

Interchange Respite Care (NSW) Inc.

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

FAR NORTH COAST REGIONAL RESPITE MEETING

Briefing & Consultation Session

Thursday May 13, 2010.
Community Programs Grafton.

Session Notes



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Attendance:

Paula Wiles	Community Programs
Yvette Clark	Community Programs
Cathy O'Neill	Tweed Valley Respite Service
Jackie Constant	Clarence Valley Council
Jacqui Alaban	Respite & Recreation
Rob Lees	Respite & Recreation
Vickie Mackie	Northcott
Kevin Marron	Interchange Respite Care NSW

1. National Conference Outcomes.

All the Conference papers and proceedings are now accessible through our website. This includes the video of the Carers Panel and the Hypothetical Panel. We have compiled another separate document of the key findings stemming from the conference which is also available from the front page of our website.

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

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

Some Key Statistical Findings

Hours of Caring by Primary Carer:

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

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

Years of Being Cared For.

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

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

After accounting for the following variables:

gender, partner status (i.e., married), employment, income, and financial stress: being a carer was still a significant predictor of:

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

Disability services used by Carers

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

Responses from the Survey questions we asked at the TUESDAY SESSION:

FUNDING LANDSCAPE SESSION

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

Yes: 74%	No: 24%	Don't Know: 2%
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This is a good response of people's perception. The key barrier however for the other 26% is still mainly limitations in funding contracts and programs.

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

Yes: 39%	No: 55%	Don't Know: 6%
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Demonstrates that the sector is still under-resourced.

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

Yes: 22%	No: 55%	Don't Know: 23%
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Unit Costing as a Funding benchmark formula still remains problematic.

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

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

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

5: Funding Methods.

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

Block Funding: 60%	Brokering 3rd Agency: 18%	Directly Funding Clients: 46%	Tendering: 5%	Unit Cost Formula: 15%
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A sustainable Community Care industry needs a fairer method of funding support.

WORKFORCE ISSUES

Summary of Feedback

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

Remuneration - Equal pay across all states

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

Developing a Respite specific qualification and/or units of competency

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

Minimum and Mandated qualification for respite workers

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

Promoting the benefits of training

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

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

Flexible Delivery of Training and Assessment

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

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

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

Shifting the sector's Culture

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

Terminology Changes

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

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

Recruitment and Selection Processes-

Further attention was needed during the recruitment and selection process ensuring that the right person was selected for the job therefore avoiding high attrition rates during the initial stages of employment. In addition, several groups explained that the sector needed to be culturally inclusive by attracting more Aboriginal and Torres Strait workers and cultural and linguistically diverse workers into the sector.

Promoting Career Pathways – A Career of Choice

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

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

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

Sharing of Skills

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

Traineeships

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

UNMET NEEDS.

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

Yes: 62%	No: 23%	Don't Know: 14%
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2. Unmet Need Data Collection : Should this be done at a macro level (federal/bureaucracy/state) or at a micro level (regional/local service system)?

Macro Level: 2%	Micro Level: 39%	Both: 58%
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Many agencies still believe there is a valid place for maintaining & recording their own data on Unmet Need and feeding this into other planning processes to complement other data and research.

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

Clients who Currently receive a Service: 11%	Clients you are Unable to provide a service to: 15%	Clients you are providing a service to + those waiting to receive a service: 72%	Don't Know: 2%
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Supports the needs in Q. 2 above to also identify & report on those clients who are not receiving a service.

4: Respite Entitlement

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

Yes: 70%	No: 22%	Don't Know: 7%
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A principle which needs more advocacy & rights based action. An overhaul of the taxation system should provide the capacity for this to be achieved.

We completed the write up back in February of the key issues in the Conference Summary papers. These issues being:

- A move towards the principle of an entitlement to respite care rather than a reliance on a competitive ration;
- The increasing physical & mental stresses being experienced by carers, and families, due to their caring role;
- The complex & myriad of respite funding programs spread across the federal & state jurisdictions, and the restrictions some of these programs place on service flexibility;
- Service viability across the sector with inadequate models of funding;
- The need for long term planning & delivery of service in supported accommodation as an alternative to respite support;
- The move towards individualized funding model;
- Specific workforce development strategy for the respite care sector focusing on training, skill development, and skill recognition, as well as equitable remuneration across the sector (state to state, and government to non-government);
- Better measurement and collection tools for identifying unmet need.

We have distributed these papers right across the country to every relevant state government and federal government departments.

We have decided not to convene a joint National Conference with Interchange Victoria in 2011, but instead to convene this ourselves.

[2. Enterprise Based Productivity Places Program.](#)

On November 5th 2009, Julia Gillard from the Australian Government announced that up to \$25 million would be provided for the Enterprise Based Productivity Places Program (EBPPP) during 2009-2010 for existing workers. The program is intended to provide up to 11, 000 new training places.

Enterprises applying for EBPPP Funding

The Community Sector & Health Industry Skills Council has sought information from the sector on the number of workers who may be interested in acquiring formal qualifications in a range of available courses applicable to their industry.

Back in February Edward sent a survey seeking information from the sector on people interested in attaining qualifications and which ones. These were for Direct Care staff, Coordinators, Managers, and also open in some cases to members of your Boards. We are wanting to use this information so we as an Industry Peak body can apply for a number of these training places through this program. We would like to secure for the sector some of these training places specific to your needs that can then be rolled out and accessed through a local training provider.

So far the numbers of requests for places under this scheme is **75 in NSW** and **125 in Queensland**.

The funds and or positions will be held not by Interchange Respite Care but by the Skills Council and you can use your localized Registered Training Organization.

There is no obligation to use the places however it will assist us in developing and getting these positions reserved for your staff.

The Survey form looked like this:

Nomination Form

Organisation Name: Contact Person: Email: Phone Number: State:

Courses	No of training places requested
Certificate III in Disability Work	
Certificate III in Home and Community Care	
Certificate III in Children Services	
Certificate III in Aged Care	
Certificate IV in Disability Work	
Certificate IV in Mental Health Work	
Certificate IV in Youth Work	
Certificate IV in Aged Care	
Certificate IV in Frontline Management	
Certificate IV in Leisure and Health	
Certificate IV in Children's Services (Outside school hours care)	
Certificate IV in Community Services (Information, advice and referral)	
Diploma of Leisure and Health	
Diploma of Community Services (Mental health)	
Diploma of Community Services (Case management)	
Diploma in Service Coordination	
Diploma in Disability	
Diploma in Children Services	
Diploma in Youth Work	
Diploma in Business (Frontline Management)	
Diploma of Children's Services (Outside school hours care)	
Advanced Diploma of Disability	
Advanced Diploma of Management	

Please email to edward.thomas@interchangensw.com.au or fax (02) 97893081

For further information to access the *EBPPP RTO Quality Assurance Register* please visit www.cshisc.com.au (click on the **PPP** tab at the top).

The 20 places available for the Advanced Diploma of Community Services Management were made available under this Program.

[3. ADHC New Directions for Disability Respite Care and New Disability Respite Guidelines](#)

New Directions for Disability Respite Services in NSW

The *New Directions for Disability Respite Services in NSW* paper:

- is the overarching strategic policy framework to guide the reform and expansion of disability respite services in New South Wales.
- describes the types of services provided, the settings in which they are delivered and the development of new respite services across the sector.

The principles that underpin and guide the provision and delivery of respite services in NSW are:

- 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 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 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 and those 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

Extensive consultation – more than 30 workshops across the State and 58 submissions received

Key issues raised:

- The importance of respite for families and carers
- Streamlined access and common assessment tools
- Assistance in navigating the service system
- Futures planning at an early stage
- Access to vacation, recreation and leisure programs
- Access to transport to and from respite for some carers
- Individualised packaging
- Support for the training needs in the sector

The way forward: a responsive service system is guided by four main themes

- Responding to need
- Giving individuals greater choice and control in the services they receive
- Streamlining access to services
- Building the capacity of the service system

Responding to priority groups of carers

- New' carers
 - Young carers
 - Older carers
 - Aboriginal carers
 - CALD carers
 - Working carers
 - Carers of people with challenging behaviours
 - Carers of people with high support and complex health care needs
 - Carers of people with degenerative neuromuscular illnesses and acquired brain injury
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Respite Program Guidelines (Disability)

The *Respite Program Guidelines (disability)*:

- provide the operational framework for delivery of all ADHC operated and funded disability respite services
- support providers in the delivery of disability respite services in NSW

Responding to Growing and Changing Need For Respite

- The numbers of people with a disability are increasing
- There is an increase in the number of carers, including young carers
- People with a disability are living longer often with increasingly complex and age related health care needs
- Parents and carers are caring for longer
- Parents and carers are ageing and many have age related health problems or disabilities

Eligibility and Priority of Access

- ADHC funded services are required to comply with the priority for access criteria set out in *Service Description Schedules*
- ADHC operated services are required to comply with ADHC eligibility and prioritisation policy.

Overview of Service Models

ADHC provides and/or funds the following respite models:

- Own Home
- Host Family
- Peer Support
- Flexible
 - Teen Time After School and Vacation Care
 - Camps
 - Families Solutions
- Centre Based

Funding

- Flexible Respite
 - Funding is provided on the basis of individual places.
 - Through *Stronger Together* each place provides a minimum of 168 hours of respite support per year
- Centre Based Respite
 - Funding for a centre based respite place provides a minimum of 25 days of respite per year(400 hours at 16 hours per day)
 - Funding is typically based on the operating costs of a 5 bed respite centre

Operational Service Requirements

- Operational service requirements include:
 - Intake, assessment and allocation
 - Respite plans
 - Planned and emergency respite
 - Fees
- Complaints and disputes
- Staff
- Volunteers
- Hours of operation

Service Monitoring

- ADHC operated services are monitored through the regional management structure
- ADHC funded services are monitored in accordance with the provisions of the Funding Agreement and the Service Description Schedule
- MDS requirement

Legislation, Policies and Standards

- Respite services are to be delivered in accordance with NSW and Australian legislation and ADHC policies

4. Advanced Diploma of Community Services Management.

These training places were acquired through the Productivity Places Program (Federal Government - allocated down to the NSW Government) by Jan Green's RTO. There were only a limited number of these places handed out last year because we think the state government felt this area and qualification was not a big area of need. Not many RTO's had this qualification on their scope so Jan's was one of only a few eligible to take any places anyway.

We have 22 members who have taken up these places and are currently working their way through this course. Many of the participants have been working in the industry for many years and with their experience and completing the course units through the Recognition of Prior Learning (RPL). Jan, the trainer, either meets with them over our web platform or speaks to them over the phone for each session of contact.

Jan is currently trying to secure some more funded places for this year so a few more people can access this qualification.

5. Mentoring Project.

The Leadership and Mentoring Pilot is a partnership between **Beyond Results** and ourselves. We are sponsoring the Pilot and **Beyond Results** will deliver the training and evaluation.

Beyond Results is an Executive Coaching and Training organisation committed to the development of the community services industry. Claire Bishop is the Principal of Beyond Results. **Claire has over 30 years experience in the health, welfare and community services sector. Claire is an Executive Coach and is an internationally certified Organisational Performance Coach, Master Practitioner of NLP (Neuro Linguistic Programming) and Hypnosis, and Master Practitioner of Matrix Therapies. Claire is also certified as Trainer of Ericksonian Hypnosis and NLP at Practitioner and Master**

The need for this program was identified at a workshop during the Interchange State Conference held in November 2008 with many participants expressing a desire to undertake more training in the role of mentoring in the community services industry.

Participation in the Leadership and Mentoring Pilot will give you the skills and knowledge to establish you as a Mentor within your work environment. You will be able to offer your support in a formalised way to other organisations and in doing so you will make a valuable contribution to workforce development in the community services industry. On a personal level you will experience the opportunity to influence the development and career path's of staff of the community services industry who may be less experienced than you, or you may be invited to mentor an experienced worker who recognises a particular skill set that you have to offer. Mentoring also offers you an opportunity for personal and professional growth.

At this stage we cannot guarantee a nationally recognised qualification at the end of the Pilot. Some of the content of the Pilot will be based on competencies drawn from Business, Community Services and Coaching qualifications. The Pilot is also based around the skills and presuppositions of NLP (Neuro Linguistic Programming) and there will be an opportunity for you to continue your study in this area to receive certification as a Practitioner of NLP if this is of interest to you. During and following the Pilot completion we will be documenting the curriculum with a view to a VETAB recognised qualification. Your participation in the Pilot and feedback could be contributing to a new qualification to support the community services industry.

What Benefits Can My Organisation Get?

Your organisation may benefit from positioning itself as an organisation of “best practice” in Mentoring. Other organisations may seek your services on a fee for service basis to assist them in their professional development activities for new staff or staff who need to “act up” at short notice. The opportunity for larger organisations to “buddy” and support very small organisations may raise a positive profile in the broader community services industry as well as promoting a positive image within their local community.

The Pilot will run for approximately 12 weeks from June-July though to October

What Will The Pilot Training Include?

- A 2-3 day workshop in June-July
- 7 Web-based Tutorials (to be completed at your own pace)
- 12 Telephone or web-meeting triads to practice skills (You will receive feedback on your skills from a professional mentor for 2 of these calls)
- 3 Leadership Profiles to enhance your understanding of your own behaviour and personality type
- 1.5 hr Executive Coaching session (by phone or web-meeting) to debrief the behavioural profiles and provide you with a personal action plan
- All program materials and manuals
- A possible further 1-2 day workshop at the end of the Pilot (subject to interest in this)

The commencement workshop will be held in Sydney, and I am looking at some time in mid June.

At this stage only members of Interchange NSW are eligible to participate in this Pilot.

I currently have **10 people** express an interest to participate in the project. Numbers will need to be limited so if you have an interest then please contact me.

6. Aboriginal Respite Research project

Because of our lack of knowledge in this area I decided we would stake our next piece of research work on Indigenous Respite Issues. We hope to link with the Aboriginal Disability Network to run some consultation sessions in rural NSW with Indigenous communities to explore **respite services for Aboriginal people and their families and what respite means.**

Project Objectives.

To consult as widely as possible across NSW directly with communities to ascertain the following:

- Prevalence amongst indigenous carers and families of utilising respite support
- The definition or understanding of the concept of respite
- The most appropriate ways to meet the support needs of indigenous carers
- Difficulties and barriers accessing respite support
- What are the real support needs of indigenous carers and families
- What are the real support needs of indigenous care recipients.

Draft Discussion Questions for comments and feedback at Community Consultations.

- 1 Does the term 'Respite Care' have any meaning for you.
- 2 In supporting family members who have a disability or are frail & elderly, do you see yourself as their 'carer'
- 3 What support services do people access now within your community. Why and why not
- 4 What are the real support needs for you as carers
- 5 What are the real support needs for care recipients.
- 6 What is the best way for this support to be provided to you.

Outcome.

This information will be compiled into one summary document and we anticipate that this will provide a clearer & better understanding of the respite support needs of indigenous carers and families within NSW, their definition & meaning to the concept of respite care, and current barriers preventing the access to appropriate support.

This will be utilized to inform both the relevant State and Commonwealth Departments for future planning of service provision.

7. Productivity Commission's Inquiry into National Long Term Care & Support Scheme.

The Commonwealth, along with the States and Territories, has a major investment in disability specific support. However, there remains a significant level of unmet demand for disability services which impacts upon the lives of people with disability, their families and carers. Demographic change and the anticipated decline in the availability of informal care are expected to place further pressure on the existing system over the coming decades.

While Australia's social security and universal health care systems provide an entitlement to services based on need, there is currently no equivalent entitlement to disability care and support services. The Government is looking to finding the best solutions to improve care and support services for people with disability. An exploration of alternative approaches to funding and delivering disability services with a focus on early intervention and long-term care will be an important contribution to their National Disability Strategy.

Scope of the review

The Productivity Commission has been requested to undertake an inquiry into a National Disability Long-term Care and Support Scheme. The inquiry should assess the costs, cost effectiveness, benefits, and feasibility of an approach which:

- provides long-term essential care and support for eligible people with a severe or profound disability, on an entitlement basis and taking account the desired outcomes for each person over a lifetime
- is intended to cover people with disability not acquired as part of the natural process of ageing
- calculates and manages the costs of long-term care and support for people with severe and profound disability
- replaces the existing system funding for the eligible population
- ensures a range of support options is available, including individualised approaches
- includes a coordinated package of care services which could include accommodation support, aids and equipment, respite, transport and a range of community participation and day programs available for a person's lifetime
- assists the person with disability to make decisions about their support
- provides support for people to participate in employment where possible.

In undertaking the inquiry, the Commission is to:

1. Examine a range of options and approaches, including international examples, for the provision of long-term care and support for people with severe or profound disability.

The Commission is to include an examination of a social insurance model on a no-fault basis, reflecting the shared risk of disability across the population. The Commission should also examine other options that provide incentives to focus investment on early intervention, as an adjunct to, or substitute for, an insurance model.

2. The Commission is to consider the following specific design issues of any proposed scheme:
 - eligibility criteria for the scheme, including appropriate age limits, assessment and review processes
 - coverage and entitlements (benefits)
 - the choice of care providers including from the public, private and not-for-profit sectors
 - contribution of, and impact on, informal care
 - the implications for the health and aged care systems
 - the interaction with, or inclusion of, employment services and income support
 - where appropriate, the interaction with:
 - national and state-based traumatic injury schemes, with particular consideration of the implications for existing compensation arrangements
 - medical indemnity insurance schemes.

3. Consider governance and administrative arrangements for any proposed scheme including:
 - the governance model for overseeing a scheme and prudential arrangements
 - administrative arrangements, including consideration of national, state and/or regional administrative models
 - implications for Commonwealth and State and Territory responsibilities
 - the legislative basis for a scheme including consideration of head of power
 - appeal and review processes for scheme claimants and participants.

4. Consider costs and financing of any proposed scheme, including:
 - the costs in the transition phase and when fully operational, considering the likely demand for, and utilisation under different demographic and economic assumptions
 - the likely offsets and/or cost pressures on government expenditure in other systems as a result of a scheme including income support, health, aged care, disability support system, judicial and crisis accommodation systems
 - models for financing including: general revenue; hypothecated levy on personal taxation, a future fund approach with investment guidelines to generate income
 - contributions of Commonwealth and State and Territory governments
 - options for private contributions including copayments, fees or contributions to enhance services.

5. Consider implementation issues of any proposed scheme, including:
 - changes that would be required to existing service systems
 - workforce capacity
 - lead times, implementation phasing and transition arrangements to introduce a scheme with consideration to service and workforce issues, fiscal outlook, and state and territory transitions.

The Government will establish an Independent Panel of persons with relevant expertise to act in an advisory capacity to the Productivity Commission and the Government, and report to Government throughout the inquiry. The Commission is to seek public submissions and to consult as necessary with the Independent Panel, State and Territory governments, government agencies, the disability sector and other relevant experts and stakeholders.

The Commission will begin the inquiry in April 2010 and is due to report back by July 31, 2011.

As you can see this is a wide reaching brief and could be used to soften the public up to the rationale of introducing a taxation levy on individual taxpayers to pay for this. From my belief though, the real issue though is the entire taxation system and its inadequacies where tax is disproportionately collected from across the community. Moving to the concept of a Financial Transaction tax would substantially increase taxation revenue, equitably spread the payment of tax across all sectors of society and business (including multi-national companies), and eliminate the need for all other forms of taxation.

8. National Standards for Out-of-Home Care

In January FaHCSIA released a Consultation Paper for the development of National Standards for Out-of-Home Care applicable (but not necessarily limited to) Residential Care, Foster Care, and Kinship Care.

The development of these National Standards is a key part of the *National Framework for Protecting Australia's Children 2009–2020*, which was endorsed by the Council of Australian Governments on 30 April 2009.

The Consultation Paper was seeking views on:

- the drivers for optimal health and well-being outcomes for children and young people
- where and how the Out of Home Care system can impact on outcomes for children and young people in Out of Home Care and how to influence these drivers
- what possible standards should be included in the National Standards for Out of Home Care and how they should be measured and reported.

We put out a summary document of this consultation paper for members information back in mid March.

The Australian Institute of Health and Welfare characterises a number of different living arrangements as Out of Home Care:

- *foster care* – where placement is in the home of a carer who is receiving a payment from a State or Territory for caring for a child
- *relative or kinship care* – where the caregiver is a family member or a person with a pre-existing relationship with the child
- *family group homes* – where placement is in a residential building that is owned by the jurisdiction and that is typically run like a family home, with a limited number of children who are cared for around-the-clock by resident carers
- *residential care* – where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff. This category includes facilities where there are rostered staff and where staff are off site
- *independent living* – such as private boarding arrangements
- *other* – where the placement type does not fit into the above categories or is unknown.

At this stage in development, the scope of the application of the National Standards has not been finalised. Current standards apply to a range of carers and providers in the Out of Home Care sector, including those in family-based (foster care, relative care and kinship care) and non-family based care (residential care, transitional accommodation, commercial care workers, congregate care and independent living).

Current New South Wales Standards.

In 2008, the New South Wales Children's Guardian commenced a review of its accreditation and quality improvement program.

The Children's Guardian initiated this review because:

The accreditation system currently in place is a 'foundation system' and, like all other accreditation systems, needs to evolve over time in light of operational experience.

1. A range of Out of Home Care service providers, in meetings with the Children's Guardian, suggested improvements could be made to the operation and administration of the Program
2. The system was overly prescriptive and cumbersome and not child focused
3. Out of Home Care agencies are expected to review their policies and procedures every three years and it is appropriate that the Children's Guardian apply this same principle to its own work.

As a result of the review, a range of regulatory reforms and the streamlining of the New South Wales Out of Home Care Standards have been undertaken and updated standards have been developed, with a focus on outcomes for children. The updated standards are in draft form awaiting finalisation.

9. On-Line Adobe Connect Platform and Web Conferencing.

We have trialed about 9 members on this platform with people logging in and setting up the web cams and speaker systems. Of late, these trials have been successful and with few problems. We are now encouraging as many members as possible to trail the system so we can communicate on-line.

We will be using this platform for the mentoring Project training so all the participants will come on line with their sessions with the tutor and in linking up with other participants for project exercises.

We also want to encourage participants undertaking the Advanced Diploma of Community Services Management to link with the trainer through this platform.

This will also be able to use this to conduct meetings amongst members from across the state.

10. Pre-Qualification for Respite Providers.

Following last year's Discussion paper on this subject, we have since adopted the position that for the Respite care sector in NSW there should be a pre-qualification tender process for service providers similar to that for Accommodation and day program providers. Once a respite provider attains a pre-qualification status, then future tender applications should be limited to a business plan / service plan as to how they will deliver the service being put up for tender.

11. 2010 State Conference

This year's state conference will be held in Wagga on Tues / Wed / Thur November 9 / 10/ 11, at the Wagga Wagga RSL. Usual format of Full day Tuesday, half day Wednesday, and Full day Thursday will apply.

Beginning to canvass members for content ideas. Some suggestions put forward from this meeting include:

- Proliferation of people with a disability in the criminal justice system, 250 new beds being established at Goulburn and Long Bay jails.
- DoCS legislation and mandatory reporting requirements
- Drug & alcohol issues for people with a disability
- Guardianship issues

- Yet to be released NRCP evaluation report
- Independent Quality Assurance services
- ADHC's Reducing Red Tape Project
- Behaviour / Value Based Interviewing

We hope to have the first draft of the Conference brochure ready before June 30.

If you have any other suggestions then please email to Kevin at:

kevinm@interchangensw.com.au

12. **Auditor-General's Report:** **Access to Overnight Centre-Based Disability Respite**

This report was recently released and unbeknown to Interchange Respite Care NSW that it had taken place. A summary of the report has been developed by Kevin and sent out to the membership.

This audit focused on **overnight centre-based** respite which supports **40 per cent** of disability respite clients in New South Wales. The audit objective was to establish whether access to overnight centre-based respite is working well to support people with disabilities and their carers. To do this they asked three questions:

- ✓ **what is ADHC trying to achieve with respite and is it successful?**
- ✓ **is access to respite based on need?**
- ✓ **is respite managed efficiently?**

Key audit findings

What is ADHC trying to achieve and is it successful?

ADHC targets do not provide guidance as to how the respite resources are to be allocated. There is uncertainty over whether a little respite is to be provided to many or whether more respite is to be provided to carers under the most stress.

ADHC plans to provide and fund respite for 8,950 clients (including 3,400 who will get centre-based respite) in 2009-10. This represents 12 per cent of the potential population for respite services. This population of 74,498 consists of people under 65 years, with a serious or profound disability requiring assistance, who have a primary carer.

Around 40 per cent (3,400) of the people using respite in NSW use overnight centre-based respite. On average this costs between \$8,800 and \$22,000 a year per client. Other forms of respite (which are not the focus of this audit) tend to be less expensive.

Ageing carers present a growing challenge for government as their capacity to provide care diminishes over time. At least **13 per cent** of carers in NSW, and more than 20 per cent in the Hunter and Southern regions, are over **65 years old**. ADHC's ability to plan for ageing is reduced because it doesn't know how old 25 per cent of carers are. **ADHC funds 19 Support Coordination Services across NSW to help older carers plan for the future.**

Is access based on need?

There is no consistent needs-based approach for determining who gets respite and how much they get. For historical reasons, respite centres are distributed unevenly across the state and the chances of getting centre-based respite depend, in part, on where you live. For example, only **2.3 per cent of the potential users in the southern part of the state get centre-based respite.**

While NGOs and ADHC base their eligibility criteria for respite upon disability as defined in the Disability Services Act 1993 (DSA), they have different rules for determining who they give priority of access to. These rules reflect the separate segments of the population that ADHC and NGOs help.

- NGOs can refuse to accept particular clients such as those with complex needs
- many NGOs specialise in helping people with a particular disability such as multiple sclerosis, acquired brain injury or quadriplegia. (I'm not quite sure about the accuracy of that blanket statement. Kevin)
- ADHC only provides in-house services to people who exhibit an IQ of less than 70 before their eighteenth birthday. This excludes people with high needs who acquire an intellectual disability later in life (you don't acquire an intellectual disability later in life. Kevin) through accident or disease and people who have a physical disability but no intellectual disability.

ADHC does not have a consistent way to determine who gets respite and how much they get. There is no agreed or coherent way to rank an individual's need for respite.

ADHC is developing a respite assessment and booking system (RABS) to prioritise access to respite based on need. ADHC plans to start implementing RABS in ADHC respite centres across the state during 2011. Once this is done, ADHC will make RABS available to interested NGOs.

ADHC advises that when RABS is fully implemented it will provide:

- ✓ standardised tools for assessing the needs of the client and the carer
- ✓ standardised tools for prioritising access to respite based on carer need
- ✓ benchmarks to support decision making in determining the amount of respite to be allocated to each client based on prioritised need
- ✓ an online booking system that will consider client mix and staffing requirements to maximise occupancy and ensure quality of care.
- ✓ greater efficiency, improved service occupancy and better client outcomes.

ADHC does not maintain information on how NGOs prioritise clients and allocate respite. Under the funding agreements established before 2006, NGOs determined who they give respite to and how much they give.

Is respite managed efficiently?

We found mixed performance when we examined the efficiency of respite management. ADHC has reduced the number of blocked beds from **26 in September 2008 to 9 in September 2009.** We estimate that this enables another 130 people to get respite.

While clients of ADHC centres get an average of 39.7 nights of respite a year, 19 per cent get more than 61 nights.

According to ADHC policy, it should have reassessed the needs of 140 clients in 2008-09 once they reached a threshold of heavy respite use (more than 63 days of respite in a 12 month period for adults and more than 21 days in a three month period for children). ADHC only reassessed the need of 77 of these 140 clients (55 per cent).

ADHC and NGO respite centres could be used more efficiently. Two ADHC regions use their beds less than 80 per cent of the time. A few ADHC centres had less than half of their beds occupied at any given time. **ADHC does not maintain data on the occupancy rate of NGO beds.**

While ADHC fast-tracks urgent cases, most new entrants to respite take over six months to access ADHC respite. The absence of a coherent system across the sector and **barriers to the exchange of information between and within disability providers** (I am not sure if the NGO sector is that bad in exchanging information - Kevin) can cause delay. It also results in carers making multiple applications with, and undergoing multiple assessments from, a range of providers.

Carer groups complained of the frustration and fatigue of being reassessed at each stage of the process and every time they sought support. Staff across the sector considered NGO procedures to be timelier than those of ADHC.

ADHC does not know what it is paying for under some older NGO funding agreements. These allow NGOs to determine how they will provide respite and it may be in a range of forms including centre-based. For these agreements ADHC does not hold centralised data on the total number of funded beds or where they are located, but it advises that the regional officers will know how respite is being delivered.

Under the older funding agreements ADHC pays some NGOs less than \$15 for an hour of respite care and others more than \$35. ADHC cannot always explain the range in funding by differences in the cost of care or the contribution made by the NGO and volunteers.

There are many reasons why costs vary including:

- intensity of staffing needed to care for clients
- occupancy rates
- location
- different industrial Awards provide ADHC staff with higher pay rates than NGO staff (Is that a revelation? Kevin.)
- management and overhead structures.

ADHC advises that on average it spends **\$130,000 a year per respite bed** which provides **7.7 clients with 39 nights** of respite a year. In contrast, under the new *Stronger Together* funding, ADHC typically **pays an NGO \$123,200 per bed** to provide **14 clients with 25 nights** of respite.

Recommendations

1. To better plan for and manage respite services we recommend that ADHC establish, and monitor against, respite performance targets by December 2011. These targets should direct ADHC's attention to supporting families in maintaining their caring role and could include the proportion of:
 - a. people with very complex medical needs receiving respite
 - b. people with very challenging behaviour receiving respite.

2. To ensure people with the greatest need receive respite we recommend that ADHC should expedite its current efforts to:
 - a. direct growth funding to the areas that need it most
 - b. establish consistent criteria and implement a common approach for prioritising and allocating respite according to need
 - c. work collaboratively with NGOs to coordinate ADHC and NGO services.

3. To improve access to respite we recommend that ADHC:
 - a. strengthen its monitoring to ensure that the needs of high users of respite are being met
 - b. expedite the work underway to streamline the assessment process and the sharing of information with NGOs
 - c. set clear targets for occupancy rates of centre-based respite beds
 - d. improve the design of facilities to assist the management of challenging behaviour.

4. To better understand what it is getting for its expenditure we recommend that by December 2011 ADHC:
 - a. undertake a stock-take and maintain a database of all respite beds
 - b. complete its review of centre-based respite outputs and funding including those provided under pre-2006 agreements.

13. Other Interchange Projects

Mapping Residential Respite Facilities. We intend to develop a comprehensive list, and location map, of all residential disability respite houses across NSW for information & publication. We want to ensure that we have the knowledge of where these facilities are and the overall capacity for this model of respite.

Visual Training Resources. Many years ago Interchange Respite Care NSW developed a number of video training resources for use by member agencies in volunteer or new staff orientation & induction. We are now considering providing the membership with an, or some, updated visual training resources they can use in-house. As the first step, we will soon be surveying the membership to ascertain what topics they would like covered in any updated visual training resource.

Carers Profile of the ideal Support Worker. We intend to undertake a piece of research work of carers to develop a profile model of the skill sets & qualities they believe should be required for Direct Care Respite Workers and Respite Co-ordinators. The purpose of this is to assist ourselves as the Industry body in ascertaining the priority skills we need to be advocating for competency enhancement amongst the respite care industry.

14. Name Change

We intend to change our name by dropping the identity of 'Interchange'. A few months ago we did a small poll amongst members with a range of options being favoured around the National Respite Care Association. Once we have investigated and met any requirements pertaining to the NSW Incorporated Associations Act and the Department of Fair Trading, then we shall proceed with a name suggested by the Board and voted on by the Members.