

# Respite

## Introduction

This section describes the requirements for HACC funded respite care. Readers should also refer to:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 3: 'Personal Care Policy'
- Part 2: 'Service coordination assessment and care planning'.

Respite is designed to support care relationships and strengthen the capacity of the person's carer to maintain their care role.

Respite support provides a break for the carer from their usual care role to enable them to participate in community, social and other activities. Full-time carers are considered a priority for respite support.

By providing activities to the person being cared for respite services can:

- support the person's emotional wellbeing, social inclusion and participation
- provide assistance with skills development and capacity building.

## Scope

Respite services are provided to the carers of people in the HACC target population. Children in shared care or out-of-home placements may access respite care based on the carer's assessed needs.

While some service providers specialise in providing respite support for specific groups, such as carers of young people with a disability, the majority of HACC respite providers offer respite to all people in the HACC target group.

Respite is delivered either separately or as part of a flexible, responsive, integrated package of services coordinated across multiple service providers.

People may access multiple HACC respite services as well as respite services available through other programs.

Respite services:

- actively consider how to support the person and their carer in maintaining or strengthening the care relationship
- assist each person to identify their needs and interests
- provide enjoyable age-appropriate and meaningful activities
- providing accessible information to carers on support services and options available in the community.

Within this scope, respite services may be provided:

- at home, in a community venue or in the general community
- during weekdays, evenings and weekends
- on a regular basis, episodically or intermittently as needed.

## Exclusions

HACC funded respite care may not be used to substitute the responsibility of another funded program.

## Assessment and care planning

Respite commences with a face-to-face assessment to explore the person and their carer's needs, strengths and capabilities with a focus on supporting and strengthening the care relationship. The assessment may occur as part of a Living at home assessment or a service-specific assessment.

This assessment will include discussion about how best to:

- support the carer in their care role and care relationship
- support the person receiving the care
- maintain the person's usual routines and activities in the absence of the carer, for example by providing personal care and/or assistance with therapy or exercise programs usually provided
- ensure respite options are enjoyable and meaningful for the person.

The assessment covers the carer's need for respite as well as other supports to maintain or improve their overall health and wellbeing. This includes the provision of information from carer support groups and services such as the National Respite for Carers Program (NRCP).

In collaboration with the person and their carer, a goal directed care plan is developed based on the person's specific interests, strengths, abilities and needs.

The care plan lists:

- the person and their carer's goals
- priority areas for assistance
- agreed respite strategies to achieve goals
- how and when supports will be provided.

The allocation of respite includes considerations of the availability of a community care worker with the appropriate skills and available resources.

The care plan should document (as relevant):

- planned (regular, episodic or one-off) or emergency respite arrangements
- residential respite as available through the disability services system or aged care system, as appropriate
- the activities and supports to be undertaken during respite, including personal care (see Part 3: 'Personal Care Policy')
- emergency procedures, telephone numbers, on-call backup people and processes, including options for short term service delivery where there is a change in the care relationship, such as when a carer is ill
- staff support and accountability
- monitoring and review processes and timelines.

The allocation and continuity of community care workers should be a priority. This is determined on an individual basis, taking into account the person's and carer's needs, diversity characteristics and preferences, as well as the tasks to be performed.

Where multiple respite service providers are involved, a shared care planning process should consider the continuity of care and worker allocation.

Each person's progress is monitored and there is a clear process for the community care worker to report observed changes in the person's condition. Care plans and progress towards goals are reviewed on a regular basis.

The person and carer may increase, decrease or cease their use of respite as their needs and circumstances change.

When HACC respite services can no longer meet the needs of the person and their carer, they should be assisted to exit or transition to a more suitable service.

## Community care worker role

Assessment staff, team leaders and supervisors should provide community care workers, including casual staff, with access to relevant information about the person's needs, strengths and goals from the assessment and care planning process. This will assist community care workers to:

- understand their role and the specific tasks to be undertaken as identified in the care plan
- understand their role in coaching, supervising, mentoring, or and/or motivating the person to achieve their goals
- participate as part of a broader team in optimising the person's health and wellbeing
- observe and monitor the person and their carer's progress towards their goals, satisfaction with services and provide feedback.

## Respite options

Respite strategies may include in-home respite or community based respite. When responding to individual situations, respite service providers should aim to support care relationships and strengthen the capacity of the person's carer to maintain their care role.

Respite service providers should be flexible, responsive and innovative in the provision of direct care and in the planning and development of their overall service.

Respite services may be provided:

- at home, in a community venue or in the general community such as a library, recreation centre, shopping centre or park
- during weekdays, evenings and weekends so that an appropriate level of service is available at the time and frequency indicated by each person's assessed need as well as carer capacity and availability
- on a regular basis, episodically or intermittently as needed.

Service providers should inform carers that they may request to purchase additional respite, and that their request will be considered based on the organisation's capacity and the availability of staff to meet the request.

## In-home respite

In-home respite refers to support provided to the person in their home. The in-home support may include:

- assistance with skill development and capacity building, such as the implementation of a specific program under the supervision of a health professional
- assistance with activities of daily living, including personal care
- support for the person to undertake activities of their choice during in-home respite
- support for the carer by undertaking light household tasks such as meal preparation, dishes or laundry, provided these do not detract from the service being provided to the person.

Where in-home respite is provided to a younger person with a disability and other siblings are present, the community care worker provides support to the family. This includes caring for all children present while focusing on the person with a disability.

In limited circumstances, where other childcare services are not available or appropriate, a community care worker may provide respite for the siblings without the child with a disability being present. An example would be if a parent has to take the child with a disability to a medical appointment, and there are no other suitable childcare options.

HACC funded respite care may not be used to substitute the responsibility of another organisation. This includes the role of school integration aides in before- and after-school programs, pre-schools, childcare services and play groups. Although a community care worker may have an established relationship with the young person with a disability, HACC funding may not be used for this purpose. However, the community care worker may be employed and funded by the other organisation to enable a flexible and responsive approach.

## Community based respite

Community based respite refers to a community care worker supporting the person to participate in activities or programs of their choice in the community. Examples include accompanying and assisting the person to participate in:

- recreational activities, holiday programs or social activities
- shopping
- a cultural group or event
- a hobby or club
- social and community events.

## Personal care

Where respite encompasses the provision of personal care including assistance with or monitoring of medication, the HACCC Personal Care Policy must be adhered to. For the specific personal care requirements for a person with unstable/complex health needs see Part 3: 'Personal Care Policy'.

## Staffing statement

For detailed information on required qualifications, refer to the staff education and training subsection of Part 1: 'Employee and related requirements'.

Organisations providing respite must have appropriate policies and procedures in place to:

- ensure community care workers adhere to the HACC Personal Care Policy (included in Part 3)
- ensure appropriate time is allocated for support and supervision of community care workers
- support the ongoing competency training and education requirements for community care workers.

Where the community care worker is involved in food handling and meal preparation, they must adhere to safe food handling including personal hygiene and cleanliness.

Employees should encourage their staff to undertake food handling training. The relevant competency unit is HLTFS207C Follow basic food safety practices. This is available as an online unit through the HACC Education and Training provider.

## Reporting requirements

Organisations funded for HACC respite are required to participate in the quarterly collection of the HACC minimum data set (MDS).

For details see, Part 1: 'Reporting and data collection'.

The HACC MDS is used to record details of individual clients receiving hours of respite.

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### Links

Commonwealth Respite and Carelink Centres

Freecall: 1800 052 222

[www.respiteseeker.com.au](http://www.respiteseeker.com.au)

Support for Carers program

<http://www.health.vic.gov.au/agedcare>

*Carers Recognition Act (Victoria) 2012 and Victorian Charter Supporting People in Care Relationships*

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/carers-recognition-act-2012>

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