only held one in the Hunter region which was attended by 18 people, 16 from the one service. This was a very successful day with great feedback received from the participants. No other services in other regions showed any significant interest.

## 5. STATISTICS & DATA

### **ABS Disability, Ageing and Carer Data**

The full set of data from the 2009 Survey of Disability, Ageing and Carers (SDAC) was made available by the Australian Bureau of Statistics (ABS). The results of the Survey, undertaken between April and December 2009, provide the most comprehensive, up-to-date disability and carer data available for the Australian population. The survey also includes information on the population group of people who are aged 60 and over.

The SDAC defines 'disability' to include 'any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months'. This definition includes a range of conditions that result in mild to profound limitations. Therefore, the definition of disability used includes people who do not require informal assistance or disability services. The data can be analysed by varying levels of disability.

#### **Some of the Key Findings were:**

##### **Prevalence of Disability**

- 18.5% of Australians reported having a disability in 2009. While the prevalence of disability dropped by 1.5% from 2003, the estimated number of people with disability increased from 3.95 million to 4.03 million.
- The estimated rate of people with profound or severe limitation in core activities (i.e. a limitation in self-care, mobility and communication) also declined slightly from 6.3% in 2003 to 5.8% in 2009.

##### **Need**

- People with profound core activity limitation needed the most assistance with mobility (88) compared to self-care (66%) or communication (29%).
- People with moderate and mild core activity limitation needed the most assistance with property maintenance and household chores.

##### **Assistance**

- People with disability receiving assistance obtained this help from informal sources (87%) and formal sources (59%). Help could be obtained from multiple sources.

##### **Unmet need**

Of the people reporting requiring assistance with everyday living:

- 39% needed assistance with mobility but 9% did not get the help required;
- 25% needed assistance with self-care but 15% did not get the help required;
- 46% needed assistance with health care but 11% did not get the help required.

## Employment

- 54% of people with disability aged between 15-64 and 'living in households' were in the labour force compared with 83% of people without disability. NDS will looking further into employment intentions of people with disability from unpublished data.

## Education

- 25% of people with a profound or severe core activity limitation aged between 15-64 and 'living in households' had completed Year 12 compared with 55% of people without a disability.
- Of those with a profound core activity limitation who had completed a non-school qualification, 57% had completed a certificate as their highest qualification compared to 40% of people without a disability,

## Computer Access

- People with profound core activity were less likely than people with less severe disabilities to have a computer or access the internet in the twelve months prior to survey.

## Transport

- 40% of people with mild limitations in core activities used public transport compared to 20% of those with profound limitations.
- 32% of people aged five years and more with reported disabilities had difficulty using public transport.

## 6. CONFERENCES.

### State Conference – Wagga Wagga

The Wagga State Conference in November appears to have been well received by the majority of delegates. We had 126 delegates registered for the Conference, about 20 short of my target, but still a rewarding response and a great crowd.

The majority of topics were well received and at this conference we introduced a new format of running sessions grouping delegates by their job positions. We split these POD groups into 3 groupings, : **Managers**, **Respite Co-ordinators**, & **Direct Care Workers**. We had different subject matter relevant to each of the 3 groups and ran these POD sessions 3 times for each group, giving each group 3 different subjects.

The majority of these sessions ran well and were well received, with 1 exception.

The stand-out Key Note Speakers & sessions were:

- The Carers Panel
- Supporting Clients with a Dual Diagnosis: A Therapy Perspective.
- Person Centred Planning.

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These 3 rated around **4½ out of 5** for Interest and Meeting Expectations. These were closely followed by Chemical Toxicity & Impacts on Physical, Cognitive, & Mental Health with just under 4 out of 5.

The 5 Selection Workshops on Wednesday were also well received with the **Corporate Wellness** rating the highest with **4½ out of 5** in all categories.

The POD sessions also worked well for us particularly the ones delivered to all 3 groups by Bruce Todd & Bob Tsapalis on **Creating a Therapeutic Working Alliance between Clients Staff**. In these sessions with Direct Care Workers and Respite Co-ordinators we used our newly acquired technology of **Digital Voting** to allow delegates to anonymously respond to group questions & immediately view the collective responses which the facilitators can then address.

Overall many people commented on how much they enjoyed the Conference. As usual we had some sound problems for some of the Plenary Sessions which naturally frustrated people. Unfortunately that was beyond our control as we were using the RSL's sound system.

Snapshot view of the session content is as follows:

## Plenary Sessions

### **Kinship Care.**

Definition of Kinship Care, models of support, and its differences with Foster Care and other more formal models of care. The role of Kinship carers and the impact of caring and the capacity of carers to keep caring. What is the need of Kinship carers for respite support and their historical access to respite support. What other generic & specialist support services do Kinship Carers need to access.

### **IMPACT and Person-Centred Service Provision.**

A new approach to community care in NSW developed following the National HACC Forum held in Melbourne in February 2008, and trends underway in other states. This is a model aimed at supporting consumers active participation in their community and with a Person-Centred approach, enable each consumer to explore their own strengths and goals and work towards achieving their own desired outcomes. Key principles driving this model are

- person-centred
- Culturally appropriate and socially inclusive
- Flexible and responsive, and
- Supporting positive relationships

### **Supporting Clients with a Dual Diagnosis: A Therapy Perspective**

This session will consider the notion that people with disabilities have been overlooked in the provision of counselling and psychotherapy compared to the general population in Australia. When it comes to treating anxiety disorders and depression in people with disabilities seemingly the medical model is the first port of call..... **Why is this?**

## **Chemical Toxicity & Impacts on Physical, Cognitive, and Mental Health**

In modern societies people are continuously exposed to high concentrations of heavy metals. Unfortunately, these toxic contaminants have become an integral part of our industrialized 21<sup>st</sup> century living. Heavy metals such as **aluminum**, **lead** and **mercury** are toxins and they have found their way into our food supply, household products, cosmetics and even medicinal products. These heavy metals accumulate in vital tissues; they disrupt organ function, displace nutritional minerals from sites of biological activity, disrupt enzymatic activity and adversely affect the body's defense mechanism in its ability to regenerate.

## **POD GROUPS:**

### **ADHC OHS Resource: Work Safety – Providing Care in the Home**

The recent development by ADHC of this resource for use by community care service providers, and its applicability to both the disability & aged care sector for In-Home support services (such as respite) to clients from this target group. Areas covered in this resource are Client Referral & Assessment, Risk Management, Common Risk areas, Service Planning & Delivery, Staff Training & Supervision. How service providers can access and utilise this resource in their service delivery operation.

### **Duty of Care:**

This session for Service Co-ordinators will cover areas & issues of Duty of Care looking at the concept of Duty of Care within a respite context and what duty of care is owed to carers and care recipients. What are the specific areas of responsibility applicable to Service Co-ordinators and also to Direct Care Workers, and what other areas are applicable to other staffing positions within an organization. Some practical examples will be applied to the session with an opportunity for delegates to discuss some applicable examples from their own workplace.

### **Mentoring & Coaching:**

This session for Managers will present and discuss the current Mentoring & Coaching pilot project being run by Interchange Respite Care NSW. The qualification that can now be attained and the opportunities now available for staff to become qualified in mentoring and coaching. What value this will have to the respite care sector for both individuals & agencies. The role that mentors and coaches can play in external supervision for staff, and the potential benefits for agency's in having staff with such a qualification as an income source.

### **Setting Goals for success in the Workplace**

#### **Why is setting goals important and is there a formula for achieving them?**

Without goals life is like cardboard it lacks meaning and purpose. Without goals it becomes hard to get out bed in the mornings. Goals motivate us and put purpose into our life.

How do we create goals? Being specific and time based is a good start. Yet there is more to goals and it has to do with you 'subconscious' mind. Our subconscious mind runs is least 92% - 98% of our life in total. That is the subconscious mind runs our physiology, decision making and it runs the strategies that it has been programmed to run over the years for success, work/study, health, relationships, that is the purpose of our subconscious it is like a software that runs our hardware & our physical body in the background as we are living our daily life. So when we set goals our subconscious mind will 'delete' distort or generalize based on its programming. That is why it is helpful if not crucial to 'anchor' the goals into our subconscious so we go about achieving them even if some of them take years or more. The 5D's of Success helps you achieve goals because it aligns your conscious and subconscious mind in taking action and to continue taking action based on your alignment with your goals/outcomes and clear purpose in life.

## **Creating a Therapeutic Working Alliance between Clients & Staff:**

This Pod topic will be run across all 3 groups, starting with **Direct Care Workers**. This first session will inform the group of the support needs of people with disabilities and those who are aged, who have cognitive & intellectual impairments along with mental health issues and challenging behavior. What are the optimum ways a service system can, or should be, supporting such clients with reference to current dependencies on medication and better alternatives.

This session will then canvass from the delegates the skills **Direct Care Workers** need to provide such support to their clients. What skills do you believe you currently have. What do you see as the value and importance of your role. What fears & anxieties may you have in working 1:1 with clients in the respite field who have complex or challenging support needs, along with canvassing some actual experiences for discussion. What are your professional development / training support needs.

For **Respite Co-ordinators** similar information will be presented but also including looking at the health needs of carers, particularly mental health, and mental health issues experienced by carers, and any other members of the family. It will then canvass from the delegates your perception of the Direct Care Worker's role and the skills they need. How you currently train, skill, and support your Direct Care Workers. And then provide feedback to you from the Direct Care Worker's Pod Group.

For **Managers**, again similar information will be presented and then the remainder of the session will be used to provide feedback from the other **2 POD Groups** and canvass how you can support your staff & clients, and enhance the role of your workers with education and training. What opportunities are available for staff training & development via on-line support.

## **New Respite Competencies**

This project aligns with the mandate of the CS&H ISC to develop workplace relevant competencies and qualifications to ensure that Vocational Education and Training (VET) services and products are appropriate, current and flexible to meet the myriad of skill/knowledge needs of the community services and health workforce.

Discussions with the Far North Coast Commonwealth Respite and Carelink Centre (FNC CCRC) as one of 17 centres within NSW identified the need for the proposed scoping and research work.

The project aims to develop competencies to describe work functions in intake and respite coordination as part of the continuous improvement of the CHC08 Community Services Training Package and consistent with competency standard development methodologies outlined in the Training Package Development Handbook (*Department of Education, Employment and Workplace Relations (DEEWR), 2007*).

Specific outcomes of this project include:

- Identify the scope of work of intake and respite coordination and identify aspects of the functions and role already covered by existing competencies in the CHC08 Community Services Training Package;
- Further research and scoping of work functions to be articulated in potential units of competency, skill sets and qualifications; and
- Development of new units of competency for addition to the CHC08 Community Services Training Package.

## **Principles & Philosophies of Respite.**

This session for Direct Care Workers will present and discuss the principles & philosophies that currently underpin & drive service provision. How have they been evolving over recent years. Does the theory currently match service delivery practice. Is there any difference in service delivery practice between the government & non-government sector. Are we moving to a more client-centred service system and increasing empowerment for clients. Who is the client of a respite care service. Are these principles & philosophies communicated to Direct Care Workers by their employer's and is this what they experience in their work environment.

## **Workshops.**

### **Aboriginal Mental Health**

This Workshop Session will look at Aboriginal Mental Health Services, how they operate, and the differences between Aboriginal Mental Health services and Generic Mental Health services. What is the prevalence of mental illness within the Aboriginal population, and the interface between Aboriginal Mental Health services and Aged Care & Disability services. What types of supports are needed for aboriginal people with mental health issues and how these are delivered. Can and do respite agencies link in with Aboriginal Mental Health services

### **Encouraging Social Inclusion amongst CALD Carers**

This Workshop Session will look at the role of the Transcultural Mental Health Centre based in Sydney and the CALD Carer Support Program. The prevalence of Mental Illness and cultural stigma's within CALD communities and the difficulties encountered by people from CALD communities in accessing services & support. What are the service support & access issues for carers in rural NSW and how can respite agencies utilise the Transcultural Mental Health Centre.

### **Collaborative Approaches to Service Provision.**

There are some advantages of working collaboratively with government and joint service provision. There are international examples of good systems where benefits are clearly seen. Policy development benefits greatly as stakeholders can have input into directions and decisions. In some way, the community sector has started working more collaboratively with funders however as we become more ingrained in the day to day running of services, we need to ensure that we keep working on to maintain momentum. Collaboration can provide a different view on problems and issues or offer new opportunities for change. It can allow governments to take the initiative and get on the front foot. Collaboration can lead to mutual learning and shared experience

For those tasked with development of policy, it can be either a way of genuinely opening up the consultation process to a wider audience or a way of road-testing ideas and collating responses before implementation. For non-government players, it allows us to understand better the thinking and practices of government and to exert some influence on policy direction or changes

This workshop is designed to examine some examples of beneficial collaborative relationships and to explore the benefits, challenges, risks and effects of working collaboratively with government funders. It is designed to continue the discussion on different ways of doing business and to provide an opportunity to share ideas and different ways of doing things.

## Corporate Wellness

Corporate wellness is an integrated approach of Metabolic Typing™ nutrition, tools for stress management and increasing energy from within rather than heavily relying on stimulants/caffeine to power through the day. The main goal is on introducing wellness by macro managing the whole person rather than micro managing 'symptoms'. Symptoms arise from imbalances in nutritional/emotional/energetic blocks.

In corporate wellness starting with nutrition is crucial because it's our biochemical platform that can't be replaced by any supplement/remedy/medication. "You are what you eat", is a scientific fact because food affects your neurotransmitters and blood chemistry.

When we have an basic understanding of how food affects our brain/body chemistry and energy levels this leads to another nutritional issue so prevalent today in a world of information overload where nutrition conflicts if not confuses most of us at best.

Are we all 'biochemically' the same and is there such a thing as a single nutritional approach suited for all? Whilst there are time tested nutritional principles, there can never be a single nutritional plan that will work for everyone in the long term.

Just as no two people are alike (physiology, height, weight genetics), we are all metabolically unique. So what works for one person is completely ineffective for another and might even be harmful for someone else because we are metabolically unique.

## Quality Management & Standards Accreditation.

Quality Management is the driver of the incorporation of good practice management techniques and methods (such as planning, consulting, documenting communicating evaluating and building). It is commonly based on systems theory. How the components of quality management are applied vary widely, reflecting the diversity of size and shape of an organisation. Quality improvement (or continuous quality improvement) is a subset of quality management in that improvements in practice and client outcomes become automatically a way of doing business. It is heavily reliant on participation/consultation with clients staff and stakeholders.

There is an intention to facilitate a culture and an environment for organisational change, growth and development. This workshop will look at what is quality management and how can we implement it. The barriers & benefits and how quality management systems go beyond supporting compliance with accreditation standards.

All the sessions ratings are listed below. Not every-one however completed an evaluation sheet for each session, so some have small sample numbers, and 2 of the **POD session for Direct Care Workers, 1 on Philosophies of Respite, and the other of Setting Goals for Success in the Workplace**, had no evaluation sheets returned. Consequently we did not receive as much formal feedback as we would have liked.

We were pleased that most of the topic content hit the mark and that people found it relevant & useful.

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## Evaluation Summary.

In our evaluation rating form we asked for a **1 to 5** rating of four areas, these being:  
**Interest** and **Relevance** - how would you rate the Information presented  
**Delivery** - how would you rate the delivery method of the Presenter  
**Expectation** - did it meet your expectations.

These are how each of the sessions and workshops rated:

### Tuesday.

#### **The Carers Panel**

**Interest:** 4.47.      **Relevance** - 4.59.      **Delivery** - 4.38      **Expectation** - 4.54.

#### **Kinship Care**

**Interest:** 3.09.      **Relevance** - 3.00.      **Delivery** - 2.50      **Expectation** - 2.52.

#### **Managers POD Session: OHS**

**Interest:** 3.60.      **Relevance** - 4.26.      **Delivery** - 3.93      **Expectation** - 3.60.

#### **Respite Co-ordinators POD Session: Duty of Care**

**Interest:** 2.36.      **Relevance** - 2.84.      **Delivery** - 1.77      **Expectation** - 1.63.

#### **Direct Care Workers POD Session: Creating a Therapeutic Working Alliance between Clients & Staff**

**Interest:** 4.00.      **Relevance** - 4.60.      **Delivery** - 3.90      **Expectation** - 4.00.

#### **Managers POD Session: Mentoring & Coaching**

**Interest:** 3.82.      **Relevance** - 3.76.      **Delivery** - 3.52      **Expectation** - 3.61.

#### **Respite Co-ordinators POD Session: Creating a Therapeutic Working Alliance between Clients & Staff**

**Interest:** 4.35.      **Relevance** - 4.47.      **Delivery** - 4.45      **Expectation** - 4.37.

#### **Direct Care Workers POD Session: Setting Goals for Success in the Workplace.**

**No evaluation sheets completed.**

### Wednesday:

#### **IMPACT & Person Centred Planning**

**Interest:** 4.30.      **Relevance** - 4.48.      **Delivery** - 4.20      **Expectation** - 4.23.

#### **Managers POD Session: Creating a Therapeutic Working Alliance between Clients & Staff**

**Interest:** 4.57.      **Relevance** - 3.71.      **Delivery** - 3.71      **Expectation** - 4.14.

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## Respite Co-ordinators POD Session: New Respite Competencies

**Interest:** 3.03.      **Relevance** - 3.37.      **Delivery** - 2.88      **Expectation** - 2.77.

## Direct Care Workers POD Session: Philosophies of Respite

**No evaluation sheets completed.**

### Workshops.

#### Encouraging Social Inclusion amongst CALD Carers

**Interest:** 3.90.      **Relevance** - 3.90.      **Delivery** - 4.00      **Expectation** - 3.90.

#### Aboriginal Mental Health

**Interest:** 4.06.      **Relevance** - 4.40.      **Delivery** - 4.40      **Expectation** - 4.06.

#### Collaborative Approaches to service Provision.

**Interest:** 3.95.      **Relevance** - 4.17.      **Delivery** - 3.86      **Expectation** - 3.69.

#### Corporate Wellness

**Interest:** 4.72.      **Relevance** - 4.55.      **Delivery** - 4.55      **Expectation** - 4.44.

#### Quality Management & Standards Accreditation

**Interest:** 3.35.      **Relevance** - 4.05.      **Delivery** - 3.41      **Expectation** - 3.29.

### Thursday:

#### Chemical Toxicity & Impacts on Physical Cognitive & Mental Health

**Interest:** 3.97.      **Relevance** - 3.68.      **Delivery** - 3.56      **Expectation** - 3.60.

#### Supporting Clients with a Dual Diagnosis: A Therapy Perspective.

**Interest:** 4.53.      **Relevance** - 4.55.      **Delivery** - 4.49      **Expectation** - 4.46.

### National Conference – Tweed Heads.

At the time of this report we are only a month away from our next National Conference which is being held at Tweed Heads, on August 9, 10, & 11. The Full Conference Brochure is now completed and is being circulated across the country through our various networks. We shall be reverting back to the format of Full day Tuesday, 1/2 day Wednesday, and 2/3 day Thursday. We will be having our usual Carers Panel along with a Care Recipients Panel. We shall also be running the POD sessions again grouping delegates into these sessions by their Position: **Direct Care Workers**; **Respite Co-ordinators**, & **Managers**, as well as the usual options for Break-out Workshops.

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Topic content for the Conference will be:

- **Carers Panel and a Care Recipients Panel**
- **POD Sessions: Managers:** Mentoring & Coaching  
Self-Directed Care  
Contract Law

## **Respite Co-ordinators:**

Carers Perspective Of the Ideal Support Worker Research  
Case Management vs Support Co-ordination in Respite Care  
Re-training the Brain & Contering Stress with SET & EFT.

## **Direct Care Workers:**

- Professional Boundaries & Communication  
Philosophies of Respite  
Re-training the Brain & Countering Stress with SET & EFT.
- **Productivity Commission's Reports into Aged Care & The Disability Support & Care System**
- **Koori Growing Old Well Study & Dementia Care Project**

## **Workshops:**

**Chronic Fatigue:**

**Medication in Disability Services;**

**Pathways in Aged Care Services: Program use after Assessment:**

**TelehealthCare - A Pilot Case Study;**

**Carers Well-Being Research**

**FAHCSIA's Mental Health Respite Program;**

**Corporate Wellness;**

**Carer Respite: Mental Health: A new Model of Direct Care;**

**New Occupational Health & Safety National Legislation;**

**The Relevance of Qualifications for Disability Support Workers within the Disability Industry;**

**Models of Support that have Increased the Indigenous Communities Access to Mainstream Services;**

**Reminiscence. 'Aged Care – the Therapy of Reminiscence & Storytelling';**

**Meeting the Needs of Carers & Care Recipients from Culturally Linguistically Diverse Backgrounds;**

**"Doing It My Way" Carers experiences of using a variety of flexible respite options support;**

**How do you make Respite Fun?**

Registrations are building steadily and we hope to be able to attract around 250 delegates.

## 7. PARTNERSHIPS and ALLIANCES

### **Insurance Scheme.**

This continues to provide an umbrella Public Liability policy to 20 Member organisations.

### **ADHC Tender to be an Approved Training Provider**

In May of this year the NSW Department of Ageing Disability & Home Care released a tender seeking organizations interested in becoming an Approved Training Provider for the Department's own training needs. We partnered with the RTO Recognition First to bid for this tender with the RTO being the lead agency. The Department was seeking agencies who could demonstrate an ability & expertise to deliver training in any of the following areas:

- Manual handling & OHS
- Mental health
- Counselling skills
- Communication interaction
- Sexuality (disability)
- Behavior support
- Child protection
- Family education / counseling
- Cultural awareness

Although we were unsuccessful in becoming an Approved Training Provider for the Department, the exercise gave us the opportunity to develop a list of trainers within our membership and what they currently specialize in training delivery. We have now the option of working with each of these trainers to develop their courses to an on-line platform or assist in delivering them to a wider audience.

## 8. GOVERNANCE.

### **Name Change.**

At last year's AGM we put forward a resolution to change our name to **National Respite Association**. We only had 24 members vote on the motion but it was a unanimous decision in favour of this. Our new name, **National Respite Association Inc**, has since been registered and accepted by the NSW Department of Fair Trading. All administrative changes, bar the website, have now been made. We have registered 2 domain names to cover the new name but our new web address is [www.nationalrespiteaustralia.com.au](http://www.nationalrespiteaustralia.com.au). This is to ensure that when people to google searches for 'respite' or 'national respite organisations' that when they find us they know we are Australian based.

The upcoming National Conference has now been marketed under our new name and of course we now have to work on acquiring new member organisations from other states.

## Policies.

We have not added any new policies to our organisational operations. Our current existing policies are:

1. Code of Behaviour Management Committee
2. Confidentiality Agreement Management Committee
3. Privacy Policy
4. Role of the Board of Management
5. Financial Management
6. Employment & Staffing
7. OHS
8. Staff Grievance Procedure
9. Staff Performance Dispute Procedure
10. Non Smoking Policy
11. Children in the Workplace
12. Illicit & Prescription Drugs and Alcohol
13. Workplace Harassment & Bullying
14. Travel Expenses
15. Insurance
16. Use of Equipment & Vehicles
17. Rights & Responsibilities of Member Services

## Constitutional Regional Areas

Due to administrative and logistical reasons, we made another attempt this year to split the Northern Region into 2 separate regions for constitutional representation. As I tried to split this a few years ago, and failed by 1 vote, I thought it was still too large to treat as one region. Services in the New England area rarely interact with or see services on the coast, and vice-versa, so hence 1 person can't really adequately represent that whole area. We put the motion to members in that existing region and it was a unanimous vote amongst all those that voted to split this into 2 new regions, a New England one and North Coast one.

## Office - Cyberspace

We have been pondering the idea of leaving our offices here at Campsie and moving into Cyberspace – where both staff would work from home. Due to other employment commitments we both have and the cost of transport and travelling, we felt it may be more economically beneficial for both employer and employees to work from home. We have investigated the technology for maintaining a computer server that we can both access simultaneously along with a phone system that can retain the same number and that we can both answer from phone lines in our home. With our Adobe Platform we can run meetings on-line and connect with people from all over the state and country. Funds we spend on commercial rental could be better used with our resource budget.

However since having some initial discussions about this earlier this year, we have not progressed the idea any further.

## 9. RESOURCES and RESOURCING

### Web Forums.

A new initiative for 2011 was conducting some 1 off Web Forums on particular issues identified by members. The 1<sup>st</sup> one was held on the subject of **After-Hours On Call**. We had 17 people registered to participate, with only about 8 actually being available on the scheduled day. The Forum was conducted over our Adobe Web Platform, giving participants the opportunity to raise their concerns over the practical problems they face in implementing such a system, and then hearing from others who have some successful practices in place. The participants were a mixture of those who have a few issues and those who want to share what they have in place.

The 2<sup>nd</sup> one was held on the subject **Contract Law and Trade Practices** with Dr. Karen McDowell. This covered:

- Respite Providers Various contractual relationships
  - Commonwealth – Providers/Grant Recipients
  - Grant Recipients to Outsourced agencies/brokered services/sub-contractors
  - Grant Recipients to Carer & Cared For Person
  
- Fundamental Basic Principles of Contract Law
  
- General Makeup of a Contract – Simple Principles on How to Read & Understand a Contract
  
- Why does one need to understand “the whole” as well as “the specifics”?
  - \* Order of precedence of documents
  - \* Interpretation – Administration - Management
  
- Obligations on Both Parties – Cost/Benefit – Commercial Realities

### Project Development Group

Another new concept I commenced this year is the establishment of some short term, small member based working groups, to develop either some resources or positions on key industry issues. The First 2 groups we tried to establish was to develop some resources and information on:

- 1: **Philosophies of Respite** and
- 2: **The Use of Social Media & its Benefits to Respite.**

We had 5 people nominate for the **Philosophies of Respite group** a but only had 1 for the **Use of Social Media & its Benefits to Respite group**. Subsequently we only proceeded with the **Philosophies of Respite group**. This has now concluded and produced a resource of the underlying Principles for Respite Care. Each listed Principle has examples of good practice and poor practice demonstrating how these work in a pragmatic service delivery application.

## Members Policy Bank.

Our Members Policy Bank stands at the following Policy subjects:

Abandonment of Client  
Access to Service  
Advocacy  
Allegations against Staff  
Anti Discrimination & Harassment  
Assessment Forms & Tools  
Appraisal Forms  
Brokerage Agreements & Rates  
Care Plans  
Child Protection  
Client Critical Events  
Client Surveys  
Criminal & Police Checks  
Death of a Client  
Entry & Exit  
Equipment  
Fees  
Health & Illness  
Host family Recruitment  
Infection Control  
Insurance  
Manual Handling  
Medication  
Money management  
Nutrition & swallowing  
Out Of School Hours  
On Call  
Peg feeding  
Pets  
Phones  
Protection of Human Rights & Freedom from Abuse  
Priority Rating Tools  
Privacy  
Record Keeping  
Reporting & Accountability  
Safety  
Sibling Care  
Smoking  
Staff & Client Meal Payments  
Staff Supervision Tools  
Strategic Planning  
Suicide Prevention  
Vehicle Hire  
Volunteers

## **10. IMAGE and PROFILE**

Our reliance here at the moment is based around the dissemination of our Research work and Conference papers to relevant government departments and other stakeholders. We know that through the National Conference and our State Conferences we have enhanced organisation's knowledge of who we are and what we do , but as yet have not been able to convert that into an increase in membership.

**Kevin Michael Marron.**  
**Executive Officer**

## Member Organisations for 2010-11.

### Hunter Region.

Aeqvitas Pty. Ltd  
Coastlink Respite Care  
Charlestown Caring Group  
Dungog & District Neighbourcare Inc.  
Disability Services Port Stephens  
Hunter Brain Injury Respite Options Inc  
House With No Steps: Hunter Region  
Lower Hunter Peer Support Inc.  
Lower Hunter Temporary Care  
Mai-Wel Limited Residential Service  
New Lake Peer Support Inc.  
Newcastle Temporary Care Ltd.  
Response Services  
Ourcare Services.

### Metropolitan Region.

Ability Options  
AFFORD Accommodation Services  
Anglicare—Rooty Hill  
Blue Mountains Recreation & Respite Service Inc.  
Commonwealth Respite & Carelink Centre Nepean  
Commonwealth Respite & Carelink Centre Cumberland Prospect  
Creating Links Co-op.  
Centacare Liverpool  
Civic Residential  
Disability Professionals  
Eastern Respite & Recreation  
The Ella Centre.  
Family Resource and Network Support (FRANS)  
Flintwood Disability Services Inc  
Guriwal Aboriginal Corporation  
Hawkesbury/Penrith Respite Services  
Holroyd City Council  
House With No Steps Wollongong.  
Interaction Disability Services  
Illawarra Disability Trust  
Interchange Illawarra Inc.  
Lorna Hodgkinson Sunshine Home  
Lovely Care Pty Ltd  
McCall Gardens

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

Margaret House Respite Care  
Macarthur District Temporary Family Care  
Mental Health Co-Ordinating Council  
Nepean Area Disabilities Organisation.  
The Northcott Society  
Northern Beaches Interchange  
Pole Depot Neighbourhood Centre  
Riverlink Interchange Inc  
Rockdale Community Services  
Rozelle Neighbourhood Centre  
Schizophrenia Fellowship of NSW  
Southern Sydney Trusted Care  
The Sunnyfield Association  
Wesley Disability Services

## **Northern Region.**

Buckettsway Neighbourhood Group Inc.  
Care For Children with Disabilities Inc.  
Casino Neighbourhood Centre Inc.  
Clarence Valley Council: STOP (Short-term Time Out Project)  
Community Programs. Grafton  
Co-operative Respite Limited  
Glen Innes Severn Council.  
Great Lakes Leisure Respite Options: Great Lakes Council  
Hasting District Respite Care Inc  
Interchange Respite Care Inc. (Lismore)  
Inverell Disability Services Inc.  
Kempsey Respite Services  
Manning Valley Respite Care Services Inc.  
Ngambaga Bindarry Girrwa Community Service  
Respite & Recreation Inc.  
Tocan PAIRS  
Valleys To Plateau Community Support Services.

## **Riverina Region.**

Age Concern  
Carrathool Shire Council MSO  
Catholic Community Services - Young  
Hay Shire Council MSO : Hay Home & Community Care  
Kalparrin Inc  
South West Respite Care: *Lambing Flat Enterprises*  
Valmar Support Services Ltd.  
Wentworth District Respite Care

## South-East Region.

Albion Park HACC Centre Respite Care.  
Anglicare Youth and Family Services  
Bega Valley Meals On Wheels Co-Op.  
Communities At Work  
Commonwealth Carer Respite Centre : Southern Highlands  
Cooma Challenge Limited  
Eurobodalla Shire Council: *Eurocare Services*  
Queanbeyan City Council: Aged & Disability Services  
Interchange Wingecarribee  
Interchange Shoalhaven Inc.  
Life Without Barriers - Batemans Bay  
Respite Care Bega Valley Inc.  
Snowy River Shire Council  
Tandem Respite Inc  
Workability Personnel.

## Western Region.

Broken Hill City Council  
Cowra Special Needs Services: (Flexible Leisure Options)  
Currajong Disability Services  
Evans Community Options  
Coonamble Parent Support Host Family Respite Care Inc.  
Far West Commonwealth Respite & Carelink Centre  
House with No Steps: Western Region  
Interchange Bathurst  
Life Skills Plus  
Mudgee & District Host Family Respite Care- Mid-Western Regional Council  
Mudgee Disability Support Service.  
Yarrabin Outreach Inc.

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATIONS ACT, 1984)**

**FINANCIAL REPORT - 30 JUNE, 2011**

**C O N T E N T S**

**PAGE NO.**

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2.	Income and Expenditure Statement – Funding
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6.	Income and Expenditure Statement – Mental Health Council
7.	Statement of Financial Position
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# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

## NATIONAL RESPITE ASSOCIATION INCORPORATED (INCORPORATED UNDER THE ASSOCIATIONS INCORPORATIONS ACT, 1984)

### CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE YEAR ENDED 30 JUNE, 2011

	2011	2010
	\$	\$
<b>INCOME</b>		
Grants Received	160,180	160,556
Members Subscriptions	<u>23,139</u>	<u>21,555</u>
<b>TOTAL INCOME</b>	<u>183,319</u>	<u>182,111</u>
<b>OTHER INCOME</b>		
Conference Registration	76,697	75,760
Interest Received	15,715	14,151
Sundry	98	-
Training Income	<u>9,320</u>	<u>8,013</u>
<b>TOTAL OTHER INCOME</b>	<u>101,830</u>	<u>97,924</u>
<b>TOTAL INCOME</b>	<u>285,149</u>	<u>280,035</u>
<b>EXPENDITURE</b>		
Administration Costs	1,182	1,092
Advertising	222	-
Auditor and Legal Fees	2,221	2,139
Bank Charges	261	270
Capital Expenditure under \$300	3,727	5,370
Catering	-	410
Conference Costs	27,182	53,901
Consultants Fees	12,486	909
Depreciation	2,830	1,361
Equipment Lease	1,460	1,339
Holiday Pay Provision	6,557	6,513
Insurance	(8,859)	(18,978)
Internet	840	125
Long Service Leave Provision	3,746	1,406
Motor Vehicle Expenses	8,613	5,473
Postage, Printing and Stationery	3,049	4,763
Rent	7,500	7,500
Repairs and Maintenance	-	309
Resource Materials	1,055	1,446
Sick Leave Provision	-	2,064
Staff Amenities	99	190
Staff Training	206	1,463
Subscriptions	6,493	8,136
Sundry Expenses	-	3
Superannuation Contributions	10,024	8,770
Telephone	3,621	4,083
Travel and Accommodation	12,067	15,881
Wages	112,395	98,553
Workers' Compensation Insurance	250	1,202
Workshops and Regional Meetings	<u>5,975</u>	<u>16,724</u>
<b>TOTAL EXPENDITURE</b>	<u>225,202</u>	<u>232,417</u>
<b>EXCESS/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	59,947	47,618
Less: Amounts Unexpended Carried Forward	<u>40,527</u>	-
<b>EXCESS/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	<u>\$19,420</u>	<u>\$ 47,618</u>

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATIONS ACT, 1984)**

**INCOME AND EXPENDITURE STATEMENT  
YEAR ENDED 30 JUNE, 2011  
FUNDING**

	2011 \$	2010 \$
<b>INCOME</b>		
ADHC Grants	<u>160,180</u>	<u>156,633</u>
<b>TOTAL INCOME</b>	<u>160,180</u>	<u>156,633</u>
<b>EXPENDITURE</b>		
Administration	1,182	1,092
Advertising	73	-
Annual Leave	6,557	6,513
Audit	2,221	2,139
Bank Fees and Charges	261	241
Catering	-	134
Depreciation	2,830	1,361
Equipment Lease	1,460	1,339
Equipment Purchase	5,835	2,076
Insurance	3,041	2,967
Internet Expenses	975	687
Long Service Leave Provision	3,746	1,406
Motor Vehicle Expenses	7,646	5,473
Postage	334	301
Printing and Stationery	2,715	2,624
Rent	7,500	7,500
Repairs and Maintenance	-	309
Resources Materials/Books	1,055	662
Sick Leave	-	2,064
Staff Amenities	99	190
Staff Training	205	1,463
Subscriptions/Affiliation Co	1,493	2,636
Superannuation	8,607	8,560
Telephone	3,486	3,521
Travel	3,416	8,975
Wages	96,657	96,213
Workers' Compensation Insurance	250	1,202
Workshops and Regional Meetings	<u>2,289</u>	<u>924</u>
<b>TOTAL EXPENDITURE</b>	<u>163,933</u>	<u>162,572</u>
<b>EXCESS/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	\$( <u>3,753</u> )	\$( <u>5,939</u> )

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

## NATIONAL RESPITE ASSOCIATION INCORPORATED (INCORPORATED UNDER THE ASSOCIATIONS INCORPORATIONS ACT, 1984)

### INCOME AND EXPENDITURE STATEMENT YEAR ENDED 30 JUNE, 2011 STATE CONFERENCE

	2011	2010
	\$	\$
<b>INCOME</b>		
Conference Registrations		-
Sundry	<u>36,020</u>	<u>-</u>
<b>TOTAL INCOME</b>	<u>36,020</u>	<u>-</u>
<b>EXPENDITURE</b>		
Speakers Accommodation	2,454	-
Conference Expenses	1,273	-
Conference Catering	6,656	-
Speakers Fees	6,612	-
Cocktail Party	1,321	-
Speakers Meals	606	-
Conference Equipment	2,890	-
Speakers Flights Accommodation	2,768	-
Conference Speakers Travel	2,331	-
Staff Travel	495	-
Staff Travel	65	-
Accommodation/Meals EO	1,048	-
Motor Vehicle	737	-
Other Expenses	<u>41</u>	<u>-</u>
<b>TOTAL EXPENDITURE</b>	<u>29,297</u>	<u>-</u>
<b>EXCESS/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	<u>\$ 6,723</u>	<u>\$ -</u>

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATIONS ACT, 1984)**

**INCOME AND EXPENDITURE STATEMENT  
YEAR ENDED 30 JUNE, 2011  
NATIONAL CONFERENCE**

	<b>2011</b>	<b>2010</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
National Conference	<u>40,677</u>	<u>75,760</u>
<b>TOTAL INCOME</b>	<u>40,677</u>	<u>75,760</u>
<b>EXPENDITURE</b>		
Conference Costs	<u>150</u>	<u>63,373</u>
<b>TOTAL EXPENDITURE</b>	<u>150</u>	<u>63,373</u>
<b>EXCESS/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	40,527	12,387
<b>Less: Amounts Unexpended Carried Forward</b>	<u>40,527</u>	-
<b>EXCESS/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	\$ <u>-</u>	<u>\$12,387</u>

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATIONS ACT, 1984)**

**INCOME AND EXPENDITURE STATEMENT  
YEAR ENDED 30 JUNE, 2011  
ADMINISTRATION**

	<b>2011</b>	<b>2010</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Interest Received	15,714	14,151
Members Fees	23,139	21,555
Sundry	99	-
Workshops	<u>9,320</u>	<u>8,012</u>
<b>TOTAL INCOME</b>	<u>48,272</u>	<u>43,718</u>
<b>EXPENDITURE</b>		
Bank Fees	-	27
Catering	-	276
Consulting Fees	12,486	909
Equipment	(2,108)	970
Insurance	(11,900)	(21,945)
Motor Vehicle Expenses	260	-
Subscriptions	5,000	5,500
Superannuation	1,416	210
Training	7,244	1,898
Travel and Accommodation	-	486
Wages	15,738	2,339
Workshops and Regional Meetings	<u>3,687</u>	<u>15,801</u>
<b>TOTAL EXPENDITURE</b>	<u>31,823</u>	<u>6,471</u>
<b>EXCESS OF INCOME/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	<u>\$16,449</u>	<u>\$37,247</u>

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATIONS ACT, 1984)**

**INCOME AND EXPENDITURE STATEMENT  
YEAR ENDED 30 JUNE, 2011  
MENTAL HEALTH COUNCIL**

	2011 \$	2010 \$
<b>INCOME</b>		
Grant	_____ -	_3,923
<b>TOTAL INCOME</b>	_____ -	_3,923
<b>EXPENDITURE</b>	_____ -	_____ -
<b>TOTAL EXPENDITURE</b>	_____ -	_____ -
<b>EXCESS OF INCOME/(DEFICIENCY) OF INCOME OVER EXPENDITURE</b>	\$_____ -	\$ _3,923

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

## NATIONAL RESPITE ASSOCIATION INCORPORATED (INCORPORATED UNDER THE ASSOCIATIONS INCORPORATIONS ACT, 1984)

### STATEMENT OF FINANCIAL POSITION – 30 JUNE, 2011

	Note	2011 \$	2010 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	2	443,840	361,198
Prepayments		<u>548</u>	<u>2,221</u>
<b>TOTAL CURRENT ASSETS</b>		<u>444,388</u>	<u>363,419</u>
<b>NON-CURRENT ASSETS</b>			
Property, Plant and Equipment	3	<u>5,508</u>	<u>3,726</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>5,508</u>	<u>3,726</u>
<b>TOTAL ASSETS</b>		<u>449,896</u>	<u>367,145</u>
<b>CURRENT LIABILITIES</b>			
Annual Leave Provision		25,621	19,064
Provisions	4	36,825	36,825
GST Clearing Account		6,837	1,808
Amounts Unexpended Carried Forward		40,527	-
Sick Leave Provision		12,948	12,948
Other Creditors		<u>34,921</u>	<u>27,450</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>157,679</u>	<u>98,095</u>
<b>NON-CURRENT LIABILITIES</b>			
Long Service Leave Provision		<u>11,083</u>	<u>7,336</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>11,083</u>	<u>7,336</u>
<b>TOTAL LIABILITIES</b>		<u>168,762</u>	<u>105,431</u>
<b>NET ASSETS</b>		<u>\$281,134</u>	<u>\$261,714</u>
<b>ACCUMULATED FUNDS</b>			
Balance - 1 July, 2010		228,884	181,266
Surplus/(Deficit) for year		19,420	47,618
General Reserve		<u>32,830</u>	<u>32,830</u>
		<u>\$281,134</u>	<u>\$261,714</u>

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATIONS ACT, 1984)**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE, 2011**

**NOTE 1: SIGNIFICANT ACCOUNTING POLICIES**

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

**New, revised or amending Accounting Standards and Interpretations adopted**

The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

**Basis of preparation**

In the committees' opinion, the incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements.

These are special purpose financial statements that have been prepared for the purposes of complying with the New South Wales legislation and the Associations Incorporation Act 2009. The committee have determined that the accounting policies adopted are appropriate to meet the needs of the members of National Respite Association Incorporated.

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 108 'Accounting Policies', AASB 1031 'Materiality' and AASB 1048 'Interpretation and Application of Standards'. These financial statements do not conform with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

**Historical Cost Convention**

The financial statements have been prepared under the historical cost convention.

**Revenue recognition**

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATION ACT, 1984)**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011 (Continued)**

**NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Donations**

Donations are recognised at the time the pledge is made.

**Grants**

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

**Interest**

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

**Other Revenue**

Other revenue is recognised when it is received.

**Income Tax**

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

**Cash and Cash Equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

**Property, plant and equipment**

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

**Employee benefits**

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

## NATIONAL RESPITE ASSOCIATION INCORPORATED (INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT, 1984)

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011 (Continued)

#### NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (Continued)

##### Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

##### New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the incorporated association for the annual reporting period ended 30 June 2011. The incorporated association has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

#### NOTE 2. CASH AT BANK

	2011	2010
	\$	\$
Cash on Hand	203	207
Charity Account	226	120
Term Deposits	-	123,952
Executive Account	445,075	237,867
Cash Management Account	( 1,664)	( 948)
	<u>\$443,840</u>	<u>\$361,198</u>

#### NOTE 3. FIXED ASSETS

	2011	2010
	\$	\$
Plant and Equipment - cost	22,176	73,467
Less Accumulated depreciation	<u>17,866</u>	<u>71,336</u>
	<u>\$ 4,310</u>	<u>\$ 2,131</u>
Furniture and Fittings - cost	10,621	12,970
Less Accumulated depreciation	<u>9,423</u>	<u>11,375</u>
	<u>\$ 1,198</u>	<u>\$ 1,595</u>
Books, Toys, etc – cost	-	3,661
Less Accumulated depreciation	<u>-</u>	<u>3,661</u>
	<u>\$ -</u>	<u>\$ -</u>
Total Cost	<u>32,797</u>	<u>90,098</u>
Less: Accumulated depreciation	<u>27,289</u>	<u>86,372</u>
	<u>\$ 5,508</u>	<u>\$ 3,726</u>

**NATIONAL RESPITE ASSOCIATION INCORPORATED  
(INCORPORATED UNDER THE ASSOCIATIONS  
INCORPORATION ACT, 1984)**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011 (Continued)**

**NOTE 4. PROVISIONS**

	<b>2011</b>	<b>2010</b>
	<b>\$</b>	<b>\$</b>
Conference Costs	3,702	3,702
Equipment Replacement	13,623	13,623
Staff Training	5,000	5,000
Resource Development	7,500	7,500
Member Training	<u>7,000</u>	<u>7,000</u>
	<u>\$ 36,825</u>	<u>\$ 36,825</u>

# NATIONAL RESPITE ASSOCIATION ANNUAL REPORT

## NATIONAL RESPITE ASSOCIATION INCORPORATED (INCORPORATED UNDER THE ASSOCIATIONS INCORPORATIONS ACT, 1984)

### STATEMENT BY MEMBERS OF THE COMMITTEE

The Committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee the financial report as set out on pages 1 to 10:

1. Presents a true and fair view of the financial position of National Respite Association Incorporated, as at 30 June 2011, and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that National Respite Association Incorporated, will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

President Blenda Pearce

Treasurer: Griffith

Dated this 14 day of October 2011

## NATIONAL RESPITE ASSOCIATION INCORPORATED (INCORPORATED UNDER THE ASSOCIATIONS INCORPORATIONS ACT, 1984)

### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS

#### **Report on the Financial Report**

We have audited the accompanying financial report, being a special purpose financial report, of National Respite Association Incorporated which comprises the statement of financial position as at 30 June 2011 for the year then ended, the income and expenditure statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the committee.

#### **Committee's Responsibility for the Financial Report**

The committee of the association is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act New South Wales and are appropriate to meet the needs of the members. The committee's responsibilities also include designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations under the Associations Incorporation Act New South Wales. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Independence**

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

### **Auditor's Opinion**

In our opinion, the financial report of National Respite Association Incorporated presents fairly, in all material respects the financial position of National Respite Association Incorporated as at 30 June 2011 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Act New South Wales.

**AKELE KINNAS & CO**  
Chartered Accountants



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Elias Kinnas

14 October 2011  
Suite 6, 104 Railway Street  
CORRIMAL NSW 2518