Carer Respite Centres
Sample Organisational Manual

April 2002

Paul Bullen and
The Carer Respite Centre Working Party
in collaboration with CRCs in NSW and the ACT

Contents

*Note: Items marked with * are not included in this sample manual. It has been assumed they will be available from the auspicing organisation.*

The Supplementary Material is a collation of contracts, forms, questionnaires, checklists etc currently in use by CRCs. They have NOT been edited or redrafted. They are provided for ease of reference.

The can be downloaded from the Internet as separate documents from:

www.mapl.com.au/support/crcs/

Introduction

This *Sample Manual* has been prepared by Carer Respite Centres in NSW and the ACT with the assistance of Paul Bullen, as a resource for CRCs preparing their organisational polices and procedures.

This manual is available in PDF and Word formats on the Internet at:

www.mapl.com.au/support/crcs/

It includes:

- A table of contents (which includes most policies which will be required by CRCs)

- Draft sample policies (of those policies that are unique to CRCs, eg, Working with Carers).

The *Sample Manual* does NOT include draft policies for policies that CRCs' auspicing organisations already have in place (eg. recruitment and selection of staff).

The policies in the *Sample Manual* have been through a drafting and redrafting process involving many CRCs.

They are seen by CRCs as providing a firm basis for an Organisational Manual.

Each CRC is unique and so it is intended that this *Sample Manual* will be changed and modified by CRCs to suit their local Centre.

While every care has been taken with the development of these draft sample policies each CRC must take responsibility for approving their own policies.

In addition to the sample policies there is also *Supplementary Material*. This supplementary material is a collation of contracts, forms, questionnaires, checklists etc currently in use by CRCs.

The *Supplementary Material* has been gathered together for ease of reference. Many CRCs indicated that wanted to be able to see the forms, checklists, contracts, etc that other CRCs were using. These supplementary materials have NOT been redrafted or edited in any way.

A. The Program

This section provides an overview of Carer Respite Centres and what they are trying to achieve.

1. History of the CRC & Funding Program

National Program

The National Respite for Carers program commenced in 1997, is funded by the Commonwealth and has three elements:

- Carer Resource Centres
- Carer Respite Centres
- Respite services for carers.

The NCRP incorporates the Commonwealth Respite for Carers Program which commenced in 1992 - 1993.

Carer Resource Centres

There is one Carer Resource Centre in NSW - at Carers NSW - (and one in each other state)

The roles of the Carer Resource Centres are:

- providing carers with a single point of contact for carer-related information
- assisting carers to make contact with services including respite care services, training and other support services
- providing support and resources for Carer Respite Centres
- promoting the roles and needs of carers among service providers, other agencies and the community.

Carer Respite Centres

There are 17 Carer Respite Centres in NSW and one in the ACT.

The roles of Carer Respite Centres are:

- being a single access point for carers needing information and advice about respite care and related services
- planning respite care for carers needing respite
- coordinating access to respite care services in aged care facilities
- coordinating 24 hour access for carers to respite services in an emergency
- using brokerage funds to provide carers with services in an emergency or for the short term
- coordinate volunteer support programs for carers.

Respite services for carers

There are a wide range of respite care services available. Many government funded respite services available in the community for example, those funded through the Home and Community Care Program.

These services can provide regular respite services.

Sources of funds

CRCs in NSW are funded under the Commonwealth National Respite for Carers Program (NRCP). The program funds are from:

      Department of Health and Aging and

      Department of Family and Community Services.

2. Mission

CRCs exist to support caring relationships between carers and their dependent family members or friends.

CRCs are committed to providing carers with:

- accurate and up to date information

- providing a referral service that is appropriate to the carers needs and wishes

- coordinated short term and/or emergency respite services that are relevant to the carer's situation.

The outcomes CRCs are working towards are:

- that carers can have a break from their responsibility of looking after someone who is frail aged, chronically ill or a younger person with a disability

- that people who are frail aged or disabled can remain in their own home

- that family or other primary caregivers are supported in their role.

3. Objectives

Objectives

The objectives of CRCs are:

For carers

- to have a single point of contact for information and advice on the full range of respite care services and other assistance available in their area

- to have access to coordinated respite care services relevant to the their situation

For volunteers

- to be able to participate in volunteer networks to provide support to carers.

For the wider community

- to better understand who carers are

- to better understand carer stress and the and the appropriate use and availability of services and supports

For respite care services

- to be well coordinated around, and responsive to the needs of carers, in particular:

  - achieving better matching of services to the individual needs and circumstances of carers and care recipients

  - ensuring equitable access for carers across and within regions to a range of services offering respite care in different settings, including in-home settings and out-of-home settings; and

  - improving carers' access to respite care on a planned basis or in emergency or unplanned situations.

4. Clients and services

Primary clients are carers

A carer is a family member, parent, partner, significant other, friend or neighbour who provides care on an unpaid basis. The person they support may have a chronic illness, disability, mental illness or be frail aged.

CRCs primary clients are family members or friends who are voluntarily providing significant levels of care for dependent members of the community

Services provided under the National Respite for Carers Program are targeted at those unpaid carers providing high levels of care to family members or friends.

Secondary clients

CRCs secondary clients include volunteers, the wider community and other service providers.

Services

Specific services provided by CRCs include:

- purchasing, organising or managing the delivery of respite care tailored to individual carers' needs

- improving integration, coordination and accessibility of regional respite care services in and outside the home

- improving capacity of respite care services to respond to carers' needs for reliable, planned respite care and in emergency or unplanned situations

- facilitating and/or supporting locally available community resources to provide respite for carers and supporting the use of volunteers

- developing regional carer service directories and working with Carer Resource Centres and others to ensure relevant information is available to support carers in their role.

Working with others

Carer Respite Centres work closely and cooperatively with existing service providers and relevant agencies including Carers NSW and the Carer Resource Centre.

B. Standards, rights and responsibilities

The section provides an ethical framework for the work of CRCs - including service standards and the rights and responsibilities of clients, staff and Advisory committee members.

1. Service standards

Services have a responsibility to provide services in accordance with the following service standards:

1) Access to Services

To ensure that each carer's access to a service is decided only on the basis of relative need.

2) Information and Consultation

To ensure that each carer is informed about his or her rights and responsibilities and the services available, and consulted about any changes required.

3) Efficient and Effective Management

To ensure that carers and the person(s) for whom they care receive the benefit of well planned, efficient and accountable service management.

4) Co-ordinated, Planned and Reliable Service Delivery

To ensure that each carer and the person for whom they care receive coordinated services that are planned, reliable and meet their ongoing specific needs.

5) Privacy, Confidentiality and Access to Personal Information

To ensure that the rights to privacy and confidentiality of each carer and the person for whom they care are respected, and that the carer and person cared for have access to personal information held by the agency.

6) Complaints And Disputes

To ensure that each carer and person cared for has access to fair and equitable procedures for dealing with complaints and disputes.

7) Advocacy

To ensure that each carer has access to an advocate of his or her choice.

2. Carer rights and responsibilities

Clients have the following rights and responsibilities.

CRC staff have the responsibility to ensure that clients exercise their rights and carry out their responsibilities to the maximum extent possible.

Rights

Clients have a right to:

1.   Respect for their individual human worth, dignity and privacy.

2.   Participate fully in the life of society.

3.   Be informed about available services and how to participate in and contribute to decision-making.

4.   Have services match their ongoing needs and goals.

5.   Have services provided by appropriately qualified workers

6.   Be consulted about their needs and preferences.

7.   Choose from available alternatives.

8.   Involve an advocate of their choice.

9.   Have control over their own lives and have a say in the services that affect them including participating in decisions concerning the type of assistance provided and the way it is provided.

10.   Appropriate assistance which is flexible in response to their changing needs and priorities.

11.   Access to quality services irrespective of sex, race, ethnicity, culture, language, religion, marital status, disability, sexuality or age.

12.   Expect assistance that is reliable, of high quality, culturally and linguistically relevant.

13.   Privacy and confidentiality (except where compelling ethical, moral or legal reasons eg, child protection legislation).

14.   See any information about themselves held by the CRC in their files (and to correct any wrong information).

15.   Express grievances and seek redress without fear of it affecting decisions relating to the assistance they receive.

16.   Have grievances about service delivery heard and dealt with in a fair and objective manner.

17.   Refuse a service (and refusal should not prejudice their future access to services).

Responsibilities

Carers who are using CRC services have a responsibility to:

1.   Respect as individuals everyone involved in the CRC.

2.   Respect the rights of others including their rights to confidentiality and privacy

3.   Inform workers of support needs

4.   Read, understand and agree to the client agreement before signing

5.   Let the service know if they are not available for an appointment.

6.   Act in a way which respects the rights of other clients and workers.

7.   Take responsibility for the results of any decisions they make.

8.   Seek a fair resolution of any complaints.

3. Staff rights and responsibilities

Staff have rights and responsibilities.

Rights

Staff have the right to:

1. Equal employment opportunity in all matters relating to employment, ie, no discrimination on the grounds of sex, ethnicity, marital status, disability, sexuality, religion or age.

2. Award conditions and rates of pay (at a minimum).

3. Join and participate in a union.

4. Participate or be represented in decision making which affects them.

5. Information regarding decisions affecting them.

6. See their personnel records or any other written reports concerning them.

7. Have personal information kept confidential.

8. Work in an environment free from harassment including sexual harassment.

9. A safe and healthy work environment.

10. Access to training and development to extend their knowledge and skills and enhance career opportunities.

11. Supervision and critical incident de-briefing.

Workers have a responsibility to:

Organisation

1. Understand the CRC and its mission

2. Support the aims and philosophy of the CRC

3. Follow policies and practices set down in the CRC's Policy Manuals

4. Represent the organisation in a positive way

5. Where organisational policies or procedures are outside the law or ethical practices, the worker must endeavour to effect change through appropriate channels.

6. Report any concerns regarding occupational health and safety issues.

7. Participate in the evaluation of their performance and service practices.

Respect Others

8. Respect as individuals everyone involved in the service including:

    never abusing, physically or verbally, clients, workers or members of the organisation.

    not consume alcohol or illegal substances whilst at work

    not sexually harass any other worker or client.

9. Respect the rights of others including their rights to confidentiality and privacy

10. Work with clients in a manner that recognises their dignity and rights as individuals in their own residence, in their interpersonal relationships and within society

Services - Inform and Involve Clients

11.   Exercise their duty of care for clients.

12.   Respect the rights of clients to determine their own goals.

13.   Provide clients with accurate information about the services available to them and not knowingly withhold such information.

14.   Inform clients of the service options available.

15.   Involve clients in decision making about services.

16.   Inform clients of the standards they can expect in the provision of the service.

17.   Let clients know of their rights and the implications of services available to them.

18.   Not be necessarily intrusive or confrontational, rather they should treat each client with respect, offer guidance and be considerate of their time and commitments.

19.   Ensure all client contact should be supportive and progressive.

20.   Record all client interviews and significant contacts.

Confidentiality and Privacy

21.   Respect the confidentiality of information obtained in the course of advice or service. The worker will not share confidences revealed by clients without their consent except when compelling moral, ethical, or legal reasons exist.

22.   Fully inform clients about the limits of confidentiality in any given situation, the purposes for which information is obtained and how it may be used.

23.   Allow clients access to their own file (when providing users with access to records, the worker will take due care to protect the privacy of other people).

24.   Not disclose any information concerning the clients of the service without their permission, except where the worker has a duty of care

Complaints

25.   Deal with complaints fairly and promptly without retribution.

Clear worker - client boundaries

26.   To maintain appropriate and professional client-worker boundaries including:

        never using client contact to meet their own needs
        not accept gifts from clients
        not give personal gifts to clients
        not give clients or workers home phone numbers or address to others
        not have sexual relationships with clients
        not undertake assessments of personal friends or relatives (these should be referred to another staff member)

Clear personal - organisational boundaries

27.   To maintain appropriate and professional personal - organisational boundaries including:

   not use vehicles for personal use unless otherwise stated in their contract

   not remove property or funds from the organisation without proper permission

   not carry on a private business from the organisation premises or use organisation resources for private business.

Bequests, donations and finances

28.   To ensure that all bequests and donations are made freely and voluntarily and in no way bear upon the clients equal access to services.

29.   To act in the best interests of vulnerable clients in relation to their finances and other property

30.   To declare any conflict of interest or potential conflict of interest regarding financial involvement with clients

Professional skills

31.   Maintain their professional skills.

4. Advisory Committee rights and responsibilities

There are a variety of different kinds of committees working with CRCs. The following is an outline of what might reasonably be expected of Advisory committee members (ie, where the Committee members are not legally accountable for the CRC).

The exact nature of the rights and responsibilities of Committee Members will depend to some extent on the nature of the Committee, their terms of reference and the auspicing organisation's constitution. The following should only be taken as a starting point.

Rights

The Committee members have a right to:

1. Respect for their individual human worth, dignity and privacy.

2. Orientation to the needs within the community

3. Orientation to the needs of the clients and the services being provided

4. Orientation to their role

5. Adequate information on which to make decisions in relation to their role

6. Payment for out of pocket expenses.

Responsibilities

Ethics

The Committee must:

1. Act honestly and in good faith

2. Ensure that the organisation carries out activities within its purpose.

3. Disclose potential conflicts of interest as soon as they arise. This includes financial, political or personal benefit from:
   other business or professional activities
   employment or accountability to other people or organisations
   membership of other organisations
   ownership of property or other assets.

4. Where there is a conflict of interest remove themselves from particular discussions, decisions or votes, or resign altogether from the Committee.

5. Not use their position and information for personal benefit or advantage at the expense of the organisation.

6. Act in the best interests of the organisation. The interests of the organisation are the members as a whole, not any particular member or group of members.

7. Exercise powers for their proper use.

8. Ensure that duties they delegate to workers are carried out properly by competent people.

9. Respect the privacy and confidentiality of information obtained in the course of their participation and not share information that refers to workers or members of the Board to any group or individual outside the organisation.

C. Service processes

This Section provides an overview of CRCs direct service processes. It is divided into three sections which reflect the three focal points for the work of CRCs, namely:

> *A. Working with carers*
> *B. Working with the brokered service providers*
> *C. Working with the health and welfare agencies and systems*

A. Working with carers

1. Goals and pointers to progress

The goals of the CRC are that:

- carers are supported in their role
- people who are frail aged or with disabilities and/or chronic illness can remain in their own home
- carers have accurate, relevant and up to date information
- carers have access to a single point of contact for respite
- carers receive coordinated respite care that is relevant to the carer's current situation and with their consent.

Pointers to progress with carers are:

Supported carers

Carers feeling supported in their role

Carers saying they feel better - there is a load lifted from them

Carers thinking about the longer term and linked with relevant services

Carers are empowered

Carers feeling valued and recognised.

Carers able to tell other service providers what they need.

Carers recognising themselves as a carer and what this means

Information

Carers aware of what respite services are available

Comprehensive and appropriate information from carers to enable CRCs to provide the services carers need

Timely accurate information to carers about service provision

Service provision

Services provided responsively, on time, flexibly, to meet the need.

Other

New referrals

Repeat business

Carers giving positive feedback about the service.

2. The process of working with carers

The process of working with carers to achieve the goals may include one or more of the following processes.

Referral
Preliminary telephone assessment
Building support networks
Respite provision and respite planning
Brokerage funding allocation
Emergency out of hours respite
Monitoring of respite
Completing an occasion of respite service
Closing the file

Carers may need different levels of assistance. For example, some carers may only need referral and others referral and assessment. The specific processes will be tailored to each carer.

3. The nature of CRCs work

There are several characteristics that shape the way CRCs work. They include:

- CRCs do not directly provide respite care, they refer, coordinate and/or organise the provision of respite - so the outcomes for carers are dependent on other service providers.

- Much of the work of CRCs is over the telephone, so assessment of carers and their situations is typically what is achievable over the phone (though in some circumstances face to face visits are undertaken)

- CRCs have contact with larger numbers of clients (eg hundreds per month) with whom they have typically a small amount of contact. Therefore the service does not usually build up a strong ongoing relationship with clients (as direct service providers do).

These characteristics mean that the way service planning, monitoring, review and exit are undertaken will be quite different from similar processes with direct service providers.

4. Referral

The referral process is in place to ensure the CRC is able to provide the service/s requested and that the referral is appropriate.

Policy

Appropriate referrals include carers. A carer is a family member, parent, partner, significant other, friend or neighbour who provides care on an unpaid basis. The person they support may have a chronic illness, disability, mental illness or be frail aged.

All carers who contact the CRC will receive a referral service if requested.

Process

The referral process is:

1. Determine whether the carer fits the eligibility and priority criteria.

2. Check the CRC's records to see if the person has used the service before and if so, check previous records for useful information.

3. Take down the carer's details and the details of the referring agency.

If the carer is placed on a waiting list for brokerage services (because of the unavailability of current funds)

1. The carer should be advised they are on a waiting list for a service, and if possible, given an idea of the approximate waiting time

2. Information should be provided on alternative services available in the community and a referral should be made if appropriate

3. The carer should know the situation can be reviewed and they can ask for a reassessment at any time if their circumstances change

4. The carer should be made aware of the complaints policy and procedures.

If request for service is not able to be met:

1. The carer requesting service should be advised immediately, giving reasons why the service will not be provided

2. Information should be provided on other available services and if appropriate a referral should be arranged;

3. Information should be provided on the role the Carer Respite Centre can play in the Carers future needs.

4. The carer should be made aware of the complaints policy and procedures.

5. Preliminary telephone assessment

Assessment takes place as soon as possible after the carer contacts the CRC (or is referred to the CRC) and is used to assess immediate needs.

Assessment should consider the carer's social history and history of involvement with the service. It should be a holistic assessment taking into account a wide range of factors which may affect the carer's situation.

At the same time it is acknowledged that aspects of the carers situation and need may only be able to be fully assessed when a direct service provider visits the carer and his/her home.

Policy

- Assessment should be able to be carried out by all staff (except admin) - who will be appropriately trained.

- Where possible workers will speak the same language as the carer (or an interpreter used).

- Assessment will be carried out by the person who takes the referral.

- Assessment should commence as soon as possible after the referral.

- Assessment forms should be added to the case notes.

- The CRC will coordinate with other agencies.

- Carers should undergo the minimal number of assessments....eg where another agency has undertaken a thorough assessment prior to referral it may not be appropriate for the CRC to undertake a further assessment.

Process

The ongoing assessment process should be kept as informal as possible and usually takes place over the phone.

1. Assess whether the carer is able to cope with a telephone assessment (eg hearing difficulties, etc).

2. Assess whether an interpreter is needed and if so arrange one.

3. Complete the carer details as fully as possible (See the Assessment form).

4. Gather information about what involvement the carer has had with other services. With their permission (which is documented), contact the services to develop a full picture of their situation if necessary.

5. Details of the needs of the carer should be noted on case notes using the *Assessment Checklist* as a prompt for areas to be included.

6. Make sure the assessment information in the case notes reflects the carer's assessment of their needs. Where the worker's and carer's assessments differ, both are recorded.

7. As needs are reviewed in the ongoing assessment process make further notes on the case notes and amend the details on the assessment form as appropriate.

Forms

CIARR

Carer Profile

6. Building support networks

An essential element of working with carers is building their support networks. This can be as simple as referring them to another service. It can be as complex as supporting them to start a carers support group.

Policy

- All carers will be referred to appropriate services and support networks (if they provide permission to do so)

- The CRC will monitor the availability of support services and identify gaps

- the CRC will support carers and other services in filling gaps in support services.

Process

This client

As part of the referral and preliminary telephone assessment process the CRC will:

- Identify the carer's support networks

- Refer them to appropriate designated services (with their permission)

- Identify if there are gaps in support networks for this client.

Agency and support networks

As part of the CRCs work with the community and other health and welfare services the CRC will:

- Monitor where there are gaps in support services

- Where there are gaps in support services develop a plan for filling the gaps. This may require discussion with the Advisory Committee, work at Interagency meetings, etc.

- Ensure information about gaps in services is provided to the Department via narrative reports and local area planning

- Consult with carers when developing services

Forms

CIARR

7. Respite provision & respite planning

Respite provision and respite planning follows the assessment of needs. It involves setting short term goals and priorities and identifying the steps necessary to achieve these.

Goals will usually be small and specific because the immediate need will be provision of respite on a short term basis. Longer term goals are likely to be discussed after the provision of the immediate respite needs.

Policy

- Wherever possible the worker carrying out the assessment will also take responsibility for the immediate respite provision and respite planning

- The respite plan should reflect the needs and goals of the carer, as far as possible.

Process

In developing the respite care plan:

1. Discuss the needs that were identified during the assessment, and assist the carer to develop immediate priorities and set short term goals.

2. Reassure the Carer.

3. If the carer has used the CRC before, go back to the records of previous respite care to see what happened.

4. Explain to the carer approximately how long he/she can expect to receive services.

5. Assist the carer to identify and discuss options, taking into account the resources of the CRC. Where possible identify more than one way of achieving a goal, or alternative goals.

6. Identify who is going to be responsible for doing what. Encourage the carer to take as much responsibility as possible.

7. Obtain the carer's consent (and document it) to make a referral to another agency and to pass on any relevant information to the referral agency. Information cannot be passed on to any service without the carer's permission.

8. Keep a record of the plan for respite and forward a copy to any relevant service providers (with carer's permission). Ensure there is sufficient information recorded so that another worker could work on this case if necessary.

9. Explain the plan for respite to the carer. (If necessary or appropriate provide a written copy.)

10. Encourage the carer to contact the CRC if any aspect of the respite care provision does not go according to plan.

11. Where the existing service has been required because of a breakdown in services, support networks or some similar situation, keep a record of the events leading to the service provision so that the situation can be learnt from and the CRC is in a better situation to use events in client's lives as a basis for brining about change with other service providers, support networks, etc.

Forms

Respite Care Plan

8. Brokerage funding allocation

This page is the policy on who is entitled to receive brokerage services. See also the section of this manual *B. Working with brokered service providers*, later in the manual.

Policy

Carers who will be given priority for the use of brokerage funds are those who:

- have difficulties due to their own physical and mental health
- are children (under 18 years of age)
- are caring for more than one person
- have additional family responsibilities
- are caring for someone whose condition is deteriorating
- have limited informal networks
- whose relationship with the person being cared for could threaten the health and well-being of either
- have limited access to formal existing services (both community and residential)
- are least able to be served by existing services
- have not used respite previously
- are in an emergency situation.

Carers who are a low priority for the use of brokerage funds are:

- Who have the financial resources to pay for services
- Who are able to get adequate services from other organisations.

Funds should be only used :

- To directly benefit the carer
- For services which will make a critical difference to the carer being able to maintain the cared for person at home
- For the provision of short-term or emergency respite
- In exceptional circumstances funds can be used to purchase equipment to meet carer needs when these are essential to the provision of respite care.

Funds should not be used:

- To duplicate existing services, or to buy services normally available from existing agencies e.g. palliative care, community nursing, regular respite providers.

Procedures

See *Part B Brokerage* for procedures.

9. Emergency out of hours respite

The specific ways CRCs organise their emergency out of hours contact varies from Centre to Centre, however, the following is the typical policy and process.

Policy

- The CRC will provide an out of hours contact service for those carers with emergency respite needs

- Where the carers situation demands it the CRC will organise an immediate respite response

- Where the response can wait until the next working day the office will be notified of the relevant information for action.

Process

- The person who is taking the out of hours calls will:

    Listen to the carer and determine the nature of the situation

    Reassure the carer

    Appraise the situation

    If necessary organise an immediate response

    Document the situation and provide the information to the office for action on the next working day.

- Discuss the options/alternatives if the CRC is unable to provide respite.

10. Monitoring of respite

Typically, carers are clients of the CRC for only very short periods of time (ie sufficient time to organise a period of respite care). Direct service providers often have a more ongoing relationship with carers.

Where support services break down for carers they will often come back to the CRC for service.

The monitoring policy and process takes these realities into account.

Policy

- The Carers situation will be monitored consistent with the original arrangements that were made with the carer.

- The carer has primary responsibility to contact the CRC if the respite service is not working appropriately or is not of adequate quality.

- The CRC has responsibility to monitor what factors contribute to carers' needs for respite care.

- It is not the role of the CRC to provide ongoing monitoring of Carers respite care needs and situation.

- With carers with complex needs the CRC may take a more proactive role in monitoring the respite care service until the CRC is assured what has been planned is being effectively implemented.

Process

In relation to the individual carer

- The CRC worker will emphasise in discussions with the carer that it is the carer's responsibility to contact the CRC if the respite is not working appropriately or not of an appropriate standard.

- Where the carer's situation needs ongoing monitoring the worker will ensure that the carer is referred to an appropriate agency.

- The CRC worker may take some responsibility to proactively monitor complex or difficult cases.

In relation to quality of service to carers

- The CRC will have an evaluation policy that includes systematic monitoring of the quality of services to carers (see the Evaluation policy).

In relation to the health and welfare systems

- The CRC staff will regularly review the reasons why carers come back to the CRC for further respite in order to identify improvements that could be made to the health and welfare systems

- The CRC staff will raise these systemic issues at inter-agency meetings or other relevant forums (as well as reporting to the Department through the normal reporting mechanisms).

11. Completing an occasion of respite care

Because of the nature of the services provided by CRCs, often carers would not perceive they were completing an occasion of respite care because from their perspective the respite care service is beginning, not ending.

Because of this there is not a formal exit like most other services (even though all occasions of service have a beginning and an end).

Policy

- The CRC worker emphases it is the Carers responsibility to contact the service if the respite care is not appropriate or is not of an adequate standard.

- The CRC worker fully explains the role of the CRC so the carer understands that the CRC has a role in helping organise the respite but not in the provision of the respite.

- There is not a limit on the number of times a carer can come back to the CRC for service.

Process

- The file is updated with relevant information after the occasion of respite care has been organised.

- Files are kept open after the completion of a specific occasion of respite (except when caring has ceased).

12. Closing the file

Policy

- Carer's files will be closed when:

  The care recipient is placed in permanent residential care (and there are no other care recipients)

  The carer/ care recipient moves away from the area

  The carer/care recipient dies.

Process

- When one of the above reasons exists to close a file the file will be closed. Files will usually contain:

  Summary of contents
  Referral / Assessment information
  Respite plan
  Requests for respite
  Progress notes
  Carer agreements for occasions of service
  Letters.

- The filed will be archived.

- The file will be kept for 7 years.

B. Working with the brokered service providers

1. Goals and pointers to progress

Goals

The objective of CRCs include:

Carers

● having access to coordinated respite care relevant to the their situation

Respite care services

● being well coordinated around, and responsive to the needs of carers.

Pointers to progress

Pointers to progress to achieving these goals include:

CRCs

● having service contracts with agencies

● giving contract services the right information first time

● giving contract services as much notice as possible of the service request

● keeping contractors up to date with changes in the carers needs or situation (when known)

Contractors

● becoming more flexible

● willing to change their work practices to fit in with this person

● willing to coordinate their activities with others to better meet the needs of the individual person

● not judging the carers

● carers being involved in the way the respite will work.

● working to the carers own home rules.

● referring other carers to the Carer Respite Centre.

2. Contracting with brokered service providers

Policy

All contractors providing brokerage services will have a written service contract.

The written contract will include:

- The establishment of an appropriate legal framework - ie contractor
- Principles of care and standards of care to be provided
- Description of the care to be provided.

The contracts will include specific references to:

It is the responsibility of the contracted service to undertake a needs assessment

It is the responsibility of the contracted service to undertake an OH&S assessment.

- The CRC will have in place mechanisms to ensure it has contractual arrangements with a sufficiently wide range of service providers to meet carers needs.
- Each service providing brokered services will be made aware of:

    How we work

    The forms we use

    Step by step process for contracting.

- CRCs will ensure that service providers have appropriate insurances, training, supervision and OH&S policies

Procedures

Developing new contractual arrangements

- the mechanisms will vary significantly from Centre to Centre by may include:

    Competitive tendering

    One to one negotiations with service providers.

Existing contractual arrangements

- Where the service provider is known to the CRC then the CRC will fax them a request for service, describing the service to be provided and the amount to be paid.

3. Linking carers with brokered services

Policy

- Carers will be linked with services that will effectively meet their needs in a flexible manner.

- CRCs will minimise the number of providers involved where possible.

- CRCs will work flexibly and in the least intrusive manner.

Procedures

1. The carer rings the CRC.

2. The referral and preliminary assessment take place (See part B).

3. The CRC chooses an appropriate contractor (eg with relevant experience in the particular arena, eg working with disability); if there was already a provider involved that provider would be used if possible to minimise the number of providers involved (if the carer agrees).

4. The CRC faxes relevant information to the contractor.

5. Where an existing contractor is not the most appropriate service provider the CRC will negotiate with a provider and forward a letter of agreement outlining the basis of the contractual arrangements.

6. The CRC will get a quote from the contractor in writing and fax an agreement back before the respite goes ahead (unless the urgency of respite provision does not allow sufficient time for this).

7. The contractor provides a fax confirming the service.

8. The CRC contacts the carer by phone to confirm the service and the worker.

9. The CRC provides all contractors with the information sheet "Information for Service Providers" which explains the role of the CRC and how it may be able to help carers.

Forms

The forms use as part of this process are:

    1. Request for Respite Service

    2. Request for extension or change of Respite Service

    3. Cancellation of Request for Respite Service

    4. Confirmation of respite.

4. Monitoring brokered services

CRCs work with a wide range of brokered services and will need a variety of strategies to monitor the work undertaken by services.

Policy

- The CRC will have in place sufficient strategies to have confidence in the quality of the services being provided by service providers.

- If the CRC has reason to doubt the quality of the service provided the CRC staff will relay their concerns to the service provider.

Procedure

The CRC will have in place a mix of the following strategies to achieve the policy:

- CRC staff will encourage carers to report back to the Centre if the respite services is not appropriate or not of an adequate standard.

- CRCs will have in place a range of evaluation strategies - see the Evaluation policy.

- CRCs will proactively monitor complex care situations to ensure the respite is adequately in place.

- CRCs will monitor the documentation of service providers to ensure it meets the basic standards required by the CRC.

- CRCs will have an annual meeting with service providers where they review the working relationship and the quality of care provided and seek feedback about the role they have played.

- The CRC will contact carers from time to time (the frequency and length depending on the nature of the respite care) to confirm that the services is meeting the needs.

5. Cross border protocols

Situations arise where a permanent resident of one geographic area requires brokered services in a geographic area served by another CRC.

Policy

- The Carer Respite Centre where the carer is in permanent residence pays for the brokered services.

- No Carer Respite Centre can commit funds for another Carer Respite Centre without their expressed permission (regardless of the situation).

- Payment for brokered services is only possible when the home Carer Respite Centre has the brokerage funds to provide respite to the carer/care recipient.

- If the home Carer Respite Centre does not have the brokerage funds to meet costs then they will negotiate with the other Carer Respite Centre regarding payment of the respite.

- Each Carer Respite Centre will notify the other when carers/care recipients move out of one area into another whether or not they need respite. This can only be done if the Carer Respite Centre is aware of the move and with the permission of the carer.

- Respite care can be provided to overseas carers with assistance within the guidelines of the Commonwealth Department.

Processes

- In an emergency the first Carer Respite Centre to receive the call will organise the respite required by the carer.

- If not an emergency the carer will be redirected to their home Carer Respite Centre.

- Each Carer Respite Centre will research services needed for a visiting carer/care recipient and assist in the provision of that service by negotiating with potential service providers if necessary, whether or not their dollars are needed to provide the service. An example would be carers coming to major hospitals in the Sydney Metropolitan area.

- In critical events where emergency respite is put in place the Home Carer Respite Centre should be notified the next working day.

- Feedback should occur between the two Carer Respite Centre's involved. This is regardless of who pays or who organises the respite. This feedback should be in written/electronic form.

- Standard collection of data occurs in three monthly reports but a more detailed form of reporting may need to occur in the narrative reports.

C. Working with
the health and welfare agencies and systems

1. Goals and pointers to progress

Goals

One of the goals of the CRC is **working with the health and welfare systems** so the workers and organisations are better able to meet the needs of those people who are marginalised from the health and welfare systems.

The CRC has an advocacy role both for its own carers and for people in the community who have been marginalised from heath and welfare services.

The role of advocacy for the CRC's own clients is dealt with in the previous section on *Working with Individuals* This section deals with advocacy in relation to the health and welfare system where the CRC's clients are not directly involved.

Pointers to progress

Within the health and welfare systems some of the pointers to progress to achieving these goals are mainstream health and welfare services:

- becoming more flexible
- willing to change their work practices to fit in with carers needs
- willing to coordinate their activities with others to better meet the needs of the individual person
- raising the awareness of the needs of carers
- not judging the carers
- carers being involved in the way the respite will work
- working with the carers own home rules
- referring carers to appropriate services.

2. Organisations

The CRC will work with health and welfare services in the local area in working towards making these services more accessible to people who are typically marginalised from the health and welfare system.

This work could involve any of the following:

- undertaking staff information days, orientation, training

- discussions with other services about specific issues that have been identified

- raising issues at Inter-agency meetings

- staff exchanges with other organisations

- working with other agencies in putting forward submissions for funding.

- support other agencies submissions for funding

- establishing an intake panel, eg, all the key providers in respite to look at the people who can't get in to any of the providers and see what can be done for them.

When undertaking this work criteria to be considered include:

- directly representing the target group the CRC usually works for (but in a wider geographic area)

- is a small proportion of the work of the CRC (usually less than 10%).

3. Government

Occasionally the CRC will advocate more widely, eg, to government ministers or departments, government inquiries, etc. The criteria for this advocacy include:

- directly representing the target group the CRC usually works for (but in a wider geographic area)

- is a small proportion of the work of the CRC (usually less than 10%).

The work can include such activities as:

- participating in population planning exercises

- production of respite reports for prevention.

D - Carer focussed direct service protocols

1. Duty of care to carers

Every person owes a duty of care to every other person who is reasonably likely to be injured by the first person's actions or failure to act.

The law requires professionals to take all reasonable care in carrying out their work and ensure that appropriate standards of care are met.

The appropriate standard of care is assessed on what action a reasonable person would take in a particular situation.

Workers need to use their professional skills and experience to decide on what actions they should take in each situation of potential harm. Where possible, decisions should be discussed with the Coordinator.

Duty of care is breached by failing to do what is reasonable or by doing something unreasonable that results in harm, loss or injury to another. This can be physical harm, economic loss or psychological trauma.

Duty of care must be balanced with dignity of risk, that is, the right of informed individuals to take calculated risks. Everyone has a right to an assumption of competence. Informed decision making involves a general awareness of the consequences of the decision and the decision is made voluntarily and without coercion.

The factors to be considered in situations of potential harm are:
● the risk and likelihood of harm
● the sorts of injuries that could occur and an assessment of the seriousness of those injuries
● precautions that could be taken to minimise the risk or harm or seriousness of the injury
● the usefulness of the activity involving risk
● current professional standards about the issues.

Avoiding harm or injury involves:

- determining when harm or injury is foreseeable
- taking account of the seriousness of the potential harm or injury
- assessing risks from the other person's perspective
- recognising that some risks are reasonable
- not actively harming or injuring the other person
- avoiding discrimination and overly restrictive options
- avoiding compromises to the rights of others
- noticing risks that the person alerts you to
- recognising when people are at risk of injury from others
- supporting people to confront risks safely
- safeguarding others from harm or injury
- maintaining confidentiality.

Duty of care will be greatest to those who are relying on the worker the most.

Policy

1. All workers involved with the carer will at all times provide a standard of service that is reasonable and consistent with the policies and procedures outlined in this manual.

2. In providing service workers will not carry out tasks which require qualifications or training that they do not have.

3. Workers will promptly report concerns about the safety of carers or care recipients (including environmental hazards) to the Coordinator so that appropriate action can be taken.

4. Carers and care recipients will be encouraged to make their own decisions regarding their care at all times. This may require the support of other significant people (e.g. family or friends) on an informal basis or more formally through case planning with other professionals (e.g. GP, community nurse, ACAT).

5. If there is concern about the ability of a carer (or care recipient) to make informed decisions, the Coordinator will arrange for assessment by the appropriate health professionals (e.g. mental health or psychogeriatric team). It may be necessary to apply for a Guardianship Order for ongoing formal support in decision making if they are at risk.

6. In managing aggressive or threatening behaviour workers/volunteers will first ensure their own safety and the safety of others.

2. Privacy and confidentiality of information

Carers rights for privacy, confidentiality and access to information should be respected in relation to visits, service and notes files.

Care recipients rights for privacy and confidentiality also need to be respected.

Privacy

Privacy relates to many areas including the right not to be watched, listened to or reported upon without consent and/or in a manner which is not applicable and relevant to the carer well-being and case management. Privacy refers to the client's physical environment and possessions, physical and bodily needs, personal relationships and personal information and needs.

Workers must be mindful of the following:

1. Recognising the need for privacy and individual differences in the extent to which privacy is desired

2. Attempting to organise home visits at times which are suitable for clients and workers

3. Seeking only the information which is needed for developing an appropriate respite plan and supporting the carers needs

4. Respecting confidentiality.

Confidentiality and access to information

Confidential information relating to carers is collected as part of the case planning process. Workers acquire considerable amounts of information about carers' and care recipients' health, families and other social relationships, personal interests, skills and behaviour patterns and financial affairs. Confidentiality relates specifically to the protection of this private information concerning the clients.

This information is not to be released to any third party unless it is with the consent of the carer. Any information regarding the carer is released only to those who have a legitimate interest, need for the information as part of their role in caring for the client or have the legal need for such information (ie the Court of Law or similar).

Additionally, any private information must be released to the client at his/her request as in accordance with the Freedom of Information Act, 1982.

Workers should ensure that:

1. Files are maintained on all carers and kept in a locked filing cabinets. Keys are kept by the Coordinator.

2. Workers operate on a 'need to know' basis. That is seek only the information about the carers which is necessary to the provision of suitable service.

3. Working notes pertaining to carers that do not need to be kept permanently are to be shredded.

4. Notes recorded on the computer are protected by password and are subject to the same requirements as written notes.

5. All carers should have access to their records and should be informed of this right.

3. Client records

Carers file notes are a summary of the interactions between the workers and the carers.

Recording these interactions is a key part of providing quality care for the carer. It is important that only information relevant to a carers respite care is recorded. Private unrelated information, (private information not required for the purpose of service provision), should not be recorded.

The procedure for opening files and file movement involves:

- Two filing cabinets, one for client records and one for general administration

- An individual file for each client following assessment

- Carer files contain:

      referral form
      assessment form
      respite service plan(s)
      complaints
      reports/information from other agencies

- These notes are to be made immediately after the contact with the Carer or as soon as possible but certainly not more than 24 hours after the event.

- If an error is made, that entry must be crossed over. Do not use correction fluid.

- Entries are to be recorded in a factual objective manner respecting the client's feelings and dignity. If opinions are expressed, the worker must state that this is his/her opinion or judgement.

- Notes must be written in a way that is easy for any other relevant worker to follow as well as for the carer to understand.

- File transit slips, which are kept in a box on top of the filing cabinet, should be completed for any files removed from the office.

- Files removed from the office should be placed inside a plain manila folder or equivalent which does not identify the carer.

- Files should be stored in the filing cabinet when not in use.

- Files not left unattended on desks or in places where other people have access.

- Files not left in locked cars.

- Files not taken home.

- Files sent by registered mail only if required.

- Keys to the filing cabinet holding client records will be held by the Coordinator.

File audits

There is a random file audit undertaken at least annually by a suitably qualified and experienced worker to ensure that files are properly maintained. The audit include consideration that entries are:

- objective and non-judgmental
- based on professional assessment
- phrased in simple language
- consistent with organisational and legislative requirements
- dated and signed.

6. Dealing with suspected carer or care recipient abuse

Workers may become aware of abuse of carers or care recipients in a variety of ways. They may be informed by the carer or care recipient, they may observe physical or behavioural evidence of abuse or the abuse may be reported by family members, friends or other service providers. It is also important to note that victims may, at times, be reluctant to admit to the abuse, be unable to inform workers or they may be unaware that the abuse is happening.

Abuse

Abuse is an 'umbrella' term which encompasses abuse of a person through physical, neglectful, sexual and/or psychological means.

- Physical abuse occurs when another person, or allows to be inflicted, a physical injury which may create a substantial risk of death, disfigurement, or the impairment of either physical or emotional health.

- Neglect is any serious omissions or commissions by a person having the care of another which constitute a failure to provide conditions which are essential for the health and well-being of that person.

- Sexual abuse is any act by a person which exposes another to sexual acts beyond their wishes or against their will.

- Psychological abuse is defined as actual or likely adverse effects on the emotional well-being of a person caused by persistent or severe emotional ill-treatment.

Domestic violence

Domestic violence occurs within the context of the home. It most often occurs between partners in a marriage or de facto relationship and involves an individual behaving in a manner that is hurtful, controlling or dis-empowering towards another. This might be done by physical or sexual behaviour, verbal putdowns, harsh criticism, psychological mind games, threats, social isolation and economic control of family finances.

Principles

The CRC will respond to confirmed or suspected abuse of clients according to the following principles:

- The interests of the victim takes precedence over those of the victim's family or of other members of the community.

- Intervention is victim focussed with a view to ensuring safety and ongoing protection from violence and abuse.

- Self determination is encouraged. If they are capable of doing so, clients are encouraged to make their own decisions. They are provided with information and an opportunity to discuss all relevant options, including the option to refuse services.

- Assault and some other forms of abuse (e.g. theft and fraud) are criminal offences and are dealt with accordingly.

- Confidentiality of information is respected in accordance with professional ethics, agency policy and legal obligations.

- The desire of a person for an independent advocate of their own choice is respected.

Procedures

- All suspected cases of abuse must be reported to the Coordinator.

- The Coordinator will follow the Auspicing agency's procedures.

7. Child protection

From time to time workers will be working directly or indirectly with children.

All workers at the CRC:

- Must know what child abuse is and how to recognise it

- Must be able to respond appropriately if a child or adult tells them of abuse

- Are required to report to the Department of Community Services (DoCS) if they suspect a child under 16 years has been abused or is at risk of being abused and may report to DoCS if the client is between 16 and 18 years of age.

- Must take specific steps in making a report to the Department of Community Services

- Do not need to get permission from the Coordinator or the care giver in order to make a report to DoCS

- Must provide information (in relation to a child protection matter) to the Department of Community Services when requested by the Department to do so

- Can seek feedback from the Department of Community Services about the report

- Must know where to get support they need it because dealing with child abuse is sometimes complex and can be stressful.

See *Child Protection Interagency Guidelines 2000 Edition* for further details.

8. Client Complaints

The CRC will follow the policy and procedures of the auspicing organisation.

E. Worker focussed direct service protocols

This Section of the manual deals more specifically with the CRC's Occupational Health and Safety Program and policies relating directly to worker safety and security in worker with carers and care recipients.

1. OH&S program, purpose, responsibilities and practice

The CRC is committed to providing a safe and positive working environment for its workers acknowledging that workers well-being is a major factor in enabling them to perform their duties to the best of their ability.

Under the Occupational Health and Safety Act, the CRC has an obligation to provide safe working conditions and work practices. These include:

- Provide or maintain equipment and systems of work that are safe and without risks to health

- Make arrangements for ensuring the safe use, handling, storage and transport of equipment and substances

- Provide the information, instruction, training and supervision necessary to ensure the health and safety at work of workers

- Maintain places of work under their control in a safe condition and provide and maintain safe entrances and exits

- Make available adequate information about research and relevant tests of substances used at the place of work.

Employers must not require workers to pay for anything done or provided to meet specific requirements made under the Act or associated legislation.

Under the legislation workers must take reasonable care of the health and safety of others. Workers must co-operate with employers in their efforts to comply with occupational health and safety requirements. They must:

- Take reasonable care to protect their own health and safety and the health and safety of others

- Co-operate with their employer in ensuring that the workplace is safe and healthy and report to the employer any situation at the workplace that could constitute a hazard

- Follow the instruction and training provided by their employers, use the personal protective equipment provided and not interfere with anything set up in the interests of health and safety.

The legislation also recognises that workers have certain rights with regard to health and safety in their workplaces. These include the right to:

- Be informed, i.e. to know about potential hazards

- To be represented on matters relating to occupational health and safety.

Purpose

The purpose of the occupational health and safety policies is:

- To minimise the risk to the health, safety and well-being of workers to the fullest extent possible

- To minimise risk to the health and safety of other people who may be at the workplace.

- To promote improvement to workplace environments to protect peoples physical and mental health

- To provide a simple framework which utilises codes of practices and guidelines to improve health and safety

Responsibilities

The Coordinator and Board

The Coordinator and Board is required to ascertain that all reasonable measures have been taken to control risk of injury to the health and well being of those in the workplace. The responsibility of the Coordinator is to initiate the appropriate development of policies and guidelines.

Coordinator

The Coordinator is responsible to develop policies and procedures relevant to health and safety and to assess, minimise and review potential threats to health and safety.

Workers

Workers are expected to take reasonable care for their own safety and that of clients.

- To report safety concerns to the Coordinator and complete relevant documentation.

- To follow policies and guidelines.

- To cooperate with the Coordinator in the process of developing good safety guidelines.

- Not to take unnecessary / unacceptable risks (use common sense).

Clients

Clients are required to:

- To allow management to do a 'hazard check 'of their home.

- To accept that if hazards are identified and they choose not to make changes to ensure safety for workers, that workers may not be able to support them in their home.

Occupational health and safety program

To achieve the goal of a safe and healthy workplace the CRC will work with workers in implementing the following.

- Consultation with workers

- Provision of policies and guidelines to workers

- Provision of relevant information to promote workers safety when working with clients.

- Regular review of work practices

- Recording and investigation of all accidents and injuries. To identify the cause and take action to prevent them happening again.

Current procedures

Measures are taken regularly by the Coordinator to identify, assess, eliminate or minimise risk. These are:

- Assessment of records such as Workers Compensation, First Aid reports, Accident and Incident reports.

- Review of emergency procedures.

- Hazard checks when assessing new clients

- Adequate provision of information to workers

- Ongoing training as available and appropriate

- Availability by pager system in a crisis

- Call out procedures

- Use of behaviour intervention, support or care plans

- Consultation with workers to review policies and guidelines which impact on the risk of violence.

Review process

The CRC occupational health and safety policies are reviewed every twelve months. The process involves the following,

- Safety audits

- Evaluation of workers development

- Review of accident / injury reports

- Review of critical incident reports

- Evaluation of safety procedures. Whether or not they are still relevant, sufficient and adhered to

- Taking into account of new laws

- Determining if there have been changes in clients circumstances

Register of injuries and first aid

A register of injuries and first aid treatment is kept at the office and the following information is recorded for five years.

- Name, age, address and occupation of the injured person
- Task which workers were carrying out at the time of accident
- Date and time the injury occurred
- Brief description of the type, cause and location of the injury and treatment
- Name of doctor / first aid person in attendance
- Any referral for future treatment if required.

Accident reporting policy

If an accident occurs, workers are required to

- Contact the Coordinator to inform them as soon as possible
- Fill out the *Accident Report Form* supplying all the relevant facts
- Meet in person with the Coordinator to discuss possible immediate and underlying causes.

A recommendation will then be made regarding further action to minimise likelihood of the accident re-occurring.

The CRC will report all notifiable or dangerous occurrences to the relevant authorities.

Rehabilitation after injury

When injury occurs, the utilisation of appropriate intervention early, maximises the potential of the worker to resume normal duties.

Rehabilitation is a process, which depends on a combination of factors. The severity of the injury, medical outcomes, and the requirements of the service provided to clients.

It also requires cooperation between workers, the treating doctor, employer and the insurance company.

2. Safety and security in the office

The CRC is committed to providing a safe work place for all workers and workers. The CRC has taken all possible precautions and follows all the guidelines as recommended under the Federal and State Legislation's.

The CRC expects that workers in return accept their responsibility to work safely. This means working intelligently, with common sense and foresight. The following rules are common sense and should be followed by all workers.

- Keep working areas clean at all times. It reduces the chance of injury.

- Do not smoke throughout the building and when smoking outside, make sure that you leave that area safe and clean.

- Have respect for electricity - do not overload any outlet. Never have any electrical wires rolled up - like extension leads they may create heat and cause fire danger.

- Be aware of hot water temperature and especially boiling water from kettles and coffee machines.

- All external doors locked with a key at all times, unless a worker is in the office.

- Doors not opened to unknown people without them first identify themselves.

- No one not directly related to the management or operation of the service allowed in the office without a worker present.

- Office desk positioned so workers look at the main entrance of the office as far as possible.

- Emergency phone lists are to be clearly displayed, police phone number to be keyed into the telephone, there should be one phone that cannot be accessed by clients.

- Last worker to leave ensure the premises are locked securely and all office areas are secure before leaving.

- A room be available for one to one consultation.

Report any injury immediately, and process the appropriate report. It's in everybody's interest. If you notice a condition or practice that seems unsafe, you should immediately discuss this with the Coordinator, or readily correct it yourself if it is personally safe to do so.

3. Worker security on home visits in at risk situations

Most of the CRCs contact with cares is by telephone. Sometimes workers undertake home visits. In some home visits worker security may be an issue, for example, where Apprehended Violence Orders (AVOs) are in place.

In situations where there is an identified security risk the following guidelines should be used:

- Two workers should visit for the first assessment if deemed necessary by the Coordinator.
- The referring agency is required to provide all available information, including a past history of violence and any existence of an AVO.
- If a worker feels unsafe, the worker must leave the situation. The worker always has the right to refuse to see a carer.
- Workers should not give home phone numbers or addresses to carers.
- Where worker safety could be an issue, workers should park their cars to allow for a quick exit.
- A mobile phone should be kept on during a carer visit. The phone should have a programmed emergency number.
- Workers should have an emergency code so that when ringing the office appropriate back-up can be given without alerting anyone listening to the worker making the call.
- Workers should always leave an itinerary of who they are seeing, where and the estimated time of return.
- Discuss with the police the best methods of contacting them in an emergency.
- The worker will share any concerns for safety with the Coordinator before leaving the office to meet the carer. If necessary, the worker may be accompanied by another worker. A contact person in the office is to remain there until the worker rings to report that she has left the situation.
- At the completion of the appointment, the worker should notify the office.
- Unless absolutely necessary do not use the carer's phone; if ringing from the carer's phone punch in other numbers after the call in case the abuser makes use of the 'recall' facility to trace the call.
- In the carers home, choose a safe place to sit. Be aware of access and egress of the premises.

4. Minimisation of stress and prevention of 'burn out'

The CRC's workers are its most valuable resource and the CRC aims to provide a work atmosphere where there is acknowledgment of stress factors and an aim towards the reduction and / or management of these. The CRC aims to:

- Have adequate worker numbers

- Clearly defined and well communicated expectations of workers

- Have clear lines between workers at all levels

- Have appropriate policies, programs for clients with challenging behaviours.

- Provide appropriate supervision

- Have adequate post incident debriefing

- Make opportunities for workers to contribute ideas.

Social events are seen as a setting where healthy workplace friendships can be built and an appreciation for the role of other workers can be developed. These events are organised as often as possible.

Team Meetings are also an opportunity to support one another and minimise stress factors.

Other strategies to minimise stress include:

- Induction training for new workers - new workers to be not only instructed by the co ordinator but also nurtured by more experienced workers.

- Regular workers meetings to discuss work loads, planning and service delivery as well as issues of frustration and stress.

- Regular supervision with the coordinator as well as guaranteed access should advice or support be needed.

- Formal training by way of workshops including stress management.

- All workers to support each other and be available for debriefing.

- Adhere to safety strategies to minimise threatening and stressful situations.

- Personal management, including awareness of own limitations. Workers need to be aware of their professional boundaries, recognising where the working role begins and ends.

F. Governance

1. * The Auspicing organisation's mission

2. * The Auspicing organisations governance structures

G. The Advisory Committee

The specific arrangements for Advisory Committees vary from Centre to Centre. The following is an outline of the kinds of issues that could be included in an Advisory Committee's terms of reference.

Some Committees will have wider roles than those outlined below; others will have narrower roles.

The Auspicing organisation

The Auspicing organisation:

> Appoints the Advisory Committee
> Approves an annual budget
> Approves an annual service plan
> Appoints the CRC EO.

The Auspicing organisation holds the Advisory Committee accountable for:

> The further development of the CRC plan
> The monitoring and implementation of the CRC plan
> Staff support and development.

Advisory Committee's Role

The **collective** responsibilities of the Advisory Committee are to:

1. Develop a plan for the future of the service. The plan should include what is to be achieved and how it is to be achieved.

2. Sets priorities for the work of the CRC.

3. Act as a sounding board for staff ideas .

4. Monitor the implementation of the plan.

5. Revise the plan as appropriate.

6. Develop evaluation strategies.

7. Ensure workers have adequate support and training.

8. Recommend to the Auspicing organisation organisational policy relevant and appropriate for the local CRC.

9. Ensures there is adequate financial and statistical reports made to the committee so that it is able to plan effectively and where appropriate make recommendations re financial planning to the Auspicing organisation.

10. Ensure systems are in place so that the service operates by good practice.

11. Provides advice to the Auspicing organisation on what is necessary for the CRC to conforms with relevant legal requirements.

The Advisory Committee is not accountable for:

> The employment and management of staff
> The day to day running of the Centre
> Financial management of the Centre.

Individual members's responsibilities

The principal responsibilities of the Board members **as individuals** are to:

1. Have a commitment to the CRC's goals and philosophy

2. Read material for meetings in advance and any other relevant preparation

3. Attend Committee meetings

4. Participate in discussions

5. Participate in decisions.

Advisory Committee Processes

1. Advisory Committee meetings are open. However in the event of a vote being taken only Advisory Committee members vote.

2. In general the Advisory Committee does not deal with operational issues - but rather questions of planning and policy. In general operation issues are dealt with by staff.

3. The Chairperson and CRC Coordinator discuss the Advisory Committee meeting agenda, specific items, recommendations and priorities for discussion prior to the circulation of the Advisory Committee papers.

4. The Advisory Committee Papers usually include:

   Agenda (including priority of items and suggested times)
   Recommendations (Recommended decisions for consideration for each item to be discussed)
   Background papers where appropriate.

5. The Advisory Committee Minutes normally record decisions and the reasons for those decisions.

6. The Advisory Committee meets 10 times per year for 2 hour meetings and once per year for a full day/weekend.

7. Where there is not a quorum for a meeting, should those present decide to discuss the issues and make recommendations those recommendations would be put to the next Advisory Committee meeting or for ratification.

Chairperson

14. The Chairperson is appointed by the Advisory Committee for a period of 12 months.

15. The Chairperson has two principal roles in addition to the individual roles of all Advisory Committee members:

   A Leadership Role which involves:

   Pro-active work on Advisory Committee papers in discussion with CRC Coordinator prior to each meeting

   Ensuring regular committee meetings are held

   A facilitating role which involves ensuring that there is effective participation and decision making at Advisory Committee meetings. This role includes:

   Working through the agenda

   Making sure that all at the meeting participate

Straw votes on issues where appropriate

Facilitating discussion of issues (use group process techniques, e.g. time to think individually, brainstorming, asking everyone for comments, putting questions for discussion)

Final vote/consensus

Clarify the decision (and wording where appropriate) for the Secretary and the Advisory Committee as a whole.

16. Where a vote is tied the chairperson has a casting vote.

17. The Chairperson will be paid an honorarium or $............

The Executive

19. There is an executive of three: the Chairperson, Secretary and Treasurer who make key decisions between meetings as required.

20. The procedure is that the CRC Coordinator rings/faxes/emails the Executive members with specific information on the issues, options and recommendations with a deadline for a decision by phone/fax/email.

21. The Chairperson may decide that the matter needs to be circulated to all Committee members for a phone/fax/email response or in very special circumstances may call a special meeting of the Committee.

Secretary

23. The Secretary is appointed by the Advisory Committee for 12 months.

24. The principal roles of the Secretary are:

Ensuring that adequate Advisory Committee Papers are prepared and circulated prior to the Advisory Committee Meeting.

Ensuring that appropriate minutes are prepared which include the decisions and reasons for those decisions.

Ad Hoc Sub Committees

22. The Advisory Committee sets up ad hoc sub committees from time to time as require. The sub committees are given specific terms of reference including a time frame.

H. Management and administration

1. * **Management structures and accountability chart**
2. * **Planning processes**
3. * **Budgeting processes**
4. * **Funding**
5. * **Records**
6. * **Insurance**

I. Staffing

1. * **Recruitment and selection**

2. * **Appointments and contracts**

3. * **Orientation and training**

4. * **Supervision and performance development**

5. * **Occupational health and safety**

6. * **Grievance procedures**

7. * **Disputes and dismissals**

8. * **Job descriptions - CRC workers**

J. Staff and systems protocols

1. * **Team meetings**
2. * **Written communication systems**
3. * **Phones and pagers**
4. * **Worker continuity**
5. * **Use of vehicles**
6. * **Emergency procedures (accidents, break-ins, etc)**
7. * **Minimum data set**
8. * **Data base & IT**

K. Evaluation and quality improvement

1. Background

CRC's, like all human services need to be able to answer the questions: are we doing a good job? Is our service worthwhile? How can we do a better job? These are evaluation questions.

Evaluation attempts to answer questions about such matters as effectiveness, efficiency, adequacy and appropriateness of services.

These questions are not easy to answer in programs such as Carer Respite Centres for many reasons including:

- Carers are affected by many factors other than the Carers Respite Centre services and so it is difficult to prove cause and effect relationships between the services and long term client outcomes.

- There is not the research available to show the links between services and long term outcomes.

- Carers and those cared for are individuals and so the more programs are tailored specifically to them and individualised the more difficult it is to have standardised outcome measures.

- Staff of agencies providing direct services are often working with those cared for on a one to one basis. It is not easy to observe and supervise the service delivery.

Nonetheless it is important to have evaluation strategies in place that start to answer questions such as:

- Who has received what services?

- Did the carers think the services made a difference?

- Do we think we have made a difference? What difference? How?

2. Policy

The Carer Respite Centre's evaluation policy is:

Staff and auspicing organisation/Advisory Committees will have adequate information available so they are able to a reasonable extent to:

- Identify the extent to which Carer Respite Centres are achieving the intended objectives consistent with their service philosophy and standards

- Continually build on the strengths of the Carer Respite Centres to improve services

- Minimise the room for self-delusion, ie, staff thinking the Centre is being run well when it isn't.

3. Evaluation questions

There are many approaches to evaluation which could be used in implementing the evaluation policy.

Evaluation needs to operate at four levels:

> Organisational
> Direct work with carers
> Service providers/contractors
> Community development, connections and networks.

The following are essential elements for the internal ongoing evaluation of CRCs at each of these levels:

CRCs - organisation

1. Do we have a policy framework, eg, an **organisational Manual** setting out CRC policy?

2. Do we have a **strategic plan** including a community profile that identifies needs and priorities in relation to carer respite?

3. Are the Auspicing **organisation/Advisory Committees asking good questions** of coordinator/staff. For example:

   > What is the community profile?
   > What are the needs in the community?
   > What are the service networks strengths?
   > What are the service networks weaknesses?
   > What is the CRC's strategic approach to this?

4. Is there **explicit service delivery process** and checklist of key points to be covered in the process. (See *Part C. Service Processes* of this manual)

5. **Who receives what services at what cost?** *Ie, a list of key numbers* such as number of carers, hours of service per carer; costs per hour of service, etc.)

   These should be reported regularly to the Advisory Committee, Auspicing body and used at staff meetings.

Direct work with carers

6. Do we have an assessment checklist?

7. **What do the carers and those cared for think of the services?** (Eg through using client feedback forms).

8. **What ideas do carers and those cared have for improving the service?** (Eg, through using focus groups of carers).

Service Providers - contractors

9. **What are the contractual arrangements with brokered service providers?**

10. **What do service providers think of the service** (eg through a service provider feedback form).

11. **What ideas do service providers have about improving the service?** (Eg through a focus group of service providers).

Community development, connections and networks

12. Are the referral networks working, ie, are clients followed up as expected? (Follow up system)

13. What are the priorities for the development of the services network in our region?

4. Suggested evaluation strategies

Some of the specific evaluation strategies that could be used include:

1. An **organisational manual and a yearly review of the contents** of the Manual by staff and the Advisory Committee.

2. An annual **planning day** involving Advisory Committee, staff and other service providers.

3. **One focus group of carers run each quarter.** Participants receive a personal invitation and explore service related issues.

4. **Phone follow up of 10 clients per month.** Ie, clients are rung to find out how the respite service worked out - what they thought of the CRC's role and the service providers role.

5. Independently **audit the files of 50 clients each six months** to ensure that the client files are appropriately kept.

6. Write up **3 case studies of carers each year.** Carers would be interviewed to tell their stories and the case study would be written in the first person, ie, the carer telling their story.

7. **Annual meeting with each brokered service provider** that the CRC has regular contact with. These meeting will review the work of the previous year and especially focus on how the service could be improved.

8. **Interagency case review committee** - this is a meeting of key agencies in the region to review who is falling through the cracks and what can be done about it, both for individuals and systemically.

9. **Peer Review** Staff working with each other to ensure that work is going well.

10. **Annual CRC Conference** to undertake some staff development and keep up to date with what is happening in the sector.

11. **Summarising relevant literature on Respite Care for the Advisory Committee once each** six months.

12. Running **carers and consumers forum** that meets every 2 months.

13. **Survey of the community to determine how well the CRC is known.**

14. **Review of all complaints/serious difficulties** to identify systemic issues.

L. Forms & checklists

1. Introduction

The following is a list of possible forms and checklists. Centres currently use a wide variety of forms anc checklists.

2. CRCs & carers

1. Referral record

2. Assessment/client information

3. Safety check

4. Client service agreement

5. Carer respite checklist - ie checklist of all actions that need to be taken in providing services

6. Carer complaints form

7. Carer surveys

3. CRCs and brokered service providers

1. Brokerage contract

2. Request for (changes to) brokered services

3. Brokered service provider complaints form

4. Brokered service provider surveys

M. Supplementary material

This *Supplementary Material* is a collation of contracts, forms, questionnaires, checklists etc currently in use by CRCs.

Below is a table of contents for a series of PDF files (and some Word files) that can be downloaded from the Internet at:

> www.mapl.com.au/support/crcs/

The *Supplementary Material* has been gathered together for ease of reference. Many CRCs indicated they wanted to be able to see the forms, checklists, contracts, etc that other CRCs were using. The *Supplementary Material* has NOT been redrafted or edited in any way.

The CRCs in NSW and the ACT have given permission for the *Supplementary Material* to be freely copied by Carer Respite Centres and other non-profit organisations in developing their policies and procedures.

A. CRCs & Carers

1. Referral, assessment and contract details

    Referral Form 1 - Client Information and Referral - Inner West CRC
    Referral Form 2 - Referral - Far West CRC
    Referral Form 3 - Referral Form - Hume CRC
    Referral Form 4 - Carer Enquiry Sheet - Riverina Murray CRC

    Assessment 1 - Needs Assessment - Far West CRC

    Carer Details 1 - Comprehensive Information Sheet - Souther Highlands CRC
    Carer Details 2 - Carer Profile - Southern Highlands
    Carer Details 3 - Confidential Client Information - Far West CRC
    Carer Details 4 - Client Information System - ACT CRC
    Carer Details 5 - Carer Information - Far North Coast CRC

    Occupational Health and Safety Checklist 1

2. Carer process checklist

    Carer Checklist 1 - South East Sydney CRC

3. Client Service Agreement

    Carer Agreement 1 - Carer agreement for services - Illawarra CRC
    Carer Agreement 2 - Carer agreement for services - Far North Coast CRC

4. Emergency Respite Care Plan

    Emergency Care Plan 1 - Illawarra CRC

5. Residential Respite Information

    Residential Respite 1 - Illawarra CRC

6. Carer complaints

    Complaints Record Form 1 - Illawarra CRC

B. CRCs and brokered service providers

1. Service provider Information

    Service Provider Information 1

2. Brokerage service contract

    Contract 1 - Northern Sydney CRC
    Contract 2 - Far North Coast CRC
    Contract 3 - South East Sydney CRC

3. Request for brokered services

    Service Request 1 - Illawarra CRC
    Service Request 2 - South East Sydney

    (Including request for change and cancellation)

C. Surveys

1. Written client feedback form.

    Carer Survey 1 - South Western Sydney CRC
    Carer Survey 2 - Illawarra CRC
    Carer Survey 3 - Far North Coast CRC
    Carer Survey 4 - Far West CRC

2. Service Provider Questionnaires

    Service Provider Questionnaire 1 - New England CRC