Part C: Application Information for the Respite Support for Carers of Young People with Severe or Profound Disability Activity
Preface

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA or the Department) has a suite of documents (the Program Guideline Suite) which provide information relating to the program. They provide the key starting point for parties considering whether to participate in the program and form the basis for the business relationship between FaHCSIA and the funding recipient.

They are:
- **Part A: Program Guidelines** which provides an overview of Program and the Activities relating to the program;
- **Part B: Information for Applicants** which provides information on the Application, Assessment, Selection and Complaints processes; Financial and Funding Agreement arrangements.
- **Part C: Application Information** provides specific information on the Activity, Selection Criteria, Performance Management and Reporting. This part should be read in conjunction with the Draft Funding Agreement for the Activity and the [Terms and Conditions of the Standard Funding Agreement](#).
- The **Application Form** which is completed by applicants applying for funding during a selection process.

FaHCSIA reserves the right to amend these documents from time to time by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.
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Program Overview

Services and Support for People with Disability Program

The Australian Government helps to support people with disability, their families and carers, through programs and services, benefits and payments.

The Services and Support for People with Disability Program provides support to people with disability, their families and carers, through grants and funding to organisations that deliver services for people with disability.

Under Services for People with Disability, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) funds a number of services for people with disability and their carers, including supported employment services, advocacy, a national booking service for Auslan interpreting services, print disability services, support services for children with Autism Spectrum Disorder, respite services, and accessible communities and supported accommodation for people with disability.

FaHCSIA is also working closely with the state and territory governments on 10 key priority areas under the National Disability Agreement.

1.1 Program Outcomes

To provide supported employment and improve access to information, advocacy and services for people with disability so they can develop their capabilities and actively participate in community and economic life.

1.2 Aims and objectives

Outcome 5 - Disability and Carers aims to provide an adequate standard of living, improved capacity to participate economically and socially and manage life transitions for people with disability and/or mental illness and carers through payments, concessions support and care services.

The Services and Support for People with Disability program aims to provide access to improve access to information, advocacy and services for people with disability so they can develop their capabilities and actively participate in community and economic life.
2 Activity Overview

The Respite Support for Carers of Young People with Severe or Profound Disability (RSCYP) activity is an Australian Government initiative providing immediate and short-term respite to carers of young people with severe or profound disability whose needs are not being met through existing State, Territory or Commonwealth Government initiatives.

RSCYP principally benefits carers of young people with severe or profound disability under 30 years of age. RSCYP also supports carers who are experiencing significant stress in caring for a person with a disability under 65 years of age.

FaHCSIA funds each of the national network of 55 Commonwealth Respite and Carelink Centres (Centres) to deliver RSCYP to the target group through subcontracting arrangements with their service providers and aims to assist around 5,500 carers in 2010-11.

The Australian Government provided over $34 million to Centres over three years to 2011-12 and will provide a further $18.1 million to Centres in 2012-13 and 2013-14.

RSCYP
- Provides immediate and short-term respite to carers of young people with severe or profound disability.
- Facilitates access to information, respite care and other support or assistance appropriate to the individual needs and circumstances of both carers and care recipients.
- Focuses on carers needs and allows carers to exercise choice and control over their respite care arrangements.
- Supports carers whose needs are not being met through existing Australian Government or state/territory government initiatives.
- Expects to alleviate unmet demand for short-term and unplanned respite care that currently causes significant stress to carers.

Affiliation with the Department of Health and Ageing (DoHA) Centre Guidelines

This activity is managed by FaHCSIA, working closely with DoHA and complements the National Respite for Carers Program (NRCP) that DoHA administers.

DoHA Centre Guidelines establish the administrative and compliance framework under which Centres operate. However, these activity guidelines and Funding Agreement must be applied by Centres when using these program funds.

2.1 Aims and objectives

The aim of the activity is to:
- reduce the unmet demand for short-term and unplanned respite by increasing the provision of immediate and short-term respite to carers of young people with severe or profound disabilities whose needs are not being met through existing Commonwealth, State and Territory Government programs or local and community services;
- support and maintain caring relationships, between carers and their dependant family members or friends, by facilitating access to information, respite care and other support or assistance appropriate to the individual needs and circumstances of both carers and care recipients;
- focus on the needs of carers by providing increased opportunities for carers to exercise choice and control over their respite care arrangements; and
- contribute to the wellbeing of families who have a younger family member with a severe or profound disability by reducing stress on carers and their families. This may increase participation levels and decrease income support reliance.

The objectives of the activity include:
- providing carers with a clearly identifiable and accessible point of contact for information and advice on the full range of respite care services and other assistance available in their area;
- purchasing, organising or managing the delivery of respite care or other appropriate support that is tailored to the individual need of the carers and their care recipient;
• facilitating appropriate service responses in order to:
  o ensure equitable access for carers to a range of respite services including in-home setting and out-of-home settings;
  o improve carers’ access to respite care on a short-term or in emergency or unplanned situations;
  o improve access to respite care for Indigenous carers and those from a culturally and linguistically diverse background;
• ensuring appropriate use of respite care resources; and
• encouraging the development of informal or volunteer networks to provide support to carers.

2.2 Participants/clients/recipient/target group

2.2.1 Target Group
The target group is a primary carer:
• whose needs are not being met by other state or territory government programs; and
• who is caring for a child with a severe or profound disability under 30 years of age; or
• who is caring for a care recipient under 65 years of age where the carer stress is assessed as significant.

2.2.2 Prioritisation of Assistance
Respite is allocated to carers subject to the availability of funding and prioritisation by Centres with the needs of other carers in the area.

2.2.3 Residency
Under this program, non-Australian Citizens are eligible to access services providing they have permission to be a resident of Australia by Immigration and they meet the program’s eligibility requirements.

“Permanent resident” means a person who is allowed to stay in Australia legally under a permanent resident visa issued by the Department of Immigration and Citizenship. As such a person is eligible to access social security payments and benefits while on a permanent resident visa and it is NOT necessary for the person to be an Australian citizen. Therefore, a permanent resident of Australia (non-citizen) may be eligible to access respite services funded by FaHCSIA or other Government agencies. New Zealand citizens are no longer automatically considered a permanent resident unless certain criteria have been met. For further information contact the Department of Immigration on 131 881 or see http://fahcsia.gov.au/sa/international/ssa/currentagreements/Pages/nz-nz_other.aspx

2.2.4 Foster Carers
Respite is available to all carers (including foster carers) whose needs are not being met by other state or territory government programs. Respite is allocated to carers subject to the availability of funding and prioritisation on a case by case basis by Centres.

Carers needing respite support can access the RSCYP activity by calling their nearest Commonwealth Respite and Carelink Centre on 1800 052 222. For emergency respite support outside standard business hours carers should phone 1800 059 059.

Centres will need to consider the specific needs of Indigenous people when providing services under the RSCYP activity.

2.2.5 Support for Siblings
2.3 Providing the carer meets the eligibility criteria as defined in 2.2.1 Target Group, the carer may be provided with indirect respite support for a care recipient's sibling with a disability. Siblings who do not have a disability are not eligible for assistance under this program. Funding for the activity

A total of $18.1 million administered funding for 2012-13 and 2013-14 has been allocated to fund Centres to manage the Respite Support for Carers of Young People with Severe or Profound Disability activity.

Centres are to administer the program in accordance with the Terms and Conditions of the Funding Agreement with due regard to legal, managerial and ethical responsibilities of governance.

Funding can only be used for purposes detailed in these guidelines. Centres must ensure that funds are expended in a manner that represents value for money for the Commonwealth Government.

The program utilises DoHA contractual arrangements with Centres as the means of delivering services under this program.

Funding will be paid quarterly and is provided for both operational purposes and for direct purchasing of respite services. While there is no set percentage allocated for operational purposes or purchasing of respite services, service providers will be required to demonstrate value for money as judged against:

- using resources in an efficient, effective and ethical manner; and
- making decisions in an accountable and transparent manner.

Funding provided to service providers covers:

- staffing expenses (including staff training and professional development);
- operating expenses;
- vehicle leasing;
- premises expenses;
- administration (including staffing) costs;
- auspice fees;
- training for service providers;
- promotional activities focused on carers, that do not duplicate national information products;
- purchase of respite services which meet the individual needs and circumstances of carers and care recipients;
- providing a range of respite care including in-home settings and out-of-home settings;
- improving carers’ access to respite care on a planned basis or in emergency or unplanned situations;
- purchase or subsidised respite services from formal or informal sources on behalf of the carer;
- payments that will enable the carer to access direct or indirect respite services; and
- contracting support workers to provide the service.

Funding cannot be:

- paid as cash to the carer or the care recipient;
- used to duplicate respite service provision that is otherwise available;
- used by centres to pay the gap between the cost of respite and that covered by another agency; and
- used for capital projects involving land or buildings.

The carer and wherever possible the care recipient should be included in the selection of the most suitable support options.

The use of funds for purchasing respite will largely be determined by the frequency and intensity of the support required and the time it takes to develop a more permanent and appropriate arrangement. Centres need to make such decisions based on the relative need of the client and considerations of equity and accountability.

For advice on any activity not provided in the list above please contact your funding agreement manager in your FaHCSIA State or Territory office.
2.4 Eligible and in-eligible activities

This program provides respite support on a short-term and immediate (or emergency) basis. It is not designed to support clients on an ongoing basis.

It is recognised that a mix of services both direct and indirect may be required to meet a carer’s needs.

Each carer must be assessed on a case by case basis, taking into account the complexity and priority of need, balanced against available funding.

Carers identified as meeting the program’s eligibility criteria will be able to access two types of respite support:

- Direct respite; and/or
- Indirect respite.

Centres should ensure that services cannot be provided through other State, Territory or Government programs, local services or community groups.

Direct respite services are services that provide the carer with quality alternative or substitute care for the person for whom they are the primary carer. Alternative care may be provided in the home, suitable temporary accommodation or an appropriate community setting.

Direct respite consists of types of assistance where the primary purpose is meeting the needs of carers by the provision of a break from their caring responsibilities. A service or multiple services, are arranged, booked or purchased to ensure the carer has a substitute to care for the person for whom they are the carer.

Assistance provided to the carer should be recorded as direct respite when:
- a substitute carer takes the place of the usual carer; and
- the Commonwealth Respite and Carelink Centre has arranged or booked the care recipient into a service where the focus is on meeting the complete care needs of the care recipient.

**Examples of direct respite activities**

Direct respite services may include:
- purchased respite care services (including on a one-off basis) on behalf of a carer;
- contracting a support worker to provide respite to carers; or
- providing funding to a respite service provider, where it will extend respite care services. This may include respite from a trusted family or friend care worker where the service provider has contracted the care worker, ensured their competence and provided insurance cover.

Other organisations are to be involved in the delivery of the program as required.

Indirect respite services are services that provide a ‘respite effect’ for the carer. Funds can be used for indirect respite services only if direct respite services are unsuitable or unavailable, and the indirect respite service is not available under another existing program.

Discretion must be used in determining whether indirect respite services should be funded and must be based on a formal needs assessment. Centres must ensure that activities are within the intent of the guidelines and are defensible if subjected to departmental examination.

The following activities have been identified as within current program parameters, where they cannot be provided through other programs, local services or community groups. They are examples of some services that may be provided, but this list is not intended as a checklist of activities that each carer is able to access. Centres are encouraged to use a flexible commonsense approach in determining the most appropriate services.

If you have any concerns about eligible activities, your State or Territory Office may be approached in writing for a decision.

**Examples of indirect respite activities**
Indirect respite services may include:
- purchasing appliances or other equipment for carers or care recipients, but only where all other options for support have been exhausted and the purchase would significantly reduce the stress of a carer;
- purchases as approved in advance, in writing, by the department;
- vacation care;
- camps for care recipients which free the carer;
- swimming, dancing, horse riding etc. lessons for care recipient which free the carer;
- respite support for a sibling with a disability or other, second, care recipient with a disability who is under the age of 65 years and where the carer is experiencing significant stress in the provision of care;
- hiring a trailer to enable a care recipient’s equipment to be transported to another family member’s place for a stay, giving the primary carer respite;
- trimming a tree to make a backyard safe for a care recipient with autism to play in, thereby creating a respite effect for the carer;
- assisting a family which cannot obtain suitable respite due to complex caring responsibilities, to travel to or stay temporarily in a different location in order to gain respite. An example would be where parents and children cannot be separated, because of the nature of the disability; and
- assistance with the cost of transport for the primary carer to attend a directly relevant conference.

Activities that should not be funded under this program
There are some activities that, while they may alleviate the stress a carer is experiencing, are outside the parameters of the program. These are:
- funding family holidays (except for those situations outlined above); and
- paying wages directly to family members or friends to provide respite assistance.
  - the exception is when paying family members in remote Indigenous communities where there are no other alternatives, but Centres need to be satisfied that if this is done the family members are covered by the service provider’s insurance and the provision of care does not contribute to an erosion of traditional family values (See DoHA Operational Manual for Commonwealth Respite and Carelink Centres).
- centres directly recruiting respite workers or using their own employees to provide respite.

2.5 Activity links and working with other agencies and services
Respite care programs are provided by the Commonwealth, State and Territory Governments with some programs jointly funded.

This program is not designed to replace existing programs, but to supplement existing programs.

Centres are encouraged to develop partnerships with organisations and services to develop broader expertise and connections between a range of service providers. This will facilitate the transfer of knowledge and expertise at the local level, which will in turn improve the quality of services and benefit carers of people with disability, families and communities.

The development of relationships with other service providers in the area will help to minimise duplication of services, will identify sources of ongoing support for carers and provide appropriate referrals to Centres.

A fact sheet for the RSCYP can be found at http://www.fahcsia.gov.au/sa/carers/progserv/Pages/RespiteSupportSevereDisability.aspx and can be used to promote the program to agencies and services.

Other relevant government programs, payments and peak bodies that may be useful include:

Association for Children with Disability (ACD) ACD is a non-profit, community organisation for children with a disability and their families. More information is available at: http://www.acd.org.au/

Autism Spectrum Disorders (ASD)

**Better Start for Children with Disability**

The Better Start for Children with Disability program provides early intervention services to children with a disability that affects their development.

Under the Better Start for Children with Disability (Better Start) initiative the identified disabilities are:

- cerebral palsy
- Down syndrome
- Fragile X syndrome and
- moderate or greater vision or hearing impairments, including deafblindness.

As of 1 January 2013, Better Start for Children with Disability has been broadened to include children who have been diagnosed with Prader-Willi, Williams, Angelman, Kabuki, Smith-Magenis, Cri du Chat, CHARGE or Cornelia de Lange syndromes or Microcephaly.

For further information contact Carers Australia on 1800 242 636 or visit the Better Start website: http://www.fahcsia.gov.au/sa/disability/progserv/people/betterstart/Pages/better_start_early_intervention.aspx.

**Carers Australia**

Carers Australia provides information for all carers and care recipients. More information is available at: http://www.carersaustralia.com.au

**Centrelink Payments and Services**

**Carer Allowance**

Carer Allowance is an income supplement available to people who provide daily care and attention at home to a person who has a disability or severe medical condition. For more information see the Centrelink website:


**Carer Payment**

Carer Payment is an income support payment for people who are unable to support themselves through participation in the workforce while caring for someone with a disability or severe medical condition. For more information see the Centrelink website:


**Centrelink’s Financial Information Service**

Centrelink’s Financial Information Service (FIS) is an education and information service available to everyone in the community. FIS helps people to make informed decisions about investment and financial

**Carer Adjustment Payment - Financial Support for Carers of Young Children in Exceptional Circumstances**
The Government has established an interim ex gratia scheme, the Carer Adjustment Payment, to provide financial assistance to families in exceptional circumstances who have a child, up to six years, with a disability or illness. More information is available at: http://www.fahcsia.gov.au/sa/carers/payments/CarerAdjustmentPayment/Pages/default.aspx

Carer Adjustment Payment Questions and Answers

**Health Care Card**

**The National Respite for Carers Program (NRCP)**
The National Respite for Carers Program is designed to support and assist relatives and friends caring at home for people who are unable to care for themselves because of chronic illness, disability or frailty. More information is available at: http://www.health.gov.au/internet/main/Publishing.nsf/Content/ageing-carers-nrcp.htm

**Raising Children Network (RCN)**
The RCN website provides helpful information, tools and resources for parents raising children (including children with disability) from babies to early teens. More information is available at: http://raisingchildren.net.au/

**MyTime Peer Support Groups for Parents of Young Children with Disabilities**

**Department of Health and Ageing**

**Department of Veterans’ Affairs**

**National Ethnic Disability Alliance**
http://www.neda.org.au/

**Federation of Ethnic Communities’ Council of Australia**
www.fecca.org.au

**Siblings Australia**
http://www.siblingsaustralia.org.au

**Toolkit for Indigenous Service Provision**
The toolkit is designed to achieve a high standard of service delivery by improving the consistency of knowledge and practices supporting staff and organisations funded by FaHCSIA.

The toolkit for Indigenous Service Provision consolidates information and resources into a single package that any of FaHCSIA’s service providers can use to:

- review their current practices;
• build their knowledge and relationship; and
• develop, implement and evaluate strategies.

2.6 Specialist requirements (e.g. Legislative requirements)

Subcontracting arrangements

Service agreements for Direct Respite Services
While each Centre’s auspice may have its own legal requirements for subcontracting agreements, Centres must enter into a formal service agreement that includes provisions for subcontracting direct respite services, in whole or in part, to a third party.

A Centre may subcontract direct respite services if it:

• records the subcontractor’s name, address, legal status, relevant qualifications and details of the service to be subcontracted.
• acknowledges that Centres remains responsible and accountable to the department for the provision of any subcontracted services.

Before subcontracting services, Centres are strongly advised to seek their own legal advice, to ensure that their obligations under the service agreement are not compromised. The subcontracting arrangement must ensure that the subcontractor has at least the same obligations as those that apply to the Centre under the service agreement, including any provision relating to confidentiality, permitted disclosure, insurance requirements and privacy of information. For example, a Centre may ask the subcontractor to sign a deed of confidentiality to reflect its own requirements, as outlined in its service agreement.

Service arrangements to subcontract direct respite services must include the following “elements”:
• unit costs;
• description of the services to be provided;
• description of the roles and responsibilities, including protocols for escalating issues, of the Centre and the subcontractor; and
• standards to be meet.

Centres must ensure that subcontractors do not outsource or sub-subcontract to a third party any obligations without first getting FaHCSIA’s written consent.

Service arrangements for Carer Support/Indirect Respite

The Department acknowledges that due to the nature of Carer Support services it may not be feasible to enter into a formal service level agreement. Examples may be music lessons, provision of transport etc.

In these situations parental permission should routinely be sought before a carer under 18 years of age accesses Carer Support services; however this may not be appropriate in all circumstances.

Common law:

• A person under 18 has the legal capacity to consent to receiving Carer Support services provided the child or young person has sufficient intelligence and maturity to understand the nature of the service and any consequences in participating.

Statute law:
• In some jurisdictions there are relevant laws that override the common law. In these jurisdictions service providers should ensure that treatment they provide to persons under 18 years of age does not breach the relevant law.
It is advisable that funding recipients develop and implement policies addressing Carer Support service provision to children and young people under the age of 18 years of age. These policies should address:

- confidentiality and privacy provisions for service users under 18 years of age and release of information forms
- funding recipient obligations to:
  - inform clients and carer support provider about duty of care responsibilities and mandatory child protection reporting requirements;
  - ask under 18 year old service users if they agree to their parent(s) or guardian(s) being informed about the services being delivered; and
  - use of support persons for under 18 year olds during service provision as the preferred option and support person waivers where applicable.

Before purchasing Carer Support/Indirect Respite services, Centres are strongly advised to seek their own legal advice, to ensure that their obligations under the service agreement are not compromised.

Service providers should also be aware of accountabilities and standards in relation to providing respite.

Centres should contact their FaHCSIA State or Territory Office if they need further clarification of their Funding Agreement obligations.

2.7 Information technology

Not Applicable

2.8 Activity performance and reporting

Funding recipients should apply the service delivery principles of good practice when planning and implementing their programs and services.

The good practice principles are:

- accessible and inclusive approaches that are responsive, respectful and supportive of language and culture;
- responsiveness to local needs and consumer protection;
- holistic approaches that build community connections;
- a focus on family strengths and building skills;
- early intervention in a child’s life and at key transition phases, with a long-term preventative orientation;
- effective co-ordination and inter-sectoral collaboration;
- a skilled workforce; and
- an outcomes, evidence driven approach.

The department assesses a Centre’s performance through reports and other compliance mechanisms. The department specifies formats for reports or information for inclusion in reports and Centres must include that information and use that format for reporting.

In providing financial acquittal reports to the department, Centres are to ensure that funding received from the department for other programs such as the Young Carers Respite Program are separately identified and reported.
Progress Reports
A report submitted every six months detailing service usage and performance data and funding expended.

Performance Management
The Department is required to report on each program it funds through its Annual Report. The department does this through Key Performance Indicators (KPIs) which measure particular aspects of the work to determine the effectiveness of the program.

The department may request additional performance information from Centres which must be provided within 21 days of the request.

Key Performance Indicators (KPIs)
Centres are required to report on specific KPIs as part of their Funding Agreement obligations with the department.

The KPIs are:
- **KPI 1** - number of carers assisted over the previous 12 months;
- **KPI 2** - number of carers from Indigenous or CALD backgrounds; and
- **KPI 3** - percentage of carers satisfied the services they received were appropriate to their needs.

Customer Satisfaction Survey
Centres should have a Customer Satisfaction Survey process in place, seeking feedback about their service delivery practices and those of their service providers.

In order to report against KPI 3, Centres must provide a satisfaction survey to all carers and include, as a minimum, the following question about carer’s satisfaction with services.

“*You were satisfied that the services you received met your needs.*

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2.9 Fees

Although it is expected that clients will pay fees, contributions or donations for respite care services, no eligible carer should be refused services they have been assessed as needing due to an inability to contribute to the cost of those services.

The department does not have a fees policy which specifies a fee scale. When a carer is referred to a respite service, the carer would be expected to pay the fee (or at least part of that fee) that is charged by the service.

Preferably the client should pay the fee to the service provider not the Centre, with the Centre paying the remainder (if applicable) direct to the service provider. This includes respite services run by the same auspice body as the Centre.

Centres will not charge a fee for consultation provided.

2.10 Hours of Operation/24 Hour Response

Centres will assist carers obtain respite care in emergency or unplanned situations on a 24 hour basis. Carers calling after hours should always be able to reach someone who can assist them.

It is acknowledged that Centres manage this differently from region to region. For example, Centres may establish regional partnerships, in order to achieve particular goals such as the provision of a 24 hour response to requests for emergency respite. The effectiveness of such strategies should be reviewed regularly.

2.11 Targeting Resources

Centres are required to make decisions about the allocation of services and funds, based on their estimate of the relative need of carers within the region.

The Centre’s primary consideration is the carer and their needs. Sourcing assistance through other services and programs should be considered in the first instance and program funds used when no other means of support are available.

Short-term and emergency respite is provided to carers by Centres subject to the availability of funding and prioritisation with the needs of other carers in the area.

2.12 Behavioural Management Intervention Plans

The Operational Manual for Commonwealth Respite and Carelink Centres recommend that Centres complete a broad ranging assessment of all carers who seek support, and develop care plans for both the carer and the care recipient that could include:

- a description of the carer's aspirations regarding their situation;
- identification of support needs and options for the person being cared for;
- carer support services appropriate to the individual's needs;
- a proposed respite program;
- extended family and community support resources available to the carer; and
- emergency arrangements (in so far as they are predictable).

The purpose of the care plans is to support carers in ways that best meet their needs and those of the care recipient. The care plans would include information about the specific care needs of the care recipient based on information provided by the carer.

While it is the responsibility of the Centres to develop care plans, it is not the responsibility of Centres to conduct comprehensive behaviour management assessments of care recipients with challenging behaviour, or purchase behaviour management intervention plans for care recipients with challenging behaviour. Such assessments, and the development of behaviour management intervention plans, are the responsibility of the care recipient's health professional or State/Territory Government agency. This
information would then be included in the care plan.

Where respite care has been requested and where challenging behaviour has been identified which may impact on the provision of respite care services, Centres should seek the following from the carer:

- 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.
- 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.
- 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 recipient, care worker or any other member of the public to be put at risk.

2.13 Outreach

Outreach activities to promote services and attract clients should be planned and implemented by Centres throughout their region of operation.

Outreach activities should target carers from Indigenous and Culturally and Linguistically Diverse (CALD) backgrounds. Centres are required to report on activities and the number of carers assisted from these groups.
3 Application Process

At present there is no selection process currently open.

4 Contact information

The primary contact for the program will be the department’s State and Territory Office Contract Manager that manages the contract. Any enquiries should be directed to this person in the first instance.

5 Glossary

Carer

A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment other than a pension, benefit or allowance. The definition excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.

For the purposes of assessing eligibility, the following definition of a carer should be applied: the carer must be a primary carer, the assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities of communication, mobility and self care.

Primary Carer

A primary carer is the person who provides the most assistance, in terms of help or supervision, to the person with a severe or profound disability. The assistance has to be ongoing, or likely to be ongoing, for at least six months.

The assistance may be to a person in the same or a different household.

Severe or Profound Disabilities

The terms “severe” and “profound” are interpreted in line with the 2009 Survey of Disability, Ageing and Carers (SDAC) conducted by the Australian Bureau of Statistics (ABS). The survey reports on the level of assistance required by people with a disability in relation to three core activities which are considered to underlie all aspects of everyday life: self care, mobility, and communication.

The SDAC lists four levels of core activity limitation based on whether a person needs help, has difficulty, or uses aids or equipment with any core activities. Core activities are:

- communication;
- mobility; and/or
- self care.

Core activity limitation levels are:

- Severe – sometimes needing assistance to perform a core activity; and
- Profound – unable to perform a core activity or always needing assistance.

Disability

The 2009 Survey of Disability, Ageing and Carers (SDAC) conducted by the Australian Bureau of Statistics, a person has a disability if they report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:

- loss of sight (not corrected by glasses or contact lenses)
- loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used
• speech difficulties
• shortness of breath or breathing difficulties causing restriction
• chronic or recurrent pain or discomfort causing restriction
• blackouts, fits, or loss of consciousness
• difficulty learning or understanding
• incomplete use of arms or fingers
• difficulty gripping or holding things
• incomplete use of feet or legs
• nervous or emotional condition causing restriction
• restriction in physical activities or in doing physical work
• disfigurement or deformity
• mental illness or condition requiring help or supervision
• long-term effects of head injury, stroke or other brain damage causing restriction
• receiving treatment or medication for any other long-term conditions or ailments and still being restricted
• any other long-term conditions resulting in a restriction.

Carer Stress

Resources should target the needs of those carers experiencing carer stress. Assessment of relative need for services will take into account the intensity of care required by the care recipient, other factors relating to the needs and circumstances of the carer and the caring relationship. These factors include:

- the availability of informal support to the carer, such as other family members, friends or volunteer groups;
- the availability and use of other services to support the carer and/or care recipient, for example, home help, delivered meals, child care or disability support services;
- whether the care recipient's condition is deteriorating;
- the carer's own physical and mental health status;
- the carer's family responsibilities and situation including the number of people cared for;
- the relationship between the carer and the care recipient, where this is considered to threaten the health and well-being of either; and
- the financial status of the carer in terms of their ability to purchase respite care elsewhere, and taking into account the direct costs of care borne by the carer.

Short-term Respite

Refers to respite care provided for a relatively short period of time. The term 'short term' is difficult to define and Centres should make decisions about the length of short term respite on an individual basis, taking into account the individual circumstances of the carer and care recipient and the complexity of the situation.

Immediate Respite

Refers to immediate, time-limited break for carers who are unable to provide care due to an unforeseen crisis. This service is provided on the assumption that the usual carer will resume their caring role in the near future following completion of the agreed respite period.

The immediate respite period will be limited to approximately 96 hours or four days, although this may be extended for clients where circumstances warrant.

Eligibility requirements:

- carer is admitted to hospital at short notice or other health needs which prevent them from providing care;
- family emergency, for example, a close relative takes ill and needs help;
- death in the immediate family;
- real risk to the carer's employment on a particular occasion; or
- carer needs to take a break urgently because of stress to stay fit and healthy, both physically and mentally.
Culturally and Linguistically Diverse (CALD)

Centres are required to report on the number of carers assisted from a CALD background.

For the purposes of this reporting, a carer 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; or
- proficiency in spoken English.