Australian Government

Department of Health and Ageing

NATIONAL RESPITE FOR CARERS PROGRAM

RESPITE SERVICE PROVIDERS' PROGRAM MANUAL

July 2012

TABLE OF CONTENTS

1   Preface

This Program Manual provides the framework for the implementation and administration of the National Respite for Carers Program.

This Program Manual has been developed by the Department of Health and Ageing (the Department) for Organisations funded to provide services under the National Respite for Carers Program.

This Manual replaces the 'Administrative and Program Guidelines for Respite Services Funded Under the NRCP' issued in May 2004, and is applicable from 1 July 2012 onwards.

The Manual is available electronically on the Department of Health and Ageing website at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-carers-nrcp.htm-copy2

The Department of Health and Ageing reserves the right to amend this document from time to time, by whatever means it may determine in its absolute discretion, and will provide reasonable notice of these amendments.

Service providers will be advised as necessary of any updates by email and providers will be responsible for ensuring that the information contained in the Manual is kept up to date.

Feedback on the Manual is welcomed. Service providers can post their feedback via the NRCP mailbox at NRCP Mailbox@health.gov.au

2   Introduction

2.1   Purpose of this Manual

This Manual is intended to support respite service providers and their staff, funded under the National Respite for Carers Program (NRCP), by providing information on the Program and the day-to-day responsibilities provided in the service providers' Funding Agreements with the Australian Government. This document must be read in conjunction with the Funding Agreement. The new Departmental Funding Agreements consist of:

- Aged Care Funding Terms and Conditions (Agreement); and

- Program Schedule for Aged Care Funding (Schedule).

This Manual does not aim to repeat the Funding Agreement provisions. This Manual forms part of the Funding Agreement between the Australian Government and the funded Organisation for each service provider. It sets out the specific services the Organisation is required to provide as well as the accountability requirements to demonstrate effective and efficient use of Australian Government funding.

2.2   Acronyms

Acronyms used in this manual are listed below:

ACAT	Aged Care Assessment Team
CACP	Community Aged Care Packages
CCP	Commonwealth Carelink Program
COAG	Council of Australian Governments
CRCC	Commonwealth Respite and Carelink Centres
DoHA	Department of Health and Ageing
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home – Dementia
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FAR	Financial Accountability Report
HACC	Home and Community Care Program
NCCP	National Carer Counselling Program
NRCP	National Respite for Carers Program
SAR	Service Activity Report

2.3   Definitions

Note: capitalised terms used in this Program Manual which are not defined in the below definitions have the same meaning as in the Agreement.

Brokerage Funds	Commonwealth Respite and Carelink Centres (Centres) use Brokerage Funds to organise and purchase or subsidise respite assistance to provide support to carers.
	NRCP service providers, including Centres operating as NRCP respite service providers, can use respite service Funding to enter into subcontracting arrangements. NRCP respite service providers cannot use respite service Funding to broker services.
Care Plan	A Care Plan is a plan of care which is developed by service providers in conjunction with the carer and care recipient. The plan will outline the care needs and will provide instructions as to how the care needs will be for both the carer and care recipient.
	A Care Plan includes, but is not limited to, the following:
	▪ the carer's aspirations about their situation;
	▪ the support needs and options for the care recipient;
	▪ support services appropriate to the carer's needs;
	▪ a proposed respite program;
	▪ family and community support resources available to the carer;
	▪ arrangements for emergencies including where support and/or care could be provided for the person being cared for, and other family or friends who may be involved;
	▪ the ongoing needs for care and support; and
	▪ consideration of the criteria in "The Statement for Australia's Carers" *(Carer Recognition Act 2010)* and meeting these criteria.
carer	The *Carer Recognition Act 2010* (the Act) defines 'carers' as people who provide personal care, support and assistance to people with a disability, medical condition (including terminal or chronic illness), mental illness, or frailty due to age. For the purposes of the NRCP, informal assistance has to be ongoing (with the exception of Palliative Care), or likely to be ongoing, for at least six months and be provided for everyday types of activities. For the purpose of the NRCP, a pension or benefit is not considered to be payment for the caring role. A paid worker, who provides care services, or a volunteer arranged by a service provider, is not considered to be a 'carer' for the purpose of the NRCP.
	(See also definition for "Primary Carer")
Care Leaver	A person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century. Care-leavers include Forgotten Australians, former child migrants and people from the Stolen Generations.

care recipient	A care recipient is an individual who is receiving assistance or attention by a family member, friend or community appointed carer. Types of assistance or attention may include assistance with self-care, mobility or verbal communication.
Carer Support Services	Services that provide the carer with assistance which relieve them of tasks other than the direct caring role (e.g. shopping, cleaning, or home modification for the care recipient). Carer Support can have a respite effect by relieving the carer of some daily tasks by providing some support to the person receiving care and assisting the carer to continue in the direct caring role.
Challenging Behaviour	Behaviour of such intensity, frequency or duration that the physical safety of the care recipient or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities.
Commonwealth Respite and Carelink Centres (Centres)	Commonwealth Respite and Carelink Centres are information centres for Older People, people with disabilities and those who provide care and services. Centres provide free and confidential information on community aged care, disability and other support services available locally, or anywhere within Australia. Centres also assist carers with options to take a break through short term and Emergency Respite services, based on assessed need.
Culturally and Linguistically Diverse (CALD)	Services designed to meet the needs of carers from culturally and linguistically diverse backgrounds. For the purposes of NRCP, carers may be defined as CALD where they have particular cultural or linguistic affiliations due to their: ▪ place of birth or ethnic origin; ▪ main language other than English spoken at home; and/or ▪ proficiency in spoken English.
Dementia	Dementia is a term used to group diseases that are characterised by the progressive impairment of brain functions, including language, memory, perception, personality and cognitive skills.
disability – person with a moderate, severe or profound disability	A person who has one or more moderate, severe or profound core activity restrictions, as defined in the Australian Bureau of Statistics' *Survey of Disability, Ageing and Carers 2009*. A moderate restriction means a person does not need assistance, but has difficulty in performing a core activity. A severe restriction means a person sometimes needs assistance to perform a core activity. A profound restriction means a person is unable to perform a core activity and always needs assistance. Core activities are self-care, mobility, and communication.
eFAR	The Electronic Financial Accountability Report (eFAR) is an online report completed by providers to acquit Program Funding six months into the financial year and at the end of the financial year.

Emergency Respite	Emergency Respite care provided by the Organisation in response to unexpected requests for assistance, and must be drawn from the same Service Types as detailed in Table B.2. of the Schedule.
Employed Carer	A carer who is in full-time, part-time, or temporary employment, or is actively seeking employment. A carer who is undertaking training or study in order to join the work force also falls within this definition. Training may include volunteering as part of pre-employment training where the voluntary work is related to a realistic career goal.
Employed Carer Respite	Respite for a carer who is in full-time, part-time, or temporary employment, or is actively seeking employment. A carer who is undertaking training or study in order to join the work force also falls within this definition. Training may include volunteering as part of pre-employment training where the voluntary work is related to a realistic career goal.
FAR	In accordance with the Terms and Conditions specified in the Funding Agreement(s) with the Department, the Organisation is required to submit a variety of Financial Accountability Reports (FARs) each year and over the life of the project. FARs are required to enable the Department to acquit the Organisation's expenses.
Financially and Socially Disadvantaged	People who have limited financial resources and are socially disadvantaged due to social isolation.
Flexible Respite Services	Respite care provided by the Organisation. The Organisation can choose to provide any of the Service Types when providing Flexible Respite Services based on its assessment of the demand of the respite services in the Service Area.
Frail Aged	Individuals over the age of 65 years of age (or over the age of 50 years if Indigenous) with an increased likelihood of functional decline. Clinical markers may include: slowed gait, flexed posture, unsteady gait, inactivity and/or loss of interest, slowed cognitive processing and mild cognitive impairment.
Frail Aged Carer	A carer who is 65 years of age or older (or 50 years of age or older if Indigenous) who is caring for an older person or a person with a disability, normally an adult spouse, son or daughter with a disability.
Guided Referral	The provision of information to a carer or care recipient about available services and service provider details, with follow-up to ensure that the arrangements have been made for the carer or care recipient to receive assistance.
HACC	Commonwealth Home and Community Care Program

HACC Region	A geographical area in Australia as agreed between the Australian Government and state or territory governments. HACC Regions are defined on the Department of Health and Ageing website at http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-region.htm
Older People	Older People are defined as people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over.
Organisation	The legal entity with whom the Commonwealth has entered a Funding Agreement for provision of NRCP services for eligible clients. An Organisation may hold legal responsibility for several NRCP service outlets, or it may only hold one service outlet.
Palliative Care	The care of a person who is dying or who has an active, progressive and advanced disease, with little or no prospect of cure.
Planned Respite	Refers to scheduling respite in advance to allow the carer to arrange their breaks on predetermined dates. This planned respite could be one-off or regular.
Primary Carer	The person who provides the most informal assistance, in terms of help or supervision, to a person who needs care. While it is recognised that family and/or friends may share the care of a person who is aged or has a disability, one person must be identified as the primary carer for the purpose of service delivery and reporting. (See also definition for "carer".) The assistance (e.g. help with self-care, mobility or verbal communication) has to be provided on a regular and ongoing basis for at least six months, or is likely to be provided on an ongoing basis, to a person who has a disability or is disabled as a consequence of ageing or illness. This **does not** include paid care workers or volunteers arranged by formal services.
Respite Care	An alternative or supplementary care arrangement with the primary purpose of giving the carer: ▪ a short term break from their usual caring role; and/or ▪ assistance with the performance of their caring role, on a short term basis. Alternative care may be provided in the home, suitable temporary accommodation or an appropriate community setting.
Rural and Remote	The Australian Government has developed a number of scales to objectively rank the degree of "rurality" of regional towns. These scales distinguish rural towns on the basis of population and then compare their distance from larger centres to establish degrees of remoteness. The categories used are: Major Cities (Capital and Other), Inner Regional (Large Centre), Outer Regional (Small Centre and Other Rural Area) and Remote (Remote Centre) and Very Remote.

SAR – Service Activity Report	A Service Activity Report (SAR) is a report completed by service providers to provide the Department with information on activities performed with the Program Funding. SARs are required to be submitted twice per financial year – six months into the financial year, and at the end of the financial year.
Subcontractor	A contractor who has entered into an agreement with an NRCP funded service provider to perform part or all of the NRCP service providers' obligations under their Funding Agreement with the Department.

3   Policy Context - Background

Community care services aim to help Frail Aged people and people with a disability to live independently in their own homes and enjoy quality of life for as long as possible, and to support carers in their caring role. Services are tailored to best meet individual client needs and are delivered in a person's home or in their local community. Community care services can be funded by the Commonwealth or state, territory and local governments and are generally provided by non-government organisations.

The National Respite for Carers Program (NRCP) is part of the Australian Government's strategy to achieve an enhanced quality of life for Older People, people with moderate, severe or profound disabilities, and their carers. It is part of a suite of programs which seek to support healthy ageing for Older People and quality, cost effective care for Frail Aged people and their carers. The aim of the NRCP is to contribute to the support and maintenance of relationships between carers and care recipients by facilitating access to information, Respite Care and other support appropriate to both the carer's and the care recipient's needs and circumstances.

3.1   National Carer Recognition Framework

The development and implementation of the National Carer Strategy is the Australian Government's recognition of the invaluable contribution of carers to the Australian community. The Strategy represents the Australian Government's long term commitment to carers.

The National Carer Strategy gives effect to the principles of the *Carer Recognition Act 2010.*

3.2   Recognition of Carers

The *Carer Recognition Act 2010* commenced on 18 November 2010. It defines the term 'carer', and sets up reporting and consultation arrangements for public service agencies.

The Act acknowledges the vital social and economic contribution that carers make to society. The Act includes "The Statement for Australia's Carers" (at Appendix 5), which sets out ten principles that Australian Public Service agencies and funded service providers must consider when developing policies and delivering services for carers and the people they care for.

The aim of the Act is to increase recognition and awareness of the role carers play in providing daily care and support to people with disability, medical conditions, mental illness or who are Frail Aged.

Under the Act, service providers have an obligation to ensure that carers are considered and consulted with regard to the development of policies and programs which impact on informal carers.

A copy of the *Carer Recognition Act 2010* can be downloaded from ComLaw at
http://www.comlaw.gov.au/Details/C2010A00123

The *Carer Recognition Act 2010* Guidelines provide examples of the actions which service providers may undertake to meet these obligations. The Guidelines can be downloaded from FaHCSIA's website at
http://www.fahcsia.gov.au/sa/carers/pubs/carer_recognition_guidelines/Pages/default.aspx

3.3   National Carer Strategy

The National Carer Strategy formally acknowledges the vital role of carers. It will improve on Australian Government's current provision of assistance for carers and complements reforms which are currently occurring across the aged care, disability, mental health, primary health care, hospital and community care systems. The Strategy reflects the principles of the *Carer Recognition Act 2010*, and complements state and territory government strategies, policies and plans to support carers.

The Strategy has been developed in consultation with state and territory governments, carers, service providers and peak bodies. The Australian Government discussion paper 'Towards a National Carer Strategy' formed the basis for nation-wide targeted consultations and a written submission process undertaken in 2010. The Strategy was launched on 3 August 2011 by Minister Macklin, Minister Roxon, Minister Butler and Parliamentary Secretary McLucas.

3.4   Reform of Community Care Services

As part of the National Health Reforms, the Council of Australian Governments (COAG) agreed that from 1 July 2012, the Australian Government will take full funding and program responsibility for basic maintenance, support and care services for older people previously delivered through the Commonwealth Home and Community Care Program (HACC). This applies to people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over. This change in responsibility applies in all states and territories, except Victoria and Western Australia.

From 1 July 2012, the Australian Government is funding and administering the Commonwealth HACC Program through direct funding arrangements with existing HACC service providers who deliver services to older people. State and territory governments are continuing to fund and administer basic maintenance, support and care services for people aged 64 years and less, and Aboriginal and Torres Strait Islander people aged 49 years and less.

The Australian Government's Commonwealth HACC Program is directed towards assisting:
- frail older people with functional limitations as a result of moderate, severe and profound disabilities; and
- the unpaid carers of these frail older people.

The target population is frail older people living in the community who, without the basic maintenance, support and care services provided under the Commonwealth HACC Program, would be at risk of premature or inappropriate long-term residential care.

Transferring full responsibility for aged care services to the Commonwealth will combine services with existing community and residential aged care programs, and create a national aged care system. This will allow for a better integrated aged care system to be built, with links to health and hospital services, so that service delivery is coordinated to support older people move through the aged care system.

3.5   A New 1800 Number for Aged Care

On 1 July 2011 the Government introduced a new 1800 number (**1800 200 422**) which is being answered by Commonwealth Respite and Carelink Centres (Centres). The new 1800 number is designed to create a single point of entry to help people find information about aged care.

The new national phone number is a first step to create a single point of entry to information about aged care. However, the existing pathways will remain. Restructuring of the 1800 number will be undertaken over the next two years.

3.6   Productivity Commission Report – Caring for Older Australians

The Productivity Commission's final report into the aged care sector, *Caring for Older Australians*, was released on 8 August 2011. The final report provided analysis of the aged care sector and detailed proposals for aged care reform.

In undertaking the inquiry, the Commission developed options for further structural reform of the aged care system so this system can meet the challenges facing it in coming decades.

Further information on the inquiry can be found on the Productivity Commission's website at http://www.pc.gov.au or by contacting the Commission on (02) 6240 3223.

3.7 "Living Longer. Living Better." – the Australian Government's Aged Care Reform Package

On 20 April 2012 the Australian Government announced a comprehensive 10 year package to reshape aged care. It will build a better, fairer, sustainable and nationally consistent aged care system to meet the social and economic challenges of the nation's ageing population.

The Government recognises the need for fundamental reform of the aged care system in order to ensure that it continues to provide high quality care and can respond to future challenges.

Further information on the comprehensive reform package can be found on the "*Living Longer. Living Better.*" website at www.agedcareaustralia.gov.au

3.8 Other Program Guidelines

Service providers should also refer to the Program Guidelines or Manuals for additional programs administered by the service, such as the Home and Community Care Program (HACC), and Community Aged Care Packages (CACP).

4   National Respite for Carers Program Overview

4.1   Aims and Objective of National Respite for Carers Program

The aim of the NRCP is to contribute to the support and maintenance of caring relationships between carers and care recipients by facilitating access to information, Respite Care and other support appropriate to the carer's individual needs and circumstances, and those of the care recipient.

The intent of the NRCP is to complement existing services and support already provided to the community under the Home and Community Care Program, other programs, or information networks.
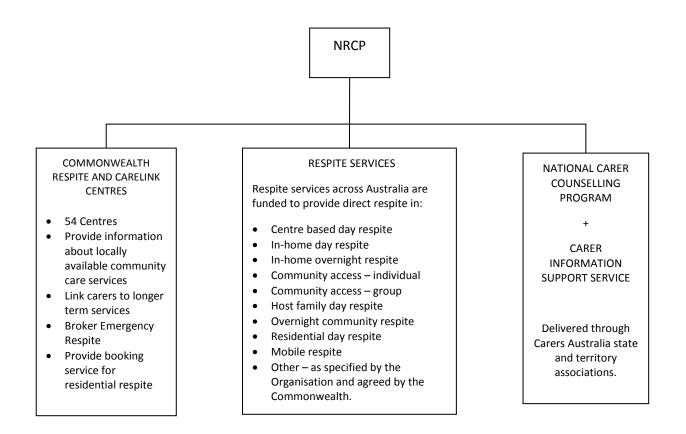
The NRCP funds respite services, Commonwealth Respite and Carelink Centres, the National Carer Counselling Program and the Carer Information Support Service.

Components of the NRCP

1. **Commonwealth Respite and Carelink Centres**, which provide information and support and assist carers in arranging respite services to meet emergency or short term carer needs.
2. **Respite Services**, which provide ongoing and Planned Respite for carers and care recipients in a variety of settings.
3. **National Carer Counselling Program,** which provides short term counselling, emotional and psychological support services for carers in need of support.
4. **Carer Information Support Service,** which provides information and support to carers to assist them to navigate the community care system.

The NRCP comprises a number of separate components that address different aspect of support for carers. The diagram below sets out these different components:

NRCP Components

```
                              ┌──────────┐
                              │   NRCP   │
                              └──────────┘
          ┌──────────────────────┼──────────────────────┐
```

COMMONWEALTH RESPITE AND CARELINK CENTRES	RESPITE SERVICES	NATIONAL CARER COUNSELLING PROGRAM
• 54 Centres • Provide information about locally available community care services • Link carers to longer term services • Broker Emergency Respite • Provide booking service for residential respite	Respite services across Australia are funded to provide direct respite in: • Centre based day respite • In-home day respite • In-home overnight respite • Community access – individual • Community access – group • Host family day respite • Overnight community respite • Residential day respite • Mobile respite • Other – as specified by the Organisation and agreed by the Commonwealth.	+ CARER INFORMATION SUPPORT SERVICE Delivered through Carers Australia state and territory associations.

4.2   Carer Support Services

Carer support and respite services are part of the community care system and aim to support carers and care recipients. Service providers can draw on a range of services and programs to identify the one that best meets the needs of the carer. Carer support and respite activities that are funded by the Australian Government include:

- Home and Community Care (in all states except Victoria and Western Australia) – (administered by DoHA);

- National Respite for Carers Program (administered by DoHA);

- National Carer Counselling Program (administered by DoHA);

- Young Carers Respite and Information Services Program (administered by FaHCSIA);

- Respite Support for Carers of Young People with a Severe or Profound Disability Program (administered by FaHCSIA);

- Mental Health Respite Program (administered by FaHCSIA); and

- Residential respite (administered by DoHA).

Carer support and respite programs are delivered through a large number of government and non-government, for profit and not-for-profit service provider organisations.

Carer Support Services provided under NRCP include information and education, respite and counselling. Information and education are delivered through the 54 centres and through the carers associations. The latter also deliver carer counselling.

Respite Care is defined as an alternative or supplemental care arrangement with the primary purpose of giving the carer:

- a short term break from their usual caring role; and/or

- assistance with the performance of their caring role on a short term basis.

Alternative care may be provided in the home, suitable temporary accommodation or an appropriate community setting.

5.   Eligibility for Services

5.1   Target Population

The NRCP is designed to support and assist Primary Carers of people who are unable to care for themselves because of frailty or a disability. NRCP services are targeted to assist carers of:

- Frail Aged Australians (aged 65 years and over, or aged 50 years and over if Indigenous);

- People with Dementia;

- People with Dementia and Challenging Behaviours;

- Younger People with disabilities (people under the age of 65 years, or under the aged of 50 years if Indigenous);

- People with a terminal illness requiring Palliative Care;

- People with High Care Needs; and

- Employed Carers.

Within those target populations, respite service providers must ensure that their services are accessible, particularly with regards to carers of:

- People from Culturally and Linguistically Diverse (CALD) backgrounds;

- People from an Indigenous background;

- Care Leavers, including Forgotten Australians, former child migrants and people from the Stolen Generation;

- People who live in Rural or Remote areas; and

- People who are Financially and Socially Disadvantaged.

It should be noted that not all NRCP funded services are required to cater for all NRCP target populations.

Please see 6.4.1 of this manual for target populations for Overnight Community Respite and Employed Carer Respite.

5.2   Care Leavers

A Care Leaver is a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century. Care-leavers include Forgotten Australians, former child migrants and people from the Stolen Generation.

5.3   Overseas Visitors, Permanent Residents and Others who are not Australian Citizens.

There are no citizenship, residency or specific visa requirements to be eligible for services under the NRCP. However, service providers should consider the following when allocating carer services to overseas visitors or permanent residents who are not Australian citizens:

- Will the carer be caring for six months or more (a requirement of the NRCP except for Palliative Care)?

- Is the request related to a Primary Carer?

- What relative priority should be assigned to this carer in comparison to competing demands for respite services at the time?

5.4   Eligibility for NRCP Services when there is more than one Program Involved or Transition of Care Arrangements in Place

Access to NRCP services is not automatic and carers must be assessed to determine their eligibility. When assessing a carer's eligibility for NRCP services, service providers must consider any other Carer Support Services the carer is receiving. Priority for NRCP services should be given to carers who are not receiving any Carer Support Services.

The following is an example of a situation which service providers may come across:

> A care recipient is receiving support under the Extended Aged Care at Home (EACH) Program and their carer applies for additional support under NRCP. Service providers must review the respite arrangements in the EACH Care Plan, to determine if the carer's needs have been adequately addressed. If it is determined that the EACH support is not adequate, NRCP can provide additional respite support.

The Transition Care Program provides Older People with support and therapeutic care to improve their independence and confidence after a hospital stay (for a period of up to 12 weeks, which may be extended up to a further 6 weeks). It also allows Older People and their families time to consider whether they can return home with additional support from community care services or need the level of care provided by a residential aged care facility.

Carers are eligible for NRCP respite services if the care recipient is receiving Transition Care services. Before applying for respite services under the NRCP, a Transition care recipient should discuss the impact of respite on their Transition Care episode to ensure that attendance

at the day respite centre does not interfere with scheduled therapies provided in accordance with the care recipient's Transition Care Plan.

5.4.1   Accessing more than one Program

Carers are eligible for assessment for NRCP support through the service types specifically designed to assist carers in their caring role; for example carer counselling, support, information and advocacy and Respite Care, including in-home respite.

The relationship between the NRCP and other government programs is determined by the nature and scope of the service types provided through the various programs. Generally, NRCP services should not be provided to people who are already receiving other government-subsidised services that are similar to service types funded through the NRCP (for example, Respite Care funded through the Commonwealth HACC Program).

5.5   FAQ – Eligibility for NRCP Services

Does receipt of compensation payments for disability caused by injury affect eligibility?

No, eligibility is not affected. People who have received compensation payments (e.g. as a result of a court order or settlement of a personal or workplace injury claim) are eligible for short term assistance in the same way as other carer recipients. Because compensation payments are usually calculated to cover the cost of purchasing services, the care recipient's capacity to pay should be carefully assessed, and where possible, full cost recovery should be considered.

Are overseas visitors, permanent residents and others who are not Australian citizens eligible?

Yes. There is no citizenship requirement to be eligible for services under the NRCP. The normal eligibility requirements apply.

Is a carer who receives free board and lodging from the care recipient in exchange for their carer role eligible?

A carer who receives free board and lodging and who is not paid to provide care is eligible for assistance under the NRCP, provided they meet normal eligibility requirements (i.e. they are the Primary Carer, and have been/are likely to be, caring for a period of 6 months).

Is a carer who receives Carer Allowance or Carer Payment eligible?

A carer who receives Carer Allowance or Carer Payment is eligible for assistance under the NRCP provided they meet normal eligibility requirements (i.e. they are the Primary Carer, and have been/are likely to be, caring for a period of 6 months).

Does NRCP fund holidays for carers?

Funding family holidays, or holidays for a carer, is outside the parameters of the NRCP. Respite can be provided for the care recipient while the carer goes on a self funded holiday(s).

5.6   Other Services - Commonwealth Respite and Carelink Centres

Centres are located in each of the 54 HACC Regions across Australia.   Please refer to the Health website for a list of locations at http://www9.health.gov.au/ccsd/. They provide a pathway to a wide range of community, aged care and support services available locally or anywhere in Australia. Centres provide information to anyone about services for Older People and people with a disability, and their carers. Centres also have funds that they can use to purchase respite services on behalf of carers in emergencies and special circumstances, and can assist carers with locating, planning and booking respite, including residential aged care respite.

Centres direct enquiries and carers to appropriate services by giving them the information they need to contact the service outlet directly. If it appears that more assistance or encouragement is needed to contact a service outlet, a care coordination approach may be appropriate.

The role of Centres also includes providing general information and advice about caring, and assisting a carer to establish a relationship with organisations and individuals able to provide the range of services and support that a carer needs. Entry to services and support can maintain a carer's capacity to continue caring.

Centres in different locations may provide a slightly different mix of services which reflect both the resources and services available in their geographic area and the needs of clients in the area. The core minimum services which Centres must provide are:

- information about community care, aged and disability and other support services offered in their local region;

- assessments of the need for services for carers;

- referral to appropriate services (and, in some situations, care coordination);

- brokerage of respite services in short term and emergency situations where no other appropriate and affordable services are available;

- support services to information partners;

- outreach and engagement; and

- respite service development and advice.

Respite service providers should establish linkages with their local Centres and refer clients if appropriate.

6   Service Delivery

6.1   Overview

The Australian Government's *Charter of Rights and Responsibilities for Community Care* (Appendix 2) recognises that services need to be delivered in a way that respects people who need care, their families and carers. The Charter provides for carers to be recognised as partners in care and participate in decisions relating to care situations where the care recipient does not have sufficient capacity.

If a particular need for services relates exclusively or primarily to the needs of the care recipient rather than to meet the needs of the carer, the care recipient should be referred to the relevant HACC-funded service provider or another appropriate service provider.

Service providers should assess carers for their eligibility for services, along with their level of need. This section outlines eligibility for support and assistance, target populations, service delivery types.

6.2   Access to Community Aged Care Services

The key entry or access points to community aged care services which are funded by the Australian Government are:

▪   Commonwealth Respite and Carelink Centres 1800 200 422 line; and

▪   Aged Care Assessment Teams (ACATs); and

NRCP service providers may wish to collaborate or network with other service providers to meet complementary carers' needs in a local area. This may allow management of waiting lists and vacancies between relevant providers. Some states and territories may host NRCP best practice forums in which service providers may wish to participate. Service providers may contact 1800 200 422 to see if there are any forums near their service.

6.3   Assessment of Need

Assessment of the carer and their care recipient's needs must be conducted to determine what respite needs are required. Service providers must use an assessment tool to determine and identify services to best meet the needs of carers and care recipients. Specifically, service providers need to take account of:

•   the carer's eligibility;

•   the carer's needs;

•   the care recipient's needs;

•   the risk of relationship breakdown between the carer and care recipient and the strengths of the relationship;

- the carer's priority for services relative to other carers in that target population;

- isolation and social connectedness for both the carer and care recipient;

- current support provided to support the carer, both formal and informal;

- last period of respite provision; and

- ability to partner with other services.

In an emergency, the assessment may be brief. Once the emergency has passed, service providers must re-assess the carer's needs to gain a better understanding of the carer's situation and their respite and support needs in the future. Factors to consider during an assessment are summarized in the *Quick Reference Guide* below.

Quick Reference Guide

Assessment of need and relative priority for services	
	Make an assessment of the carer's needs, taking account of:
Assessment of carer's needs	• the reason the carer has contacted the service; • the number of care recipients and their needs; • whether the carer is emotionally stressed or strained; • whether the carer is physically or mentally exhausted; • whether the carer's health is affected; • whether events unrelated to caring are affecting the carer's capacity to care; • whether the carer needs assistance because of employment (whether full-time or part-time), or wants to return to employment or study; • whether the carer is experiencing financial strain; • whether the carer is finding it difficult to meet the care needs of the care recipient, if these needs are increasing, or there are other factors related to their caring role leading to this request; • how much time the carer spends in their caring role; • what tasks the carer assists the care recipient with; • whether the carer has special difficulties to deal with in their caring role, e.g. the care recipient has a Challenging Behaviour; • whether early intervention may significantly reduce the risk of serious deterioration or future crisis; • risk of unexpected absence by the carer; • strengths of the relationship; • those things identified as beneficial about the relationship (for the carer); • isolation / social connectedness for carer and care recipient – including geographical; and • last period of respite provision.

	Make an assessment of the carer's relative priority for services, taking account of:
Assessment of priority for service	• the carer's needs and the risks to the carer and/or the care recipient if there is no service (high, medium or low); • the care needs of the care recipient (high, medium or low); • the sustainability of the relationship (high, medium or low); • the informal and formal support available or currently provided to the carer; • extreme or significant carer stress; • financial disadvantage; • extended caring role - any other caring responsibilities the carer has e.g. children; and • recent respite access (can affect prioritization in comparison with someone who has not had respite access for a long time. This should be considered on a case by case basis).

6.4   Service Delivery Types

The NRCP provides two types of services: Carer Support Services and Respite Care.

Carer Support Services are currently generally provided through Commonwealth Respite and Carelink Centres and Carer Associations, but may be provided sometimes by a respite service provider if it is in their Funding Agreement.

Respite Care provides the carer with short term alternative care for the care recipient either in the home or in suitable alternative temporary accommodation. Care may be provided in an emergency, such as carer illness, or for Planned Respite breaks. Respite Care can be delivered in a variety of settings:

1. Centre based day respite

2. In-home day respite

3. In-home overnight respite

4. Community access – individual

5. Community access – group

6. Host family day respite

7. Host family overnight respite

8. Overnight community respite

9. Residential day respite

10. Mobile respite, or

11. Other respite as approved by the Department.

The Program provides a mix of respite service types to meet the needs of the specified target populations. Carers identifying as meeting the Program eligibility criteria are able to access the following respite service types:

- **Centre based day respite** – provides structured group activities to develop, maintain or support independent living and social interaction conducted in a community setting.

- **In home day respite** – provides a daytime support service for carers of care recipients needing assisted support in the carer's or care recipient's home.

- **In home overnight respite** – provides overnight support service for carers of care recipients needing assisted support in the carer's or care recipient's home.

- **Community access – individual** – provides one-on-one structured activities to give care recipients a social experience to develop, maintain or support independent living and social interaction and offer respite to their carer.

- **Community access – group** – provide small group day outings to give care recipients a social experience and offer respite to their carer.

- **Host family day respite** - day care received by a care recipient in another person's home

- **Host family overnight respite** – overnight care received by a care recipient while in the care of a host family.

- **Overnight Community respite** - overnight care received by a care recipient in community settings other than in the home of the carer's, care recipient or a host family.

- **Residential Day respite** – provides day respite in a residential facility.

- **Mobile respite** – provides Respite Care from a mobile setting.

- **Other** – innovative types of service delivery to clients which the Department has approved.

6.4.1 Target Populations for Overnight Community Respite and Employed Carer Respite

Please note that target populations for Overnight Community Respite and Employed Carer Respite do not include all NRCP target populations. For these service types, they are carers of:

- Frail Aged people aged 65 years and over, or aged 50 years and over if Indigenous; and

- people with Dementia, including younger people (aged 64 years and less; or 49 years and less if Indigenous) with early onset Dementia.

6.5   Service Venues

Respite service providers have an obligation under Priority 4 of the National Carer Strategy to ensure that carers are supported with appropriate, timely and accessible services.

Respite services should provide a welcoming, comfortable, home-like living environment. Carers, care recipients and the community should be consulted when designing, planning and operating a respite service to ensure respite is flexible and responsive to the needs of the carer and the care recipient.

6.6   Service provision

While the focus of the NRCP is on supporting the carer, the needs of the care recipient must also be taken into account when delivering respite services. Service providers must take into account the daily patterns and meaningful activities that are familiar to the care recipient, and balance these needs with care and nursing interventions. The preferences and needs of individual care recipients must be considered when matching staff, volunteers and other care recipients.

The needs of the person receiving Respite Care are as equally important as the needs of the carer. Neither care recipients nor their carers are helped if the care recipient returns home depressed or more confused by the experience.   Negative experiences can pose a barrier to using respite. Respite Care aims to improve the quality of life for both the carer and the care recipient and should endeavour to address these goals:

- remain in the community for as along as possible. Support the relationship between care recipient and their carer;

- reduce social isolation of both the care recipient and their carer and promote their health, well being, independence, capacities, skills and interests;

- provide opportunities for the carer to meet their social, emotional, family and work needs; and

- provide opportunities for the care recipient for social engagement, companionship and stimulation and support them.

Where possible, service providers are encouraged to ensure that their staff have appropriate training to carry out personal care; for example, a Certificate III in aged/community care or equivalent for low care clients, or nursing care if required for high care clients.

6.7   Carers of People with Dementia and People with Dementia and Challenging Behaviour

Carers of people with Dementia – who have Challenging Behaviours such as symptoms of disturbed perception, thought content, mood or behaviour.

6.7.1 What to do when Challenging Behaviour has been identified?

When Challenging Behaviour has been identified that may impact on the provision of respite care services, service providers can seek the following from the carer, if available:

- a recent diagnostic report or assessment from a qualified health professional identifying the disability/illness of the care recipient and relevant information for management of any Challenging Behaviours; and

- a recent behaviour management plan/strategy/routine which can be followed by the agency providing the Respite Care services (this should also be provided by a qualified health professional).

Service providers must request an emergency contact number or contingency plan in the event that the Respite Care services are terminated because of any Challenging Behaviour of the care recipient which may cause the care recipient, care worker or any other member of the public to be put at risk.

The service provider may also consider referring the carer to the Dementia Education and Training for Carers (DETC) Program or the Dementia Behaviour Management Advisory Service (DBMAS) or other appropriate agencies.

DBMAS services are delivered through Alzheimer's Australia in all states and territories (except NSW and Tasmania where the state health departments are responsible). They provide appropriate clinical interventions to help aged care staff and carers improve their care of people with Dementia where the behaviour of the person with Dementia impacts on their care.

The clients of the DBMAS are primarily care workers and services providing care to people with Dementia, in particular staff of Australian Government funded aged care services. The program also supports other clinicians, volunteers and family carers.

Eligibility details are below:

Dementia Behaviour Management Advisory Services (DBMAS)

Eligibility:

People with Dementia and their families are eligible to access the DBMAS Program if the person:

- is exhibiting behaviours which are impacting or likely to impact on their care; and

- is receiving or seeking care through Australian Government funded services.

DBMAS functions include the provision of education and tailored information workshops, clinical supervision and mentoring and modelling of behaviour management techniques.

These activities aim to build staff capacity in aged care services so that they gain increased knowledge and confidence in understanding the needs of people with Dementia and in managing care recipients presenting with behavioural and psychological symptoms of Dementia. This includes undertaking a comprehensive assessment and developing a Care Plan where short term case management is necessary.

In practice, the DBMAS Program works primarily with service providers (of Australian Government funded residential and community care programs) to provide information, support, guidance and mentoring on the assessment of the person with Dementia, on identifying any underlying causes of the behaviour (e.g. physical, medical, environmental, social) and on agreeing the most appropriate strategies to manage the behaviour. This enables the care service or other clinician to develop an individual needs based Care Plan.

The DBMAS can be contacted on **1800 699 799** (free call) 24 hours a day, 7 days a week.

Table 1:   **Dementia Behaviour Management Advisory Services**

6.8   Carers of the Frail Aged

Carers of frail older Australians aged 65 years and over (or aged 50 years and over if Indigenous).

6.9   Carers of Younger People with Disabilities

When selecting a venue from which to deliver a respite service for younger people with disabilities, service providers must consider:

- whether the building provides access for the physically disabled; and

- whether the venue's structure and layout assists people with physical, cognitive and perceptual difficulties.

Carers and foster carers of younger people (under the age of 65 years, or under 50 if Indigenous) with disabilities are eligible for some respite services. However, the NRCP-funded Employed Carer and Overnight Community Respite initiatives are specifically targeted to older Australians, and younger people with disabilities are not included in the target populations for these initiatives, with the exception of carers of people with early onset Dementia.

Funding for respite care for children with disabilities should be sought from relevant programs from FaHCSIA and state and territory governments.

6.10   Carers of People Who Need Palliative Care

Carers of people with a terminal illness in need of Palliative Care may be eligible for respite funded through the NRCP.

Services for carers of people with Palliative Care needs are specialist in nature. Associated Palliative Care services, such as grief counselling, are provided through state or rerritory government funded Palliative Care programs. Where possible, respite service providers should link carers to specialised Palliative Care service providers.

6.11   Employed Carers

Funding is provided to service providers for respite in respect of carers who are:

- employed; and/or
- studying, training or developing skills to assist them to gain employment, including volunteer work.

6.12   Overnight Community Respite

The 2005 Budget provided funding for Overnight Community respite. Overnight Community respite is received by an NRCP care recipient in a cottage-style respite facility or community settings other than the carer's or care recipient's home.

Organisations may be funded to provide respite services for carers of one or more of the following target populations:

- Frail Aged Australians (aged 65 years and over, or aged 50 years and over if Indigenous);
- people with Dementia; and/or
- people with Dementia and Challenging Behaviours;

Overnight Community respite is an important initiative which responds to a clear need identified by carers of older Australians. The model of care has some particular characteristics which create a particular risk profile for providers.

Additional Guidelines for Overnight Community Respite have been developed which address risks and issues specific to this NRCP respite service type. The Overnight Community Respite Guidelines are at Appendix 4 of this Program Manual.

7   Service Provider Planning, Management and Administration

7.1   Overview

NRCP is funded by Commonwealth monies. As outlined in the Commonwealth Grants Guidelines, NRCP-funded services must be effective, efficient and provide value for money. Accordingly, there are a number of responsibilities that the service provider must meet. These responsibilities are covered in the Funding Agreement, along with other requirements. This section does not seek to impose further responsibilities on a service provider, particularly on how it administers its operations. Rather, it provides guidance and further information to support the Funding Agreement.

7.2   Respite Service Provider Policies

Respite service providers should develop internal policies, protocols and procedures to support quality service provision. Some of the areas where it may be helpful to have a policy or protocol include:

- marketing;

- managing emergency phone calls, especially after hours;

- carer emergencies;

- facility emergency procedures e.g. evacuation;

- what to do if there are concerns about client welfare or possible client abuse;

- complaints and feedback about services;

- reportable incidents;

- fees and client contributions;

- local stakeholder engagement;

- risk management;

- 'no response' guidelines (see section 17.5, 'No response Protocols'); and

- state and national holidays and staff training days or instances of short staffing.

7.3   Staffing and Training

Service provider's responsibility for staffing and training

Service providers are responsible for ensuring staff and volunteers have appropriate skills, knowledge and attributes, and receive adequate training with an emphasis on quality care. Service providers are also responsible for ensuring staff members are trustworthy, have integrity and will respect the privacy and dignity of clients.

Qualifications of staff

There are a range of service types delivered under the NRCP Program, and the Department recognises that qualifications and skills required vary across services and jurisdictions. Service providers must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (and any Subcontractors) comply with these requirements.

All service providers should be encouraging staff to undertake vocational and other formal education and training to enhance the skill base of the NRCP workforce.

Medication administration

State and territory legislation governs medication management. Service providers must take into account all relevant legislation and guidelines in developing policies and procedures around medication administration. They must also ensure that staff have appropriate levels of skill and knowledge in relation to assistance with medication and duty of care.

Volunteers

Service providers may utilise volunteers in the operation of their service. If volunteers are used, service providers must ensure that volunteers have the necessary knowledge and skills to undertake their duties.

Service providers who utilise volunteers should have policies and procedures in place regarding management of their volunteer workforce.

Volunteer management policies and procedures should include any policy relating to volunteer reimbursement. The reimbursement of volunteer expenses will depend on the financial and human resources available to the service provider. Policies should reflect the circumstances of the service provider, such as remoteness, isolation, and other regional differences that can impact on their capacity to attract and retain volunteers.

The Community Care Common Standards outline the requirements for service providers to have procedures in place to manage staff and volunteers. Specific reference to managing staff and volunteers is provided under Standard 1: Effective Management, EO 1.7 Human Resource Management.

7.4   Contractors

Where Organisations engage a Subcontractor to deliver a service, this is defined in the Aged Care Funding Agreement as a Primary Subcontractor. Where a Primary Subcontractor subcontracts the delivery of services to another organisation, this is defined as a Secondary Subcontractor. Where a Secondary Subcontractor subcontracts the delivery of services, this organisation is also referred to as a Secondary Subcontractor.

All Primary Subcontractors and Secondary Subcontractors are required to be legal entities. The following are examples of legal entities:

▪   a company;

▪   an incorporated association;

▪ a body incorporated under other legislation; and

▪ an individual.

Primary Subcontractors

If an Organisation plans to utilise any Primary Subcontractors, they must notify the Department of the Subcontractor within 20 business days of entering into an agreement with that Subcontractor. The notification must include the Subcontractor's name and ABN, the tasks which the Subcontractor will complete under the Aged Care Funding Agreement and Program Schedule, the period of the subcontract and any other information requested by the Department.

Secondary Subcontractors

If an Organisation plans to utilise any Secondary Subcontractors, or its Subcontractors plan to utilise any Secondary Subcontractors, the Organisation must request the Department's prior written consent of the Subcontractor **before an agreement is entered into with that Subcontractor**. The request must include the Subcontractor's name and ABN, the tasks which the Subcontractor will complete under the Aged Care Funding Agreement, the period of the subcontract and any other information requested by the Department.

7.4   Work Health and Safety (Previously Occupational Health and Safety)

Legislation previously referred to as Occupational Health and Safety (OH&S) has been replaced by Work Health and Safety (WHS) following the passing of the *Work Health and Safety Act 2011* in six of the nine jurisdictions. The Australian Government, Northern Territory, Queensland, New South Wales and the Australian Capital Territory have implemented the new legislation. Tasmania has passed the legislation, but has requested a delay in implementation until 1 January 2013. South Australia remain involved in the harmonising process and are continuing to debate the legislation. It is intended that the term OH&S will be incrementally replaced with WHS in all Australian Government, state and territory documents.

Providing a safe and healthy workplace

Service providers must provide a safe and healthy workplace for their employees and volunteers in accordance with relevant Commonwealth and state or territory government WHS legislation, as well as WHS codes and standards.

In some cases, the workplace will be the client's home. Service providers are also responsible for addressing the safety of employees and volunteers delivering services to a client or carer in their home.

Service providers should also consider and assess WHS, Australian Building Standards and other local requirements, as these relate to their own offices and facilities, vehicles, and other physical resources used by their staff and volunteers.

Making others aware of their responsibilities

Employees are also responsible for ensuring their own safety, and the safety and health of others, including clients. Service providers must ensure that their staff and volunteers:

- have adequate WHS training;

- are aware of their WHS responsibilities;

- comply with WHS requirements and instructions associated with the work being performed;

- use the appropriate equipment; and

- identify and report hazards, risks, accidents and incidents.

Obligations to document WHS policies and procedures

Service providers must have in place appropriate policies and procedures to reflect WHS legislative requirements. Policies and procedures could relate to, for example:

- management of communicable diseases;

- minimising the risk of infection;

- safe lifting and transfer procedures;

- asbestos;

- fire safety; and

- first aid.

The Community Care Common Standards outlines the requirements for service providers to have policies and procedures in place to reflect WHS legislative requirements. This is broadly covered under Standard 1: Effective Management by EO 1.2 Regulatory Compliance which refers to the need for appropriate policies and procedures to reflect legislative requirements (including OH&S requirements). Specific references to OH&S provisions are also made in EOs 1.6 Risk Management, 1.7 Human Resources Management and 1.8 Physical Resources.

7.5   Requirement for a Police Check - Staff, Contractors and Volunteers

All aged care programs funded by the Department, including organisations subcontracted to deliver the NRCP Program, are required to comply with the 'Police Checks' clause in their Funding Agreement. This is a requirement because of the potential that staff may have contact with people who need care.

A national criminal history record check (commonly known as a police check) is a process undertaken by the relevant state/territory police or the Australian Federal Police (for the Australian Capital Territory), which reveals whether an individual has been charged with and/or convicted of a criminal offence which has not been removed from their record under a 'spent conviction' scheme. Police jurisdictions then provide a police certificate detailing any criminal offences, with the exception of any spent convictions.

Please refer to Appendix 3 – 'Commonwealth HACC Program Police Certification Guidelines'.

Please note that the Commonwealth HACC Program Police Certificate Guidelines will also apply to the National Respite for Carers Program (NRCP), Assistance with Care and Housing for the Aged (ACHA) Program, Day Therapy Centres (DTC) Program, Commonwealth Respite and Carelink Centres (CRCC) Program, the National Carer Counselling Program (NCCP) and the Carer Information and Support Service (CISS) Program.

8   Material and Information

8.1   Overview

Service providers are expected to market their services to ensure that people in the target populations are aware of the services available to them.

Any advertising or resource materials developed by service providers for local use must be approved by the Department. Service providers should forward copies to their state or territory office and allow at least two weeks for material to be considered.

8.2   Acknowledgement of the Australian Government

Promotional material produced by service providers must acknowledge the financial and other support received by the Commonwealth. The words "Australian Government", "Australian Government funded", or "An Australian Government Initiative" are acceptable words. Alternatives such as "Authorised by the Australian Government" must not be used.

Neither the Australian Coat of Arms (COA or Crest) nor Departmental branding can be used in promotional material developed by service providers.

9.   NRCP Funding

9.1   Overview

NRCP Funding is Commonwealth monies provided solely for the delivery of services according to the Funding Agreement between each service provider and the Department.

9.2   Types of Funding – Operational Funding

Operational funding is ongoing funding that service providers receive annually for the term of their Funding Agreement to fund their day-to-day operations. Funding is awarded on a competitive basis through a funding round where service providers are invited to apply for funding. Applications are assessed by the Department according to advertised criteria and recommendations for successful providers are made to the Minister with portfolio responsibility for Ageing for her/his approval.

NRCP funding allocations take into account equity in distribution of services and the capacity of providers to deliver quality services. Consideration is given to demand within a particular region, existing services in the region, and regions where no services exist. Operational funds can be used by a service provider for:

- planned in-home or other community-based respite services, including centre-based respite;

- an appropriate in-home respite, community-based or other response to an emergency or unplanned need for respite care; and

- carer support.

Once awarded Funding, service providers must provide the carer support and respite service types outlined in the terms and conditions of the Funding Agreement. While some flexibility on service delivery is accommodated in the Funding Agreement, the provider cannot make significant changes to the core service(s) specified in the Funding Agreement in relation to service type or outlet, unless approval has been obtained from the Department.

When new funding becomes available, it will be published on the Department's website at http://www.health.gov.au/internet/main/publishing.nsf/Content/Listing+of+Tenders+and+Grants-1

Service providers delivering services under the NRCP are required to submit Financial Accountability Reports (FARs) as well as Service Activity Reports (SARs) to the Department to ensure that Funds are being used appropriately and in line with the purposes of the Program, and to show achievement against the desired outcomes. For further information on FARs, please see section 17 of this Manual.

9.3   One-Off Funding

One-off funding, unlike operational funding, is a one-off grant provided when funds are available to existing NRCP service providers for activities that meet specific criteria:

▪ the funding being sought is for a 'one-off' project;

▪ the one-off project is consistent with the aims and guidelines of the NRCP;

▪ the project is likely to improve service quality or Organisation performance or otherwise benefit NRCP client groups; and

▪ the one-off project can be justified as a reasonable use of grant funding.

9.4   Managing Funds

Funds paid to service providers by the Department must be used only for the purpose of providing services specified in the Funding Agreement.

To anticipate or manage potential conflicts of interest, Funding Agreements specify that service providers should notify the Department in writing within 10 business days of receipt, or allocation to the project by the service provider, of the amount, source and proposed use of any Other Contribution not already identified in the Funding Agreement Budget.

If a service provider intends to close an NRCP service outlet, the Department must be advised in writing immediately. The Department will liaise with the service provider to help ensure a smooth transition out, in accordance with the Transition-Out Plan under the Funding Agreement and continuity of care to carers and care recipients. In addition, any Unspent Funds will need to be repaid to the Commonwealth.

9.5   Budgets

All providers will be required to provide the Department with a draft Budget within 31 days of signing a Funding Agreement with the Department to deliver NRCP respite services. Once the Budget has been accepted by the Department, providers will be required to comply with their Budget. A template for the Budget which is structured on the Financial Accountability Report will be provided by the Department. Guidance on completing a Budget can be found in the *Community Care Programs Financial Accountability Report User Guide*, available at https://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-fin-account-report.htm

9.5.1   Direct Costs

A direct cost means those costs associated with providing services to carers and care recipients or providing the services specified under the Funding Agreement. They include the full cost of employees engaged in providing those services. They also include the cost of conducting an assessment of carers' and care recipients' needs, as well as the cost of developing Care Plans.

9.5.2   Administrative Costs

An administrative cost means the cost of all administrative support provided by the service provider to the Project. This includes all staff and costs incurred in supporting the staff providing services directly to clients.

9.6   Establishment/Set Up Funds

Any Funds provided for establishing or setting up a service outlet must be spent on that service outlet and the agreed activities covered in the Funding Agreement. Assets purchased with establishment Funds should be covered by appropriate insurance and included in the Assets Register. If Funds allocated for establishment items are not spent during the initial three months, this must be identified on the next recurrent acquittal statement as committed Funds.

9.7   Payment of Funding

The Department will pay Funding in accordance with the payment provisions set out in the Funding Agreement.

Any enquiries regarding to payments should be directed to the Departmental state or territory Program Manager.

9.8   Flexibility Clause

The Flexibility Clause in the Schedule to the NRCP Funding Agreement provides the capacity for service providers to meet the needs of carers through provision of services *not* included in their regular service delivery (core respite services as defined in the Program Schedule). The flexible funding clause allows providers to use up to 20 per cent of the annual Funding to provide services requested by clients even if those services are not listed in their Funding Schedule as core respite services. Conditions apply to the flexible clause:

- services delivered under the flexible clause must meet the needs of carers; and

- services which can be provided under the flexible clause are restricted to those service types included under section 6.4, 'Service Delivery Types' numbered 1 to 10.

Provision of non-core service types under the flexible clause is optional. Providers may choose to use this 20 per cent of their Funding to deliver an additional 20 per cent of their core service types.

If the flexible clause is used, it is not necessary to use all of the 20 per cent of Funding on flexible respite options. The 20 per cent may be a mixture of core respite services and flexible services. However, combined core respite services and flexible services must still meet targets of carers assisted, and must not exceed the amount of the flexible clause funding.

9.9   Unspent Funds and Carry-overs

There will not be automatic carry-over of Unspent Funds into the next year. At the end of the financial year (the specified activity period) respite service providers must seek approval from their Funding Agreement Manager to use all or a proportion of Unspent Funds as additional income for the succeeding year. This decision will be based on establishing the reason for Unspent Funds and detailing strategies to use them in the following financial year. Approved Unspent Funds must be spent on services outlined in the Funding Agreement.

Service providers may be able to request a carry-over of Funds:

- for operational funding – where the service provider can demonstrate that they received goods/services in the relevant financial year, but did not pay until the following year; and

- for one-off funding – where the service provider can demonstrate that the Funds were committed at the end of the financial year.

The Department may approve carry-overs because of exceptional circumstances (e.g. in the case of a natural disaster).

Where one-off projects have not commenced by the end of the financial year, the Department will not agree to a carry-over of any Unspent Funding.

A request to carry-over Funds must be in writing detailing how the service provider intends to use Unspent Funding. Service providers should submit a request for carry-over by 31 December (i.e. no later than six months before the end of the financial year). This allows sufficient time for consideration by the Department. It also allows the service provider to have sufficient time to undertake the project before the end of the financial year. Only in exceptional circumstances will a carry-over request be considered after 31 December.

If Unspent Funds are not approved or only partially approved for carry-over, the remaining Unspent Funds will be recovered by reducing the next available grant payment through a funding variation, following the audited financial acquittal. If no further grant payments are due, the Department will raise an invoice to recover Unspent Funds.

9.10   Variations and Indexation

Either party may suggest a variation to the services outlined in the Funding Agreement, based on an evidence-based approach to accommodate changing local or regional needs. The Department is not liable for any additional work undertaken, or expenditure incurred, unless the variation or expense has been agreed to, in writing, by the Department before the work is undertaken.

The Department will provide written notification to the service provider of increases to Funding due to indexation. Such increases will be paid to the bank account nominated by the service provider. Payments for indexation will be paid according to Departmental guidelines and policies.

9.11   Assets

Assets purchased, disposed of, sold or written off, must be included in the relevant audited statements forwarded to the Department. Disposal of Assets acquired with grant Funds, and use of any proceeds from such disposal, requires prior approval in writing from the Department. Should the service outlet close down during the Activity Period, any Assets acquired with Program Funding must be dealt with as notified by the Department. The Department may ask to see the closing service's Assets Register. The service's Transition-Out Plan should indicate those Assets to be transferred to a new outlet to ensure continuity of care and those Assets which would otherwise revert to the Commonwealth.

Assets purchased with alternative funding sources outside the NRCP respite care Funding may be purchased and used for the delivery of NRCP respite care services at the service provider's discretion. Where these Assets are individual items with a value of $10,000 or more (including GST), they should also be recorded in the relevant section of the Assets Register.

Assets acquired prior to 1 July 2012

Where service providers possess Assets on 1 July 2012 that were acquired with Funding provided under the former NRCP agreements, and had a value of $10,000 or more (including GST) at the time of acquisition, these Assets are specified as a class of Assets in the Program Schedule.

Service providers must continue to use this class of Assets in delivering NRCP respite care services and to include these Assets in their Assets Register.

Service providers should note that the Department will not approve the use of Funding for purchasing of Assets if a service provider has already received funding for the same purpose under any other program. These requirements are set out in Item H of the Program Schedule.

Acquiring Assets from 1 July 2012

Unless otherwise notified by the Department, service providers must not use operational funding to purchase Assets during the term of this Funding Agreement.

9.11.1   Depreciation of Assets

Depreciated Assets previously purchased with NRCP Program Funds may be included as an expense in the Financial Activity Reports (FARs) submitted to the Department.

Further information to support service providers in submitting their FARs can be found in the eFAR User Guide at

http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-fin-account-report.htm

9.12   Vehicles

The Department will consider any request for funding for a motor vehicle on its merit. Where leasing is available, it is the preferred option.

When determining whether to approve the use of NRCP Funding to lease or purchase a vehicle, the Department must consider the principles provided in the *Finance Management and Accountability Act* (1997), and the best option in the context of the service provider's budget and the expenditure of Commonwealth monies.

10.   Fees and Contributions

10.1   Service Provider Fees and Contributions Policy

Service providers must have a policy about charging fees for provision of services Funded under the Agreement and assessment of clients' capacity to pay for or contribute to the cost of these services.

Service providers should be able to obtain information from clients which is required to assess the clients' capacity to pay. The information obtained must not be shared for any other purposes. The assessment of capacity to pay must be undertaken in respect of the person who benefits from the service provided. For Respite Care, the person to be assessed could be either the carer or the care recipient, but not both.

Allowances not treated as income for tax purposes (for example, Carer Allowance) must not be taken into consideration as income.

In the meantime, the NRCP Fees Policy provided below will guide the application of fees.

10.2   Charging Fees

Consistent with the Government's policy support for 'user pay' arrangements, all carers using Australian Government-funded respite services are encouraged to contribute to the cost of Respite Care when they can afford to. While no carer should be refused services due to an inability to contribute to the cost of those services, it is important that those carers who can afford to pay all or some of the costs are required to do so, as this may result in the provision of Respite Care to more carers.

The Australian, state and territory governments agreed in August 2008 that the purpose of a Fees Common Arrangement is:

> *To maximise the effectiveness of government funding for community care by targeting higher levels of government support for those who are least able to contribute to the cost of their care, and ensure that community care services remain affordable for all those who need them.*

All fees must be applied to the service for which the Funding is provided. Contributions must also be applied to the service for which the Australian Government funding is provided.

Service providers will be required to report fees received in their Annual FAR Report. Fees and contributions will be taken into account in determining the level of Australian Government funding.

When developing a policy on fees, service providers may consider the following issues:

▪ relevant parts of the *Charter of Rights and Responsibilities for Community Care* which also apply to carers, which can be found at
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-charter-rights.htm;

- the determination of how much the carer is asked to pay may be based on the carer's financial situation and income. For this reason, service providers will need to identify whether the carer is on a Centrelink means-tested pension or allowance or in paid employment;

- a client contribution to the cost of Respite Care must be negotiated with the carer before the service is provided;

- any fees policy must have regard to any exceptional and unavoidable expenses of the carer or care recipient – e.g. permanently high or currently high and unusual medical and pharmaceutical expenses;

- the agreed contribution should be shown on the Care Plan;

- if the carer's financial situation changes during the period of respite assistance, the carer should be asked to contact the service provider to arrange a review of the contribution;

- a contribution can be empowering for carers in certain circumstances;

- contributions from those who can afford to pay means that more services are available; and

- each situation is different; the fees policy needs to be as fair as possible for all clients.

What happens if a carer refuses to pay or cancels at the last minute?

If a carer refuses to pay a fee after receiving a service, the service provider is responsible for following up the payment.

The responsibility for arrangements and any deposits rests with the service provider.

11   Access and Equity

Access to NRCP services is based upon the needs of the carer, even though the actual services may be delivered to the care recipient. Carers should be afforded access to services in accordance with their assessed needs, with consideration to the amount and type of services the service provider is funded to provide. The service provided must also take into account people with special needs. In addition, services should be cognisant of the demographics of the community around them and the services provided be appropriately reflected in the delivery of services.

11.1   Service Outlet Location - Accessibility

When planning a new service outlet or relocation, proximity to other services (e.g. GP surgeries), parking and public transport may assist with facilitating access. Co-location with other community services may also facilitate access for carers and care recipients.

The building where the respite service is provided should be accessible to people with physical disabilities.

11.2   Interpreting and Translation

11.2.1 Languages other than English

Language needs vary in different regions. NRCP service providers may contact their local Centre to request Translating and Interpreting Services (TIS) telephone services for non-English speaking carers who are eligible for services.

TIS provide a telephone interpreting service allowing for live conversations assisted by an interpreter. TIS also provide on-site face to face interpreting and a limited document translation service.

TIS contract interpreters are accredited, have had Australian Federal Police clearances and are bound by the *Code of Ethics of the Australian Institute of Interpreters and Translators*.

11.2.2 Translation for People with a Hearing and/or Speech Impairment

NRCP service providers may contact their local Centre to request translation services for carers with a hearing and/or speech impairment.

Local Centres can arrange for a 24 hour telephone access service for people who are hearing impaired and/or speech impaired. Depending on the caller's needs, the translation service will read a caller's communication to service providers from a teletypewriter, and/or type service providers' communication for the caller to read.

12   Reportable Incidents

If an NRCP service provider is associated with a serious event that has, or may have, affected the health, safety and/or wellbeing of care recipients while under the care of staff, volunteers or contractors, the event must be reported to the Department. Service providers are also required to report any events that may affect the health, safety and/or wellbeing of carers. Service providers must report such events as soon as possible to their local state and territory office.

There are two tiers of incidents which must be reported. First tier reportable incidents are unexpected events that cause:

- death or hospitalisation of a care recipient while in the care of the service provider; and

- harm or suspected harm to a care recipient or service provider staff member while in the care of the service provider.

Notification of incidents under the second tier provides an opportunity for the Department to be aware of and monitor the service provider's management of the incident.
Examples of second tier notifiable events or other incidents are:

- criminal activity on the part of service provider staff such as theft or assault;

- accidents, including vehicle accidents where the service provider is transporting the care recipient;

- natural disasters; and

- incidents that may bring negative media attention to the service provider and/or the Government as the funding body.

Service providers must have policies about how to respond if there is or they suspect assault, abuse or are concerned about a risk of harm to a care recipient or to a carer.

Key considerations may include:

- appropriate assessment, particularly where there is the suspicion or risk of abuse or harm. This may include discussion with the carer to understand the situation so that appropriate assistance can be arranged;

- prompt provision of Emergency Respite care services and linkage with other support services such as counselling, health services and social support; and

- contact information for emergency staff such as police, ambulance, crisis mental health team, or other relevant services.

13   Local Stakeholder Engagement

Service providers may engage with local stakeholders including other service providers, Centres, interest groups and relevant people in state and territory and local government agencies. Service providers' effectiveness and influence depends significantly on the degree to which partners in the service system (i.e. state and territory and local governments, related community aged care service providers, carers and interest groups) are prepared to accept and integrate elements into their practice. Service providers' activities and priorities should reflect an understanding of and active engagement with the needs of stakeholders.

As a minimum, service providers must consider:

- consulting with relevant stakeholders in the development of their longer-term business and strategic plans so that these plans reflect local needs and circumstances; and

- appropriate mechanisms to ensure ongoing links with information partners to share information.

14   Service Development

Service providers are well positioned to understand both the needs of respite service users and the demands on them as service providers. For instance, knowledge gained about gaps in respite services should be used to contribute to the development of improvements in the service system.

Service providers are expected to create linkages with Centres and other aged care providers in the region.

15   Dealing with Risk

15.1   Overview

Risk management comprises the activities and actions taken to ensure that a service is conscious of the risks it faces, makes informed decisions in managing these risks, and identifies and harnesses potential opportunities.

Organisations of all types and sizes face internal and external factors and influences that make it uncertain whether and when they will achieve their objectives. "Risk" is how exposed a person/organisation is to the chance of injury and/or loss e.g. failure to achieve objectives.

All service providers must have a risk management plan, which they must present, upon request, to the Department. It is important that such a plan has identified all risks and that each risk is, analysed and evaluated to determine whether it should be modified by treatments and controls. Throughout this process, communication and consultation with stakeholders needs to be taken into account and ongoing monitoring and review must occur in order to ensure that no further risk treatment is required. Risk management can be applied to an entire organisation, at its many areas and levels, at any time, as well as to specific functions, projects and activities.

The management of risk enables a service provider to, for example:

- increase the likelihood of achieving objectives;

- encourage proactive management;

- be aware of the need to identify and treat risk throughout the service;

- improve the identification of opportunities and threats;

- comply with relevant legal and regulatory requirements and international norms;

- improve financial reporting;

- improve governance;

- improve stakeholder confidence and trust;

- establish a reliable basis for decision making and planning;

- improve controls;

- effectively allocate and use resources for risk treatment;

- improve operational effectiveness and efficiency;

- enhance health and safety performance, as well as environmental protection;

- improve loss prevention and incident management;

- minimise loss;

- improve organisational learning; and

- improve organisational resilience.

Some risks are managed by appropriate insurances and indemnities while management of other risks, such as to the effectiveness of a government program, can be built into program design, funding agreements and various monitoring mechanisms.

Service providers might wish to refer to the Comcover *Better Practice Guide to Risk Management* to develop their own templates to store their own risk management information. It is available at www.finance.gov.au/Comcover/docs/Better_Practice_Guide.pdf

15.2   Insurance

The type and level of insurance is outlined in the Funding Agreement. The Funding Agreement specifies that a service provider must take out all insurances that are necessary to ensure that the provider's obligations under the Funding Agreement can be covered, including any obligations that may rightfully extend beyond the term of the Funding Agreement.

Service providers must, on request, promptly provide to the Department any relevant insurance policies or certificates of currency for inspection. Common types of insurance that the Department may request proof of coverage are professional indemnity and public liability. If relevant, copy of insurances that cover Assets funded under the Program may also be requested.

15.2.1   Minimum Levels of Public Liability and Professional Indemnity Insurance

Professional Indemnity (PI) insurance is required for the service type(s) or activities to be delivered under the Program Schedule. PI insurance is required in the amount which is consistent with the outcomes of a risk assessment by the Organisation for the purpose of identifying an appropriate amount of insurance.

15.2.2   Other Insurances

Amounts for building and contents and workers compensation are as required by state or territory legislation.

Appropriate cover is also advisable for volunteers if they provide services to or in relation to the service.

16   Activity Continuity – Transition-Out Plans

Continuity of service provision is a critical risk to the Commonwealth. One risk treatment is to require service providers to develop and submit to the Department for approval a Transition-Out Plan within six months of the commencement of the Funding Agreement.

The aim of the Transition-Out Plan is to ensure that the obligations of both parties to the Agreement, upon termination or expiry of the Agreement, are acknowledged and agreed, and that, where applicable, there will be minimal disruption of service delivery to clients. The Transition-Out Plan should address issues that enable the orderly transition of the services from the service provider to the Commonwealth or its nominated alternate service provider on expiry or termination of the Funding Agreement.

The Department can request an updated copy of the Transition-Out Plan at any time. Guidelines for the Transition-Out Plan can be found at Appendix 1 of this Manual.

17   Accountability and Reporting

17.1   Overview

The public funding provided to service providers is to be used to achieve specified outcomes, and accountability arrangements are directly linked to the objectives of the funding program.

The NRCP represents a substantial investment of public funds. To ensure that these funds are used appropriately, effectively and efficiently, NRCP providers are required to operate within an accountability framework that comprises the NRCP policy objectives, this Program Manual and individual Funding Agreements.

The accountability framework accommodates a number of factors, including ensuring that:

▪   quality care is delivered;

▪   Program standards and expectations are met;

▪   service provision meets the identified needs of service recipients; and

▪   Funds are used according to the purposes specified in the Funding Agreements.

The key accountability requirements for respite service providers are:

Report	Due to the Department
progressive and annual Financial Accountability Report (FAR)	due at the end of January and September each year as per the Funding Agreement
progressive and annual Service Activity Report (SAR)	due at the end of January and July each year

Both the FAR and the SAR are assessed by the Department to ensure that grant recipients are complying with their contractual obligations, and to ensure that project Funds have been used as intended and can be accounted for.

Quality reporting, based on Community Care Common Standards, aims to improve outcomes through improving the quality of service delivery.

17.2   Financial Accountability Reports and the Acquittal Process

In the context of the standard funding process, the term acquittal refers to the process of assessing and reconciling both the financial and performance/progress reports submitted by the service provider. This is done with a view to ensuring that the service provider has satisfied their obligations under the Funding Agreement.

Submission and Timing Requirements

The frequency of submission of FAR reports has been determined based on the level of NRCP Funding received by service providers in any given financial year. Based on funding levels service providers are determined as Tier 1 or Tier 2 Service Providers based on the following definitions:

- Tier 1 Service Provider – a service provider that receives an annual total less than $100,000 (excluding GST), in a single Program Schedule.

- Tier 2 Service Provider - a service provider that receives an annual total of $100,000 or more (excluding GST), in a single Program Schedule.

A range of reports may be required each financial year and throughout the Schedule period, including:

- **Annual Reports** - are required at the end of each financial year and enable the Department to acquit the Funding and activities provided for the full financial year;
- **Progressive Reports** – are not required of Tier 1 Service Providers. They are submitted once each year. The report covers the activities of the first six months of a financial year. These reports enable the Department to monitor performance during the current financial year;
- **Adhoc Reports** – are not required under standard reporting arrangements. It may be requested in circumstances where the Department deems it requires additional reporting to monitor and manage performance. Adhoc Reports will typically be required on a quarterly basis; and
- **Final Reports** - are only required in the case of termination of a Program Schedule and contain final annual reports for any periods not previously reported against as a full financial year.

Tier 1 Service Providers are not required to submit Progressive FARs. A breakdown of reporting frequency requirements related to the tier of the service provider is detailed in the table below.

| | Cumulative Activity Value | |
| | Tier 1 | Tier 2 |
Reporting Requirement	**<$100,000**	**≥$100,000**
Annual FAR	Yes	Yes
Progressive FAR	No	Yes
Ad Hoc FAR	As required	As required
Final FAR	Yes	Yes

Please note that Tier 1 Service Providers, while not required to submit Progressive Reports, must notify the Department at the midway point of any financial year if they expect significant under-spend or under-delivery of services.

17.2.1   Financial Accountability Reports (FARs)

This section outlines the requirements for Financial Accountability Reports (FARs).

All financial information provided by service providers in the FAR for a particular financial year should relate only to that financial year. The exception is if the Department has approved a carry-over of Funding from a previous financial year, in which case carried-over Funding is required to be reported in a particular section of the FAR.

Service providers are required to provide reports separately for each activity for which they receive Funding.

Further information to support service providers in submitting their FARs can be found in the eFAR User Guide at

 http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-fin-account-report.htm.

Structure of the FAR

The FAR is comprised of up to five parts. More detailed information on these parts can be found in the eFAR User Guide. Note that not all types of FARs require all parts to be completed. The table below outlines the requirements for each FAR type.

FAR component	Report Type			
	Annual	**Progressive**	**Adhoc**	**Final**
1. Organisational Details	Yes	Yes	Yes	Yes
2. Statement of Income & Expenditure	Yes	Yes	Yes	Yes
3. Carry-overs of Underspends & One-Off Grants	Yes	One-off grants only	One-off grants only	One-off grants only
4a. Segment Note in Audited General Purpose Financial Statements OR 4b. Extraction of FMS with audit opinion	Yes	No	No	Yes
5. Statement of Compliance	Yes	Yes	Yes	Yes

* Part 4 is not required for service providers who receive less than $100,000 in NRCP Funding.

FAR Submission Requirements

Service providers are required to have their accounts prepared in accordance with Australian Accounting Standards Board (AASB) standards. As indicated in Part 4 of the FAR, Tier 2 service providers are also required to have their accounts audited by an Approved Auditor as at 30 June of the applicable financial year in accordance with the eFAR User Guide.

A responsible officer from each service provider is required to sign the Statement of Compliance in Part 5 of the FAR. A responsible officer can be a person occupying the position of Chief Executive Officer or Chief Financial Officer of the Organisation, or a person authorised to execute documents on behalf of the Organisation and legally bind it.

17.3   Service Activity Reports

Two SARs are required each financial year. The first reports on activities for the months 1 July to 31 December and will be due to the Department by 31 January. The second will report on the 12 months from 1 July to 30 June and will be due to the Department by 31 July.

SARs provide information on service delivered, care recipients, hours of respite delivered, and provide reasons for variations between services delivered and proposed service delivery in the Funding Agreement.

SARs also request information on promotional and development activities, unmet needs, complaints, implementation of the 'Guide for Community Care Service Providers on how to respond when a community care client does not respond to a scheduled visit' and changes in office holders or the executive of an Organisation. The Guide can be found on the Department's website at
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-guide.htm

17.4   Quality Reporting

Quality Reporting is the Australian Government's process for encouraging community care providers to review, refine and continuously improve the quality of their service delivery. The program applies to service providers receiving Australian Government subsidies for the provision of:

- Community Aged Care Packages (CACP);
- Extended Aged Care at Home (EACH) Packages;
- Extended Aged Care at Home Dementia (EACHD) Packages; and
- Services funded under the National Respite for Carers Program (NRCP).

The Quality Reporting Program reviews the way service providers meet Community Care Common Standards. The Community Care Common Standards and reporting processes were implemented on 1 March 2011.

All approved providers of community aged care packages and providers of respite under the National Respite for Carers Program are required to complete a quality report at least once during a three year cycle. The third three year cycle commenced on 1 July 2011 and ends on 30 June 2014.

Quality Reporting uses a continuous quality improvement model to encourage service providers to look at the systems they have in place for delivering services and how these systems might be improved.

The Quality Reporting Review is a six step process:

1. notification of the review
2. self-assessment by the service provider
3. on-site visit
4. quality review report
5. improvement plan
6. follow-up and submission of an annual improvement plan.

The Community Care Common Standards Guide has been developed to assist both service providers and quality reviewers during the quality review process. The Guide can be ordered through National Mailing and Marketing and is available in electronic form at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-commcare-standards.htm

Detailed information on quality reporting may be found at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-qualrep-about.htm

17.4.1 Common Standards

The Community Care Common Standards (Standards) were developed jointly by the Australian Government and state and territory governments as part of broader community care reforms to develop common arrangements that help to simplify and streamline the way community care is delivered. The Standards became effective on 1 March 2011 and apply to the NRCP.

The Standards replace existing standards and are enforceable. The three Common Standards are:

▪ Standard 1: Effective Management

▪ Standard 2: Appropriate Access and Service Delivery

▪ Standard 3: Service User Rights and Responsibilities

Further detailed information about the Community Care Common Standards can be found in the *Community Care Common Standards Guide* (the Guide). The Department recommends providers use this guide which can be accessed on the Departmental website at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-commcare-standards.htm

17.5   'No response' Protocols

Organisations must have a policy on how to respond when a client does not respond to a scheduled visit. As part of the development of nationally consistent protocols to deal with non-response from a client when a community care worker arrives to provide a scheduled

service, in June 2008 the Ministerial Conference on Ageing (MCA) agreed that a Guide for Community Care Service Providers on how to respond when a client does not respond to a scheduled visit should be developed and implemented across jurisdictions. This guide can be accessed on the Department's website at
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-guide-professional.htm

17.6   Software

Internet access will be necessary for all NRCP service providers as financial reporting for the NRCP must be completed and submitted electronically. Service providers must have software that is compatible with the Department's. This includes the following Microsoft Office products: Word; Excel; Access and PowerPoint 2000 or more recent. An internet browser equivalent to Internet Explorer 6 or greater is also required.

Service providers must also have appropriate information technology to send and receive documents and information electronically. Service providers must also have access to the internet through broadband ADSL or other connection with similar capacity.

17.7   Performance Management

The Funding Agreement prescribes possible sanctions for Organisations that do not meet their performance management requirements.   In addition to the sanctions prescribed in the Funding Agreement, there are other sanctions that the Department can seek to impose on a service provider. These include increasing Organisational reporting requirements (in order to better monitor performance) or instructing the service provider to prepare and implement a corrective action plan. Should a service provider refuse to cooperate, the Department can rely on the more severe sanctions legally enforceable under the terms of the Funding Agreement.

The possible responses to a compliance breach that the Department may implement include, but are not limited to:

- **Request for explanation:** Depending on the nature of the non-compliance, the Department may formally write to the service provider specifying the reasons that it considers the service provider's performance to be unsatisfactory, and requiring the service provider to respond within a specified timeframe setting out an explanation and any proposed remedial action.

- **Notice to remedy situation:** The Department may formally notify the service provider that its performance is inadequate and specify a timeframe during which it must improve its performance. The notice will set out any sanctions the Department will impose on the service provider if it does not rectify the situation within the specified timeframe.

- **Requirement to prepare corrective action plan:** The Department may require the

service provider to prepare a plan setting out how it plans to remedy the situation, an option that is more focused on improvement.

- **Increased Departmental reporting**: Service providers who have failed to fully comply with Program requirements may, at the Department's discretion, be asked to complete more regular service activity or financial activity reports, or else be subjected to more frequent site visits – until such time as the service provider becomes fully compliant.

- **Appointment of an independent expert:** The Department may ask the service provider to engage an independent expert to assist it to become compliant with Program requirements.

- **Suspension of payments:** The Funding Agreement empowers the Department to suspend payments to the service provider where the service provider fails to comply with the terms of its Funding Agreement.

- **Appointment of an administrator**: The Funding Agreement empowers the Department to appoint a Funds administrator to administer the Funds provided for under the Agreement, and provide assistance, support and advice to the board.

- **Termination of Funding Agreement:** The Funding Agreement empowers the Department to terminate the Funding Agreement where the provider fails to comply with the terms of the Funding Agreement.

18   Record Keeping

18.1   Overview

Service providers are responsible for managing information through good record keeping. Records must be kept about the performance of the NRCP service types Funded under the Funding Agreement and in connection to progress against the aims, objectives and outcomes of the Agreement. Financial and client records form part of the records kept.

Records must be managed in accordance with the following legislation:

▪ *Privacy Act 1988*

▪ Australian Standard AS ISO 15489 - 2002, Records Management.

18.2   Financial Records

Financial records must be retained by service providers for a minimum of seven (7) years from the last entry on the record, and if requested, records should be made available to the Commonwealth. Retention of financial records is essential to enable the Commonwealth to be assured that Funds have been spent for the purpose they were provided under the Funding Agreement.

18.3   Client Records

Records must be retained by the service provider for at least 7 years from the date of the last entry on the record.

The Funding Agreement aligns NRCP service providers to the same arrangements that a contracted service provider would be required to adhere to. Accordingly, a service provider's record keeping practices must conform to relevant legislation such as the *Privacy Act 1988*.

Records must be kept secure and clients' privacy and confidentiality must be protected. The *Privacy Act* regulates the ways that "personal information" is managed. "Personal information" is information capable of identifying a person directly or by inference, including an opinion. It can be recorded in a material form or otherwise. Personal information could include a person's name, address, and date of birth, blood type, health diagnosis or Medicare number. The *Privacy Act* does not cover de-identified statistical data where individuals cannot reasonably be re-identified.

When handling personal information service providers must comply with:

▪ *National Privacy Principles –* http://www.privacy.gov.au/law/act/npp ;

▪ *Information Privacy Principles –* http://www.privacy.gov.au/law/act/ipp ;

▪ industry privacy codes approved by the Australian Information Commissioner (approved privacy codes);

▪ state or territory legislation relating to personal or health information; and

- the *Privacy Act 1988*.

Other legislation which may apply to a service provider's records includes the *Archives Act 1983*, the *Freedom of Information Act 1982*, and other legislation which authorises, or limits, access to records held by the Organisation.

When disposing of client records, the Commonwealth Confidentiality and Privacy Acts should be consulted for the correct protocol.

Service providers must not disclose personal information, including client records, to the Commonwealth, other than for reporting which must be in de-identified form.

Under section 26.3 of the Funding Agreement, the Department may choose to disclose the name(s) of the Organisation or any Subcontractor at any time.

19   Confidentiality and Privacy

19.1   Confidentiality Overview

Service providers must:

- comply with the confidentiality requirements in the Funding Agreement;

- have policies and procedures to manage confidential information relating to their clients;

- have mechanisms for the storage of confidential information.; and

- comply with any relevant state or territory legislation about personal health records and privacy.

19.2   National Privacy Principles and Australian Information Commissioner

Service providers are required to conform to the *National Privacy Principles*. The Australian Information Commissioner publishes a range of information sheets which are available at http://www.privacy.gov.au/

19.3   Collecting Client Information

Only information that is relevant to the delivery of NRCP services should be collected about clients. Clients must be informed that de-identified information will be used to evaluate and improve services, and that the Department has access to the information that is collected. Information will only be used by the Department for statistical, planning and evaluation purposes. The data will not be matched, in whole or in part, with any other information for the purposes of identifying individuals. Any statistical information about clients which is made public will not identify individuals.

Client information must remain confidential and not be provided to others unless it is with consent of the individual or it is lawful to provide the information to others. Consent to disclosing information may be given expressly or it may be implied.

To inform clients about information collection service providers may wish to use words such as:

Confidentiality

"We give statistics about our clients to the Australian Government to help plan and improve services. Information about you will be kept confidential, and won't affect your entitlement to services".

19.4   Privacy

Service providers must comply with the privacy requirements in the Funding Agreement. Please see the *National Privacy Principles* at http://www.privacy.gov.au/

For information on handling requirement of clients records refer to section 18.3 of this Manual.

For processes and handling of client information obtained as a result of a complaints process refer to section 20 of this Manual.

20   Complaints and Feedback

20.1   Complaint Management Process

The Department requires funded Organisations to have their own effective complaints handling mechanisms and to ensure that clients are aware of these procedures. Respite service providers must develop and distribute written information as appropriate to clients about the role and responsibilities of the manager and other staff (including volunteer staff), the rights of clients and the problem solving mechanisms adopted by the service.

If a complaint is received regarding a service brokered from a Centre, the complaint should be referred to the Centre. The Centre will then refer the complaint to the relevant service provider for resolution. Sometimes the Centre will refer the complainant to an advocacy group who can assist the complainant to make a complaint.

The Department will act as a facilitator in instances of dispute or where clients make complaints about a service outlet where the complaint cannot be resolved locally. The Department's primary focus is on resolving the complaint. There are two main options for this—bilateral negotiations in which the complainant need not have any dealings with the service provider; and mediated negotiations where face to face discussions between parties to the complaint are held. Other options may be explored should these options be inappropriate or unsuccessful. Please refer to the Department's state or territory office Project Officer who will provide further information about procedures for dealing with complaints.

Where a significant or serious complaint(s) is likely to be made to the Minister, Ombudsman or another complaint body, service providers must advise the Department. Early advice will assist the Department in providing prompt information about the complaint.

While the focus is on complaints about government agencies, Ombudsman websites include information which may be helpful for development or review of the service provider's complaint management policy. Some links are listed below:

- Commonwealth Ombudsman - Better Practice Guide
  http://www.ombudsman.gov.au/docs/better-practice-guides/onlineBetterPracticeGuide.pdf

- NSW Ombudsman - Complaint Handling Kit for Community Service Organisations
  http://www.ombo.nsw.gov.au/guideorganisations/guidecommservprovd.html

- Victorian Ombudsman – Good Practice Guide
  http://www.ombudsman.vic.gov.au/www/html/93-foreword.asp

- NT Ombudsman – Effective Complaint Management Fact Sheets
  http://www.ombudsman.nt.gov.au/public-agencies/effective-complaints-management-fact-sheets/

- NT Ombudsman - Complaint management models
  http://stingray.cbr.hosting-server.com.au/~ombudsma/wp-content/uploads/2009/07/3_NT_Complaints_Management_Models.pdf

- Qld Ombudsman – Guide to Developing Effective Complaints Management Policies and Procedures
  http://www.ombudsman.qld.gov.au/Portals/0/docs/Publications/CM_Resources/Developing%20effective%20complaints%20management%20policy%20and%20procedures%202006.pdf

- WA Ombudsman – Guidelines and Information Sheets
  http://www.ombudsman.wa.gov.au/Publications/Guidelines.htm

- Tasmanian Ombudsman – How to make a complaint
  http://www.ombudsman.tas.gov.au/making_a_complaint/how_to_make_a_complaint

- SA Ombudsman – Lodge a complaint
  http://www.ombudsman.sa.gov.au/complaints/lodge-a-complaint-2

- ACT Ombudsman – Tips and advice on making a complaint
  http://www.ombudsman.act.gov.au/pages/making-a-complaint/tips-and-advice/

Appendix 1   Transition-Out Plan Guidelines

The aim of the Transition-Out Plan is to ensure that the obligations of both parties upon termination or expiry of the Funding Agreement are acknowledged and agreed and that, where applicable, there will be minimal disruption of service delivery to clients. The Transition-Out Plan must address issues that enable the orderly transition of the services from the service provider to the Commonwealth or its nominated alternative provider on termination or expiry of the Funding Agreement.

The following are matters that should be considered for inclusion in the Plan; however, the matters are intended as guidance only. The list is not exhaustive or prescriptive and Transition-Out Plans will depend on each Organisation's individual arrangements and the outcome of any negotiations. The Plan should include a transition-out strategy for each schedule of the Funding Agreement, particularly specific requirements for different service types.

The Plan must include:

1.   Service provider details

Include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).

2.   Auspicing body

Include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).

3.   Program description

Briefly describe the program to which the Transition-Out Plan relates. Include information about related organisations/service providers with which the service provider has linkages, and contact details (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).

4.   Organisational arrangements

Include information/ description of Organisation specific administrative policies, processes and procedures; operational protocols; subcontracting arrangements; geographical areas serviced, including any cross border arrangements; hours of operation; staff; operation of Organisation vehicles; and additional services provided by the service provider.

5.   Timeframe for transition

Specify the transition-out period (assume a period of one to three months before the date of termination or expiry of the Funding Agreement, to be negotiated and agreed with the Department at the time of termination/expiry).

Include timetable for the transition - events, milestones etc.

6.   Staffing arrangements

Include staffing details and the basis on which service provider staff are employed, e.g. awards and arrangements for transition of staff to a new provider (subject to the agreement of the new provider). While there is provision in project Funding for staff entitlements, the Transition-Out Plan should address conditions and arrangements for staff not wishing to transfer, e.g. redeployment and redundancy.

7.   Organisation property/ accommodation

Information about the accommodation arrangements for premises currently occupied by the service provider. Would the office space currently used be available on termination of the Agreement? If available, arrangements required to transfer, e.g. lease arrangements, etc.

8.   Assets

In accordance with clause 31 of the Funding Agreement, details of all Assets purchased with Commonwealth funding to be recorded in an Assets Register should be attached to the Plan and kept current for the duration of the Agreement.

Identify how and when the transfer of assets to the Commonwealth or nominee is to take place, e.g. whether the Assets are to be sold and proceeds paid to the Commonwealth, and arrangements for this.

9.   Information and records

Identification of, and arrangements for the transfer to the Commonwealth or its nominated alternative service provider of all documents which are necessary to enable services similar to the existing service to be provided by the Commonwealth or its nominee. In particular, the service provider should consider arrangements for the transfer of client records, giving due regard to privacy requirements.

10.   Intellectual property

The arrangements must be set out for the delivery to the Commonwealth of the service provider's relevant databases or directories that are used by them as per the Funding Agreement. The intellectual property register with up-to-date contact details of all owners and licensees of intellectual property should also be attached to the plan.

11.   Financial records

All financial acquittals must be finalised in accordance with the conditions set down in the Funding Agreement.

12.   Database arrangements

Arrangements for the transfer of software for service and client data arrangements, including web-based data base services if applicable.

13.   Service contracts

Arrangements to novate (transfer) to the Commonwealth or its nominee all contracts relating to services provided or any other relevant contracts to which the service provider is a party, including Subcontractors.

14.   Communication plan

Plan to inform clients, particularly regarding continuity of care for clients in the short term, including arrangements for another local service provider to delivery existing services.

Appendix 2   Charter of Rights and Responsibilities for Community Care

The Charter of Rights and Responsibilities for Community Care (the Charter) became law on 1 October 2009.

The Charter applies to people in receipt of Australian Government funded packages legislated under the *Aged Care Act 1997* (the Act):

- Community Aged Care Packages (CACPs);
- Extended Aged Care at Home (EACH); and
- Extended Aged Care at Home Dementia (EACHD) packages.

Service providers under the National Respite for Carers Program (NRCP) will also need to meet the terms and conditions of the Charter of Rights and Responsibilities as requirement of their Funding Agreement.

Hard copies of the Charter may be ordered from National Mailing and Marketing on 02 6269 1060 and through email on health@nationalmailing.com.au.

If you have any enquiries regarding the Charter please ring the Aged Care Information Line on freecall 1800 500 853.

To view the Charter in legislation go to the *User Rights Amendment Principles 2009 (No. 2)* at http://www.comlaw.gov.au/Details/F2009L03559
noting that the legislative Instrument reflects the legislation drafting style and is therefore in the third person. The implementation version of the Charter is in the first person.

Rights

As a care recipient I have the following rights:

1 GENERAL

a)   to be treated and accepted as an individual, and to have my individual preferences respected

b)   to be treated with dignity, with my privacy respected

c)   to receive care that is respectful of me, my family and home

d)   to receive care without being obliged to feel grateful to those providing my care

e)   to full and effective use of all my human, legal and consumer rights, including the right to freedom of speech regarding my care

f)   to be treated without exploitation, abuse, discrimination, harassment or neglect

2 PARTICIPATION

a)   to be involved in identifying the community care most appropriate for my needs

b)   to choose the care and services that best meet my assessed needs, from the community care able to be provided and within the limits of the resources available

c)   to participate in making decisions that affect me

d)   to have my representative participate in decisions relating to my care if I do not have capacity

3 CARE AND SERVICES

a)   to receive reliable, coordinated, safe, quality care and services which are appropriate to my assessed needs

b)   to be given before, or within 14 days after I commence receiving care, a written plan of the care and services that I expect to receive

c)   to receive care and services as described in the plan that take account of my lifestyle, other care arrangements and cultural, linguistic and religious preferences

d)   to ongoing review of the care and services I receive (both periodic and in response to changes in my personal circumstances), and modification of the care and services as required

4 PERSONAL INFORMATION

a)   to privacy and confidentiality of my personal information

b)   to access my personal information

5 COMMUNICATION

a)   to be helped to understand any information I am given

b)   to be given a copy of the Charter of Rights and Responsibilities for Community Care

c)   to be offered a written agreement that includes all agreed matters

d)   to choose a person to speak on my behalf for any purpose

6 COMMENTS AND COMPLAINTS

a)   to be given information on how to make comments and complaints about the care and services I receive

b)   to complain about the care and services I receive, without fear of losing the care or being disadvantaged in any other way

c)   to have complaints investigated fairly and confidentially, and to have appropriate steps taken to resolve issues of concern

7 FEES

a)   to have my fees determined in a way that is transparent, accessible and fair

b)   to receive invoices that are clear and in a format that is understandable

c)   to have my fees reviewed periodically and on request when there are changes to my financial circumstances

d)   not to be denied care and services because of my inability to pay a fee for reasons beyond my control

Responsibilities

As a care recipient I have the following responsibilities:

1 GENERAL

a)   to respect the rights of care workers to their human, legal and industrial rights including the right to work in a safe environment

b)   to treat care workers without exploitation, abuse, discrimination or harassment

2 CARE AND SERVICES

a)   to abide by the terms of the written agreement

b)   to acknowledge that my needs may change and to negotiate modifications of care and service when my care needs do change

c)   to accept responsibility for my own actions and choices even though some actions and choices may involve an element of risk

3 COMMUNICATION

a)   to give enough information to assist the approved provider to develop, deliver and review a care plan

b)   to tell the approved provider and their staff about any problems with the care and services

4 ACCESS

a)   to allow safe and reasonable access for care workers at the times specified in my care plan or otherwise by agreement

b)   to provide reasonable notice if I do not require a service

5 FEE

a)   to pay any fee as specified in the agreement or negotiate an alternative arrangement with the provider if any changes occur in my financial circumstances

b)   to provide enough information for the approved provider to determine an appropriate level of fee.

Appendix 3   Commonwealth HACC Police Certificate Guidelines

Australian Government

Department of Health and Ageing

Commonwealth HACC Program

Police Certificate Guidelines

MARCH 2012

1   Introduction

The Aged Care Funding Agreement sets out the conditions under which service providers are funded by the Commonwealth Government for activities under the Commonwealth HACC Program.

The Police Certificate Guidelines are an attachment to the Aged Care Funding Agreement and supplement the information in the Commonwealth HACC Program Manual. The Guidelines have been developed to assist service providers with the management of police check requirements under the Commonwealth HACC Program.

These Guidelines also apply to the National Respite for Carers Program (NRCP), Assistance with Care and Housing for the Aged (ACHA) Program, Day Therapy Centres (DTC) Program, Commonwealth Respite and Carelink Centres (CRCC) Program, the National Carer Counselling Program (NCCP) and the Carer Information and Support Service (CISS) Program.

Police checks are intended to complement robust recruitment practices and are part of a service provider's responsibility to ensure all staff, volunteers and executive decision makers are suitable to provide services to clients of the Commonwealth HACC Program.

2   Your Obligations

Service providers have a responsibility to ensure that all staff, volunteers and executive decision makers working in Commonwealth HACC services are suitable for the roles they are performing. They should undertake thorough background checks to select staff in accordance with the requirements under the Aged Care Funding Agreement and the Community Care Common Standards.

As part of this, service providers must ensure national criminal history record checks, not more than three years old, are held by:

- staff who are reasonably likely to interact with clients;
- volunteers who have unsupervised interaction with clients; and
- executive decision makers.

Service providers should ensure they have policies and procedures in place to assess police certificates. A service provider's decision to employ or retain the services of a person with any relevant recorded convictions will need to be rigorous, defensible and transparent. For information about assessing police certificates for staff, volunteers and executive decision makers see 5 Assessing a Police Certificate in these Guidelines.

3   Police Certificates

3.1   Police certificates and police checks

A police certificate is a report of a person's criminal history; a police check is the process of checking a person's criminal history. The two terms are often used interchangeably in aged care.

3.2   Police certificate requirements

A police certificate that satisfies requirements under the Aged Care Funding Agreement and Commonwealth HACC Program Manual is a nation wide assessment of a person's criminal history (also called a "National Criminal History Record Check" or a "National Police Certificate") prepared by the Australian Federal Police, a state or territory police service, or a CrimTrac accredited agency.

For more information about assessing police certificates, including the different types, please see: 5 Assessing a Police Certificate.

3.3   CrimTrac certificates

Police certificates or reports prepared by CrimTrac accredited agencies are considered by the Department as being prepared on behalf of the police services and therefore meet the Department's requirements. More information about CrimTrac is available at: www.crimtrac.gov.au .

3.4   Statutory declarations

Statutory declarations are generally only required in addition to police checks in two instances:

- for essential new staff, volunteers and executive decision makers who have applied for, but not yet received, a police certificate; and
- for any staff, volunteers or executive decision makers who have been a citizen or permanent resident of a country other than Australia after the age of 16.

In these two instances, a staff member, volunteer or executive decision maker can sign a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence. Note that a person is entitled to sign a statutory declaration stating that they have not been convicted of an offence if they have been convicted of an offence but the conviction is a 'spent' conviction (see 5.8 Spent convictions).

Statutory declarations relating to police certificate requirements should be made on the form prescribed under the *Commonwealth Statutory Declarations Act 1959* (the Declarations Act). Anyone who makes a false statement in a statutory declaration is guilty of an offence under the Declarations Act.

A statutory declaration template is provided at Appendix 3b. More information about statutory declarations is available at: www.ag.gov.au/statdec

4   Staff, Volunteers and Executive Decision Makers

4.1   Staff, volunteers and executive decision makers

Police certificates, not more than three years old, must be held by:

- staff who are reasonably likely to interact with clients;
- volunteers who have unsupervised interaction with clients; and
- executive decision makers.

4.2   Definition of a staff member

A staff member is defined, for the purposes of the Guidelines, as a person who:

- has turned 16 years of age; and
- is employed, hired, retained or contracted by the service provider (whether directly or through an employment or recruitment agency) to provide care or

    other services under the control of the service provider; and

- interacts, or is reasonably likely to interact, with clients.

Examples of individuals who are staff members include:

- employees and subcontractors of the service provider who provide services to clients (this includes all staff employed, hired, retained or contracted to provide services under the control of the service provider whether in a community setting or in the client's own home);
- employees and subcontractors who contact the client by phone.

4.3   Definition of non-staff members

Individuals who are not considered to be staff members, for the purposes of the Guidelines, include:

- employees who, for example, prepare the payroll, but do not interact with clients;
- independent contractors.

Generally, an independent contractor is a person:

- who is paid for results achieved;
- provides all or most of the necessary materials and equipment to complete the work;
- is free to delegate work to others;
- has freedom in the way that they work;
- does not provide services exclusively to the service provider;
- is free to accept or refuse work; and
- is in a position to make a profit or loss.

For the purposes of these Guidelines, a subcontractor who has an ongoing contractual relationship with the service provider is not taken to be an independent contractor but is regarded as a staff member. A person who is contracted to perform a specific task on an ad hoc basis may fall within the definition of an independent contractor.

Having an Australian Business Number (ABN) does not automatically make a person an independent contractor.

4.4   Definition of a volunteer

A volunteer is defined, for the purposes of the Guidelines, as a person who:

- is not a staff member; and

- offers his or her services to the service provider; and
- provides care or other services on the invitation of the service provider and not solely on the express or implied invitation of a client; and
- has, or is reasonably likely to have, unsupervised interaction with clients.

A student undertaking a clinical placement in the community who is over 18 years and has, or is reasonably likely to have, unsupervised interaction with clients would be a volunteer.

Examples of persons who are not volunteers under this definition include:

- persons volunteering who are under the age of 16 (except where they are a full-time student, then under the age of 18);
- persons who are expressly or impliedly invited into the client's home by a client (for example, family and friends of the client); and
- persons who only have supervised interaction with clients.

4.5   Definition of unsupervised interaction

Unsupervised interaction is defined as interaction with a client where a volunteer is unaccompanied by another volunteer or staff member.

In regard to volunteers, if volunteers are visiting a client in pairs it is not a requirement for either of those volunteers to have a police certificate.

4.6   Definition of an executive decision maker

An executive decision maker is:

- a member of the group of persons who is responsible for the executive decisions of the entity at that time; or
- any other person who has responsibility for (or significant influence over) planning, directing or controlling the activities of the entity at that time; or
- any person who is responsible for the day-to-day operations of the service, whether or not the person is employed by the entity.

In determining who are executive decision makers, service providers need to consider the functional role individuals perform rather than their job title.

4.7   New staff

While service providers should aim to ensure all new staff members, volunteers and executive decision makers have obtained a police certificate before they start work, there are exceptional circumstances where new staff, volunteers and executive decision makers can commence work prior to receipt of a police certificate.

A person can start work prior to obtaining a police certificate if:

- the care or other service to be provided by the person is essential; and
- an application for a police certificate has been made before the date on which the person first becomes a staff member or volunteer; and
- until the police certificate is obtained, the person will be subject to appropriate supervision during periods when the person interacts with clients; and
- the person makes a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

In such cases, the service provider must have policies and procedures in place to demonstrate:

- that an application for a police certificate has been made;
- the care and other service to be provided is essential;

- the way in which the person would be appropriately accompanied; and
- how a person will be appropriately accompanied in a range of working conditions, e.g. during holiday periods when staff numbers may be limited.

4.8   Staff, volunteers and executive decision makers who have resided overseas

Staff members, volunteers and executive decision makers who have been citizens or permanent residents of a country other than Australia since turning 16 years of age must make a statutory declaration before starting work with any Commonwealth HACC service provider, stating either that they have never, in a country other than Australia, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

This statutory declaration is in addition to a current national police certificate, as this reports only those convictions recorded in Australian jurisdictions.

5   Assessing a Police Certificate

5.1   Police certificate format

Police certificates may have different formats, including printed certificates or electronic reports. Every police certificate or report must record:

- the person's full name and date of birth;
- the date of issue; and
- a reference number or similar.

A service provider must be satisfied that a certificate is genuine and has been prepared by a Police service or a CrimTrac accredited agency. An original police certificate or a certified copy should be provided rather than an uncertified photocopy.

It is up to the service provider to be satisfied that a certificate meets the requirements, and enables them to assess a person's criminal history. Any police certificate decision should be documented by the service provider. For more information on record keeping, and the sighting and storing of police certificates, see 6 Police Check Administration.

5.2   Purpose of a police certificate

A police certificate that best satisfies requirements under the Commonwealth HACC Program police check regime is one obtained for the purposes of aged care. However, a national criminal history record check undertaken for another purpose will generally also satisfy the requirements. It is best practice to specify the purpose of the police check to the police service or CrimTrac agency issuing the certificate.

In place of a national criminal history record check, service providers may accept staff members and volunteers who hold a card issued by a state or territory authority following a vetting process that enables the card holder to work with vulnerable people. Executive decision makers are required to have a national criminal history record check (see 5.5 Assessing information obtained from a police certificate for executive decision makers).

5.3   Police certificate disclosure

A police certificate discloses whether a person:

- has been convicted of an offence;
- has been charged with and found guilty of an offence but discharged without conviction; or
- is the subject of any criminal charge still pending before a Court.

The information on the certificate is drawn from all Australian jurisdictions and is subject to relevant state and territory spent conviction schemes. For more information about spent convictions, please see 5.8 Spent convictions.

5.4   Assessing information obtained from a police certificate for staff and volunteers

Commonwealth HACC service providers may use discretion when assessing a person's criminal history to determine whether recorded offences are relevant to the job. The principle that service providers should apply is to determine the risk of harm to clients.

Service providers should ensure they have policies and procedures in place to assess police certificates. A service provider's decision to employ or retain the services of a person with any relevant recorded convictions will need to be rigorous, defensible and transparent.

For more information see: 5.7 Refusing or terminating employment on the basis of a criminal record.

A risk assessment approach

The following considerations are intended as a guide to assist service providers to assess a person's police certificate for their suitability to be either a staff member or volunteer for a Commonwealth HACC service provider:

Access: the degree of access to clients, their belongings, and their personal information. Considerations include whether the individual will work alone or as part of a team, the level and quality of direct supervision, the location of the work, i.e. community or home based settings.

Relevance: the type of conviction and sentence imposed for the offence in relation to the duties a person is, or may be undertaking. A service provider should only have regard to any criminal record information indicating that the person is unable to perform the inherent requirements of the particular job.

Proportionality: whether excluding a person from employment is proportional to the type of conviction.

Timing: when the conviction occurred.

Age: the ages of the person and of any victim at the time the person committed the offence. The service provider may place less weight on offences committed when the person is younger, and particularly under the age of 18 years. The service provider may place more weight on offences involving vulnerable persons.

Decriminalized offence: whether or not the conduct that constituted the offence or to which the charge relates has been decriminalized since the person committed the offence.

Employment history: whether an individual has been employed since the conviction and the outcome of referee checks with any such employers.

Individual's information: the findings of any assessment reports following attendance at treatment or intervention programs, or other references; and the individual's attitude to the offending behaviour.

Pattern: whether the conviction represents an isolated incident or a pattern of criminality.

Likelihood: the probability of an incident occurring if the person continues with, or is employed for, particular duties.

Consequences: the impact of a prospective incident if the person continues, or commences, particular duties.

Treatment strategies: procedures that will assist in reducing the likelihood of an incident occurring including, for example, modification of duties.

5.5   Assessing information obtained from a police certificate for executive decision makers

Commonwealth HACC service providers may use limited discretion when assessing a person's criminal history to determine whether any recorded offences are relevant to performing the functions and duties of an executive decision maker.

A Commonwealth HACC service provider must not allow a person whose police certificate records a precluding offence to perform the functions and duties of an executive decision maker. The offences that preclude a person under the Commonwealth HACC Program police check regime from performing the functions and duties of an executive decision maker are:

- a conviction for murder or sexual assault; or
- a conviction and sentence to imprisonment for any other form of assault; or
- a conviction for an indictable offence within the past 10 years.

Whether or not an offence is an indictable offence will depend on legislation within the jurisdiction. Service providers might need to seek legal advice if there is any doubt. If a conviction for what would

otherwise be a precluding offence is considered 'spent' under the law of the relevant jurisdiction (see 5.8 Spent convictions), the conviction does not preclude the person from performing the functions and duties of an executive decision maker.

While a service provider may not use discretion to allow a person whose police certificate records a conviction for a precluding offence to perform the functions and duties of an executive decision maker, service providers may use discretion in determining whether any other recorded convictions are relevant to performing those functions and duties. The risk assessment approach set out in 5.4 may be used as a guide to assist service providers to assess the relevance of any non-precluding offences to performing the functions and duties of an executive decision maker.

A service provider's decision to allow a person with any recorded convictions to perform the functions and duties of an executive decision maker must be rigorous, defensible and transparent. The overriding principle that service providers should bear in mind is to minimise the risk of harm to clients.

5.6   Committing an offence during the three year police certificate expiry period

Service providers must take reasonable measures to require each of their staff members, volunteers and executive decision makers to notify them if they are convicted of an offence in the three year period between obtaining and renewing their police check. If an executive decision maker has been convicted of a precluding offence they must not be allowed to continue as an executive decision maker.

5.7   Refusing or terminating employment on the basis of a criminal record

If a service provider refuses or terminates employment on the basis of a person's conviction for an offence, the conviction must be considered relevant to the inherent requirements of the position. If in any doubt, service providers should seek legal advice regarding the refusal or termination of a person's employment on the basis of their criminal record.

Under the *Fair Work Act 2009* there are provisions relating to unfair dismissal and unlawful termination by employers. More information about the *Fair Work Act 2009* is available at: www.fwa.gov.au. In addition, under the *Human Rights and Equal Opportunity Act 1986*, the Australian Human Rights Commission has the power to inquire into discrimination in employment on the ground of criminal record.

If a person feels they have been discriminated against based on their criminal record in an employment decision of a service provider, they may make a complaint to the Australian Human Rights Commission. Further information on discrimination on the basis of criminal record is available at: www.humanrights.gov.au

5.8   Spent convictions

Convictions that are considered 'spent' under state, territory and Commonwealth legislation will not be disclosed on a police certificate unless the purpose for the application (for example, working with children) is exempt from the relevant spent conviction scheme. If a conviction has been 'spent' the person is not required to disclose the conviction. The aim of the scheme is to prevent discrimination on the basis of old minor convictions, once a waiting period (usually 10 years) has passed and provided the individual has not re-offended during this period.

Spent conviction legislation varies from jurisdiction to jurisdiction. In some circumstances or jurisdictions certain offences cannot be spent.

Further Information on spent convictions can be found at

http://www.afp.gov.au/what-we-do/police-checks/spent-convictions-scheme.aspx

6   Police Check Administration

6.1   Record keeping responsibilities

Service providers must keep records that can demonstrate that:

- there is a police certificate, which is not more than three years old, for each staff member, volunteer and executive decision maker;
- an application has been made for a police certificate where a new staff member, volunteer or executive decision maker does not have a police certificate; or
- a statutory declaration has been provided by any staff member, volunteer or executive decision maker who has not yet obtained a police certificate or was a citizen or permanent resident of a country other than Australia.

How a service provider demonstrates their compliance with record keeping requirements is a decision for their organisation to make, based on their circumstances.

6.2   Sighting and storing police certificates

The collection, use, storage and disclosure of personal information about staff members and volunteers must be in accordance with the *Privacy Act 1988* (Commonwealth). State and territory privacy laws can also impact on the handling of personal information such as a police certificate. Further information about privacy is available at: www.privacy.gov.au

When individuals undertake to obtain their own police certificate, or employment agencies hold police certificates, service providers should sight an original or a certified copy of the police certificate and the information and reference number should be recorded on file.

If it is impossible to assess a person's police certificate for any reason, the individual may be required to obtain a new police certificate in order for the service provider to meet their responsibilities under the Commonwealth HACC Program police check regime.

6.3   Cost of police certificates

Service providers have a responsibility to ensure all staff members, volunteers and executive decision makers undergo police checks. However, the payment of the cost of obtaining a police certificate is a matter for negotiation between the service provider and the individual.

Individuals may be able to claim the cost of the police certificate as a work-related expense for tax purposes. Further advice on this issue is available from the Australian Taxation Office through their website at: www.ato.gov.au

Volunteers may be eligible to obtain a police certificate at a reduced cost whether the certificate is requested by an individual or by a service provider on behalf of a volunteer. This should be confirmed with the agency issuing the police certificate.

6.4   Obtaining certificates on behalf of staff, volunteers or executive decision makers

A person may provide a police certificate to the service provider or give consent for the service provider to obtain a police certificate on their behalf.

Service providers can obtain consent forms from the relevant police services or a CrimTrac accredited agency. In some jurisdictions, parental consent may be required to request a police certificate for an individual under the age of 18 years.

6.5   Police certificate expiry

Police certificates for all staff, volunteers and executive decision makers must remain current and need to be renewed every three years before they expire. If a police certificate expires while a staff member is on leave, the new certificate must be obtained before the staff member can resume working at the service. Service providers should note that the application or renewal process can take longer than eight weeks.

6.6   Documenting decisions

Any decision taken by a service provider should be documented in a way that can demonstrate to an auditor the date the decision was made, the reasons for the decision, and the people involved in the decision, i.e. the service provider, the individual, a legal representative, board members etc.

6.7   Monitoring compliance with police check requirements

Service providers must have policies and procedures in place to demonstrate suitable management and monitoring of the police certificate requirements for all staff members, volunteers and executive decision makers. This includes, for example:

- three-year police check renewal procedures;
- appropriate storage, security and access requirements for information recorded on a police certificate; and
- evidence of a service provider's decisions in respect of all individuals, or where staff are contracted through another agency, evidence of contractual arrangements with the agency that demonstrates the police certificate requirements.

The Community Care Common Standards outline the requirements for service providers to have appropriate policies and procedures in place to manage relevant legislative and regulatory requirements for police checks. Specific references to police checks requirements are made in Standard 1: Effective Management, Expected Outcome 1.2 Regulatory Requirements and Expected Outcome 1.7 Human Resource Management.

Under the Community Care Common Standards, quality reviewers may check the currency of a service provider's police checks, and that they have appropriate systems and procedures in place to ensure police checks remain current.

For more information see: 6.1 Record keeping responsibilities.

Attachment 3a – Police Service Contact Details

Australian Federal

Police (for ACT)

Phone: (02) 6202 3333

http://www.afp.gov.au/what-we-do/police-checks/national-police-checks.aspx

New South Wales

Police Service

Phone: (02) 8835 7888

http://www.police.nsw.gov.au/about_us/structure/specialist_operations/forensic_services/criminal_records_section

Victoria Police

Phone: 1300 881 596

http://www.police.vic.gov.au/content.asp?Document_ID=274

Queensland

Police Service

Phone: (07) 3364 6705

http://www.police.qld.gov.au/services/purchase/polcert.htm

Western Australia

Police Service

Phone: (08) 9268 7645

http://www.police.wa.gov.au/ABOUTUS/OurServices/ClearanceCertificates/tabid/1202/Default.aspx

South Australia

Police

Phone: (08) 8204 2455

http://www.sapolice.sa.gov.au/sapol/services/information_requests/national_police_certificate.jsp

Tasmania Police

Phone (03) 6230 2928

http://www.police.tas.gov.au/services-online/police-history-record-checks/

Northern Territory

Phone: 1800 723 368

http://www.pfes.nt.gov.au/~/media/Files/Forms_Licences_Permits_Publications/Police/Forms/PF095-CriminalHistoryCheck-Application.ashx

Attachment 3b - Statutory Declaration Template

Commonwealth of Australia

STATUTORY DECLARATION

Statutory Declarations Act 1959

1 Insert the name, address and occupation of person making the declaration

1 I,

make the following declaration under the *Statutory Declarations Act 1959*:

2

2 Set out matter declared to in numbered paragraphs

I declare that (place a tick or cross in applicable box):

☐   since turning 16 years of age, I have been a citizen or permanent resident of a country/countries other than Australia.

☐   since turning 16 years of age, I have never been a citizen or permanent resident of a country/countries other than Australia

[Delete whichever declaration is not applicable and initial beside deletion]

I declare that I have never been convicted of any offence in any country.

OR

I declare that I have been convicted of the following offence(s):

<Insert details of offence(s)>

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 Signature of person making the declaration

3

4 Place

5 Day

6 Month and year   Declared at 4   on5   of6

7 Signature of person before whom the declaration is made (see over)

Before me,7 8

8 Full name, qualification and address of person before whom the declaration is made (in printed letters)

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959.*

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the *Statutory Declarations Act 1959.*

A statutory declaration under the Statutory Declarations Act 1959 may be made before–

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trademarks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular

Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)

Bailiff

Bank officer with 5 or more continuous years of service
Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits
Commissioner for Declarations
Credit union officer with 5 or more years of continuous service Employee
of the Australian Trade Commission who is:

    (a) in a country or place outside Australia; and
    (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
    (c) exercising his or her function in that place Employee of
the Commonwealth who is:
    (a) in a country or place outside Australia; and
    (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
      (c) exercising his or her function in that place Fellow of the National Tax Accountants' Association Finance
      company officer with 5 or more years of continuous service
Holder of a statutory office not specified in another item in this list
Judge of a court
Justice of the Peace
Magistrate
Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961

Master of a court
Member of Chartered Secretaries Australia
Member of Engineers Australia, other than at the grade of student
Member of the Association of Taxation and Management Accountants
Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

    (a) an officer; or
    (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or

    (c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:
(a) the Parliament of the Commonwealth; or
(b) the Parliament of a State; or
(c) a Territory legislature; or
(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961 Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:
(a) the Commonwealth or a Commonwealth authority; or
(b) a State or Territory or a State or Territory authority; or
(c) a local government authority;
with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution

Appendix 4   NRCP Overnight Community Respite Standards and Reporting Guide

1. Background

1.1 Introduction

The 2005 Budget provided funding of $61m over four years for Overnight Community Respite across Australia. Overnight Community Respite services are part of the National Respite for Carers Program (NRCP) which is administered through the Department of Health and Ageing (the Department).

Early in 2006, the Department completed a project to review and further develop the NRCP Quality Standards to meet the needs of this particular form of respite - overnight respite which may be provided in stand-alone houses in the community, through home host arrangements or through overnight respite in the carer's home.

The outcome of this work was a Standards and Reporting Framework for Overnight Community Respite. This document was originally developed as an attachment to the Administrative and Program Guidelines for the National Respite for Carers Program (2004) and is updated as an attachment to the NRCP Respite Services Providers Program Manual (2012), as it applies to Overnight Community Respite services. It provides guidance to providers and CCRCs brokering Overnight Community Respite. It should be used in conjunction with other materials, which the Department has prepared for NRCP Respite services or more generally for providers of community care. Thus, this Attachment refers to other documents, particularly:

- Community Care Common Standards and Quality Reporting documentation - see http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-qualrep-about.htm

- The NRCP Respite Service Providers Program Manual – see http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-carers-nrcp.htm-copy2

Overnight Community Respite is an important initiative which responds to a clear need identified by carers of older Australians. The model of care has some particular characteristics which will be appreciated by care recipients and carers; it also creates a particular risk profile for providers.

This Attachment to the NRCP Respite Service Providers Program Manual, and the Community Care Common Standards, are designed to assist providers of Overnight Community Respite to maximise the unique benefits of the Overnight Community Respite model while commencing and continuing with management practices which work to manage the risks.

1.2   Important Characteristics of Overnight Community Respite

There are some important characteristics which must be recognised in any Standards and Reporting framework for Overnight Community Respite. These features include:

• the ability to provide **more flexible care;**

• the ability to provide **care over shorter time periods;**

• the ability to provide care in a **home-like environment;** and

• a clear emphasis on the needs of both the carer and the care recipient.

Many people who use Overnight Community Respite report that it is the first time they have used overnight respite at all. Thus, it is important that this first experience is a very positive one.

1.3   The Risk Profile of Overnight Community Respite

The model of care provided through Overnight Community Respite creates a particular risk profile for the service provider; it requires particular planning, reporting and monitoring activities so that service recipients, service providers and the community can be confident that a quality service is being delivered.

There are a number of areas of risk which arise through the expansion of community respite to include overnight respite.

- Overnight Community Respite providers have particular matters to consider in meeting their **duty of care to service recipients** (i.e. their responsibility to provide or broker safe, quality services). Some matters provide greater challenges than other forms of respite because of the nature of overnight respite – examples are heightened responsibility in relation to food safety, staff skills, building access and safety and WHS.

- There **are high levels of vulnerability for the care recipients** who access Overnight Community Respite. Organisations may be funded to provide respite services for carers of one or more of the following target populations:
  - Frail Aged;
  - Frail Aged with Dementia;
  - Frail Aged with Dementia and Challenging Behaviours; and
  - Younger Onset Dementia (64 years and under, 49 years and under if Indigenous).

What are the Key Areas of Risk?

Overnight Community Respite needs to meet the three Community Care Common Standards. Analysis of these Standards against the features of the Overnight Community Respite model has identified a level of risk for the first two Standards. Many matters relate to more than one NRCP Standard so it is useful to look at the 'areas of risk'.

Standard 1: Effective Management

- There is a key requirement that the physical environment be safe for care recipients and staff; and create a secure and appropriate environment for providing effective overnight respite care. The physical environment covers the built environment (buildings plus other related built areas like outdoor areas, access from the carpark) as well as the internal fittings, fixtures, furniture and signage.

- There is a key requirement that the operational framework of Overnight Community Respite gives due regard to WHS matters; other (Commonwealth and state/territory) legislative matters, like food safety, fire safety and medication management; and particular staff skills and availability.

Standard 2: Appropriate Access and Service Delivery

- There is a key requirement that a process exists to establish whether the care recipient is suitable for Overnight Community Respite. This model of care will not be suitable for all people who are seeking it and who are eligible to receive it.

- There is a key requirement that the assessment process gives due weight to the respite needs of the carer as well as the care needs of the care recipient. The focus of respite is both on the needs of the carer as well as on the needs of the care recipient. This requires that:

  ➢ The assessment include an understanding of the needs of the carer – not just the 'burden of care' but the pattern of this burden - so that overnight respite can be clear about what aspects it can address and where other carer supports should be accessed. Carers have many needs; Overnight Community Respite may meet some of their needs but respite is unlikely to be the only need of carers.

  ➢ The assessment of the care recipient is over a sufficient time span, whenever possible, to establish important factors which may be less relevant to day respite e.g. sleep patterns and behaviour patterns. (This will need to be balanced against expectations of a quick response to provide emergency overnight respite at short notice.)

- There is a key requirement that effective care finds a balance between (1) the daily patterns of care and rituals of daily life that are familiar to the care recipient, and (2) the need for interventions (e.g. health or behaviour or nutrition or medication interventions).

2. Overview – Standards and Reporting

The Department worked with a Project Reference Group to consider the best way for providers of Overnight Community Respite to meet the Community Care Common Standards and to report to the Department. A major factor in developing this document was how to develop a Standards and Reporting Guide which best preserves the unique characteristics of the model of Overnight Community Respite while balancing this against its potential risks.

The Standards and Reporting Guide has four Parts which are described in the following sections of this document:

- Meeting Community Care Common Standards and related expectations (Part 1) – see section 2.1

- Quality Reporting for providers of Overnight Community Respite (Part 2) - see section 2.2

- Meeting broader program expectations (Part 3) - see section 2.3

- Other reporting for providers of Overnight Community Respite (Part 4) - see section 2.4

2.1 Part 1 - Meeting Community Care Common Standards and Related Expectations

Key Documents

• *Community Care Common Standards Guide*

The Process

The overall approach of Quality Reporting is one of continuous improvement. The Quality Report shows how providers are addressing the Community Care Common Standards and related program expectations. The focus is on the results that are achieved for service recipients through effective service systems and approaches. Providers benefit from Quality Reporting by using it to continuously improve their service delivery – looking at the systems they have in place and how these systems might be improved.

The Community Care Common Standards Guide provides an overview of the standards and the Quality Review Process. These documents can be found at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-qualrep-about.htm

Importantly, the *Community Care Common Standards Guide* is also very helpful for agencies as an ongoing reference tool for planning, reviewing and improving operations - particularly for new providers.

- **Step 1** – Find the section titled Section 4 – 'Self-assessment Tool' in the *Community Care Common Standards Guide*. This contains checklists and prompts to help providers consider their approach and results to meeting each Standard and related expected outcomes (and to report on this information when it is time for each provider to participate in Quality Reporting).

Each of the three Standards and expected outcomes is considered in turn and includes a subtitle on the page called 'Practices and Processes'. The Practices and Processes section includes prompts about many matters providers may want to consider in order to plan, review and improve (and eventually report on) the approach of their service to this Standard.

- **Step 2** – Now look at the following pages of **this** document (i.e. this Supplementary Material). It also identifies the three Standards that apply to Overnight Community Respite. It provides material that is **additional** to the material contained in the *Community Care Common Standards Guide*. Each of the three Standards applicable to NRCP is considered in turn. For each Standard, there is an expansion of the objectives or expected outcomes of the Standard, and then some additional prompts for providers of Overnight Community Respite to consider in relation to their approach to the particular Standard.

- **Step 3** – Consider the material in the *Community Care Common Standards Guide* together with the additional material in this Supplementary Material. Use these materials as a reference source to plan, implement, review and improve your approach to meeting the Standards and Expected Outcomes.

- **Step 4** – When it is time for your Overnight Community Respite service to participate in the Quality Reporting process, use the material in the *Community Care Common Standards Guide* together with the Supplementary Material as a reference source to completing the Self-Assessment Tool of the *Guide*. Reporting on some aspects may be required as part of Program reporting.

2.2   Part 2 - Quality Reporting for Providers of Overnight Community Respite

Key Documents

• The *Community Care Common Standards Guide* (see
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-qualrep-about.htm).

The Process

Providers of Overnight Community Respite will participate in the Quality Reporting process that applies to all services funded through NRCP and to the Community Aged Care Package (CACP) Extended Aged Care at Home (EACH) Programs and Commonwealth Home and Community Care (HACC) Program.

Providers of Overnight Community Respite will participate in a Quality Reporting process once is a three year period. Quality Reporting is a six-step process that may take up to 20 weeks. More details are at
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-qualrep-about.htm

Regardless of when providers are due to participate in the Quality Reporting cycle, all agencies are expected to comply with the Community Care Common Standards.

When it is time to participate in the Quality Reporting process, providers will use the material in the *Community Care Common Standards Guide* together with the Supplementary Material as reference sources to complete the Self-assessment Tool of the Quality Report.

2.3   Part 3 - Meeting Broader Program Expectations

Key Documents

• NRCP Respite Service Providers Program Manual

• Material in sections 3 and 4 of this Appendix – dealing with establishment, risk management and reporting for Overnight Community Respite services

The Process

Providers of Overnight Community Respite will need to give careful consideration to the establishment of their service and ongoing monitoring of its compliance with various matters. Within this document, the Department has provided additional material to help providers of Overnight Community Respite in this task.

In essence, the steps for using this material are as follows:

- **Step 1** – Each provider of Overnight Community Respite should consider the NRCP Respite Service Providers' Program Manual.

- **Step 2** – Each provider of Overnight Community Respite should consider the prompt questions in the list provided at Figure 1 – Checklist for Monitoring Risk in section 4 of this document. This is a tool for providers, not a final or complete list of matters of importance, so providers may want to add prompts that are relevant to their particular model of service.

- **Step 3** – Figure 1 at section 4 can be used both to assist in establishing new projects and as a basis from which to start developing a comprehensive Risk Management Plan. Risk Plans should include a plan of action – risk treatments – and identify **when** follow-up is needed for each prompt and whether **further action** is needed to provide a confident answer to the prompt question. Plans should identify the means that providers use to be assured that they are complying on each matter.

    Initial Establishment and Ongoing Plans may include actions for:

    o   Achieving initial regulatory compliance - e.g. with local food safety requirements or fire safety or building regulations – and then dates for checking ongoing compliance;

    o   Identifying professional qualifications for different care procedures – and then planning staff rosters accordingly;

    o   Ensuring professional qualifications of staff remain current;

    o   Developing policies and procedures and identifying dates to review them

Use of the Establishment Checklist will differ among providers of Overnight Community Respite. However, for all providers it will be an important tool for continuous quality improvement and may assist in developing a comprehensive Risk Management Plan (See 2.4 below).

- **Step 4** – Reporting in line with standard Program reports.

2.4 Part 4 - Reporting on Broader Program Expectations

Key Documents

• *NRCP Respite Service Providers Program Manual*

• Material in sections 3 and 4 of this Appendix – dealing with establishment, risk management and reporting for Overnight Community Respite services

The Process

Providers of Overnight Community Respite are required to abide by various existing state or territory and local government legislation and regulation, depending on their model of service. Where this is the case, providers will report their compliance to the Department during their regular operational reporting cycle, while demonstrating compliance to the regulations of the State or Territory and local Government area in which they are located.

Where such regulations call for inspections and/or certifications of some kind, on a regular or a once-off basis, the Overnight Community Respite providers may be required to provide a copy of that certification to the Department, as part of the operational reporting cycle.

There are other areas of high risk in Overnight Community Respite which do not have external inspection or certification. Many of these areas have been identified in research and require closer attention than the three-year Community Care Quality Reporting Framework provides. Overnight Community Respite providers may be required to report about their risk management strategies in key areas.

This Supplementary Material is not intended to be a comprehensive manual on how to set up or manage an Overnight Community Respite service; rather, it is a prompt list of some regulations and issues that should be considered by Overnight Community Respite providers, especially in relation to the duty of care and related risks inherent in overnight respite services.

3. Establishment of Overnight Community Respite Services

Establishing an Overnight Community Respite Service requires the provider to develop systems of assessment, care and management that ensure that all the Community Care Common Standards are addressed adequately for the particular service being delivered.

Each Overnight Community Respite service is different in its structure, community, and service model; each Overnight Community Respite service will require some differences in approach appropriate to its circumstances while still addressing the NRCP Standards.

The material at Figure 1, Section 4 is a prompt list that can be used, along with the NRCP Guidelines, to develop an Establishment Plan and as a basis for a more comprehensive Risk Management Plan.

4. Risk Management in Overnight Community Respite Services

All respite care provides inherent risks that must be managed. However, in overnight or other extended care situations, these risks are heightened and require additional specific management strategies. Some of these risks may be associated with building requirements or with safety and fire; others with medication management or Challenging Behaviours. Some risks are governed by existing regulations (usually at State/Territory or local government level); others can be identified and addressed through compliance checks and other preparation to meet the Community Care Common Standards and other Standards to which the auspice Organisation adheres.

In light of the establishment of many new services providing new models of Overnight Community Respite, service providers are encouraged to undertake internal reviews and to develop Risk Management Plans.

Higher risk areas fall into two main categories:

- Those governed by state or territory and local government legislation and/or regulation, and

- Those critical areas of overnight community respite provision which impact the well-being, health and safety of the care recipients.

The purpose of this section is to explain how Overnight Community Respite providers are required to respond and report with respect to each of these high-risk areas.

Existing Legislation

Providers of Overnight Community Respite are required to abide by various existing State, Territory and local government legislation and regulation, depending on their model of service. Where this is the case, service providers may be asked to report about their compliance to the Department as part of their regular operational reporting cycle.

Key regulations that may be applicable to Overnight Community Respite include:

- Building regulations applicable to the purpose of the building (which varies between jurisdictions)

- Applicable fire safety regulations, which may include fire equipment, safe exits and procedures, fire drill and possibly other requirements (which vary between jurisdictions)

- Food service management standards applicable to the service provided (which vary between jurisdictions)

- Medication management related to the storing and providing of medicines to care recipients, governed usually by state or territory nursing regulations (which vary between jurisdictions)

- Clinical care, governed by state or territory nursing and medical practitioner regulations (which vary between jurisdictions)

Where such regulations call for inspections and/or certifications of some kind, on a regular or a once-off basis, the Overnight Community Respite provider may be required to provide a copy of that certification to the Department with the report that has taken place, as part of the operational reporting cycle.

Other Areas requiring Risk Identification

There are other areas of high risk in Overnight Community Respite which do not have external inspection or certification. Many of these areas have been identified in research and require closer attention than the three-year Community Care Common Standards and Quality Reporting provides. These high risk areas include:

- Abandonment of care recipient

- Abuse of care recipient (emotional, verbal, physical, sexual)

- Falls

- Fire

- Food poisoning

- Harm to staff (e.g. care recipient is violent)

- Infection

- Poisoning, incorrect medication

- Wandering of care recipient (particularly if care recipient has Dementia)

Overnight Community Respite providers must develop policies and procedures to assess and monitor client outcomes resulting from any of the high risk areas identified above.

Overnight Community Respite providers may be required to report their risk management strategies in key areas.

The items in Figure 1 on the following pages may assist Overnight Community Respite providers to commence the process of compliance review and risk management.

Figure 1: Checklist for Monitoring Risk:

Prompts for Providers of Overnight Community Respite.

	YES	NO	FOLLOW-UP	FURTHER ACTION
Regulatory Compliance				
Have we reviewed and met the relevant state, territory and/or local government building regulations?				
Have we reviewed and met the relevant state, territory and/or local government fire safety regulations?				
Have we reviewed and applied the relevant state, territory and/or local government Occupational Health and Safety regulations?				
Have we reviewed and applied the relevant state and/or territory drugs and poisons regulations?				
Do nursing services meet the requirements of the relevant nursing board?				
Personal Care				
Have all staff and volunteers had police checks?				
Do we have a care planning process that focuses on the daily patterns and meaningful activity that are familiar to the care recipient, and balances these with care and nursing interventions?				
Do we have a process for considering the preferences and needs of individual care recipients when matching staff, volunteers and other care recipients?				
Do we have flexible policies and procedures to provide care according to recipient's needs and preferences?				

	YES	NO	FOLLOW-UP	FURTHER ACTION
Have we addressed issues around medication administration, including security of medicines and credentialing?				
Do we have reliable arrangements with appropriate registered health practitioners to provide the required range of clinical interventions?				
Do we have the capacity to introduce safety procedures when a particular recipient requires them?				
Do we have processes for liaising with, and referring to, other agencies and community services?				
Do we have behaviour management strategies available for care recipients who might require them?				
Care Recipient Lifestyle				
Do we have options on a daily basis for activities to meet the preferences of care recipients?				
Do we have options for excursions and participation of care recipients in community activities?				
A Safe Physical Environment and Safe Systems				
Do buildings provide access for the physically disabled?				
Does our facility's structure and layout assist people with physical, cognitive and perceptual difficulties?				
Does our facility provide a secure environment, including access to a secure outdoor area?				
Do we have a system for medication management that meets applicable regulations and/or best practice? Recording and tracking treatments? Sharps disposal system?				

	YES	NO	FOLLOW-UP	FURTHER ACTION
A Homelike Living Environment				
Does our facility have a welcoming, comfortable and homelike atmosphere?				
Do all areas and amenities function like a home as much as is practicable				
Does out facility and service allow for carers to stay overnight?				
Do all areas allow for appropriate privacy for care recipients when needed?				
Are all areas and amenities accessible to people with physical disabilities?				
Fire, Security and Other Emergencies				
Do we have appropriate fire extinguishers and other equipment?				
Do we have emergency evacuation plans, including alternative accommodation?				
Do we have emergency systems in place to back up staff roster?				
Do we have plans for medical, dental, hospital and pharmaceutical services in case of an emergency?				
Infection Control				
Do we have risk assessment processes for infection control in relation to all care recipients?				
Has all staff been trained in infection control procedures in nursing and personal care (in matters as required)?				
Is all staff trained in infection control aspects of cleaning and laundry?				

	YES	NO	FOLLOW-UP	FURTHER ACTION
Management Systems				
Have we involved carers, care recipients and the community in the designing, planning and operating of our service?				
Have we procedures for receiving applications for service, and assessing eligibility, suitability and risk?				
Do we have an assessment tool for care recipients, including one to cover key matters for people seeking Emergency Respite care?				
Does our process for care planning include participation and approval of the care recipient and the carer?				
Do we have flexible employment strategies allowing for the service to be staffed by staff known to the care recipient and carer?				
Do we have confidential systems for individual record keeping?				
Do we have a procedure for care recipients and carers to access their personal information, and is this provided in a form they can understand?				
Do we have readily available back up systems to staff for increased workload, incident or emergency situations?				
Do we have supervisory back up to care staff available at all times?				
Do we have a written policy and procedure manual for staff?				
Do we have a formal incident log and procedure for follow-up				
Do we have written information on our services for potential service recipients, referring agencies and the community?				
Do we have an established complaints and disputes resolution procedure?				

	YES	NO	FOLLOW-UP	FURTHER ACTION
Do we have comprehensive staff training, and continuous education and supervision for all staff?				
Do we have a formal risk management system (e.g. based on AS/NZS 4360), which includes avoiding, reducing, transferring and/or retaining risk through a current risk management plan?				
Work Health and Safety				
Have all staff been trained in WHS requirements?				
Do we have procedures for training staff when new equipment is acquired?				
Other (add items as applicable)				

Appendix 5   Statement for Australia's Carers

Section 12 of the *Carer Recognition Act 2010*

1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.

2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.

3. The valuable social and economic contribution that carers make to society should be recognised and supported.

4. Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.

5. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.

6. The relationship between carers and the persons for whom they care should be recognised and respected.

7. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.

8. Carers should be treated with dignity and respect.

9. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.

10. Support for carers should be timely, responsive, appropriate and accessible.