

**RIVERINA REGIONAL RESPITE MEETING**

**Briefing & Consultation Session**

Tuesday April 20, 2010.  
Senior Citizens Centre Wagga Wagga.

**Session Notes**



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**Attendance:**

Merylise Calabria	Ageing Disability & Home Care
Tricia Hogan	Valmar Support Services
Sue Bristow	Valmar Support Services
Sharada Little	Wiradjuri Home Care
Wendy Hannan	Wiradjuri Home Care
Ben Walker	Schizophrenia Fellowship Association NSW
Rebecca Weymouth	Hay HACC
Jodie Hayes	Age Concern Albury
Deb Hitchenson	Northcott
Sue Gorman	IDEAS NSW
Mel Roberts	Family Link Wagga
Tracey Collins	Kurrajong Waratah
Lisa Whittaker	Valmar Support Services
Lisa Packard	Valmar Support Services
Kerrie Lynch	Kalparrin Inc.
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.

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**

<b>Yes: 74%</b>	<b>No: 24%</b>	<b>Don't Know: 2%</b>
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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 3 <sup>rd</sup> 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 typically 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 worker 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.

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**UNMET NEEDS.**

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

<b>Yes: 62%</b>	<b>No: 23%</b>	<b>Don't Know: 14%</b>
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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)?**

<b>Macro Level: 2%</b>	<b>Micro Level: 39%</b>	<b>Both: 58%</b>
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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:**

<b>Clients who Currently receive a Service:</b>  <b>11%</b>	<b>Clients you are Unable to provide a service to:</b>  <b>15%</b>	<b>Clients you are providing a service to + those waiting to receive a service:</b> <b>72%</b>	<b>Don't Know:</b>  <b>2%</b>
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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?**

<b>Yes: 70%</b>	<b>No: 22%</b>	<b>Don't Know: 7%</b>
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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 5<sup>th</sup> 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:**

<b>Courses</b>	<b>No of training places requested</b>
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](mailto: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](http://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. 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.

### [4. 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.

## **5. 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.

## 6. 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.

## [7. 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.

## **8. 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.

## 9. 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.

## 10. 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.

## 11. 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.

## 12. Other Business.

**Interlink at Kurrajong Waratah.** Tracey spoke about her service Interlink. This is a project that can provide support packages for Older Parent Carers of up to \$5,000 for a 1 off occasion. The funds can be used by the carer to purchase any support resources they choose. All assessments are done face-to-face, and Tracey's project has assisted 265 families in 3 years so far. Contact number for Tracey's program is 1300-727-545