



Flexible Respite Policy Position (Disability)

For ADHC-Funded Services

Version 1.0

Respite and Carers Directorate
Ageing, Disability and Home Care, Department of Human Services NSW
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Document approval

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1 About the flexible respite policy position

In New South Wales ADHC is responsible for providing a broad range of services for people with disabilities, including respite services. ADHC understands the importance of strengthening family relationships and provides and funds many support services that help to strengthen these relationships. Respite is one of these support services which plays an important role in keeping families together.

Respite services provide planned short-term, time limited breaks for families and other unpaid carers of children, young people and adults with a disability with the intention that that families/carers resume care at the end of the respite period.

This document aims to set out a clear policy position for disability flexible respite services that will:

- guide ADHC's significantly expanding investment in flexible respite;
- provide clarity for ADHC, non-government and government organisations that are funded under the flexible respite service type about the parameters of flexible respite service provision; and
- inform the negotiation of future funding agreements with flexible respite service providers.

2 Services this policy position applies to

This policy position applies to all government and non government flexible respite service providers funded through an ADHC Funding Agreement or a Memorandum of Understanding under the following service types/models:

- own home respite (MDS code 4.01);
- host family respite; (MDS code 4.03);
- peer support respite; (MDS code 4.03);
- flexible respite (MDS code 4.04).

This includes services transferred to ADHC from the Australian Government under the Disability Assistance Program (DAP).

The policy position does not apply to:

- ADHC-funded or operated centre-based respite services;
- Teen Time;
- Respite Camps;
- Families Solutions Program;
- Inclusive Community Education Program pilots;
- respite services provided under the Home and Community Care (HACC) Program; and
- Commonwealth Respite and Carelink Centres.

3 Position statement

Respite is an important service which provides carers and families with a break from their caring responsibilities while also providing a break for the person with a disability and a range of positive, age-appropriate experiences. In response to a call from carers/families for greater flexibility and choice, ADHC has developed a broad range of options under the flexible respite service type. This provides people with a disability, their carers and families with much greater choice when selecting services to respond to their varied and often complex needs.

ADHC recognises that Aboriginal people and people from culturally and linguistically diverse backgrounds and their families, carers and communities all play a key role in determining the supports they need and in the planning and implementation of those supports.

ADHC's commitment to Aboriginal people is outlined in the:

Aboriginal Policy Statement at: http://dadhc-intranet.nsw.gov.au/documents/about_dadhc/aboriginal_services/policies/ADHC_Aboriginal_Policy_Statement_web.pdf

Services Our Way: Delivering to Aboriginal People with a Disability - June 2010 at: <http://www.dadhc.nsw.gov.au/dadhc/Publications>

A framework to support broader cultural diversity is currently being finalised.

One key international trend is for people with a disability to have increasing choice and control in their lives, to be contributing members of their community and for families to feel supported and to look forward to the future with confidence. To support and enable this in NSW ADHC is committed to providing a range of flexible respite and community support services to people with a disability and their carers/families to meet their needs. In addition, ADHC understands the importance of strengthening family relationships and provides and funds many support services to strengthen these relationships. Flexible respite plays an important role as one in a range of support services which have a prevention and early intervention focus for people with a disability living in the community and their families and carers. ADHC is committed to service delivery which contributes to giving people with a disability a better life. Social inclusion, community participation and engagement are key strategies in achieving this.

ADHC is committed to the ongoing development of the flexible respite service type. This is being achieved:

- through ADHC's commitment to industry development focusing on working with our NGO partners to grow a capable and effective disability sector that is responsive to the needs of our target group

- by working in partnership with the NGO sector to encourage innovation and responsiveness in service provision and by supporting service providers to form strong networks.

For further information on the Disability Respite Program, the following documents are available at:

<http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/Other>

- **New directions for disability respite services in NSW** – to guide the way future disability respite services are delivered, how people access those services, the types of services provided, the settings in which they are delivered and the development of new respite services across the sector.
- **Respite program guidelines (disability)** – provide the framework for respite service delivery for ADHC operated and funded disability respite services.

4 Definition

Respite is defined as “...a short term and time-limited break for families and other voluntary care givers of people with a disability, to assist in supporting and maintaining the primary care-giving relationship, while providing a positive experience for the person with a disability¹.”

Flexible respite encompasses services that provide a short-term, time-limited break for the carer and the person with a disability through a range of activities. These flexible respite services may be provided in a person’s own home or in a range of community settings - including recreational or cultural activities away from home where the primary purpose of the service is respite.

Refer to Section 11 for description of flexible respite models.

5 Defining the client in respite

ADHC acknowledges that respite has a dual focus in that both the carers and the person with a disability are the clients of the service. It is often difficult to determine whether the support is primarily intended to meet the needs of the carer or the person with a disability. Both are equally important. As such, the support needs of carers should be considered in the context of the needs of the person with a disability.

Service planning and provision should reflect this. However, the National Disability Services Minimum Data Set² (MDS) defines the client as the person with a disability

¹ Disability Services National Minimum Data Set

² Disability Services National Minimum Data Set is a set of nationally significant data items

for all service types including respite services. For DS NMDS reporting purposes, flexible respite providers should treat the person with a disability as the sole client.

6 Aims of flexible respite

The aims of flexible respite services are to provide:

- planned short-term, time-limited breaks in order to support and maintain the primary care-giving relationship. This is through providing flexible and responsive service delivery in line with the needs of individuals, families and carers;
- a positive experience for the person with a disability by engaging them in age-appropriate, meaningful activities while in respite care; and
- connection to services that build resilience and reduce the potential for the breakdown of the informal support network of the person with a disability and their carers.

7 Principles

Respite services and programs must apply the principles set out in Schedule 1 of the *Disability Services Act (NSW 1993)* which promotes the rights of people with a disability. Additionally, respite services need to be delivered according to the following principles as articulated in ADHC's *New Directions for Disability Respite Services in NSW*:

- Services are **person-centred** wherever possible – helping people to build their own support networks and make formal and informal links connecting them to the broader community.
- Services recognise the importance of **self-determination** in decision making for people with a disability and their families and carers.
- Services are **flexible** to meet changing needs of individuals and, families and carers with the right level of support provided when it is needed.
- Services have a focus on **early intervention** by providing practical support at an early stage to prevent families from reaching crisis point.
- Services are responsive to the **individual needs** of both **the carer and the person with a disability**.
- Services are **age-appropriate** and have a focus on enabling the person with a disability to have similar opportunities and experiences as their peers.

- Services are provided in ways that are **culturally competent and respectful** and meet the needs of:
 - Aboriginal and Torres Strait Islander people
 - people from culturally and linguistically diverse backgrounds.
- Access to services is **prioritised** based on assessed need.
- Services are provided **in partnership** with other government and non-government service providers so that service delivery is coordinated.
- **Access to services is streamlined** enabling the carer to navigate the system with ease.
- Services are developed using a strong **evidence base**.
- Services are **cost effective**³.

ADHC understands that organisations that provide flexible respite may not be compliant with all of these principles at this stage and will need to work towards compliance over time. ADHC is committed to working closely with organisations and actively supporting them to build capacity and align practices with these principles.

8 Eligibility and priority of access

8.1 General eligibility criteria for disability services

Disability services are funded to provide services to a person with a disability as defined under the *Disability Services Act 1993*. People are eligible to receive a respite service if the person has a disability:

- a. that is attributable to an intellectual, psychiatric⁴, sensory, physical or like impairment or to a combination of such impairments.
- b. that is permanent or is likely to be permanent.
- c. that results in:
 - i. a significantly reduced capacity in one or more major life activities such as communication, learning, mobility, decision-making or self care; and
 - ii. the need for support, whether or not of an ongoing nature.

³ Reference: The Principles are taken from the *ADHC Respite Program Guidelines (Disability) November 2009*

⁴ In NSW, specialised services for people who have a psychiatric disability are primarily provided by the Department of Health

8.2 Priority of access for flexible respite services

ADHC understands the importance of strengthening family relationships and provides and funds many support services to strengthen and maintain these relationships. Evidence supports the need for respite services to have an early intervention focus that aims to support and preserve the caring relationship.

Each region will have a coordinated approach across ADHC and non government flexible respite providers for determining eligibility and prioritisation of people with a disability and carers for referral to flexible respite service providers.

Families and carers require respite services that can respond quickly and flexibly and that are responsive to individual and changing need. In addition, consideration should be given to people with a disability and their carer where the ongoing care arrangement is at risk without the support of respite. These include:

- children, young people and adults with a disability living at home with their family and whose long term support would be at risk without access to respite services;
- families or unpaid carers whose capacity for continued caring may be at risk without access to respite and family support;
- children, young people and adults living with a sole carer; and
- people living at home with their family who have:
 - fragile health and complex multiple support needs;
 - assessed complex challenging or abusive behaviour;
 - involvement in the criminal justice system; or
 - limited access to other community support services⁵.

The priority of access criteria set out above are to be used as a guide for organisations providing flexible respite, bearing in mind that organisations are also required to comply with the specific priority of access criteria set out in service acquisition documents, and the Description of Service (DofS) attached to their ADHC Funding Agreement.

Current clients of intensive support programs, (e.g. Extended Family Support, Shared Care, Leaving Care Program) can access flexible respite, in addition to their intensive support program, if:

- they have unpaid carers; and
- it is assessed that receiving flexible respite is in their best interests; and
- flexible respite is part of their Individual Plan; and
- flexible respite is integrated with their other support services.

⁵ Reference: taken from the ADHC *Respite Program Guidelines (Disability) November 2009*

8.3 Respite Coordination

Respite coordination involves the assessment, prioritisation, allocation, review and referral of people with a disability and their carers who request flexible respite. To facilitate this, regions have appointed Respite Project Officers to assist in streamlining the process for families and assist in the efficient prioritisation and allocation of respite places based on assessed need. The Respite & Carers Directorate is currently developing a statewide framework for the Respite Project Officers. The framework aims to provide ADHC staff and non-government service providers with overarching guidelines to assist in working collaboratively to achieve coordinated and planned allocation of disability flexible respite for carers and people with a disability.

In addition, most regions have set up collaborative processes with non government flexible respite providers such as the Respite Intake and Allocation Process (RIAP) in Metro North region and Respite Coordination Groups to enhance coordination of the respite service system. This will include establishment of mechanisms to share relevant client information in order to avoid the unnecessary duplication of assessments.

ADHC will continue to work closely with the NGO sector to strengthen and streamline respite coordination processes across all regions to ensure equity and transparency of service provision.

9 Flexibility

Flexibility for people with a disability and their carers in the provision of respite can be seen as operating on two levels:

1. Choice in services - that is, how flexible is each service in responding to the individual needs of people with a disability and their families and carers
2. Coordinated service delivery - that is, how effectively are services networked with each other to facilitate the best possible support system to respond to the needs of a person with a disability and their carers/families within a local area⁶.

9.1 Choice in services

Within the parameters of the service type that organisations are funded for, organisations are encouraged to continue to explore opportunities for increasing flexibility and choice for people with a disability and their carers so that the provision of flexible respite can be tailored to individual needs. Strategies for introducing greater flexibility which can be explored include:

- operating hours;
- staffing arrangements;
- the range of service activities offered;

⁶ Shanley C. Developing more flexible approaches to respite for people living with dementia and their carers. *American Journal of Alzheimer's Disease and Other Dementias* 2006; 21 (4): 234–41

- making good use of generic community based resources to widen the range of community access options available;
- the range of physical settings; and
- developing new service options and activities to respond to individual needs or the changing needs of current clients⁷.

Flexible respite provides the opportunity to tailor support services that meet individual families' needs and which are culturally appropriate. Providers should select those strategies that are the most appropriate for their client base and service model.

9.2 Coordinated service delivery

Flexibility at the system level is maintained by service providers working closely together, having a detailed knowledge of services within a local area and working together to provide the best range of services to meet individual needs. ADHC will continue to work closely with service providers and families to ensure that services are managed in the best possible way and systems are put in place to assist with coordinated service delivery.

Respite services should also work with case managers where appropriate from ADHC and non-government organisations to ensure support is provided in a holistic way. There are many examples of respite service providers forming partnerships and it is ADHC's expectation that organisations will participate in service co-ordination initiatives such as the Respite Intake and Allocation Process (RIAP) in Metro North region and Local Respite Coordination Groups operating in some regions.

10 Providing for a range of respite support needs

10.1 Planned, unplanned and emergency respite

Flexible respite is an important service in helping to maintain the relationship between the person with a disability, their carer and family. Respite can play an important role in preventing the occurrence or escalation of crises as well as providing a break for the carer if a crisis does arise. A planned approach to respite is always preferable as it allows families to plan for breaks and pursue other activities, roles and responsibilities in addition to their care giving role.

Service providers should give priority to individuals based on assessed need. Whilst many families will have an ongoing need an individual's client profile may change from time to time. For this reason, service providers will need to monitor and respond to the changing needs of individuals to whom they are providing services. It is

⁷ These are suggestions only. It is understood they are not equally applicable to all service types.

expected that respite plans will be reviewed annually, or earlier if circumstances change.

Research indicates that a major impediment to carers using or benefiting from a respite service is concern about the quality of care in the carer's absence.⁸ Ongoing monitoring of ADHC funded respite services is undertaken in accordance with the provisions of the funding agreement and agreed Description of Funded Service. In addition, planning activities that effectively engage the person with a disability are critical, as is monitoring and documenting their responses to respite so that potential concerns are identified and addressed early.

Emergency respite is an immediate unplanned, time-limited response to families and carers who are unable to provide care due to an unforeseen crisis. The Australian Government provides funding specifically for emergency respite through the Commonwealth Respite and Carelink Centres. While Australian Government services should be the first option, ADHC operated and funded respite services need to make some provision for responding to emergency or crisis needs, including responding to the needs of families who are not current service recipients.

10.2 Providing for low, medium and high-support needs

The need for respite is assessed on the basis of how strongly the care-giving relationship requires support. It does not solely relate to the level of the person's disability but takes into consideration the needs of the carer and family and the level of other supports which are being provided. ADHC aims to provide flexible respite services to people with a disability and their carers and families with low, medium and high support needs.

Each flexible respite place funded through *Stronger Together* provides a minimum of 168 hours (or the equivalent of 7 days) of respite support per year. The number of hours allocated over a year to an individual will depend on the assessed needs of the person with a disability and their carer. Where the assessed needs are very high, for example, in some cases where the person with a disability has high support/medical needs and/or challenging behaviour, there is the option of providing a more highly funded respite place.

In general, a service provider is funded for a number of places. For example, an organisation may be funded for 44 places a year. This means that they will have approximately 7,400 hours of respite time available for allocation. As such, a person may not be allocated a full place, but rather an allocation of hours that may be higher or lower than a single place. This flexibility allows providers to respond to local need and flexibly manage the allocation of hours accordingly.

⁸ Strang V. Caregiver respite: coming back after being away. *Perspectives* 2000;24 (4): 10–20

ADHC is planning to undertake a project to determine specific criteria to reflect various levels of support for flexible respite places that will, over time, be applied to all flexible respite services. Until then, the following guidelines apply:

- ADHC regions and service providers of flexible respite should aim to provide services for people with low, medium and high support needs;
- for services funded under *Stronger Together*, a minimum of 168 hours per annum at \$8,000 is allocated to a medium-support needs place and 168 hours per annum at \$12,000 is allocated to a high-support needs place for people with complex care needs⁹;
- organisations can, within reason, vary the number of hours of service provided to each client under *Stronger Together* so long as the total number of respite hours allocated to clients is within funding budget. For example, families may be allocated a place, part of a place or more than one place, based on their individual circumstances and assessed needs;
- flexible respite places funded under *Stronger Together* can be shared or combined by clients. For example, two teenagers with similar interests who live close to one another may 'share' their two places by going on the same outings and participating in the same activities. In this way the amount of respite provided to both families can be increased;
- for funding arrangements prior to *Stronger Together*, ADHC regional staff and funded organisations should negotiate the number of places the funding can reasonably cover and identify the places that are low, medium or high in each organisation's DofS. Services funded at less than \$8,000 for 168 hours per annum¹⁰ can be used to provide services to clients with low-support needs for respite or to clients with a reduced need for flexible respite because they are accessing another service such as centre-based respite.

10.3 Accessing centre-based and flexible respite

Depending on their assessed needs people with a disability and their carers may be best supported by accessing a combination of flexible and centre-based respite options.

Where there is limited access to an ADHC operated or funded centre-based respite service part or all of a flexible respite allocation can be used to purchase a centre-based respite service if this is what best suits the family's needs. *Refer to Section 15 Brokerage.*

⁹ The allocation is for 2008-09.

¹⁰ The allocation is for 2008-09.

However, flexible respite funds cannot be used to purchase a centre-based respite place that is already funded by ADHC. If the service has unfunded capacity available flexible respite funding can be utilised to purchase a centre-based place.

This is in keeping with the national MDS Data Guide 2006–07 which states that centre-based respite is to be counted and recorded separately under a different service code to flexible respite.

ADHC acknowledges that currently there are instances where flexible respite funding has been used to fund centre-based respite and some organisations have this option included in their Description of Funded Service. ADHC regional contract managers will work with these organisations to support them to comply with this policy position.

11 Service types

11.1 Current service types

There are four service types that are described in this section. Flexible respite service providers can provide one or more of these types or models as described in their DofS. There is no expectation from ADHC for service providers to provide multiple service models. Providers can choose to specialise in a particular model or area of expertise and may broker to other organisations so as to provide flexible responses. See Section 15 for more detail on brokerage. The same principle applies to service activities covered in the next section.

a) Own home (MDS 4.01)

Respite that is provided in the person's own home by paid staff. Own home respite may be for a few hours or a few days and can include the support worker staying overnight with or without the carer present. The full range of support and assistance that is provided to the person with a disability in their usual care arrangements is maintained. Own home respite can be provided to people of all ages. For children and young people with disability who have siblings living at home, the staff member providing in-home respite can also supervise the siblings providing this does not compromise the care of the person with a disability and does not significantly add to the workload of the staff member

b) Host family (MDS 4.03)

Host family respite provides for the person with a disability to spend time in the home of a volunteer host family matched to the age, interests and background of the individual and their carer. Host families are volunteers who are selected and trained to care for a person with a disability.

c) Peer support (MDS 4.03)

Peer support matches the individual with a peer of similar age and interests, usually for leisure, recreation and group activities. This service type is often but not exclusively targeted at children or young adults up to 25 years of age.

d) Flexible (MDS 4.04)

Flexible respite aims to be responsive to a person with a disability and their carer's individual needs through a combination of own home, host family and peer support respite. Flexible respite can also include recreational or cultural activities away from home where the primary purpose of the service is respite. Such activities include day outings, overnight stays, weekend breaks, camps and community based and cultural programs. The service type may also include brokerage¹¹, so long as it is funded under the respite program. Families and carers are increasingly seeking flexibility in respite arrangements including when and how respite is provided. This service type facilitates the opportunity for providers to maximise flexibility and choice in the service design.

11.2 Innovative service models

Providers are encouraged to explore and develop innovative flexible respite service responses to meet the needs and circumstances of individuals and families. Innovative models must:

- comply with the *Disability Services Act 1993*, the Disability Service Standards, the Children's Standards in Action and the ADHC Respite Program Guidelines 2009;
- provide the carer/family with a break from the usual care-giving arrangements;
- provide quality care and a positive experience for the person with a disability by engaging them in age-appropriate, meaningful activities while in respite;
- be approved by ADHC and described in each organisation's Description of Funded Service.

If organisations are considering providing an innovative model that diverges from their current Description of Funded Service, they should contact their ADHC Regional Project Officer to discuss their proposal.

12 Service Activities

In accordance with person-centered planning an overarching principle to guide the provision of activities under the flexible respite service type is to provide quality services that place the person with a disability at the centre and which meets the

¹¹ Brokerage refers to where an ADHC funded service provider contracts a third party to deliver a service on their behalf.

needs of their carers/families in a way that is consistent with the requirements of ADHC's Funding Agreement.

Service activities funded under the flexible respite service type fall into two broad categories:

1. Direct service delivery activities (recorded in MDS) - services and activities provided to the person with a disability (individually or as part of a group);
- 2 Indirect service delivery activities (not recorded in MDS) - organisational activities that support direct service delivery, such as planning, quality assurance, reporting, ensuring compliance with the ADHC Funding Agreement, maintaining workflow systems, and participating in interagency networks.

12.1 Direct service delivery activities

The following can be funded under the flexible respite service type:

- Service intake activities. The range of activities will vary according to service types but may include receiving referrals, undertaking assessments (though in some cases, this will be done by ADHC Regional Information, Referral and Intake [IRI] Teams), prioritising eligible referrals based on client need, referring clients to other organisations and allocating staff and other resources to provide services;
- Development and implementation of a respite plan for each person with a disability and their family or carer, regular reviews and modifications to respite plans based on client feedback and assessment of the effectiveness of the respite plan and services provided;
- Provision of flexible respite for the person with a disability and their family/carer in line with the respite plan and the service type for which each organisation is funded. Some examples include:
 - Care for the person with a disability in the person's home for several hours or overnight. The carer has the option of leaving the home for the duration of service, participating in a service organised for them or staying in the home. For children and young people with a disability who have siblings living at home, the staff member providing in-home respite can also supervise the siblings, providing this does not compromise the care of the person with a disability;
 - Respite options which are respectful of family cultural background and values. This can include respite services to facilitate a carer's attendance at culturally significant events including funerals.

- Support for the person with a disability to access the community for several hours or overnight. This can be varied in line with the person's interests, such as going to a local shopping centre or attending a hobby, recreational, sporting, leisure or educational activity, visiting a friend or relative and so on. There are no particular limits to the types of activities that can be accessed, so long as they are age-appropriate and of interest to the person. This service type can be provided individually or in a group;
 - Purchasing a gym membership from the respite allocation where this is an appropriate and enjoyable activity for the person for a disability and provides a respite effect for the carer;
 - equipment such as trampolines, that provide a respite effect can be purchased subject to an assessment of need;
- Service exit – planning for the cessation of services and referral to other services (if required).

It is ADHC's expectation that regardless of which service types are provided to the person with a disability, providers will:

- plan, prepare and design activities that are based on a sound assessment of the person's needs and are in line with the person's individual plan, respite plan and any other plans the person might have such as a health care, medication or behaviour support plan;
- provide safe and secure environments;
- provide the full range of support and assistance to the person with a disability that they would receive in their usual care arrangements, including personal care and support with activities of daily living; and
- work in partnership with people with a disability, their carers and families, with each other, with other specialist and generic services and government departments and make referrals where required.

12.2 Indirect service delivery activities

The following organisational service activities may be undertaken by flexible respite providers:

- establishing and maintaining formal and informal links with other service providers to ensure that respite is one part of a coordinated range of support services;
- cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite;

- undertaking service planning to guide the delivery of person-centered, culturally appropriate and responsive respite services. Planning should be undertaken in consultation with people with a disability and their family/community including Aboriginal and Culturally and Linguistically Diverse community groups. Planning can also include the development of innovative service models;
- preparing regular monitoring reports for ADHC in accordance with the requirements outlined in the ADHC Funding Agreement in relation to use of funds, support delivery and other requirements for evaluation of the service type;
- establishing and maintaining mechanisms for quality assurance, including opportunities for regular feedback by people with a disability and their families and
- capacity building such as participating in local respite coordination groups, intake and allocation groups, collaborative training, resource sharing as well as other local service provider networks aimed at strengthening, coordinating and re-shaping the respite service system.

12.3 Holidays that can be funded under the flexible respite service type

For some families, having a holiday is the most effective way of achieving a break from the routine of the care-giving arrangement and the usual environment in which the family lives. Flexible respite can be used to fund holidays within the parameters set out below where there is sufficient funding available in the carer's flexible respite funding allocation:

- to fund a holiday for the family and the person with a disability together. This may or may not involve the person with a disability also receiving in-home respite during the holiday or respite involving a recreational activity;
- to provide funding for the person with a disability to go on holiday with extended family members;
- to provide a flexible respite arrangement for the person with a disability while the family goes on a self-funded holiday.

ADHC will not support arrangements for the family to go on a holiday funded through flexible respite while the person with a disability receives a separate respite service.

Where holiday arrangements are funded through flexible respite, it is important to make sure that the carer understands that the holiday is funded from their annual flexible respite allocation and that additional money will not be forthcoming.

12.4 Transport – pending development of transport to and from respite policy

ADHC is currently developing a policy on the provision of transport to and from respite. Until that policy is issued, transport to and from respite can be provided through flexible respite, especially where this is part of the activity such as driving to a place of interest or going on a holiday or respite camp. In rural and remote areas, transport is often a key issue in providing an accessible service and it is expected that a significant percentage of flexible respite funding will need to be allocated to the transport component. Transport issues need to be considered at the time of the funding allocation to ensure that the best use is made of available funds.

12.5 What is excluded from flexible respite

Flexible respite funding cannot be used for:

- centre-based respite places that are already funded by ADHC;
- services that are not respite services and are defined as a different service type under the National Disability Agreement;
- white goods, furniture, equipment and other capital expenditure for the person with a disability and their carer/s or family unless all alternate avenues of funding have been explored;
- carer's personal needs, such as haircuts, massages, facials, gym membership etc.

13 Hours of Operation

Hours of operation will depend on the type of respite provided and the needs of the target group. Service providers are expected to include options for out of hours and weekend support.

In general, respite services are expected to operate at least 50 weeks a year.

13.1 Children and Young People

Respite should not generally be provided for children and young people (aged 6–18 years) during school hours, as it is expected that they will attend school at these times. Respite for children and young people can be offered at one or more of the following times:

- before and after school on week days;
- evenings;
- overnight;
- weekends;
- school holidays, which may be delivered in a block of days;
- in time-limited emergency circumstances.

13.2 Adults

It is expected that flexible respite for adults is available at times that meet their needs (some services may close for part of a day or during holiday periods), although actual hours of respite provided will vary according to the needs of their target population.

Flexible respite will generally not be offered to adults during the hours that they would normally be attending day programs, employment or Post School Programs unless these programs cannot be easily accessed due to the distances involved.

14 Voluntary Out-of-Home Care

Under the *Children and Young Persons (Care and Protection) Act 1998* some respite provided to children (under 16 years) and young people (16 or 17 years) may be defined as 'voluntary-out-of-home care'.

Voluntary out-of-home care is where a parent of a child or young person voluntarily makes arrangements with an organization for the placement of their child or young person in out-of-home care. This may include centre- based respite, host family care or residential care.

A child or young person under the age of 18 years is in voluntary out-of-home care when the following three criteria are met:

- Their parent has entered into an arrangement with an organization to provide or arrange voluntary out-of-home care; and
- The child or young person stays at a place other than their usual home for one or more nights;
- The child or young person is in the care and control of a person other than their parent.

All children and young people who are in such care on or after 24 January 2010 are deemed to be in voluntary out-of-home care and are covered by the legislation.

Children and young people in voluntary out-of-home care for more than 3 months in any 12 month period will have their placement supervised by a designated agency; and Children and young people in voluntary out-of-home care for more than 180 days in a 12 month period will need to have a case plan.

15 Fees

If a service user fee is required, it is expected that providers will set an affordable service user fee and that the fee structure is explained to families at the outset . Out of pocket expenses relating to client activities such as admission fees for recreational activities are normally paid for by the family. Families are not to be excluded from accessing a service on the basis of their inability to pay user fees.

16 Brokerage

The provision for brokerage is available to respite providers to ensure families have as much choice and flexibility as possible. It is expected that service providers do not broker out the majority of their funding. It is the responsibility of the provider to ensure that brokered services do not compromise the continuity, quality and efficiency of services to a person with disability and their carers/families. This is particularly pertinent to sub-contracting arrangements to organisations that are not ADHC-approved providers.

The ADHC Funding Agreement (May 2009) states that providers will not assign or contract out any part of the service to ADHC funded or unfunded organisations without ADHC's written approval. In some cases approval is documented in the 'Special Conditions' of the Funding Agreement as agreed at the time of funding approval. Further it states that, should ADHC provide approval, this does not relieve the provider of their responsibilities under the funding agreement including MDS reporting. MDS reporting remains the responsibility of the funded service provider and not the sub-contracted provider. Where services are sub-contracted, service providers are required to monitor the quality, cost and amount of service purchased on behalf of service users and ensure that all obligations and requirements of the funding agreement are met. This includes, where applicable, Criminal Record Checks, Working with Children screening and ensuring that the staff member has appropriate qualifications and training. When a service provider utilises another one of their own programs to provide flexible respite, this is not considered to be sub-contracting.

Some examples of appropriate brokerage arrangements include:

- a person with a disability may require regular insulin or other type of injection during the respite service. If the organisation is not permitted to provide this type of drug administration, the service may be brokered from a nursing agency;
- a family may request that care is provided by a Chinese speaking carer. The organisation may sub-contract this care from another service specialising in supporting Chinese-speaking people with a disability.

If service providers are unsure about the appropriateness of proposed brokerage or sub-contracting arrangements, advice should be sought from their ADHC Regional Office. The funding agreement can be viewed at <http://www.dadhc.nsw.gov.au/dadhc/Doing+business+with+us/contracts.htm>

References

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