



Australian Government

Department of Social Services

**National Disability Insurance Scheme
Transition Programme**

**Respite Support for Carers of Young People with
Severe or Profound Disability Activity**

Operational Guidelines

March 2015

Table of Contents

1	Programme Overview	3
1.1	Programme Outcomes	3
1.2	Programme Objectives.....	3
2	Activity Overview.....	3
2.1	Aims and objectives	4
2.2	Applicant eligibility	4
2.3	Target group.....	5
2.4	Funding for the activity	6
2.5	Eligible and in-eligible activities.....	6
2.6	Activity links and working with other agencies and services.....	9
2.7	Specialist requirements.....	10
2.8	Information technology.....	11
2.9	Activity performance and reporting	11
2.10	Financial Reporting	13
2.11	DSS' responsibilities and accountabilities under the activity	13
2.12	Grant recipients' responsibilities and accountabilities under the activity	13
2.13	Risk management strategy	13
2.14	Special conditions applying to this activity	14
3	Application Process	15
3.1	Overview of the application process	15
4	Terms and conditions applying to Direct Selection.....	15
4.1	Liability issues	15
4.2	DSS rights	16
4.3	Disclaimer.....	16
4.4	Fraud.....	16
4.5	Personal Information	16
4.6	Freedom of Information.....	17
5	Financial and Other Arrangements.....	17
5.1	Financial arrangements.....	17
6	Complaints	18
6.1	Applicants/Grant Recipients.....	18
6.2	Client/Customer.....	18
7	Contact information.....	18
	Glossary	18

1 Programme Overview

1.1 Programme Outcomes

The Department of Social Services (DSS) works to provide improved independence, participation and lifetime wellbeing for people with disability, people with a mental illness and their carers.

The National Disability Insurance Scheme (NDIS) intends to ensure people with disability are supported to participate in and contribute to social and economic life to the extent of their abilities. People with disability and their carers will have certainty that they will receive the individualised care and support they need over their lifetime.

1.2 Programme Objectives

To improve the wellbeing and social and economic participation of people with disability, and their families and carers, by building a National Disability Insurance Scheme (NDIS) that delivers individualised support through an insurance approach. This programme also includes existing supports that are transitioning in to the Scheme in a phased approach as well as services to support the market, sector and workforce to adjust to the NDIS environment.

2 Activity Overview

The Respite Support for Carers of Young People with Severe or Profound Disability (RSCYP) activity is an Australian Government initiative, managed by DSS, providing immediate and short-term respite to carers of young people with severe or profound disabilities 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 disabilities 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.

DSS funds each of the national network of 54 Commonwealth Respite and Carelink Centres (CRCCs) to deliver RSCYP to the target group through subcontracting arrangements with their service providers.

The Australian Government will provide an administered grant of \$8.4 million to CRCCs in 2015-16.

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; and
- Expects to alleviate unmet demand for short-term and unplanned respite care that currently causes significant stress to carers.

The RSCYP activity will transition in full to the National Disability Insurance Scheme (NDIS) by July 2019.

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 programmes or local and community services;
- support and maintain caring relationships, between carers and their dependent 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 to:

- provide 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;
- purchase, organise or manage the delivery of respite care or other appropriate support that is tailored to the individual need of the carer and their care recipient;
- facilitate appropriate service responses in order to:
- ensure equitable access for carers to a range of respite services including in in-home and out-of-home settings;
- improve carers' access to respite care on a short-term basis or in emergency or unplanned situations;
- improve access to respite care for Indigenous carers and those from a culturally and linguistically diverse (CALD) background;
- ensure appropriate use of respite care resources; and
- encourage the development of informal or volunteer networks to provide support to carers.

2.2 Applicant eligibility

The following entity types meet the eligibility requirements to be invited to apply for a grant for this activity:

- Incorporated Associations (incorporated under State/Territory legislation, commonly have 'Association' or 'Incorporated' or 'Inc.' in their legal name);
- Incorporated Cooperatives (also incorporated under State/Territory legislation, commonly have 'Cooperative' in their legal name);
- Companies (incorporated under the *Corporations Act 2001* – may be a not-for-profit or for-profit proprietary company (limited by shares or by guarantee) or public companies);
- Aboriginal Corporations (incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*);
- Organisations established through a specific piece of Commonwealth or state/territory legislation (public benevolent institutions, churches, universities, unions etc.);
- Partnerships; or
- Trustees on behalf of a Trust;

The following entity types may be invited in special circumstances:

- State and territory Governments; and
- Local Governments.

2.3 Target group

Target Group

The target group for the RSCYP activity is a primary carer:

- whose needs are not being met by other state or territory government programmes; and
- who is caring for a person with a severe or profound disability under 30 years of age; or
- who is caring for a person under 65 years of age where the carer stress is assessed as significant.

Primary Carer

A primary carer is the person who provides the most assistance, in terms of help or supervision, to another person. 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.

Carer

A carer, as defined in the *Carer Recognition Act 2010*, is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

- has a disability;
- has a medical condition (including a terminal or chronic illness);
- has a mental illness; or
- is frail and aged.
- An individual is not a **carer** in respect of care, support and assistance he or she provides:
 - under a contract of service or a contract for the provision of services;
 - in the course of doing voluntary work for a charitable, welfare or community organisation; or
 - as part of the requirements of a course of education or training.
- To avoid doubt, an individual is not a **carer** merely because he or she:
 - is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
 - lives with an individual who requires care.

Prioritisation of Assistance

Respite must be allocated to carers subject to the availability of funding and prioritisation by CRCCs with the needs of other carers in the area.

CRCCs need to consider the specific needs of Indigenous people and people from CALD backgrounds when providing services under the RSCYP activity.

Residency

Under this programme, non-Australian Citizens are eligible to access services providing they have permission to be a resident of Australia by the [Department of Immigration and Border Protection](#) and they meet the programme'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 Border Protection. 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 DSS 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 and Border Protection on 131 881 or visit the [Department of Immigration and Border Protection](#) website.

Foster Carers

Respite is available to all carers (including foster carers) who meet the eligibility criteria in Section 2.3 Target Group and whose needs are not being met by other state or territory government programmes. Respite is allocated to carers subject to the availability of funding and prioritisation on a case by case basis by CRCCs.

Support for Siblings

Providing they meet the eligibility criteria as defined in Section 2.3 Target Group, carers 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 programme.

2.4 Funding for the activity

A total administered grant of \$8.4 million has been allocated to CRCCs delivering the RSCYP activity in 2015-16.

CRCCs are to administer the activity in accordance with the Terms and Conditions of the grant agreement with due regard to legal, managerial and ethical responsibilities of governance.

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

Funding will be paid quarterly and is provided for both administration and the delivery of the RSCYP activity.

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.

In accordance with the Fair Work Australia decision of 1 February 2012 to increase wages in the Social and Community Services (SACS) sector, the Department of Social Services will provide supplementation funding to organisations employing SACS workers delivering RSCYP. To be eligible for supplementation funding organisations must be delivering in-scope Commonwealth funded programmes and have employed staff under the Social, Community, Home Care and Disability Services Industry Award 2010 (SACS Modern Award), specifically under one of the following Schedules:

- Schedule B – Classification Definitions - Social and Community Services Employees; and
- Schedule C – Classification Definitions - Crisis Accommodation Employees.

Organisations affected by the Western Australia Industrial Relation Commission (WAIRC) SACS Decision of 29 August 2013 may also be entitled to SACS supplementation.

2.5 Eligible and in-eligible activities

Funding provided to service providers may be used for:

- 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 CRCCs 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. CRCCs need to make such decisions based on the relative need of the client and considerations of equity and accountability.

For advice on any expenditure not provided in the list above CRCCs should contact their grant agreement manager.

Direct and Indirect Respite

RSCYP 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 activity's eligibility criteria may access two types of respite support:

- Direct respite; and/or
- Carer Support (Indirect respite).

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

Direct respite activities

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 CRCC has arranged or booked the care recipient into a service where the focus is on meeting the complete care needs of the care recipient.
- 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 programme as required.

Carer Support (indirect respite) activities

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 programme.

Discretion must be used in determining whether indirect respite services should be funded and must be based on a formal needs assessment. CRCCs 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 programme parameters, where they cannot be provided through other programmes, 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. CRCCs are encouraged to use a flexible common sense approach in determining the most appropriate services.

If CRCCs have any concerns about eligible activities, their grant agreement manager may be approached in writing for a decision.

Carer support 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 residence 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 programme

There are some activities that, while they may alleviate the stress a carer is experiencing, are outside the parameters of the programme. These are:

- funding family holidays (except for those situations outlined above);
- 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 CRCCs 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.; and
- CRCCs directly recruiting respite workers or using their own employees to provide respite.

2.6 Activity links and working with other agencies and services

Respite care programmes are provided by the Commonwealth, State and Territory Governments with some programmes jointly funded.

The RSCYP activity is not designed to replace existing programmes, but to supplement existing programmes.

CRCCs 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 disabilities, families and communities.

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

A fact sheet for the RSCYP can be found on the [DSS website](#) and can be used to promote the programme to agencies and services.

National Carer Strategy

Carers are central to current reforms to disability, mental health and aged care services because the role of informal carers is critical to sustaining these care support systems. The National Carer Strategy will guide future reforms occurring in the disability, health, mental health, aged care and service delivery sectors and ensure that carers get the support they deserve from the Government and the community.

Through the provision of short-term and emergency respite support to carers of young people with severe or profound disability, the RSCYP activity is contributing to addressing Priority 2 of the National Carer Strategy, which is to ensure carers have access to appropriate and timely information which makes it easier for them to get support.

Employment for Carers

Job Services Australia and Disability Employment Services (DES) provide employment support for carers.

Job Services Australia provides support for carers who wish to enter or re-enter the paid workforce and for people returning to the workforce after their caring role ends. It provides opportunities for training, skills development and work experience and provides tailored assistance to ensure responsiveness to individual circumstances. Further information about Job Services Australia is available on the [Australian Government Department of Employment's website](#).

Disability Employment Services (DES) provide job seekers (including carers [who](#) wish to enter or re-enter the paid workforce) with disability, injury or a health condition with assistance to prepare for, find and keep a job. Further information is available on the [DSS Website](#).

2.7 Specialist requirements

Subcontracting arrangements

Service agreements for Direct Respite Services

While each CRCC's auspice may have its own legal requirements for subcontracting agreements, for the purposes of the RSCYP activity CRCCs 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 CRCC 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; and
- acknowledges that the CRCC remains responsible and accountable to the Department for the provision of any subcontracted services.

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

Service agreements 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 CRCC and the subcontractor; and
- standards to be met.

CRCCs must ensure that subcontractors do not outsource or sub-subcontract any obligations to a third party without first getting DSS'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 for these services. 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. In these cases CRCCs should be aware of:

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; and
 - CRCC obligations to:
 - inform clients and carer support providers 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 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, CRCCs are strongly advised to seek their own legal advice, to ensure that their obligations under the grant agreement are not compromised.

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

CRCCs should contact their grant agreement manager if they need further clarification of their grant agreement obligations.

2.8 Information technology

Funding may be used for the cost of information technology and communication devices however this must be limited to those directly related to the activity.

2.9 Activity performance and reporting

Service providers must understand their rights and obligations in the grant agreement, and comply with the Terms and Conditions specified therein. These include complying with professional standards, maintaining required levels of insurance coverage, ensuring appropriate codes of conduct are in place and abiding by privacy and confidentiality obligations.

Service providers are required to demonstrate sound corporate governance, recognising that the Australian Government and the Australian public it represents are key stakeholders in their operations. This includes implementing processes and controls to maximise operational efficiency and ensuring the appropriate use of Australian Government funding.

Service providers must maximise outcomes for which the Australian Government has provided funding. Key elements of good corporate governance include sound record keeping practices,

transparency in decision making and adherence to all relevant laws and regulations governing the industry within which the service operates.

Service providers are responsible for:

- administering funding in accordance with their grant agreement;
- delivering the services specified in the grant agreement;
- working within the Programme Guidelines;
- ensuring that staff are well supported and have appropriate skills and qualifications to deliver the services;
- providing a complaints handling mechanism;
- adhering to the Terms and Conditions of the grant agreement; and
- ensuring the ongoing viability of services through sound business governance practices and prudent use of Government funding.

The Department assesses a service provider's performance through reports and other compliance mechanisms.

Activity Reporting

Full details of reporting requirements will be listed in the grant agreement for each grant recipient.

Performance Management

The Department is required to report on each programme 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 programme.

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

Key Performance Indicators (KPIs)

CRCCs are required to report on specific KPIs as part of their grant agreement obligations with the department.

The KPIs are:

- **KPI 1** - number of carers assisted over the previous 12 months;
- **KPI 2** - number and percentage 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

CRCCs 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, CRCCs 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."

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Unsure
- 4 - Agree
- 5 - Strongly Agree

2.10 Financial Reporting

The activity will be managed to ensure the efficient and effective use of public monies. This will be consistent with best value in social services principles; the DSS grant agreement and will aim to maintain viable services and act to prevent fraud upon the Commonwealth.

Funding must only be used for the purposes for which it was provided.

2.11 DSS' responsibilities and accountabilities under the activity

DSS will:

- Meet the Government's Terms and Conditions of the grant agreement established with organisations;
- Ensure that services provided under the programme are accountable to the Australian Government under the terms and conditions agreed in the grant agreement;
- Administer the operation of the programme in a timely manner;
- Identify suitable providers to deliver the activities required as per the grant agreement;
- Work in partnership with providers to ensure the programme is implemented and provide service providers with constructive feedback;
- Ensure that the outcomes contained within the Programme Guidelines are being met and evaluate providers' performance against the programme outcomes.

2.12 Grant recipients' responsibilities and accountabilities under the activity

In entering into a grant agreement with DSS, the grant recipient must comply with all requirements outlined in the suite of documents that comprise the Agreement including these Programme Guidelines, the grant agreement and the Standard Agreement Terms and Conditions ([available at the DSS website](#)).

Grant recipients are responsible for ensuring:

- the terms and conditions of the grant agreement are met;
- service provision is effective, efficient, and appropriately targeted;
- highest standards of duty of care are applied;
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations;
- Indigenous Australians have equal and equitable access to services;
- working collaboratively to deliver the programme; and
- contributing to the overall development and improvement of the programme such as sharing best practice.

2.13 Risk management strategy

Each service provider will be subject to a risk management assessment prior to negotiating a grant agreement with DSS.

Monitoring of service delivery will focus on addressing areas of risk that have the most impact on the Program outcome.

As part of the overall risk management strategy for the Program, DSS requires the service provider to:

- Identify and document risks in delivering services related to the program;
- Identify and document treatments to manage identified risk;

- Implement adequate and effective policies and procedures to manage risks through the Grant period.

As part of DSS's Common Business Model, grant agreements are managed according to a risk management approach. Grant recipients are assessed by the Grant Agreement Manager and appropriate treatments identified. Risks are assessed in regard to governance, financial management, viability, performance management and issues management.

2.14 Special conditions applying to this activity

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 CRCC, with the CRCC paying the remainder (if applicable) direct to the service provider. This includes respite services run by the same auspice body as the CRCC.

CRCCs must not charge a fee for consultation provided.

Hours of Operation/24 Hour Response

CRCCs 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 CRCCs manage this differently from region to region. For example, CRCCs 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.

Targeting Resources

CRCCs 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 programmes should be considered in the first instance and programme funds used when no other means of support are available.

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

Behavioural Management Intervention Plans

The Operational Manual for CRCCs recommends that CRCCs 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 programme;
- 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 CRCCs to develop care plans, it is not the responsibility of CRCCs 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, CRCCs 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; and
- 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.

Outreach

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

Outreach activities should target carers from Indigenous and CALD backgrounds. CRCCs are required to report on activities and the number of carers assisted from these groups.

3 Application Process

3.1 Overview of the application process

DSS is conducting a direct selection process for 39 grant recipients who deliver the RSCYP activity to 54 sites nationally. These grant recipients are meeting their grant agreement obligations and will have their grant agreements extended for twelve months until 30 June 2016.

The overall funding being distributed in this direct selection process is \$8.4 million from 1 July 2015 until 30 June 2016.

4 Terms and conditions applying to Direct Selection

4.1 Liability issues

DSS is not liable to the applicant in relation to the selection process, including without limitation, when DSS:

- varies or terminates all or any part of the selection process or any negotiations with the applicant;
- decides not to acquire any or all of the services sought through the selection process
- varies the selection process; and/or
- exercises or fails to exercise any of its other rights under, or in relation to the Programme Guidelines.

4.2 DSS rights

DSS reserves the right to amend the Programme Guidelines by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.

4.3 Disclaimer

DSS, its officers, agents and advisors:

- are not, and will not be, responsible or liable for the accuracy or completeness of any information in or provided in connection with the Programme Guidelines;
- make no express or implied representation or warranty that any statement as to future matters will prove correct;
- disclaim any and all liability arising from any information provided to the applicant, including, without limitation, errors in, or omissions contained in, that information;
- except so far as liability under any statute applies, accept no responsibility arising from errors or omissions contained in any information in this document and the application form; and
- accept no liability for any loss or damage suffered by any person as a result of that person, or any other person, placing reliance on the contents of these documents, or any other information provided by DSS.

4.4 Fraud

DSS is committed to the Commonwealth Fraud Control Policy and Guidelines. Applicants should familiarise themselves with the [DSS Fraud Control Policy Statement](#). The Fraud Control Policy Statement also underpins an Applicant's respective fraud and risk minimisation responsibilities when dealing with DSS.

One key responsibility outlined in the DSS Fraud Control Policy Statement is to report all fraud concerns by:

- leaving an anonymous voicemail message on the DSS Fraud Hotline (**1800 133 611**); or
- emailing fraud@DSS.gov.au.

4.5 Personal Information

Any personal information you provide is protected under the *Privacy Act 1988*. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure.

If you have questions or concerns about how your personal information is handled you can contact the Privacy Officer at DSS on 02 6244 1449, the Privacy Commissioner on 1300 363 992 (local call cost, but calls from mobile and pay phones may incur higher charges) or the Australian Government Privacy Officer by emailing: privacy@privacy.gov.au.

4.6 Freedom of Information

All documents in the possession of DSS including those in relation to the programme are subject to the Freedom of Information Act 1982 (FOI Act).

The FOI Act creates a general right of access to documents in the possession of DSS and this right of access is limited only by the exceptions and exemptions necessary for the protection of essential public interests and private and business affairs of persons in respect of whom the information relates.

Decisions regarding requests for access under the FOI Act will be made by an authorised decision-maker in accordance with the requirements of the FOI Act.

All FOI requests are to be referred to the FOI Coordinator, Public Law Branch, in DSS.

By mail:

FOI Coordinator
The Department of Social Services
Public Law Branch,
PO Box 7576
CANBERRA BUSINESS CENTRE
ACT 2610

By email:

foi@dss.gov.au

For more information on making a request for access to documents in the possession of DSS under the FOI Act, visit the [DSS Website](#).

5 Financial and Other Arrangements

5.1 Financial arrangements

The Department uses standard grant agreements. Funding will only be provided in accordance with an executed grant agreement. The terms and conditions of DSS's grant agreements cannot be changed.

The grant agreement will contain the entire agreement between the parties. There is no binding agreement on any parties until the grant agreement is agreed to and signed by the delegate and the applicant's authorised representative.

The grant agreement is the legal agreement between DSS and the grant recipient over the grant period. In managing funding provided, the grant recipient must comply with all the requirements of the grant agreement.

Grant recipients are responsible for ensuring that:

- the terms and conditions of the grant agreement are met;
- service provision is effective, efficient, and appropriately targeted;
- highest standards of duty of care are applied; and
- services are operated in line with, and comply with the requirements as set out within all State and Territory and Commonwealth legislation and regulations.

Grant recipients should also be aware of any case based law that may apply or affect their service delivery.

The Terms and Conditions of the grant agreement are available on the [DSS website](#).

6 Complaints

6.1 Applicants/Grant Recipients

Applicants and grant recipients can contact the complaints service with complaints about DSS's service(s), the selection process or the service of another of DSS grant recipients.

Details of what constitutes an eligible complaint can be provided upon request by DSS. Applicants and grant recipients can lodge complaints through the following channels:

Telephone:

1800 634 035

Fax: (02) 6204 4587

Mail:

The Department of Social Services Complaints

PO Box 7576

Canberra Business Centre ACT 2610

If an applicant or grant recipient is at any time dissatisfied with DSS's handling of a complaint, they can contact the Commonwealth Ombudsman on 1300 362 072. Further information is also available from the [Commonwealth Ombudsman website](#).

6.2 Client/Customer

It is a requirement of your grant agreement to have a **transparent and accessible** complaints handling policy. This policy should acknowledge the complainant's right to complain directly to you, outline the process for dealing with the complaint and provide options for escalation both within your organisation and to DSS if necessary. Ensure that you provide information about your complaints handling policy and processes in all correspondence to guarantee it is readily available to the public.

7 Contact information

The primary contact for the RSCYP activity is the Grant Agreement Manager in the relevant DSS State or Territory Office. Any enquiries in relation to this activity should be directed to that person in the first instance.

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 2012 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; or

- 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.