THE UNIVERSITY OF ADELAIDE AUSTRALIA

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EVALUATION OF THE DEMONSTRATION DAY RESPITE PILOT IN RESIDENTIAL AGED CARE FACILITIES INITIATIVE

ACCOMPANYING REPORT 7: ANALYSIS OF SITE DATA FOR THE PERIOD 1 JULY 2009 TO 31 DECEMBER 2009

REPORT PREPARED FOR:

THE DEPARTMENT OF HEALTH AND AGEING

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1 EXECUTIVE SUMMARY

This report presents comprehensive information regarding the general operations, staffing and service delivery characteristics of the Demonstration Sites involved in the *Day Respite in Residential Care Facilities Initiative*. It presents findings from one of the components of the Australian Institute for Social Research (AISR) evaluation of the Initiative.

This data was gathered using a *Site Data Collection Tool* designed specifically by the AISR and collected information which was not available from any other source, including the Department's Service Activity Reports (SARs). The content and methods of the data collection are described in *Section 3* of this report, with the Appendix in *Section 6.1* providing details of the *Site Data Collection Tool*. The findings, reported in *Section 0*, illustrate and quantify the activities of the day respite sites and profile the carers and care recipients receiving the service.

The data apply to the period **1st July 2009 to 31st December 2009** inclusive. Data was received from **30** of the 31 demonstration sites (96.7%), and two sites (Spiritus Bundaberg and Spiritus Wide Bay). Therefore, information is presented in relation to **29** sites.

1.1.1 FINDINGS RELATING TO GENERAL OPERATIONS

Specialist focus of the service

Almost all of the projects (25 projects, 86.2%) indicated that *Dementia* was a specialist focus of their service. The provision of *Emergency Respite* (69.0%) and services designed for care recipients from *other cultural/language backgrounds* (58.6%), were the second and third most commonly reported specialisations. Only 2 sites indicated that they specialised in providing for working carers, and only 2 identified that they specialise in meeting the needs of people with challenging behaviours.

Days and Hours of Operation

Across the sites significant diversity was evident in operating days and hours, from smaller services with few operating days and relatively short operating hours such as Stepping Out (open for 8 hours per day on two weekdays only), through to large services such as Garden City which operates 7 days per week for 13 hours per day.

Twelve of the 29 projects (41.4%) reported that they were operating on exactly the same days/hours of which they were funded. The *actual* operating hours of the other projects varied from their *funded* hours in a number of different ways, indicating that demand levels had not been accurately forecast.

Number of respite places and vacancies

The average number of day respite places offered by each project per week was plotted against the average number of places *actually used* per week. This showed that seven sites had precise or near to precise matches between the average number of places offered and used each week. A further seven had an unused gap of 15 places or more, on average, each week. Bisdee House stands out with a gap of 140 places.

The *vacancy rate* (ie the average number of vacant places per week as a percentage of the average number of places offered per week) also varied greatly across projects. The Karingal site had the highest vacancy rate (67%), reporting that on average twenty of the thirty places they offered per week were vacant. This was followed by Bisdee House with 140 vacancies (58%) of the 240 places they offered per week. In contrast, five projects reported no vacancies and another two projects reported a vacancy rate of less than 10% per week.

The overall vacancy rate (for the 24 projects which provided data) was **32%,** and represents a total of **423 vacant places per week** across those projects.

Nineteen percent of these vacancies were due to cancellation. The remaining vacancies were mainly due to lack of demand, however some services deliberately kept a small number of places vacant per day in case of requests for emergency respite.

This information raises concerns about methods used to determine demand levels.

Waiting lists

Eight of the 29 projects (27.6%) had a waiting list at some time over the period July to December 2009. The maximum number of people on a waiting list in any given month was 12 people.

Reasons for exclusion of applicants

Almost half of all projects (44.8%) reported *High-level care needs* (i.e. requiring two staff) as a reason for ineligibility or exclusion of applicants. The second most frequently cited reason for ineligibility or exclusion, reported by more than a third of projects (37.9%), was *high-level challenging behaviours,* that is, abusive, intrusive or inappropriate behaviours. *Age restrictions* (31%) and the client's need for a *secure facility* (27.6%) were the third and fourth most common reasons for ineligibility or exclusion.

Referral sources

All projects cited community programs or services as a source of referrals. Most projects also received referrals from health professionals other than GPs (21 projects, 72.4%) and self-referrals from Carers (23 projects, 79.3%). Hospitals were the fourth most common source of referrals (18 projects, 62.1%), followed by an aged care facility (12 projects, 41.1%) and GPs (11 projects, 37.9%). Interestingly, Commonwealth Carer Respite and Carelink Centres were identified by relatively few sites, despite playing a key role in linking carers to respite and other support services.

Transport services provided

Only two projects, Ave Maria and Lynbrook, indicated that they did not offer any type of transport to their care recipients. Most of the remaining projects used buses or cars owned by the RACF.

Thirteen of the 27 projects which offered transport indicated that this transport was **free** for all clients, while two projects sought donations for transport and the remainder charged a set fee. Fees

charged for both-way transport ranged from $2 to $8, with the **average fee being $4.77**. Fees for one-way transport ranged from $2 to $5, with an average fee of $2.80.

Activities provided

- All projects indicated that they offered some hours of *Games*, *Exercise/physical activity*, and *Musical events/entertainment*
- Bribie Island was the only project which indicated that *Arts and crafts* were not offered
- Stepping Out was the only site which indicated that that *on-site Social events* were not offered
- Twenty two projects (81.5%) offered *Monthly or irregular outings*, and
- Nineteen projects (70.4%) offered *Weekly outings*.

To enable valid comparisons between projects regarding time spent on activities, the number of hours spent on each type of activity per week at each site was converted to a proportion of that project's weekly operating hours. This showed that over three quarters (77%) of the time spent in day respite across all projects involved some kind of activity. The three activities comprising the most time overall were **Games** (comprising 17% of total day respite time), **Exercise/physical activity** (13% of time) and **Arts and crafts** (12% of time).

The proportion of time spent engaged in these activities varied greatly across projects. Almost half of the projects indicated that their care recipients were engaged in activities for all or nearly all of the time they spent in day respite.

Involvement of RACF residents in day respite activities

Across all projects, approximately **30%** of total activity hours per week were shared with residential care recipients. This sharing of resources and achievement of synergies in resource usage is also evident in relation to the additional services which day respite clients can access from the RACF, and to the sharing of staff resources between the day respite service and the RACF.

Additional services provided by the RACF to day respite clients

All projects gave day respite clients access to some type of additional service provided by the RACF. The two most commonly cited services were RACF nursing services and referral to other RACF health and support services (27 sites, 93.1%), followed by use of residential respite (26 sites, 89.7%), RACF allied health services (24 projects, 82.8%), health monitoring (22 projects, 75.9%) and hygiene services (21 projects, 72.4%). These represent value-add services that would not normally be accessible in community-delivered day respite care.

1.1.2 FINDINGS RELATING TO STAFFING

Staffing by role

As would be expected with this type of service, nearly 40% of total FTE across all projects comprised *Care/Support Workers*, and 17.4% of total FTE was allocated to *Diversional Therapists/Activity* staff. In terms of coordinating and managing the service, nearly 14% of total FTE was allocated to *Service Coordinator/Liaison* staff, and 5.4% to other *Managers*.

Total staffing (FTE) and number of individual staff

The total FTE for most projects was split across many individual staff members and indicates that the majority of day respite staff were not employed full-time. Total FTE at each site ranged from 1.2 FTE at Stepping Out to 11.4 FTE at Garden City – with these two extremes corresponding to their operating hours. However, within this range there was substantial variation in the ratio of FTE staff to hours of service provided.

Relationship between total staffing (FTE) and number of respite places used

Total staffing (total FTE, regardless of role), and *Direct care staffing* (FTE for staff primarily involved in the direct care of clients) was examined against the number of day respite places actually used per week at each service. **Across all projects, for every FTE day respite staff member (regardless of role) there were on average 7.7 day respite places**. In terms of staff providing direct care to care recipients, there was on average **one direct care staff member per 12 places**. This ratio varied greatly across projects, perhaps reflecting operational characteristics such as the specialist focus of each service. For example a service such as Garden City, which specialises in frail elderly care recipients with dementia, operated with only 3.7 care recipient places per direct care staff member, whereas a service specialising in younger clients such as Bethavon was able to operate with 23.3 care recipient places per staff member.

Sharing of day respite staff across the RACF

Many day respite staff members were also employed part time by other areas of their organisation. Almost half **(49%)** of all day respite staff also worked in their RACF's *Residential care* service. This practice varied greatly between project sites, from services where all day respite staff worked also in residential care (Ave Maria and Bethavon), through to projects where none of the day respite staff worked in residential care (Benevenuti, Constitution Hill, Spiritus, Swan).

This means that staff are being exposed to a wider than normal range of work experience, which can be seen as beneficial for them and therefore, for their clients. (This was also the view of staff surveyed by the evaluators in our surveys of carers, care workers, care coordinators and service directors.)

Additional unfunded support provided by the RACF to the day respite service

Operating a Day Respite service within a RACF often requires the involvement of staff who are *not* specifically funded by the day respite service. For example, senior managers, nurse educators, administrative staff, domestic staff, quality assurance staff and financial officers may all contribute to the operation of the day respite service as part of their job without being specifically funded for doing so.

Twenty three of the 29 projects (nearly 80%) indicated that operating their day respite service did involve the use of additional unfunded staffing from the RACF. Most commonly, day respite projects received unfunded input from *Managers* (16 projects). *Nursing staff*, particularly RNs, and *Domestic staff* were other common sources of unfunded input.

The greatest unfunded contributions in terms of time (FTE) came from *Care/Support Workers*, *Domestic staff* and *Managers*. While most of the additional unfunded staff individually spent only a small amount of time per week assisting the day respite service, when considered in its entirety this represented a significant unfunded contribution to the day respite service – **the equivalent of over 30 full time staff per week (30.5 FTE) in total, an average of 1.1 full time staff members per project.**

The cross-fertilisation of resources between the RACF and day respite service can be seen as beneficial for both residents and day respite users, and as bringing benefits to the RACF that range

from the tangible (sharing of staff resources, pooling of resources to purchase consumables etc) to the intangible (raised profile in the local community, increased staff experience across programs).

1.1.3 FINDINGS RELATING TO SERVICE DELIVERY

The Service Delivery section of the Site Data Collection Tool gathered the detailed information necessary to quantify the main processes and characteristics of service delivery, from referral through assessment, engagement with the service and exit from the service.

Profile of Care Recipients

Across the 29 projects, there were **896** care recipients involved in the day respite program during **July-December 2009**. In brief –

- *Females* were over represented in the carer group (74.5%) compared to the care recipient group (56.4%), as would be expected.
- The *age profile* of carers was clearly younger than that of care recipients, as anticipated, with 53.3% of carers aged under 65 versus 7.1% of care recipients aged under 65.
- Very few carers had been *Widowed* (3.1%) compared to care recipients (40.0%), reflecting the younger age profile of carers. Correspondingly, just over half (52.5%) of care recipients were in a *Married/Defacto* relationship, compared with 83.9% of carers.
- Over a third (37.5%) of care recipients were *born outside of Australia*, compared to 27.8% of carers. These figures are consistent with 2006 Census (ABS) birthplace data for older and younger Australians.
- The proportion of carers and care recipients who *spoke a language other than English at home* was 18.9% and 17.0% respectively, which is close to the 2006 Census figure of 21.5% of the Australian population as a whole.
- Similar proportions of care recipients and carers were reported as being *Indigenous* - around 4%. This is higher than the 2006 Census figures of approximately 0.6% of Australians aged over 65 and around 2.4% of the entire population, suggesting a good level of indigenous representation for the demonstration day respite service.
- The *location profile* (remoteness area of residential postcode) for care recipients and carers were almost identical - primary carers tend to live very close to the care recipient they are caring for, and often in the same household. Compared to the remoteness profile for Australians aged 65+ (2006 Census), carers and care recipients from *Inner regional areas*, *Remote areas* and *Very Remote* areas appeared to be slightly better represented in our group than in the general population. This is a function of the location of the sites chosen to participate in the demonstration day respite program.

New referrals

Of the 308 new referrals received by day respite projects during the period July-December 2009, only 23 (7.5%) did not meet the eligibility criteria for the project to which they applied – indicating that the projects had been promoted effectively and referral sources had been informed accurately. These 23 ineligible referrals were spread across six projects.

The average time between referral and the determination of a person's eligibility for the day respite program was 5 days (median 0 days). In almost half of cases (46.4%) eligibility was determined on the same day as referral.

Assessments

The average time between referral and the completion of the assessment process was 25.3 days (median 7.0 days), with 15.2% of care recipients assessed on the same day that they were referred. At assessment –

- the *General health status* of nearly half (48.2%) of all care recipients was assessed as *Fair*,
- the *Level of care required* was assessed as *High* for 45.1% of care recipients, and
- the *Priority level for entry* to the day respite service was assessed as *High* for nearly half (49.0%) of the care recipients.

Service Usage - Day respite attendances

Over the reporting period July to December 2009, a total of **21,560** day respite attendances were reported for the 896 care recipients. The majority of these attendances (94.3%) were *Regular (scheduled) attendances*, 4.8% were *Irregular but planned attendances*, and 0.9% were *Emergency/unplanned attendances*.

The proportion of all attendances which were *regular (scheduled)* exceeded 85% for all projects except for Rocky Ridge and Tennant Creek, where there was a higher rate of *irregular but planned* attendances (15.9% and 30.0% of all attendances respectively).

The *average number of attendances per care recipient* over the 6-month reporting period was 24.1 attendances (22.7 Regular, 1.1 Irregular, and 0.2 Emergency/unplanned), which represents **around one attendance per week**. However this varied greatly across projects, from care recipients at Tennant Creek attending around 3 times per week on average, to Benevenuti and Spiritus where care recipients attended less than once per fortnight on average.

Service Usage – Hours of day respite provided

On average each care recipient attended day respite for 159.0 hours during the 6-month period, which is equivalent to just over **6 hours per week per person.**

Service Usage – Overnight residential respite provided

A total of 1,004 nights of residential respite were used by these carers during this period, at an **average of 2.0 nights per care recipient.**

Service Usage – Fees charged for residential respite

The majority **(89.7%)** of day respite clients were charged a *fee*, with the average set fee for a day respite attendance being **$12.60.** Some paid *donations in lieu of fees* (5.2%), and no *fee* was charged for **5.1%** of all clients, spread across 16 projects.

Service Usage – Care Plans and Reviews

Of the 896 care recipients involved with the day respite service during the period July-December 2009, a *Care Plan* had been prepared for 823 **(91.9%)** of them.

Over half (51.9%) of care recipients with a care plan had their *First Care Plan* prepared within one month of their *referral* to the day respite service. A further 31.1% had their first care plan prepared between 1 and 3 months of their referral.

Around two thirds **(65.0%)** of care recipients with care plans had had those care plans reviewed at some time during their involvement with the day respite service. It appears that reviewing care plans every 3 months or so is a common practice, with **89.4%** of care plans being reviewed within three months of the client's most recent service.

Service Usage – Clients who exited the service

Of the 896 care recipients involved with the day respite service during July-December 2009, 250 had exited from the service in that period. This is an exit rate of **27.9%**.

On average these care recipients had spent **6.9 months** with the day respite service, as based on the time between their first attendance and their exit from the service.

Nearly half **(47.3%)** of all care recipients who exited the program did so because they had been accepted into *full-time residential care*. A further 16.7% died and 10.0% exited due to dislike or lack of interest in attending the day respite service.

Of those care recipients who were admitted to full-time residential care upon their exit from the day respite service, three quarters (74.5%) were admitted to *high level residential care*, and 25.5% were admitted to *low level residential care*.

1.1.4 DISCUSSION

The site data, when interpreted and analysed, yield interesting information in relation to these five areas of enquiry of the evaluation as a whole:

1) The demand for day respite in residential aged care facilities
2) The benefits to the carer and care recipient of accessing day respite in residential aged care facilities
3) The effects of providing day respite on the operations of residential aged care facilities in providing care to full time residents.
4) The impact of accessing day respite on the care recipient's entry to permanent residential care
5) Appropriate levels of user fees for day respite in residential facilities.

Demand for day respite in residential aged care facilities

It is not known how the Demonstration Sites for Day Respite in Residential Aged Care Facilities predicted demand levels, but the site data indicate that 12 of the 29 projects (41.4%) were operating on exactly the same days/hours for which they were funded. The *actual* operating hours of the other projects varied from their *funded* hours in a number of different ways, indicating that demand levels had not been accurately forecast by them.

Analysis of the *average number of places offered and used each week* shows that seven sites had precise or near to precise matches, a further seven had an unused gap of 15 places or more, on average, each week. One service had a gap of 140 places, as well as the second highest vacancy rate. The overall *vacancy rate* was 32%, and while 19% of these vacancies were due to cancellation, the remaining 81% of vacancies were mainly due to lack of demand.

Only 8 projects (27.6%) had a waiting list at some time during the period July to December 2009, and the length of their waiting lists in any given month was usually less than three people. December was the month with the highest unmet demand.

Synergies and benefits offered by locating day respite services in RACFs

The analysis of Site Data has identified several areas of synergy between day respite and RACF programs, with benefits evident for carers, care recipients, residents and staff, as well as costs and benefits to the RACF itself. This was also a finding from our earlier surveys of carers, care workers, care coordinators and service directors.

Across all projects, approximately **30%** of total activity hours per week were shared with residential care recipients. All projects gave day respite clients access to some type of additional service provided by the RACF and these represent value-add services that would not normally be accessible in community-delivered day respite care.

Nearly 80% of the 29 projects indicated that operating their day respite service involved the use of additional unfunded staffing from the RACF - most commonly, from managers, nursing staff and domestic staff. This involved **an average of 8 staff members per project.** While most of these additional unfunded staff individually spent only a small amount of time per week assisting the day respite service, when considered in its entirety this represents a significant unfunded contribution to the day respite service – **the equivalent of 30.5 full time staff per week, an average of 1.1 full time staff members per project.**

The synergies in resource usage between the RACF and day respite service can be seen as beneficial for both residents and day respite users, and as bringing benefits to the RACF that range from the tangible (sharing of staff resources, pooling of resources to purchasing consumables etc) to the intangible (raised profile in the local community, increased staff experience across programs). This finding has also been identified in our surveys of care workers, care coordinators and service directors.

Entry to residential care

Nearly half of the 896 care recipients **(47.3%)** who exited the program during the period studied did so because they had been accepted into *full-time residential care*. A further **16.7%** had died. This means that 64% of day respite clients had significant levels of need, and this is further reflected in the proportion who were admitted to *high level residential care* - 74.5% of all clients entering full time care.

Combining this information with that received from our surveys with carers, care workers, care coordinators and service directors and our case studies with selected sites, it would appear that the day respite services are likely to have delayed entry into residential care while facilitating that transition when it was needed. A key mechanism for that transition has been the residential and overnight respite services offered to day respite clients, which carers and care workers report as having demystified residential care. This, combined with the sharing of some services between day respite and residential clients, can be seen as likely to have reduced the fear of entering residential care for many care recipients.

Appropriate levels of user fees

The sites are clearly taking into account financial need in the fees or donations being charged, and in some cases, waiving these altogether. The site data indicate that where fees are being charged, this is typically around $10. Our feedback from interviews and surveys with care coordinators and service directors indicates that consultation has occurred between sites and carers, and that fees being charged are likely to be appropriate and reflect capacity to pay.

2 INTRODUCTION

This report presents comprehensive information regarding the general operations, staffing and service delivery characteristics of the Demonstration Sites involved in the *Day Respite in Residential Care Facilities Initiative*.

This data was gathered using a Site Data Collection Tool designed specifically by the Australian Institute for Social Research (AISR) to collect the quantitative information required for the Evaluation of the program. The Demonstration Sites were asked to submit data with respect to the period **1st July 2009 to 31st December 2009** inclusive.

The Tool collected information which was not available from any other source, including the Department's Service Activity Reports (SARs). The content and methods of the data collection are described in *Section 3* of this report, and a copy of the Tool is provided in the Appendix in *Section 6.1*.

The findings, reported in *Section 0*, illustrate and quantify the activities of the day respite sites and profile the carers and care recipients receiving the service.

A **second** round of this collection is being undertaken with respect to the period **1st January 2010 to 30th June 2010** inclusive. That round will focus on *changes* in the operations, staffing and service delivery of each project.

We gratefully acknowledge the commitment and effort of the demonstration sites in participating in this important data collection.

3 METHOD

3.1 DESIGN

The Site Data Collection Tool was designed with reference to –

1. the questions guiding the evaluation of the Day Respite in Residential Facilities Initiative,
2. the coverage of the Department's SARs,
3. the nature of administrative data collected routinely by sites, as identified via proformas completed by sites early in the evaluation period, and
4. an appreciation of the time and resources required for sites to submit data for the evaluation.

The tool was designed to cover three broad topics, covering the different domains of additional information required for the Evaluation:

- Part 1: General Operations - broad information about the service (16 items),
- Part 2: Staffing - the staff profile for the service, and the sharing of staff between the day respite program and the residential care facility (2 tables), and
- Part 3: Service Delivery - information on referrals, care recipients and carers and the services delivered to them (45 items per care recipient).

Part 3 was the largest section of the tool, and was structured differently from the other two sections. It required sites to provide detailed data about every carer and care recipient who had received a day respite service during the period **July-December 2009**, and to also provide basic details of any additional people referred during this period.

The Site Data Collection Tool was prepared as both a spreadsheet (MS Excel) and a document (MS Word) to allow projects to choose the easiest method for them – spreadsheet, word processing document or hardcopy (ie. using a printout of the document). The spreadsheet method was promoted to sites as the most efficient option as it contained in-built categories and validation for some items, designed to facilitate speedy data entry and to ensure that data was entered as accurately and consistently as possible. Almost all sites chose this option. Only one site submitted data in hardcopy format – the Uniting Church Frontier Services' Rocky Ridge project.

Prior to implementing the tool we distributed a draft to sites for comment, then refined the tool and compiled a Guide in response to the feedback. The Guide provided additional explanation regarding some items, and gave suggestions for managing any gaps in the availability of information. We acknowledged that some of the information requested might not have been collected by every project, so sites were asked to complete just as much as was possible.

A sample of the MS Word version of the tool is provided as an Appendix in *Section 6.1*, and the Guide is provided as an Appendix, in *Section 6.2*.

3.2 COLLECTION

The data collection forms/spreadsheets and the accompanying Guide were distributed by email to all 31 sites in *July 2009*.

While the due date for their completion was *1st February 2010*, we recommended that the sites took the opportunity to consider how they could best source and record the information required. We

suggested that they complete some information on an ongoing basis (weekly or monthly) rather than waiting until the end of the period. For example, the waiting list data could be recorded at the end of each month, and the demographic information about carers and care recipients could be entered at the time of their referral or next visit.

Reminders were sent to sites from early February 2010, and some sites required an extension to the original time limit. Repeated follow-up was required to obtain data from some sites. The last submission was received on *15th March 2010*.

3.3 RESPONSE RATES

Data was received from **30** of the 31 demonstration sites (96.7%), with *Coolibah Day Centre* (Mandurah Retirement Village, WA) being the only site which did not submit any information. (Service Directors and Care Coordinators from this site also failed to participate in the evaluation survey of staff and carers. Carers from this site also provide the second lowest mean ratings for the meeting of their needs and those of the person in their care, and the lowest ratings for the service's impact on them and the person in their care.) Spiritus Bundaberg and Spiritus Wide Bay made a joint submission, and are referred throughout this report as the single project *Spiritus*. A list of the **29** projects from which data was received (counting Spiritus as a single project), including their state, RACF and the reference name used throughout this report, is provided in *Table 1*.

Table 1: List of Projects which submitted data

Reference Name (used in this report)	State	RACF	Project
ANHF	NSW	Australian Nursing Home Foundation	ANHF Dementia Respite for Carers of SE Asian Communities
Ave Maria	VIC	Southern Cross Care (Vic)	Ave Maria All Day Respite Program
Benevenuti	SA	Italian Benevolent Foundation SA Inc	Benevenuti Day Respite Service
Bethavon	WA	Uniting Church Homes Inc	Bethavon Day Respite
Bisdee House	TAS	Glenview Home Inc	Bisdee House (Day Respite)
Bribie Island	QLD	Churches of Christ, Queensland	Bribie Island Retirement Village Carer Respite Service
Caring Café	VIC	Inner East Community Health Service	Day Respite - the Caring Café
Constitution Hill	NSW	Grand United Property Trust (AURLS)	Constitution Hill Wellbeing and Respite Day Care Centre
Cooinda	NSW	Catholic Care of the Aged	Cooinda Day Respite
Garden City	QLD	The Alzheimer's Association of Queensland Inc.	Garden City Retirement Home Respite Service
Hersey Cottage	SA	Resthaven	Hersey Cottage Respite Service
Homestead Day Stay	VIC	Lyndoch Warrnambool Inc	Homestead Day Stay Respite
Karingal	TAS	Baptcare - Karingal Care Services	Karingal Carer Support Service (Day Respite)
Lynbrook	VIC	Southern Cross Care (Vic)	Lynbrook Respite Care
Manningham	VIC	Manningham Centre Association Inc	Day Guest Respite Service
MHI Respite	NT	Masonic Homes Inc	MHI Respite Service
Our Lady	NSW	Our Lady of Consolation Aged Care Services	Day Respite Wellness Service
PAC Apsley	NSW	Presbyterian Church (NSW) Property Trust	PAC Apsley Riverview Day Respite Service
Perry Park	SA	ACH Group Inc	Perry Park Day Respite Service
Rocky Ridge	NT	United Church Frontier Services (Katherine)	Rocky Ridge - Day Respite
Ross Robertson	SA	ECH Inc	Ross Robertson Day Respite Service
Spiritus	QLD	The Corporation of the Synod of the Diocese of Brisbane - Spiritus	Spiritus Bundaberg - Day Respite Service
	QLD	The Corporation of the Synod of the Diocese of Brisbane - Spiritus	Spiritus Wide Bay - Day Respite Service
St Ives	WA	Aged Care Services Australia Inc (St Ives Group)	Day Respite Service (Avalon Apartments & St Ives Eldercare)
Stepping Out	VIC	Jewish Care (Vic) Inc	Stepping Out (Day Respite)
Swan	WA	City of Swan Aged Persons Trust Inc	Morrison Lodge (Day Respite Service)
Tennant Creek	NT	United Church Frontier Services (Tennant Creek)	Pulkapulkka Kari - Day Respite
Time Out	SA	Southern Cross Care (SA) Inc	Time Out (Myrtle Cottage Day Respite)
Warnervale	NSW	Catholic HealthCare	Warnervale Wellness Centre
Warrigal	NSW	Warrigal Care	Warrigal Community Care - Day Respite

Response rates for individual *items* were generally very good, with most items having a near 100% completion rate. However non response rates to a few items were greater than 15% for some projects. For example, the age of a care recipient's main carer was one item for which a number of projects were unable to provide full data. Data quality limitations are noted throughout the report where relevant.

4 FINDINGS

4.1 GENERAL OPERATIONS

The General Operations section of the data collection tool asked for the following information about the day respite service:

- Specialist foci of the day respite service
- Funded days and hours of operation
- Actual days and hours of operation
- Reasons for variation (if any) between funded and actual days/hours
- Average number of respite places funded and available per week
- Average number of respite hours funded and available per week
- Average number of vacant (unused) respite places per week
- Average number of these vacancies which were due to cancellation, per week
- Number of care recipients on waiting list at the end of each month (Jul-Dec)
- Main reasons for ineligibility/exclusion of participants
- Main sources of referral to the service
- Whether transport is provided for care recipients to/from their home
- Types of transport offered
- Fees charged for transport
- Average hours of activities (by type) offered to day respite care recipients per week
- Additional services offered to day respite care recipients.

This section was completed in full by almost all projects.

4.1.1 SPECIALIST FOCUS OF THE SERVICE

Projects were asked to indicate which area(s) of specialist focus their day respite service addressed. Almost all of the projects (25 projects, 86.2%) indicated that *Dementia* was a specialist focus of their service. The provision of *Emergency respite* and services for care recipients from *other cultural/language backgrounds*, were the second and third most commonly reported specialty areas – see *Table 2*.

Table 2: Main project specialty focus areas, listed by frequency

Specialist Focus	No. of projects citing this focus	% of all Projects
Dementia	25	86.2%
Emergency respite	20	69.0%
Other cultural/language background	17	58.6%
Other clinical needs	14	48.3%
Younger (aged <65 years)	8	27.6%
Indigenous	5	17.2%
'Other' focus		
Working carers	2	6.9%
Working care recipients	1	3.4%
Challenging behaviours	2	6.9%
Financially disadvantaged	1	3.4%
High care needs	1	3.4%
Mental illness or intellectual disability	1	3.4%
'Frail aged'	4	13.8%
No specialist focus	*2*	*6.9%*

Of the ten projects that specified an *Other* specialist focus, Caring Café, Cooinda, Garden City and Manningham indicated a focus on the *frail aged*, even though this is not a specialisation and should be expected from a day respite service. Bribie Island and Manningham indicated a focus on those with *challenging behaviours*. Lynbrook and Stepping Out specified *working carers* as a focus and Constitution Hill specified *working care recipients* as a focus. Other focus areas included the *financially disadvantaged* (Caring Café), those with *high care needs* (Perry Park), and those with a *mental illness* or an *intellectual disability* (Karingal). Warrigal and Our Lady indicated that their service did not have any specialist focus.

4.1.2 DAYS AND HOURS OF OPERATION

Looking at the *funded* days of operation, of the 29 projects:

- eight projects (27.6%) were funded to open only every weekday,
- six projects (20.7%) were funded to open on every weekday and Saturdays including one which opened Saturdays only on request,
- two projects (7.0%) were funded for some weekdays and not on weekends,
- five projects (17.2%) were funded for some weekdays and Saturdays,
- one project (3.4%) was funded for some weekdays and both Saturdays and Sundays, and
- seven projects (24.1%) were funded for 7 days per week – including one project which offered weekends only on request.

Twelve of the 29 projects (41.4%) reported that they were operating on exactly the same days/hours of which they were funded. The *actual* operating hours of the other projects varied from their *funded* hours in the following ways:

- four projects were funded for late evenings but did not currently open during that time – this included one project that was also funded for a Sunday but did not open on Sundays and one project that opened on a Saturday but was not funded for it,
- six projects were funded for a couple of extra hours per day that they did not currently open,
- three projects were open slightly longer on a couple of weekdays,
- one project was funded for a Tuesday that it did not open,
- one project was open similar hours to that for which it was funded but started and closed slightly earlier,
- one project was able to operate extended hours on Mondays and Fridays than what it was funded for, and
- one project that opened 7-days per week reported operating additional hours to those for which it was funded.

Table 3 shows the number of days that each day respite project operated per week (shaded section), the average number of hours that they opened per day, and the total number of hours open per week. For example, the ANHF project was open for three weekdays and one day on the weekend each week (4 days per week in total), for an average of 9 hours per day and a total of 36 hours per week. The table illustrates the diversity in operating days and hours across projects, from smaller services with few operating days and relatively short operating hours such as Stepping Out (open for 8 hours per day on two weekdays only), through to large services such as Garden City which operates 7 days per week for 13 hours per day.

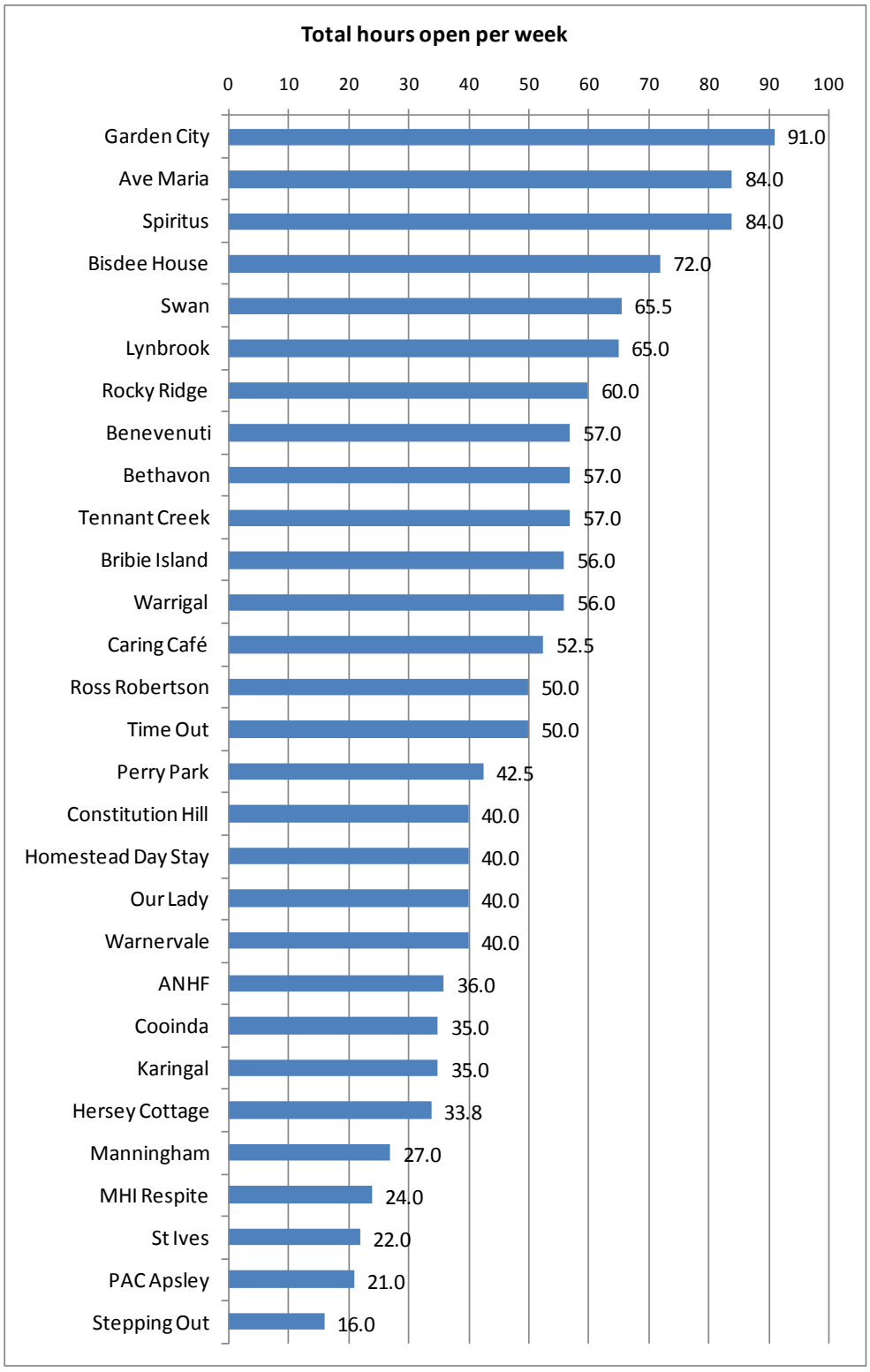
Table 3: Actual operating days and hours per week, by Project

Project	No. of days open per week			Average no. of hours open per day		Total hours open per week
	Weekdays (Mon-Fri)	Weekends (Sat, Sun)	Total days	Weekdays	Weekends	
ANHF	3	1	**4**	9.0	9.0	**36.0**
Ave Maria	5	2	**7**	12.0	12.0	**84.0**
Benevenuti	5	1	**6**	9.8	8.0	**57.0**
Bethavon	5	2	**7**	8.6	7.0	**57.0**
Bisdee House	5	1	**6**	12.0	12.0	**72.0**
Bribie Island	5	1	**6**	10.0	6.0	**56.0**
Caring Café	5	0	**5**	10.5	0.0	**52.5**
Constitution Hill	5	0	**5**[1]	8.0[1]	0.0	**40.0**
Cooinda	5	0	**5**	7.0	0.0	**35.0**
Garden City	5	2	**7**	13.0	13.0	**91.0**
Hersey Cottage	3	1	**4**	8.6	8.0	**33.8**
Homestead Day Stay	5	0	**5**[1]	8.0[1]	0.0	**40.0**
Karingal	3	2	**5**	7.0	7.0	**35.0**
Lynbrook	5	2	**7**	10.0	7.5	**65.0**
Manningham	2	1	**3**	9.0	9.0	**27.0**
MHI Respite	3	0	**3**	8.0	0.0	**24.0**
Our Lady	5	0	**5**	8.0	0.0	**40.0**
PAC Apsley	3	0	**3**[1]	7.0[1]	0.0	**21.0**
Perry Park	5	0	**5**	8.5	0.0	**42.5**
Rocky Ridge	5	0	**5**[1]	12.0	0.0[1]	**60.0**
Ross Robertson	4	1	**5**	10.0	0.0	**50.0**
Spiritus	5	2	**7**	12.0	12.0	**84.0**
St Ives	2	1	**3**	8.0	6.0	**22.0**
Stepping Out	2	0	**2**	8.0	0.0	**16.0**
Swan	5	1	**6**	10.9	11.0	**65.5**
Tennant Creek	5	2	**7**	9.0	6.0	**57.0**
Time Out	5	0	**5**	10.0	0.0	**50.0**
Warnervale	5	0	**5**	8.0[1]	0.0	**40.0**
Warrigal	5	1	**6**[1]	9.5[1]	8.5[1]	**56.0**

1 These sites advised that extended hours and/or additional days may be offered when needed. Due to the irregular nature of this practice, only the *usual* operating days/hours have been shown in the table.

Figure 1 ranks the projects by total operating hours per week, illustrating the relative size of the day respite program at each site.

Figure 1: Total operating hours per week, by Project, listed from highest to lowest total hours



4.1.3 NUMBER OF RESPITE PLACES AND VACANCIES

The average number of day respite places *offered* by each project per week, and the average number of places *actually used* per week (ie. excluding vacancies) is shown in *Figure 2*.

It can be seen that of the 24 projects able to provide reliable information, seven had precise or near to precise matches between the average number of places offered and used each week. Some – Benevenuti, Bisdee House, Constitution Hill, Karingal, PAC Apsley, Rocky Ridge, St Ives and Warrigal – had an unused gap of 15 places or more, on average, each week. Bisdee House stands out with a gap of 140 places, and also had the second highest vacancy rate. (The evaluators' case study of Bisdee House identified significant difficulties in attracting clients, reflecting substantially inaccurate demand forecasting.)

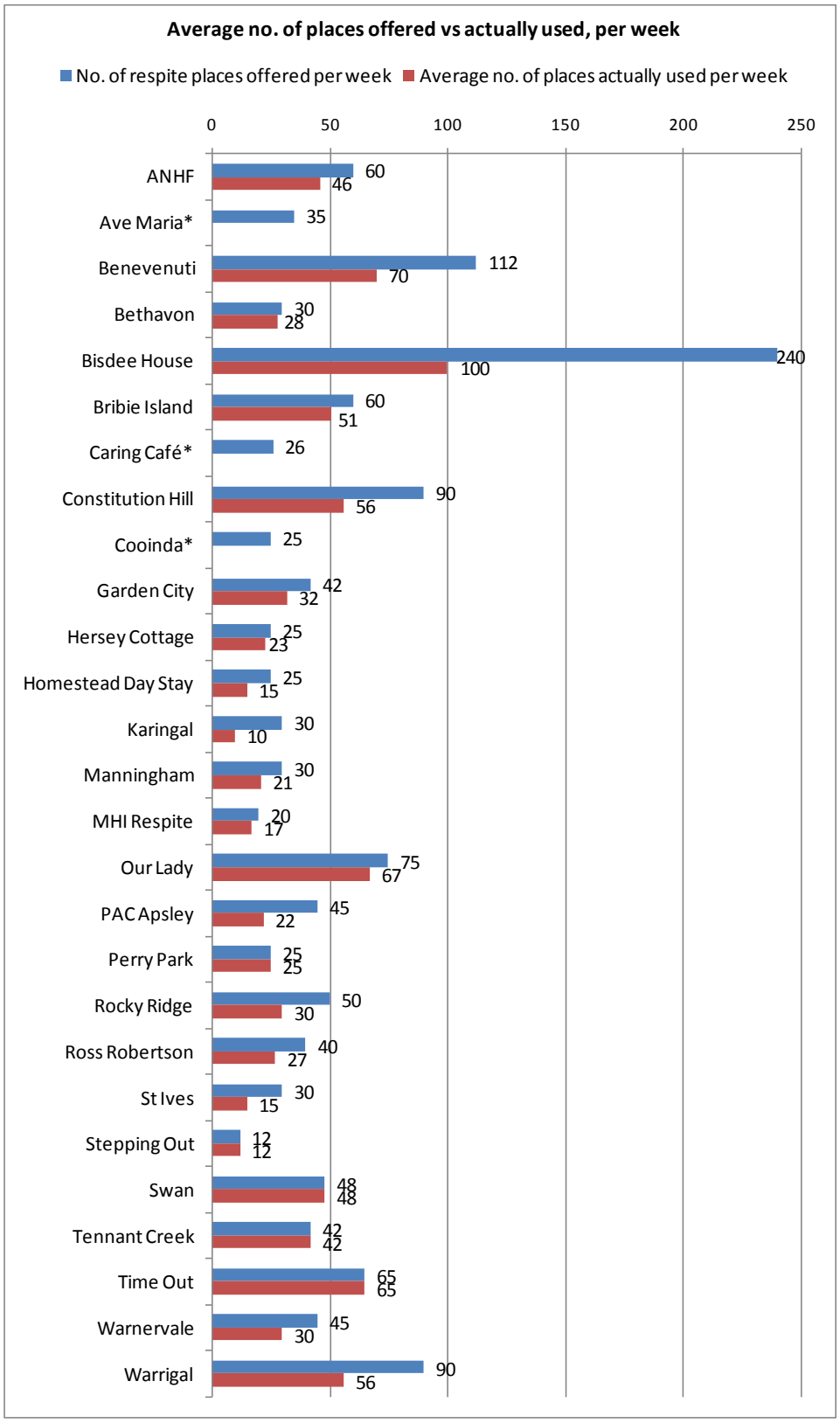
As illustrated in *Figure 3*, the *vacancy rate* (i.e. the average number of vacant places per week as a percentage of the average number of places offered per week) varied greatly across projects. Of the 24 projects that provided data on vacancies, Karingal had the highest vacancy rate (67%), reporting that on average twenty of the thirty places they offered per week were vacant. This was followed by Bisdee House with 140 vacancies (58%) of the 240 places they offered per week. In contrast, five projects reported no vacancies and another two projects reported a vacancy rate of less than 10% per week.

The overall vacancy rate (for the 24 projects which provided data) was **32%,** and represents a total of **423 vacant places per week** across those projects.

Nineteen percent of these vacancies were due to cancellation. The remaining vacancies were mainly due to lack of demand, however some services deliberately kept a small number of places vacant per day in case of requests for emergency respite.

This information raises concerns about methods used to determine demand levels.

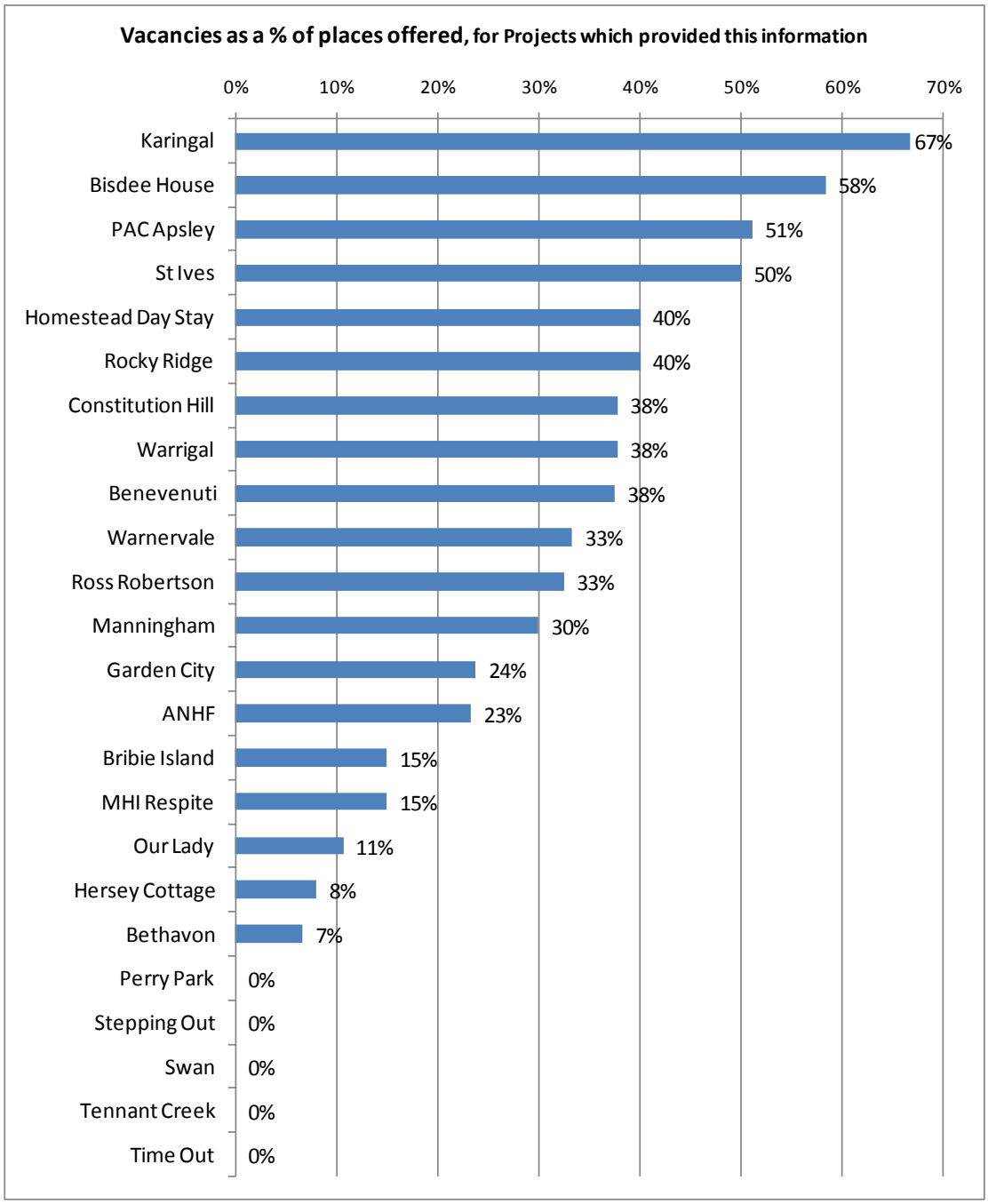
Figure 2: Average number of places offered, versus places actually used, per week by Project[1]



1 Two projects, Lynbrook and Spiritus, did not provide reliable information on number of places offered.

* Information on vacancies was not available or was unreliable for these three projects (Ave Maria, Caring Café, Cooinda), therefore "places actually used" could not be derived for these.

Figure 3: Vacancy rate by Project[1], listed from highest to lowest vacancy rate



1 Includes only the 24 projects which provided reliable information on places offered *and* vacancies.

4.1.4 WAITING LISTS

Eight of the 29 projects (27.6%) had a waiting list at some time over the period July-December 2009.

Of the five projects identified in *Figure 3* as operating at *full capacity* (no vacancies), only three projects – Perry Park, Stepping Out and Swan – reported that they had unmet demand (a waiting list) at some time over the period. Perry Park and Stepping Out were able to meet demand during all months except for December 2009, when they had 2 clients and 3 clients respectively on their waiting lists. Swan indicated a shortage of up to 4 places per month, with December again being the month of greatest unmet demand. In comparison, Tennant Creek and Time Out were operating at full capacity but had *no waiting list*, indicating that the funded capacity of those projects was well-matched to their target population.

Five other projects reported that they had a waiting list, despite indicating that they had vacant places. The most puzzling example of this was St Ives, which had between 3 and 8 care recipients on their waiting list each month, but operated with a 50% vacancy rate and no cancellations. Garden City, Lynbrook, Manningham and Our Lady also reported waiting lists during the period.

The longest waiting list in any given month was 12 people at Our Lady in December 2009. This service showed a steady increase in the length of their waiting list over the six month period, starting at zero (no waiting list) in July 2009. While Our Lady had a vacancy rate of 11% (8 of 75 places) on average per week, three quarters of those vacancies were due to *cancellation*, providing little scope for new clients to enter the service.

4.1.5 MAIN REASONS FOR INELIGIBILITY/EXCLUSION OF APPLICANTS

Almost half of all projects (44.8%) reported *High-level care needs* (i.e. requiring two staff) as a reason for ineligibility or exclusion of applicants. The second most frequently cited reason for ineligibility or exclusion, reported by more than a third of projects (37.9%), was *high-level challenging behaviours,* that is, abusive, intrusive or inappropriate behaviours. *Age restrictions* (31.0%) and the client's need for a *secure facility* (27.6%) were the third and fourth most common reasons for ineligibility or exclusion – see *Table 4*.

Table 4: Main reasons for ineligibility or exclusion of care recipients, listed by frequency

Reason for Ineligibility or Exclusion	No. of projects citing this reason	% of all Projects
High-level care needs (eg. requiring 2 staff)	13	44.8%
High-level challenging behaviours (abusive/intrusive/inappropriate)	11	37.9%
Age (eg <65 years)	9	31.0%
Require a secure facility	8	27.6%
Not within specialist focus	6	20.7%
Unable to be transported by bus (eg. for outings)	4	13.8%
Language/culture	1	3.4%

Language/culture was reported as a reason for ineligibility or exclusion only by ANHF; their service was designed to focus only on one particular cultural group. While Stepping Out is also designed to

focus on a particular cultural group, they did not cite this as a reason for ineligibility or exclusion of applicants, perhaps because no clients outside of their target group presented for consideration.

4.1.6 REFERRAL SOURCES

As shown in *Table 5*, all projects cited *community programs or services* as a source of referrals, indicating that this is probably the primary referral source for the day respite program as a whole. Most projects also received referrals from *health professionals* other than GPs (72.4%) and *self-referrals* from Carers (79.3%). Hospitals were the fourth most common source of referrals (62.1%), followed by an aged care facility (41.1%) and GPs (37.9%). Interestingly, Commonwealth Carer Respite and Carelink Centres were identified by relatively few sites, despite playing a key role in linking carers to respite and other support services.

Table 5: Referral sources, listed by frequency

Referral Source	No. of projects citing this source	% of all Projects
Community program or service	29	100.0%
Self (carer)	23	79.3%
Other health professional (i.e. not GP)	21	72.4%
Hospital	18	62.1%
Aged Care Facility	12	41.4%
GP	11	37.9%
Other	*13*	*45.0%*

Other referral sources reported by projects included:

- ACAT Teams
- Commonwealth Carer Respite and Carelink Centres
- Other organisations such as Alzheimer's Australia and the Salvation Army
- The City/Regional Council for the local area
- Local Carer Support and Healthy Ageing programs
- Other health services within the community
- Contacts from within the RACF's parent organisation
- Word of mouth, eg family and friends of those already involved with the service.

Several projects also indicated that they believed their advertising had been effective in attracting new referrals.

4.1.7 TRANSPORT

Of the twenty-nine projects, 26 reported that they provide transport *both ways* (i.e. both to and from the day respite service) for care recipients. Hersey Cottage was the only project to provide *one-way transport only*, with the carer or care recipient to choose their preference - from home to respite, or from respite to home. Only two projects, Ave Maria and Lynbrook, indicated that they did not offer any type of transport to their care recipients.

Buses, vans and cars owned by the RACF were the most commonly offered types of transport – see *Table 6*.

Table 6: Types of transport offered

Type of transport offered	No. of projects	% of all Projects
Bus or van	20	69.0%
Car(s) owned by RACF	19	65.5%
Taxi	14	48.3%
Private limousine service	2	6.9%
Other	*12*	*41.4%*

Other types of transport offered by projects included:

- Care Worker or other staff cars (Caring Café, Hersey Cottage, Perry Park, Swan and Warrigal),
- HACC transport or NRCP transport (St Ives, Spiritus).

Almost half of the 27 projects which offered transport (13 projects, 48.1%) indicated that transport was *free* for all clients, while two projects sought donations for transport and the remainder charged a set fee. Fees charged for both-way transport ranged from $2 to $8, with the **average fee being $4.77**. Fees for one-way transport ranged from $2 to $5, with an average fee of $2.80.

4.1.8 ACTIVITIES

Projects were asked to report the average number of hours of activities offered to day respite care recipients per week, across seven different types of activity:

- Arts and crafts
- Games e.g. cards, bingo
- Exercises and physical activity (incl. indoor bowls)
- Musical events and entertainment
- Social events (on-site)
- Weekly outings
- Monthly or irregular outings
- Other activities.

Twenty-seven projects were able to provide this information. Ave Maria and Perry Park were unable to provide specific information on activities offered, with Ave Maria reporting that activity scheduling "*varies with each client depending on interests, needs and preferences*", and Perry Park reporting "*no set times for activities - depends upon client need, disability, cognitive ability and preferred lifestyle interests. All activities are person centred and vary with client interests, capabilities and how the person is on the day*".

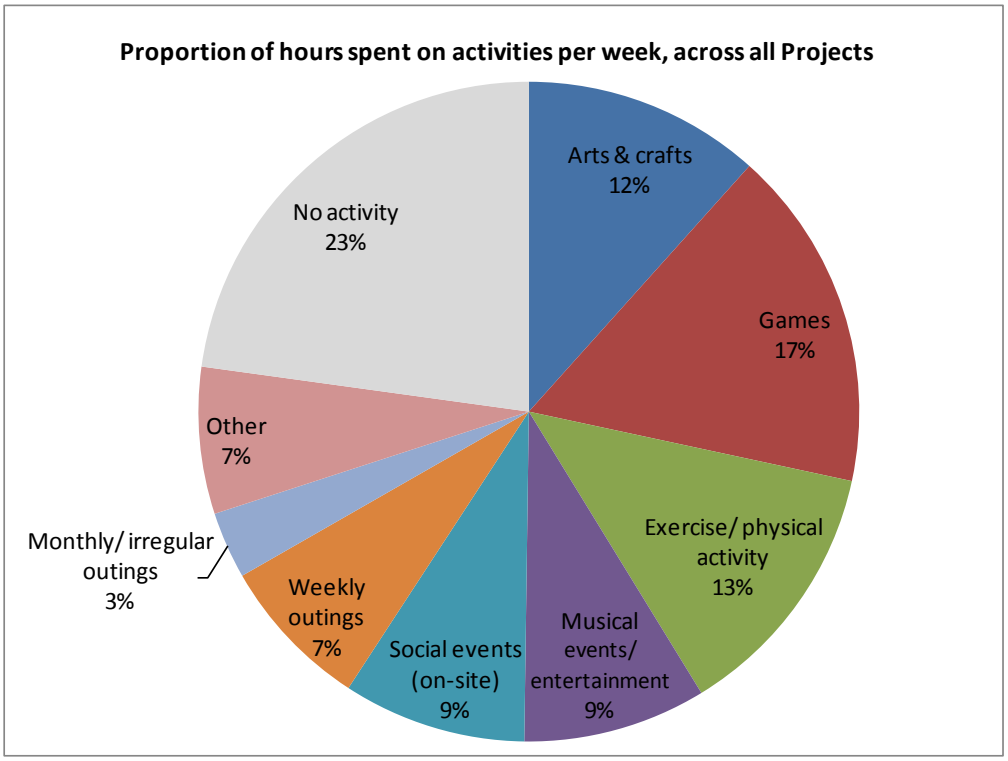
Of these 27 projects:

- All projects indicated that they offered some hours of *Games*, *Exercise/physical activity*, and *Musical events/entertainment*
- Bribie Island was the only project which indicated that *Arts and crafts* were not offered
- Stepping Out was the only site which indicated that that *on-site Social events* were not offered
- Twenty two projects (81.5%) offered *Monthly or irregular outings*, and

- Nineteen projects (70.4%) offered *Weekly outings*.

To enable valid comparisons between projects regarding time spent on activities, the number of hours spent on each type of activity per week at each site was converted to a *proportion of that project's weekly operating hours*. As *Figure 4* shows, over three quarters (77%) of the time spent in day respite across all projects involved some kind of *activity.* The three activities comprising the most time overall were *Games* (comprising 17% of total day respite time), *Exercise/physical activity* (13% of time) and *Arts and crafts* (12% of time).

Figure 4: Proportion of hours spent on activities per week, by type of activity, across all Projects[1]

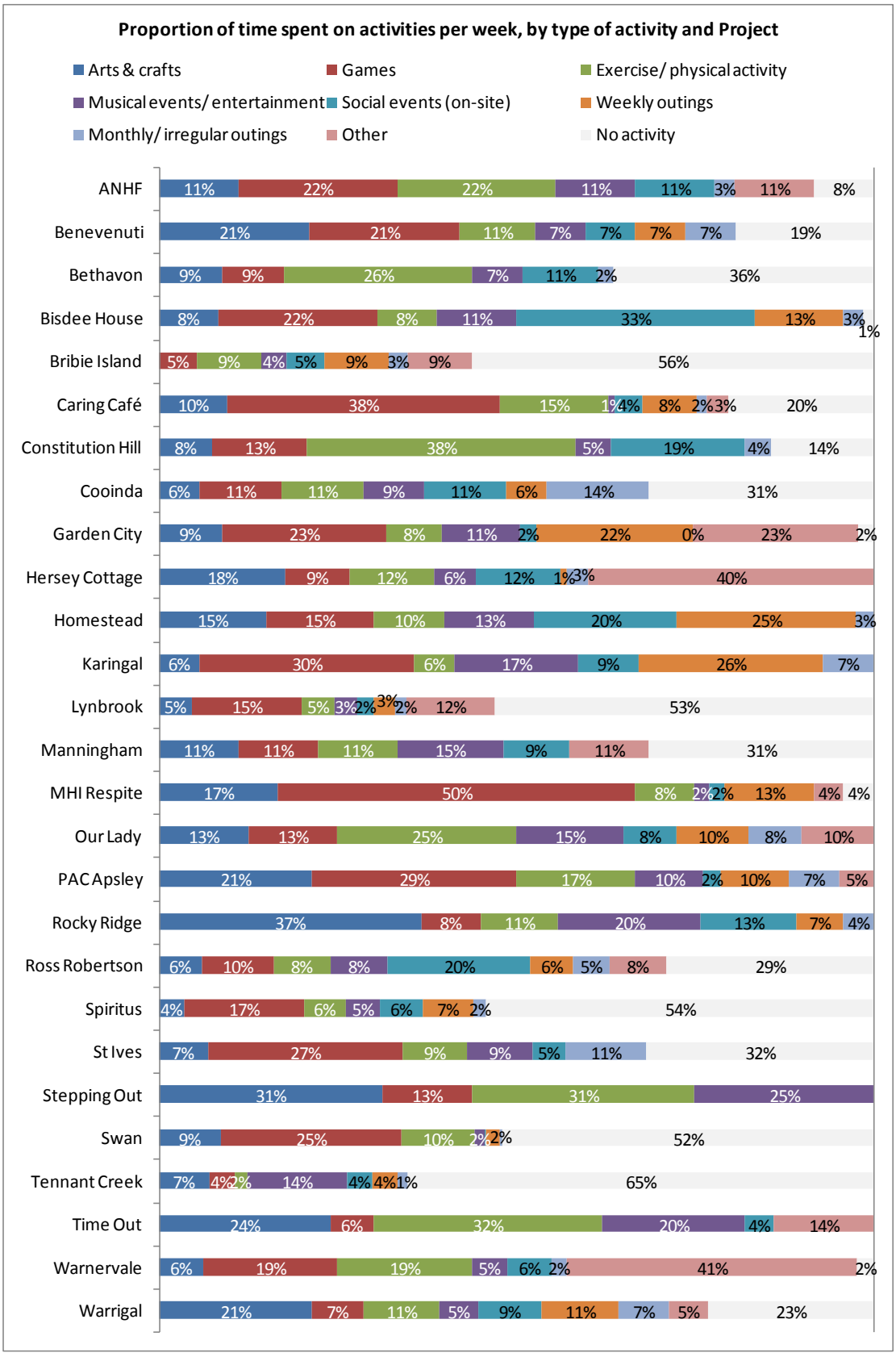


1 Information not provided by Ave Maria and Perry Park.

The proportion of time spent engaged in these activities varied greatly across projects – see *Figure 5*. Almost half of the projects indicated that their care recipients were engaged in activities for all or nearly all of the time they spent in day respite. However five projects (Bribie Island, Lynbrook, Spiritus, Swan and Tennant Creek) indicated that less than half of the time spent in day respite was spent engaged in activities.

Some projects had a particular focus on *Exercise and physical activities,* namely Bethavon, Constitution Hill, Our Lady, Stepping Out and Time Out. Other projects had a greater focus on *Games* (Caring Café, MHI Respite, PAC Apsley, St Ives, Swan), or on *Social events* or *Outings* (Bisdee, Garden City, Homestead, Karingal).

Figure 5: Proportion of time spent on activities per week, by type of activity and Project[1]



1 Information not provided by Ave Maria and Perry Park.

4.1.9 INVOLVEMENT OF RACF RESIDENTS IN DAY RESPITE ACTIVITIES

All 29 projects were able to estimate the proportion of time spent on activities that also involved the RACF's *residential care* recipients. Across all projects, approximately **30%** of total activity hours per week were shared with residential care recipients. Bethavon, Caring Café, Cooinda, Tennant Creek and St Ives reported that *all* of their total activity hours were shared with residential care recipients, whereas Constitution Hill, Swan, Warnervale and Warrigal reported that less than 10% of their total activity hours were shared with residential care recipients. This sharing of resources and achievement of synergies in resource usage is also evident in relation to the additional services which day respite clients can access from the RACF. These are described in *Section 4.1.10.*

4.1.10 ADDITIONAL SERVICES PROVIDED BY THE RACF TO DAY RESPITE CLIENTS

All projects allowed day respite clients to access some type of additional service provided by the RACF. The main services offered are shown in *Table 7.*

Table 7: Type of additional service offered to day respite clients, listed by frequency

Type of Service Offered	No. offering access to this service	% of all Projects
Access to RACF nursing services	27	93.1%
Referral to other health & support services	27	93.1%
Use of residential respite	26	89.7%
Access to RACF allied health services	24	82.8%
Health monitoring	22	75.9%
Hygiene services	21	72.4%
Access to RACF medical services	15	51.7%
Other	*9*	*31.0%*

The *Other* services offered to day respite care recipients were:

- Carer Support Group and one on one support (Warnervale)
- Exercise program (Ross Robertson)
- Hairdressing (Constitution Hill, Cooinda, Lynbrook, Ross Robertson, Warrigal)
- Beautician, podiatrist, optometry and audiology services (Constitution Hill)
- Shower assistance on-site (Lynbrook)
- Medication assistance (Time Out)
- OT assessments (Garden City)
- Sensory room and garden (ANHF).

These represent value-add services that would not normally be accessible in community-delivered day respite care.

4.2 STAFFING

Projects were asked to provide details of the staffing for their day respite service, as at 31st December 2009.

4.2.1 STAFFING BY ROLE

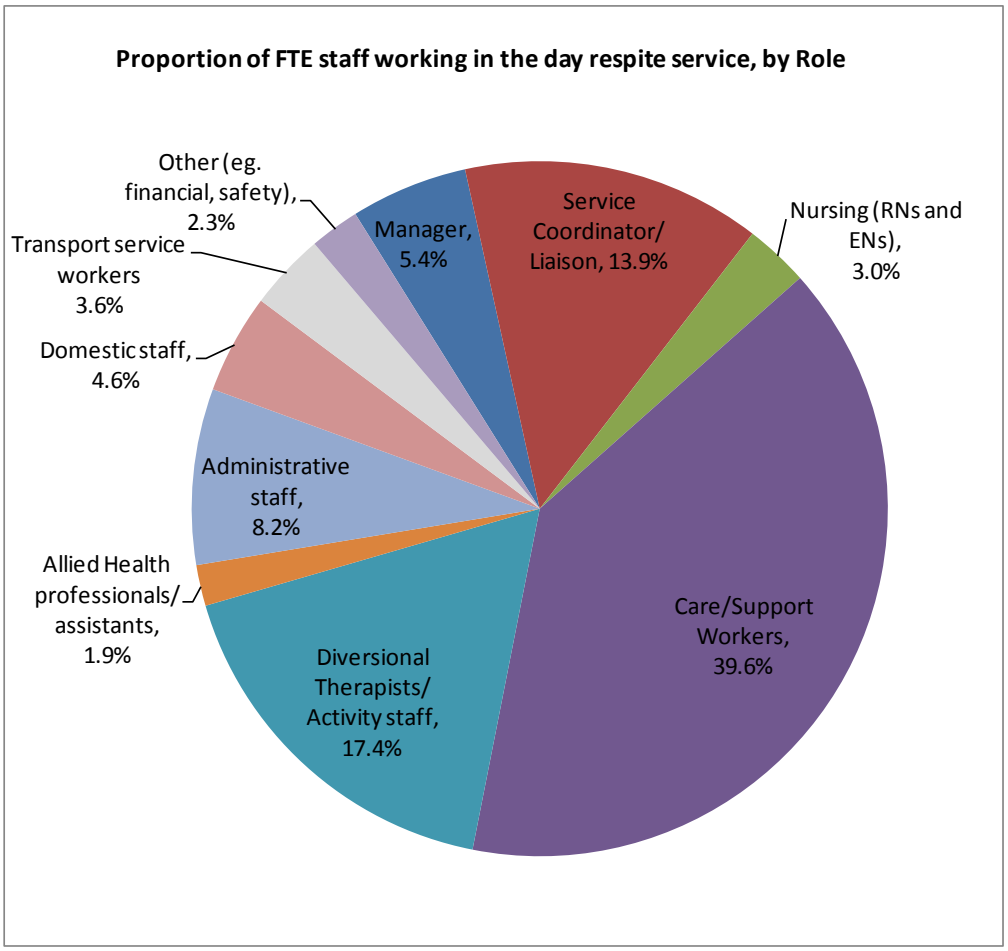
The type of staff employed by the day respite services is summarised in *Table 8*. Almost all of the projects (24 projects, 82.8%) employed a *Service Coordinator/Liaison* person for the day respite service, although in some cases a *Manager* undertook this role. Most projects employed *Care/Support Workers* (23 projects) and/or *Diversional Therapists/Activity staff* (18 projects). Twelve projects also had some *Nursing* staff, and seven projects employed *Allied Health professionals/assistants*. Funding for *Administrative staff* (24 projects), *Domestic staff* (18 projects) and *Transport service workers* (9 projects) supported the day to day operation of the day respite services.

Table 8: Number of projects funding staff in various roles

Role	No. projects with staff working in this role	% of all Projects
Manager	17	58.6%
Service Coordinator/Liaison	24	82.8%
Nursing (RNs and ENs)	12	41.4%
Care/Support Workers	23	79.3%
Diversional Therapists/Activity staff	18	62.1%
Allied Health professionals/assistants	7	24.1%
Administrative staff	24	82.8%
Domestic staff (eg. cooks, cleaners, maintenance)	18	62.1%
Transport service workers (drivers etc)	9	31.0%
Other (eg. financial/accounting, safety/QA)	9	31.0%

Projects were also asked to provide the FTE (Full Time Equivalent) staffing profile for their service. As would be expected with this type of service, nearly 40% of total FTE across all projects comprised *Care/Support Workers*, and a further 17.4% of total FTE was allocated to *Diversional Therapists/Activity* staff – see *Figure 6*. In terms of coordinating and managing the service, 13.9% of total FTE was allocated to *Service Coordinator/Liaison* staff, and 5.4% to other *Managers*.

Figure 6: Proportion of FTE by Role, for all Projects[1]

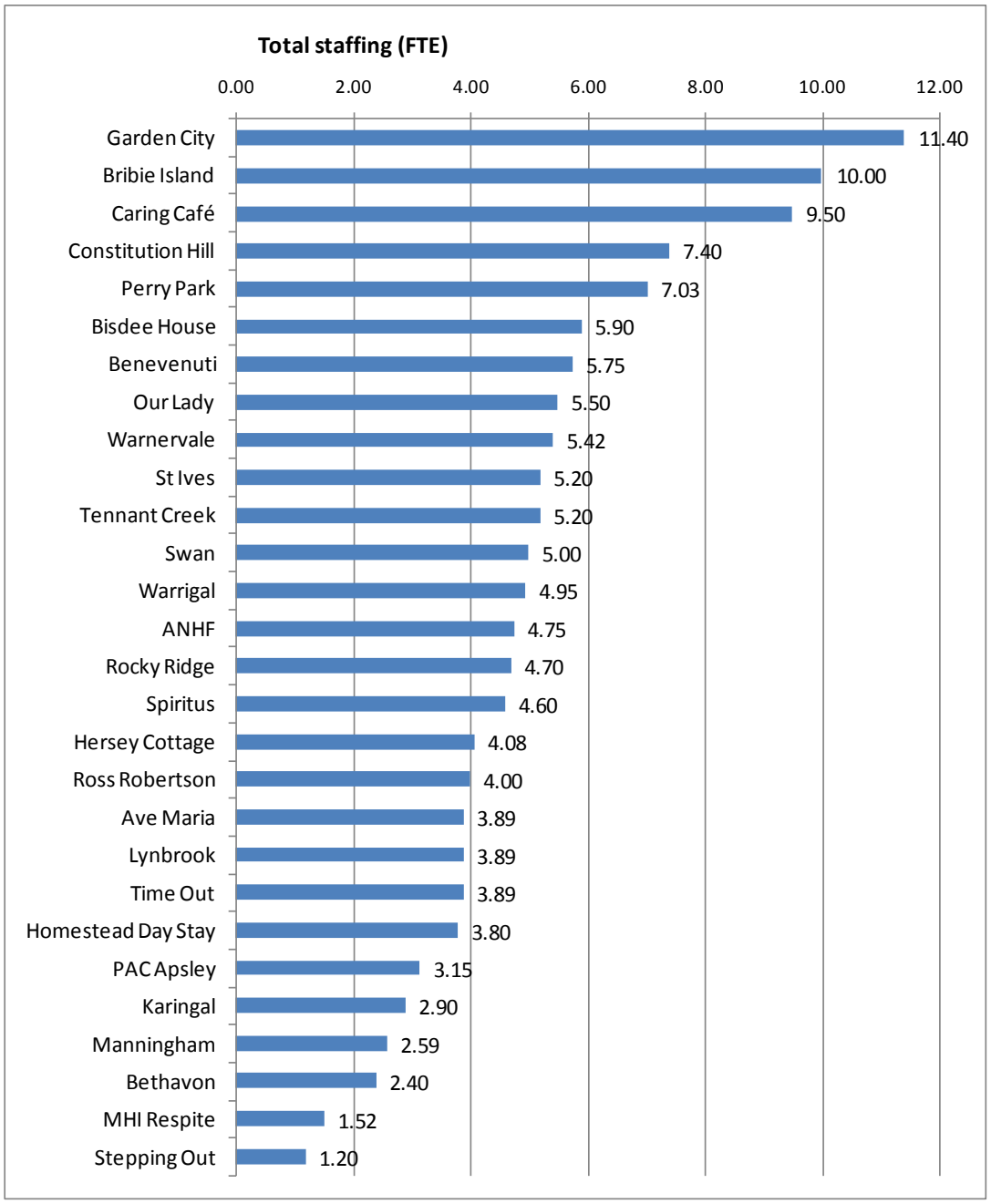


1 Excludes Cooinda, which did not provide full information.

4.2.2 TOTAL STAFFING (FTE) AND NUMBER OF INDIVIDUAL STAFF

Figure 7 ranks the projects by their total staffing (FTE), illustrating the range in service size. As was expected, there was significant diversity across sites, ranging from 1.2 FTE staff at Stepping Out, to 11.4 at Garden City – with these two extremes corresponding to the operating hours at those sites. However, within this range there was substantial variation in the ratio of FTE staff to hours of service provided. (This is discussed further in *Section 4.2.3*.)

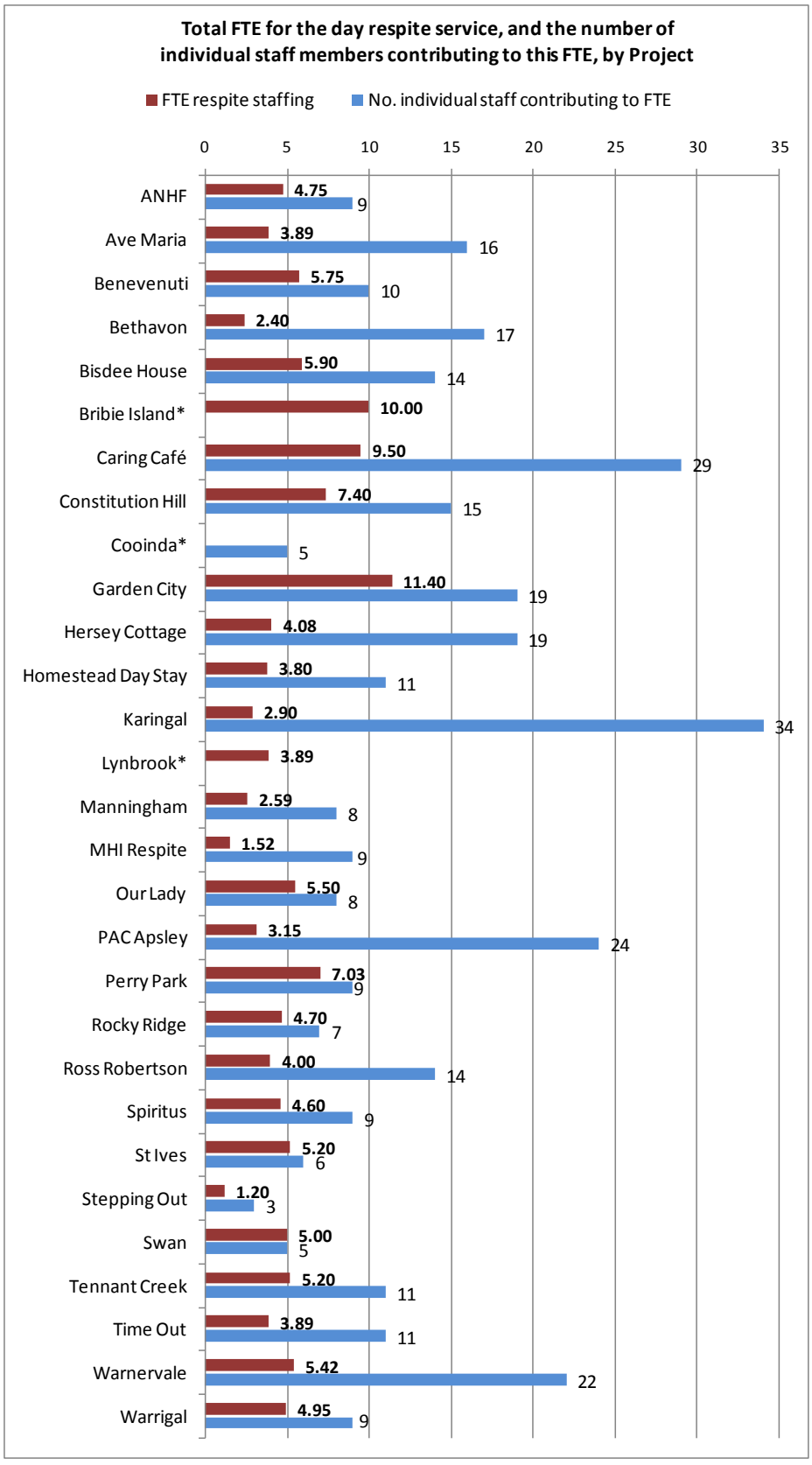
Figure 7: Total staffing (FTE) of the day respite service, by Project[1], listed from largest to smallest



1 Excludes Cooinda, which did not provide full information.

The total FTE for most projects was split across many individual staff members, as illustrated by *Figure 8*, suggesting that the majority of day respite staff were not employed full-time by that service. The funding for projects such as Bethavon, Karingal and PAC Apsley was spread over a particularly large number of staff.

Figure 8: Total FTE for the day respite service, and the number of individual staff members contributing to this FTE, by Project



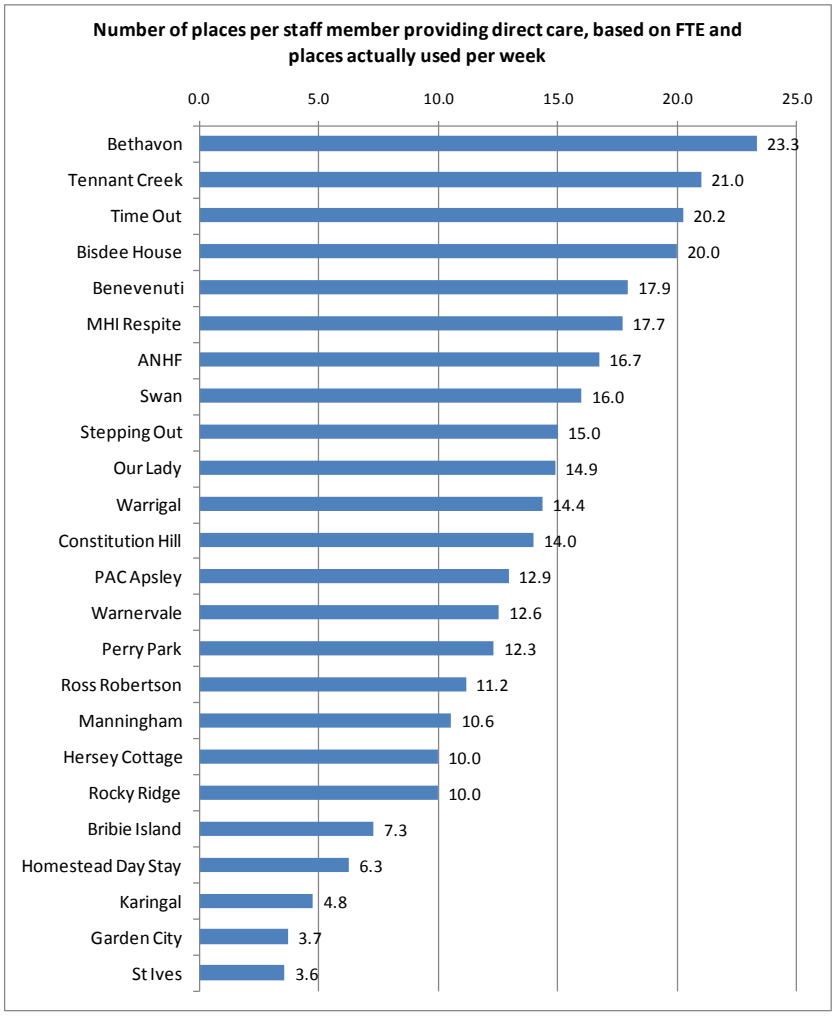
* Complete information was not available for Bribie Island, Cooinda and Lynbrook

4.2.3 RELATIONSHIP BETWEEN STAFFING AND THE NUMBER OF DAY RESPITE PLACES USED

Twenty four of the 29 projects provided all of the operational and staffing information required to compare their staffing against the average number of day respite places actually used per week. *Total staffing* (total FTE, regardless of role), and *Direct care staffing* (FTE for staff primarily involved in the direct care of clients i.e. Care/Support workers, Nurses, Diversional Therapists/Activity staff, and Allied health staff) was examined against the number of day respite places actually used per week at each service.

Across all projects, for every FTE day respite staff member (regardless of role) there were 7.7 day respite places. In terms of staff providing direct care to care recipients, there was on average **one direct care staff member per 12 places**. This ratio varied greatly across projects (see *Figure 9*), perhaps reflecting operational characteristics such as the specialist focus of each service. For example a service such as Garden City, which specialises in frail elderly care recipients with dementia, operated with only 3.7 care recipient places per direct care staff member, whereas a service specialising in younger clients such as Bethavon was able to operate with 23.3 care recipient places per staff member.

Figure 9: Number of day respite places per staff member providing direct care[1], by Project[2], listed from highest to lowest ratio



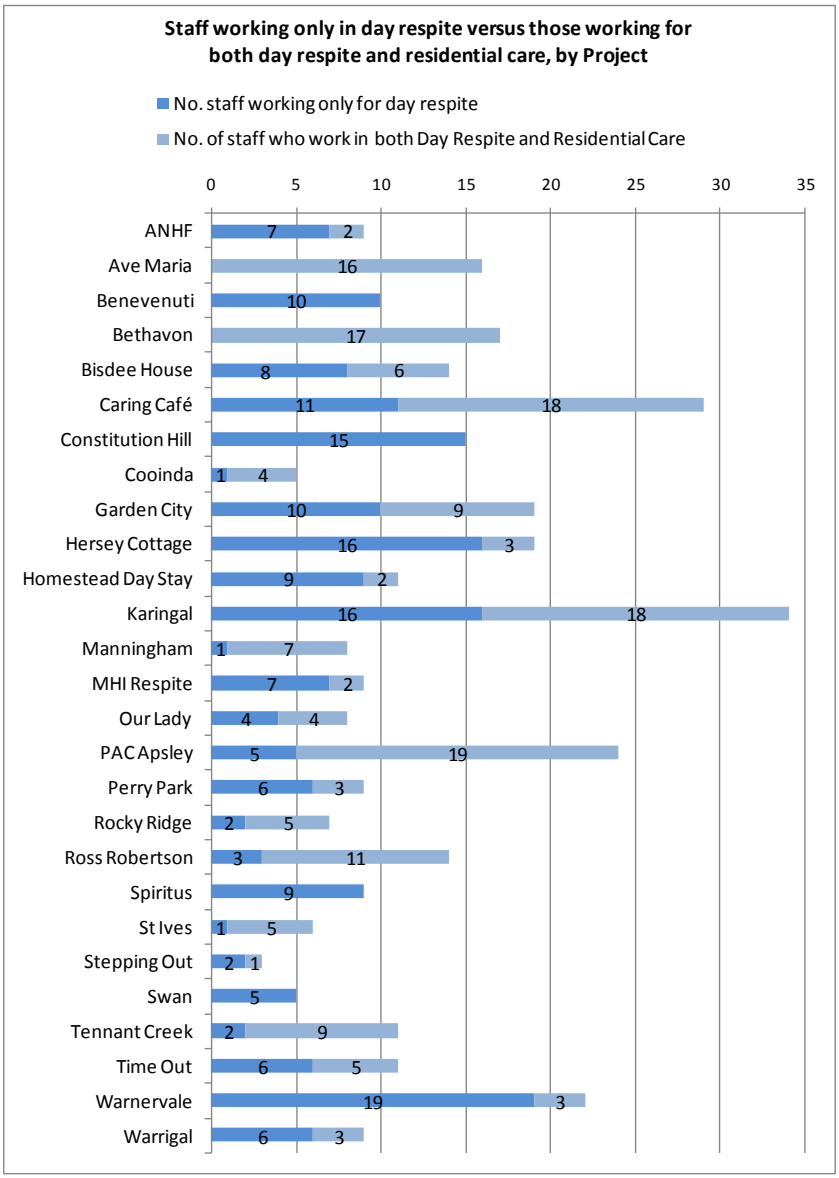
1 "Direct care" comprises staff whose role primarily involves direct contact with care recipients: Nursing staff, Care/Support workers, Diversional Therapists/Activity staff and Allied health professionals/assistants.
2 Includes only the 24 projects which provided reliable information on places actually used per week.

4.2.4 SHARING OF DAY RESPITE STAFF ACROSS THE ORGANISATION

Sharing of resources between the RACF's other programs and the day respite services was also evident in relation to staffing. Many day respite staff members were also employed part time by other areas of their organisation. Almost half (49%) of all day respite staff also worked in their RACF's *Residential care* service. This means that staff are being exposed to a wider than normal range of work experience, which can be seen as beneficial for them and therefore, for their clients. (This was also the view of staff surveyed by the evaluators in our surveys of carers, care workers, care coordinators and service directors.)

This practice varied greatly between projects, from services where all day respite staff worked also in residential care (Ave Maria and Bethavon), through to projects where none of the day respite staff worked in residential care (Benevenuti, Constitution Hill, Spiritus, Swan) – see *Figure 10*.

Figure 10: Day respite staff who also worked in their RACF's residential care service, by Project[1]



1 Information not provided by Bribie Island and Lynbrook.

4.2.5 ADDITIONAL UNFUNDED SUPPORT PROVIDED BY THE RACF TO THE DAY RESPITE SERVICE

Operating a Day Respite service within a RACF often requires the involvement of staff who are *not* specifically funded by the day respite service. For example, high-level managers, nurse educators, administrative staff, domestic staff, quality assurance staff and financial officers may all contribute to the operation of the day respite service as part of their job without being specifically funded for doing so.

Projects were asked to provide estimates regarding the number and types of other RACF staff who make some unfunded contribution to the operation of their day respite service, and the approximate extent of this contribution (FTE).

Twenty three of the 29 projects (nearly **80%**) indicated that operating their day respite service did involve the use of additional unfunded staffing from the RACF. Most commonly, day respite projects received unfunded input from *Managers* (16 projects). *Nursing staff*, particularly RNs, and *Domestic staff* were other common sources of unfunded input – see *Table 9*.

Table 9: Number of projects operating with additional unfunded staffing from their RACF, by type of staff member (Role)

Role	No. Projects with additional unfunded staffing	% of all Projects
Manager	16	55.2%
Service Coordinator/Liaison	6	20.7%
Nursing:		
Nurse managers/practitioners/consultants	5	17.2%
RNs	10	34.5%
ENs	2	6.9%
Any Nursing (regardless of type)	*12*	*41.4%*
Care/Support Workers	9	31.0%
Diversional Therapists/Activity staff	9	31.0%
Allied Health professionals/assistants	9	31.0%
Administrative staff	9	31.0%
Domestic staff (e.g. cooks, cleaners, maintenance)	12	41.4%
Transport service workers (drivers etc)	5	17.2%
Other (e.g. financial/accounting, safety/QA)	10	34.5%
Any role	*23*	*79.3%*

The additional unfunded staffing reported by the 29 day respite projects was spread across a total of 245 individual RACF staff members across Australia, **an average of 8 staff members per project** – see *Table 10.* While most of these additional unfunded staff individually spent only a small amount of

time per week assisting the day respite service, when considered in its entirety this does represent a significant unfunded contribution to the day respite service – **the equivalent of over 30 full time staff per week (30.5 FTE), an average of 1.1 full time staff members per project.**

In terms of the types of unfunded support offered to the day respite service, the greatest unfunded contributions in terms of time (FTE) came from *Care/Support Workers* (a total of 7.8 FTE), *Domestic staff* (7.5 FTE) and *Managers* (4.2 FTE).

Table 10: Unfunded support provided by the RACF to the day respite service, by Role, across all Projects

Role	No. of individual staff members		FTE	
	Total persons	Average persons per Project	Total FTE	Average FTE per Project
Manager	23	0.8	4.2	0.1
Service Coordinator/Liaison	11	0.4	1.1	0.0
Nursing:				
Nurse managers/practitioners/consultants	7	0.2	0.4	0.0
RNs	22	0.8	1.7	0.1
ENs	2	0.1	0.1	0.0
Total Nursing	*31*	*1.1*	*2.1*	*0.1*
Care/Support Workers	56	1.9	7.8	0.3
Diversional Therapists/Activity staff	23	0.8	1.7	0.1
Allied Health professionals/assistants	10	0.3	1.9	0.1
Administrative staff	13	0.4	2.1	0.1
Domestic staff (eg. cooks, cleaners, maintenance)	48	1.7	7.5	0.3
Transport service workers (drivers etc)	9	0.3	0.4	0.0
Other (eg. financial/accounting, safety/QA)	21	0.7	1.7	0.1
Total	**245**	**8.4**	**30.5**	**1.1**

The contribution being made by participating RACFs needs to be seen against the benefits brought from their delivery of the day respite program. The cross-fertilisation of resources between the RACF and day respite service is beneficial for both residents and day respite users, bringing benefits to the RACF that range from the tangible (sharing of staff resources, pooling of resources to purchase consumables etc) to the intangible (raised profile in the local community, increased staff experience across programs).

4.3 SERVICE DELIVERY

The Service Delivery section of the Site Data Collection Tool gathered the detailed information necessary to quantify the main processes and characteristics of service delivery - from referral through assessment, engagement with the service and exit from the service.

Projects were asked to provide information about each care recipient who received a day respite service during the period July-December 2009 (no matter when they first entered the service), as well as any people who were referred to the day respite service in July-December 2009 but who had not yet received a service. A small amount of information was also gathered about new referrals which had been deemed ineligible.

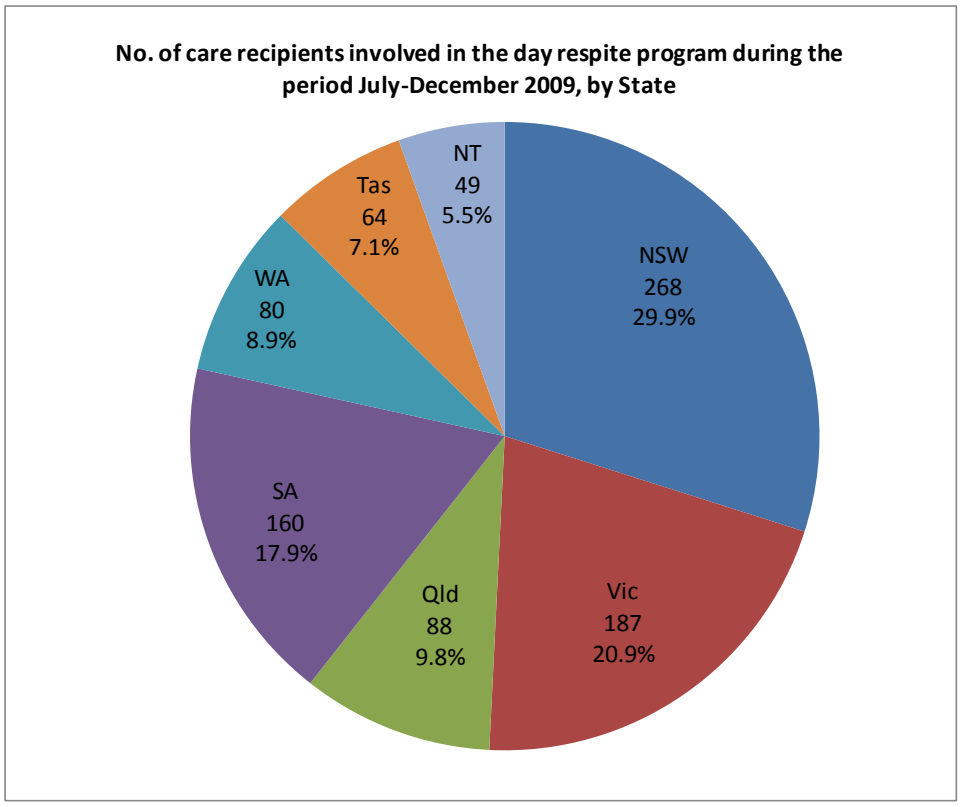
The results are presented below. Note that due to known and suspected gaps in the data provided by projects, the total number of care recipients reported is likely to *slightly underestimate* the true number of care recipients. Specifically, one project (Bisdee House) advised that due to time constraints they only provided data for approximately half of their care recipients, therefore approximately 40 persons are missing. In addition, we suspect that at least one other project – Spiritus – may have only submitted data for a subset of their care recipients, whether unintentionally or not.

After comparison with other sources, we estimate that *over 90%* of all care recipients who were actually involved with the day respite program during July-December 2009 are represented in our dataset. Furthermore there is no evidence of any systematic bias relating to those who have been excluded. Therefore we have a reliable and representative dataset with which to examine the areas of service delivery of interest to the evaluation.

4.3.1 NUMBER OF CARE RECIPIENTS

Across the 29 projects, there were **896** care recipients involved in the day respite program during **July-December 2009**. This includes care recipients who had received a day respite service during that period, plus care recipients who had entered the program during that period but had not yet received a service. We collected information on the assessment and service use particulars of these care recipients, as well as demographic information about both care recipients and their carers. *Figure 11* shows the number and proportion of care recipients in our dataset, by State and Territory.

Figure 11: Number of care recipients[1] involved in the day respite program during the period July-December 2009, by State



1 Bisdee House was unable to provide data for approximately half of their care recipients, therefore the proportion for Tasmania will be underestimated. The submission from Spiritus also appeared to be missing some care recipients, therefore the proportion for Queensland may also be underestimated.

Nearly a third (285, 31.8%) of all recipients involved with the day respite service during July-December 2009 had also been referred during that period, with the remainder referred prior to July 2009. For more information on referrals, see *Section 4.3.3.*

Over one quarter of the care recipients (250, **27.9%)** who had been involved in the day respite program during July-December 2009 had **exited** the service within that period. Information on exit destination and reasons for exit is outlined later in *Section 4.3.5.6.*

4.3.2 DEMOGRAPHIC CHARACTERISTICS OF CARERS AND CARE RECIPIENTS

The data collection captured the following demographic information for the 896 care recipients involved in the program during **July to December 2009** -

- Gender
- Age (derived from date of birth)
- Marital status
- Birthplace (country)
- Main language spoken at home (English/Other)
- Indigenous status
- Postcode of residence (for analysis of remoteness area)

- Number of carers (ie. the number of people who provide a regular and significant amount of unpaid care to this person, such as family members).

All of the items listed above, with the exception of the last item, were also collected for each care recipient's **main carer**. Further information collected on carers comprised -

- Employment status
- Whether living in same household as care recipient
- Relationship to care recipient
- Total number of adults (aged 18+) and children (aged <18) that they care for
- The number of persons that they care for who have been assessed for day respite.

4.3.2.1 SUMMARY OF MAIN CHARACTERISTICS

Table 11 summarises the main demographic characteristics of care recipients and carers. In brief –

- *Females* were over represented in the carer group (74.5%) compared to the care recipient group (56.4%), as would be expected.

- The *age profile* of carers was clearly younger than that of care recipients, as anticipated, with 53.3% of carers aged under 65 versus 7.1% of care recipients aged under 65.

- Very few carers had been *Widowed* (3.1%) compared to care recipients (40.0%), reflecting the younger age profile of carers. Correspondingly, just over half (52.5%) of care recipients were in a *Married/Defacto* relationship, compared with 83.9% of carers.

- Over a third (37.5%) of care recipients were *born outside of Australia*, compared to 27.8% of carers. These figures are consistent with 2006 Census (ABS) birthplace data for older and younger Australians.

- The proportion of carers and care recipients who *spoke a language other than English at home* was 18.9% and 17.0% respectively, which is close to the 2006 Census figure of 21.5% of the Australian population as a whole.

- Similar proportions of care recipients and carers were reported as being *Indigenous* - around 4%. This is higher than the 2006 Census figures of approximately 0.6% of Australians aged over 65 and around 2.4% of the entire population, suggesting a good level of indigenous representation for the demonstration day respite service.

- The *location profile* (remoteness area of residential postcode) for care recipients and carers were almost identical - primary carers tend to live very close to the care recipient they are caring for, and often in the same household. Compared to the remoteness profile for Australians aged 65+ (2006 Census), carers and care recipients from *Inner regional areas*, *Remote areas* and *Very Remote* areas appeared to be slightly better represented in our group than in the general population. This is a function of the location of the sites chosen to participate in the demonstration day respite program.

Table 11: Summary of main demographic characteristics of care recipients and their main carers

Characteristic	% of care recipients	% of carers
Gender		
Female	56.4%	**74.5%**
Male	43.6%	**25.5%**
Age Group		
Under 65	7.1%	**53.3%**
65 or Over	92.9%	**46.7%**
Marital Status		
Married/Defacto	52.5%	**83.9%**
Separated/Divorced	4.5%	**6.4%**
Widowed	40.0%	**3.1%**
Never Married	3.0%	**6.6%**
Country of birth		
Australia	62.5%	**72.2%**
Other country	37.5%	**27.8%**
Main language spoken at home		
English	81.1%	**83.0%**
Other	18.9%	**17.0%**
Indigenous Status		
Indigenous	3.9%	**3.8%**
Not Indigenous	96.1%	**96.2%**
Location (remoteness area of residential postcode)		
Major city	62.2%	**62.3%**
Inner regional	28.6%	**28.2%**
Outer regional	5.1%	**5.4%**
Remote	2.7%	**2.7%**
Very remote	1.4%	1.4%

Note: All items had less than 10% Not Stated data, with the exception of Age for carers, for which 30% of data was Not Stated.

These results are discussed further below, and results from items specific to carers or to care recipients are presented.

4.3.2.2 CHARACTERISTICS OF CARE RECIPIENTS

Gender

Across all projects, the ratio of female to male care recipients was approximately 3:2, with 56.4% of care recipients being female. However there were more males than females at nine individual projects, with the highest percentage of males being 70.0% at MHI Respite.

Age

Overall, 92.9% of care recipients were aged 65 or over. For most projects, 90% of their care recipients were aged 65 or over, however there were three projects with a much lower age profile -

- Benevenuti, with 71.4% of care recipients aged 65+, and
- Rocky Ridge and Tennant Creek, which both had only around 55% of care recipients aged 65+, probably due to their focus on indigenous care recipients and perhaps also related to the relatively high level of not stated data (around 20%).

Marital status

Just over half of all care recipients (52.5%) were in a *Married/Defacto* relationship, 40.0% were *Widowed* and only 3.0% had *Never Married*.

Birthplace

The top 10 countries of birth for care recipients are shown in *Table 12*. This shows good representation from those cultural groups which were a particular focus for projects, e.g. Italian (Benevenuti) and Chinese (ANHF), however as expected more than 70% of care recipients were from English-speaking countries such as Australia, England and New Zealand.

Table 12: Birthplace of care recipients – Top 10 countries

Country	No. of care recipients	% of care recipients
Australia	539	62.5%
England	74	8.6%
Italy	37	4.3%
China	22	2.6%
Poland	15	1.7%
Greece	14	1.6%
New Zealand	10	1.2%
Scotland	10	1.2%
Germany	9	1.0%
Holland	9	1.0%

Main language spoken at home

Nearly one in five care recipients (18.9%) spoke a language other than English at home.

Indigenous status

Around four percent of all care recipients were Indigenous, and six of the 29 projects reported having some Indigenous care recipients. The majority of indigenous care recipients were either at Rocky Ridge, where nearly three quarters of their care recipients were indigenous, or Tennant Creek, where all care recipients were indigenous.

Remoteness Index of residential postcode

More than 60% of care recipients resided in a major city location, and more than a quarter resided in an inner regional location. Approximately 5% of care recipients resided in an outer regional location, 2.7% in a remote location and 1.4% in a very remote location.

Number of carers

Across all projects, on average *1.2 carers per care recipient* provided a regular and significant amount of unpaid care to each care recipient.

4.3.2.3 CHARACTERISTICS OF CARERS

Gender

Three of every four main carers were female (74.5%). Male carers comprised less than a third of all main carers at all but five of the projects. Stepping Out had the highest proportion of male carers (46.7%), and Swan had the lowest proportion of male carers (11.1%).

Age

Just over half of the carers (53.3%) were aged less than 65 years.

Marital status

The majority of carers (83.9%) were in a *Married/Defacto* relationship, 6.4% were *Separated/Divorced*, 3.1% were *Widowed* and 6.6% had *Never Married*.

Birthplace

The top 10 countries of birth of carers are shown in *Table 13*. Around 80% of carers had either been born in Australia or in another English-speaking country.

Table 13: Birthplace of carers – Top 10 countries

Country	No. of carers	% of carers
Australia	607	72.2%
England	56	6.7%
Italy	26	3.1%
China	12	1.4%
Greece	11	1.3%
Hong Kong	11	1.3%
Holland	9	1.1%
Malta	8	1.0%
Poland	8	1.0%
Ireland	7	0.8%

Main language spoken at home

Seventeen percent of carers spoke a language other than English at home.

Indigenous status

Around 4% of carers were indigenous, and six of the 29 projects had at least one carer of indigenous background. The majority of indigenous carers used either the Rocky Ridge or the Tennant Creek day respite services. Nearly three quarters of carers at Rocky Ridge were indigenous, and over 90% of carers at Tennant Creek were indigenous.

Employment status

One third of carers were currently employed in a job or business. Of these, a similar proportion of carers worked full-time (52.7%) as part-time (47.3%).

Remoteness Index of residential postcode

More than 60% of carers resided in a major city location and more than a quarter resided in an inner regional location. Around 5% of carers resided in an outer regional location, 2.7% in a remote location and 1.4% in a very remote location.

Living arrangements

Across all projects, more than three quarters (77.4%) of carers lived in the same household as their care recipient. However, at three projects (Bisdee House, PAC Apsley and Warrigal) less than half of the carers lived in the same household as the person they cared for.

Relationship of carer to care recipient

Most carers were either caring for their *Parent* (or parent-in-law or step-parent) - 45.8% of carers - or their *Spouse/Partner* (including defacto partners and ex-partners) - 45.1% of carers. However, these proportions were considerably different for some projects. For example, 81.4% of carers using the Time Out service were caring for their spouse/partner, compared to only 19.4% of carers who used the Bisdee House service.

Carer burden

Across all projects, each carer cared for an average of *1.2 adults and 0.3 children*. A small number of carers were caring for more than one day respite participant.

4.3.3 NEW REFERRALS

Of the 308 new referrals received by day respite projects during the period July-December 2009, only 23 (7.5%) did not meet the eligibility criteria for the project to which they applied. This may indicate that the projects had been promoted effectively and referral sources had been informed accurately.

The 23 ineligible referrals were spread across six projects. All but one of those projects had overall eligibility rates for their referrals of 80% or better. The exception was St Ives, which reported an eligibility rate of around one third (36%) of the 25 referrals they received during this period.

The average time between referral and the determination of a person's eligibility for the day respite program was 5 days (median 0 days). In almost half of cases (46.4%) eligibility was determined on the same day as referral.

4.3.4 ASSESSMENTS

Every care recipient involved with the day respite program was assessed before their entry to the program. Our data collection captured the following aspects of the assessment process -

- Date on which the assessment process was completed
- General health status
- Level of care required

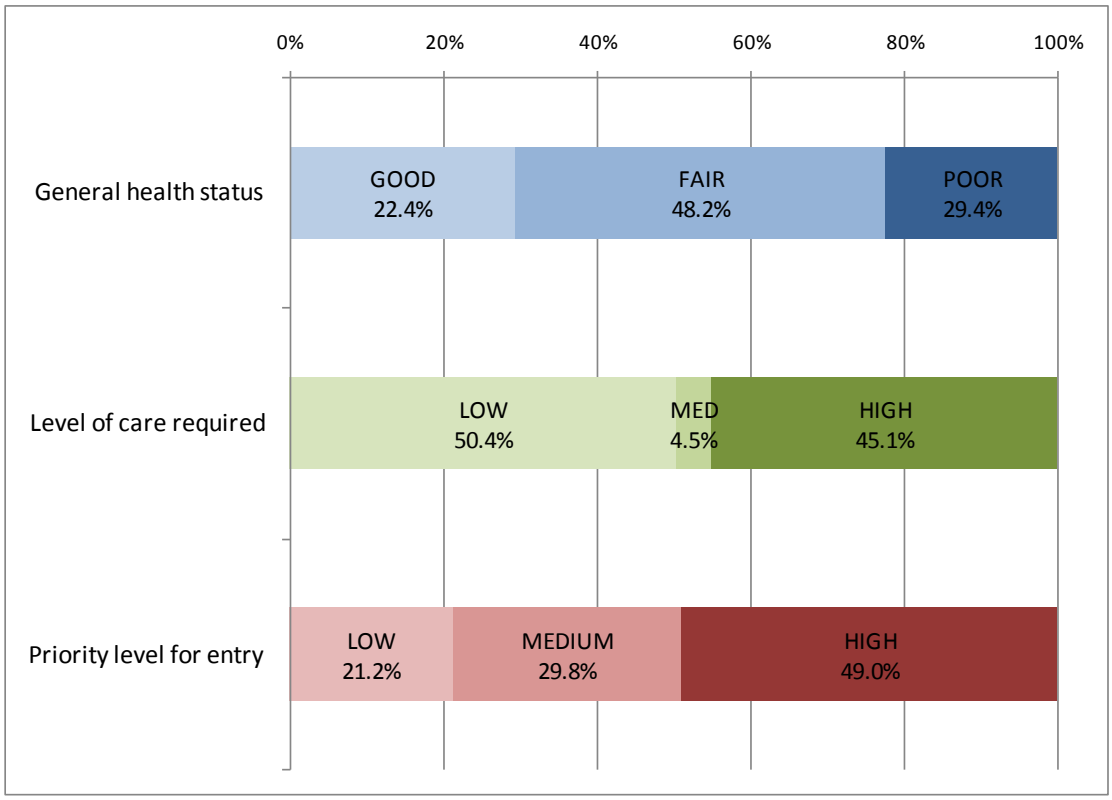
- Assessed priority level for entry to day respite
- Special care needs.

The average time between referral and the completion of the assessment process was 25.3 days (median 7.0 days), with 15.2% of care recipients assessed on the same day that they were referred.

As *Figure 12* illustrates, at assessment –

- the *General health status* of nearly half (48.2%) of all care recipients was *Fair*,
- the *Level of care required* was assessed as *High* for 45.1% of care recipients, and
- the *Priority level for entry* to the day respite service was assessed as *High* for nearly half (49.0%) of the care recipients.

Figure 12: Assessment characteristics of care recipients (General health status, Level of care required, Priority level for entry) [1], across all Projects



1 Where stated. Not Stated rates were 5.1% for general health status, 4.9% for level of care required, and 8.5% for priority level.

Note that assessment practices and care recipient characteristics may vary greatly between individual projects. For example, all care recipients at Bethavon were rated as being in *Fair* or *Good* health, and were rated as *Low* priority and as requiring a *Low* level of care. In contrast, Hersey Cottage and Manningham had less than 5% of care recipients in *Good* health, and assessed more than 80% of their care recipients as *High* priority and *High* level of care required.

Special care needs were reported for 606 (67.6%) of the 896 care recipients. By far the most common special care need was *Dementia* (27.2% of all care recipients) – see *Table 14*. A range of *Mobility/ADL needs* were reported, as well as other *Physical disabilities or needs*. *Behavioural* issues (aggression, challenging behaviour or other behavioural issues) were reported for 5.8% of care recipients.

Table 14: The special care needs[1] of care recipients, as determined at assessment

Special care need	No. of care recipients	% of all care recipients
Dementia[2]	244	27.2%
Mobility/ADL needs		
Impaired mobility	61	6.8%
Requires assistance with activities of daily living	58	6.5%
Requires two-person lift/assistance	26	2.9%
Wheelchair	22	2.5%
Requires 1:1 care/assistance	18	2.0%
Frail aged	18	2.0%
Falls risk	17	1.9%
Other physical disabilities/needs		
Diabetes	37	4.1%
Vision impaired	17	1.9%
Parkinson's disease	16	1.8%
Diet restriction/requirement	13	1.5%
Short term memory loss	12	1.3%
Hearing impaired	11	1.2%
Medication	10	1.1%
Incontinence	8	0.9%
Stroke	7	0.8%
Heart condition	6	0.7%
Catheter	5	0.6%
Behavioural and mental health needs		
Aggression/ challenging behaviour / behavioural issue	52	5.8%
Depression	8	0.9%
Social and communication needs		
Requires stimulation/activities/interaction	42	4.7%
Requires prompting	21	2.3%
From another culture/language background	9	1.0%
Communication difficulties	8	0.9%
Encourage social participation	6	0.7%
Environmental needs		
Requires supervision	30	3.3%
Wandering / requires secure environment	19	2.1%

1 Only those needs cited for at least 5 care recipients are shown. More than one special care need could be reported for each care recipient.

2 Includes Alzheimer's disease, Early Onset Dementia, Younger Onset Dementia, Vascular Dementia, and Lewy Bodies Dementia.

4.3.5 SERVICE USE

Projects were asked to provide information about the day respite services used by each care recipient involved with their program during the period July-December 2009. The following items were collected for each care recipient -

- Date of first service and date of most recent service.
- Total number of day respite *attendances* by the care recipient during the period July-December 2009, split between three categories: Regular (scheduled) attendances, Irregular but planned attendances, and Emergency (unplanned) attendances.
- Estimated total number of *hours* of day respite provided to the care recipient during this period.
- Number of *nights of residential* respite provided by the RACF to the care recipient during this period.
- The type, source and amount of fees paid for day respite attendances during this period.
- Date of the care recipient's first Care Plan and the date of the most recent review of this plan.
- Date of exit from the service.
- Reasons for exit from the service.
- If entered Residential Care on exit from the service, the level of care required at that time.

Results are presented below.

4.3.5.1 DAY RESPITE ATTENDANCES DURING THE PERIOD JULY-DECEMBER 2009

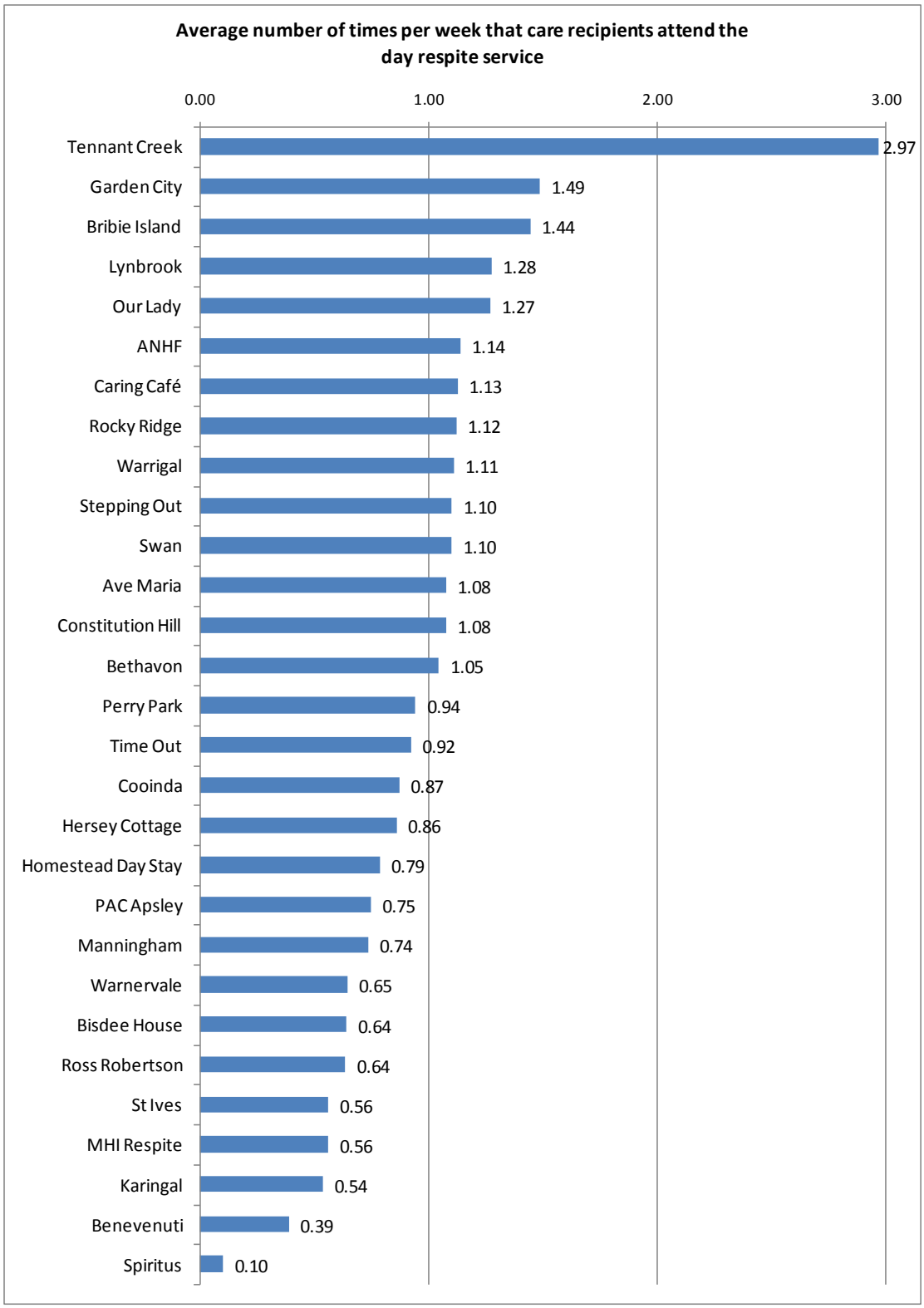
Over the reporting period July to December 2009, a total of **21,560** day respite attendances were reported for the 896 care recipients. The majority of these attendances (94.3%) were *Regular (scheduled) attendances*, 4.8% were *Irregular but planned attendances*, and 0.9% were *Emergency/unplanned attendances*.

The proportion of all attendances which were *regular (scheduled)* exceeded 85% for all projects except for Rocky Ridge and Tennant Creek, where there was a higher rate of *irregular but planned* attendances (15.9% and 30.0% of all attendances respectively). The projects with the highest proportion of *emergency/unplanned attendances* were Warnervale (4.2%) and Homestead Day Stay (3.0%).

When the *total number of day respite attendances per care recipient* was examined, it was clear that some care recipients had attended their local service on almost every available day during the 6-month period, whereas others had only attended once or twice during that period.

The *average number of attendances per care recipient* over the 6-month reporting period was 24.1 attendances (22.7 Regular, 1.1 Irregular, and 0.2 Emergency/unplanned), which represents **around one attendance per week**. However this varied greatly across projects, from care recipients at Tennant Creek attending around 3 times per week on average, to Benevenuti and Spiritus where care recipients attended less than once per fortnight on average – see *Figure 13*.

Figure 13: Average number of times per week that a care recipient attended the day respite service, by Project, listed from highest to lowest number of times

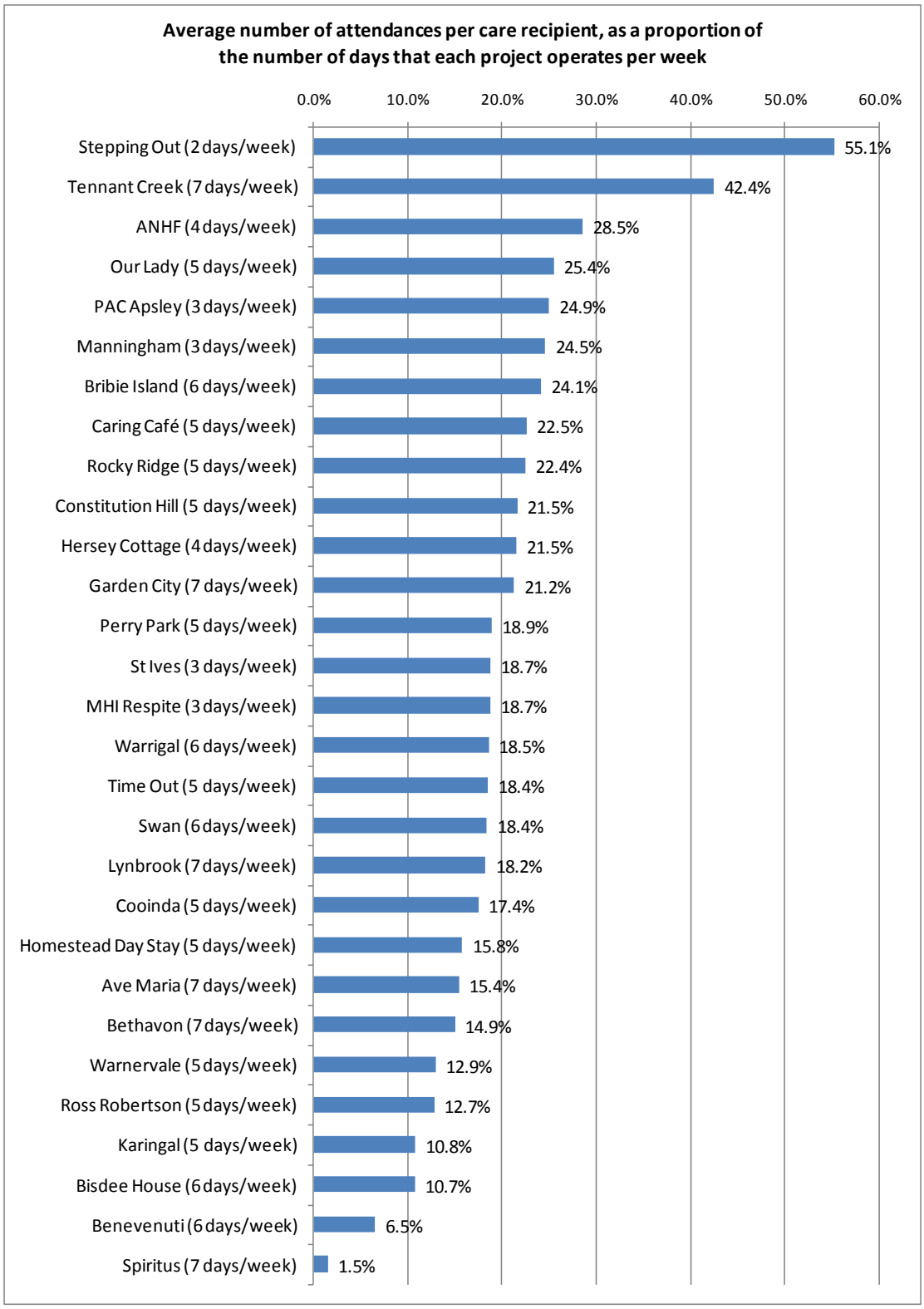


It is important to note that some projects operate for 7 days per week, whereas others operate for only two or three days per week, as previously outlined in *Section 4.1.2* of this report. Therefore in order to make more accurate comparisons between projects and to provide some information on the

true frequency of service use, the average number of attendances per care recipient was expressed as a proportion of the number of days that each project operated per week. These standardised numbers are presented in *Figure 14*.

This demonstrates that, the highest number of attendances was achieved by Stepping Out whose care recipients attended on average for around half (55.1%) *of all days offered* by that service (2 days per week), followed by Tennant Creek's average of 42.4% attendance of all days offered (7 days per week).

Figure 14: Average number of attendances per care recipient, as a proportion of the number of days that each project operates per week, listed from highest to lowest proportion



4.3.5.2 HOURS OF DAY RESPITE PROVIDED

On average each care recipient attended day respite for 159.0 hours during the 6-month period, which is equivalent to just over **6 hours per week per person.**

4.3.5.3 OVERNIGHT RESIDENTIAL RESPITE PROVIDED

Fourteen of the 29 projects indicated that some carers who received day respite during the period July-December 2009 had also accessed *nights of residential respite* from the RACF during that time. A total of 1,004 nights of residential respite were used by these carers during this period, at an **average of 2.0 nights per care recipient.**

The use of residential respite by day respite clients was greatest at MHI Respite (7.3 nights on average per care recipient), Lynbrook (5.5 nights), Bribie Island (4.6 nights) and Homestead Day Stay (4.3 nights).

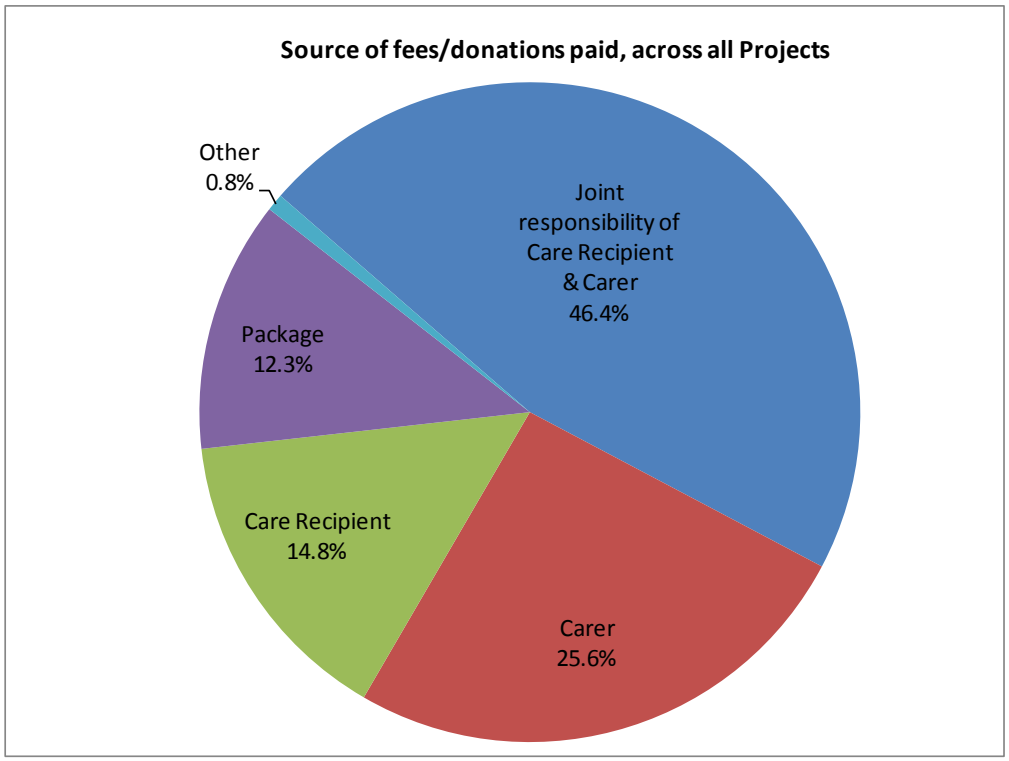
4.3.5.4 FEES CHARGED FOR DAY RESPITE

Across the 28 projects which provided data on payments made by users of the day respite service (i.e. all projects except for Bribie Island), the vast majority **(89.7%)** of day respite clients were charged a *fee*. Some other clients paid *donations in lieu of fees* (5.2%), though note that Swan and Ave Maria were the only sites to offer this payment option. *No fee* was charged for **5.1%** of all clients, spread across 16 of the 28 projects.

At 19 of the 28 projects there was a *regular set fee* for day respite. The average set fee for a day respite attendance was **$12.60**, with the most common fee being $10, reported for 19.7% of the care recipients. The other nine projects did not have a set fee or donation amount, but received fees/donations within an average range of $16 to $25. Nearly three quarters (74.0%) of clients paid the usual or maximum fee each time they attended their day respite service.

The *care recipient and carer* shared the responsibility for paying the day respite fees/donations in nearly half (46.4%) of all cases – see *Figure 15*. In a further one quarter of cases (25.6%) the *carer* took sole responsibility for the fee/donation, however, it was not possible to determine from these cases whether or not carer allowance was being used. For another 14.8% of cases, the *care recipient* paid the fee/donation, with a Commonwealth pension source being identified in some cases. A *care package* was specified as the source of the fees/donations for 12.3% of care recipients.

Figure 15: Source of fees/donations paid for day respite



4.3.5.5 CARE PLANS

Of the 896 care recipients involved with the day respite service during the period July-December 2009, a *Care Plan* had been prepared for 823 **(91.9%)** of them, as determined by the presence or absence of dates recorded for their first care plan and/or most recent review.

Of those who did *not* appear to have a care plan, the majority had only recently been referred to the service and had not yet received any respite. However, there were 31 care recipients (3.4% of all care recipients) who appeared to be without a care plan despite having received at least one day respite service. These care recipients were spread across 7 projects - Bisdee House, Bribie Island, Homestead Day Stay, MHI Respite, PAC Apsley, Perry Park and Ross Robertson.

Timing of First Care Plan

Over half (51.9%) of care recipients with a care plan had their *First Care Plan* prepared within one month of their *referral* to the day respite service. A further 31.1% had their first care plan prepared between 1 and 3 months of their referral.

Three quarters (74.5%) of care recipients had their first care plan prepared on or before the date of their *first service*, whereas one quarter of care recipients had *begun attending the day respite service before a care plan had been prepared*. The latter may in fact be an effective approach in cases where observation of the care recipient in the day respite context would assist in the development of their care plan, assuming that any risk factors had already been identified during the initial assessment process.

Reviews

Around two thirds **(65.0%)** of care recipients with care plans had had those care plans reviewed at some time during their involvement with the day respite service. It appears that reviewing care plans every 3 months or so is a common practice, with **89.4%** of care plans being reviewed within three months of the client's most recent service.

4.3.5.6 CLIENTS WHO EXITED THE SERVICE

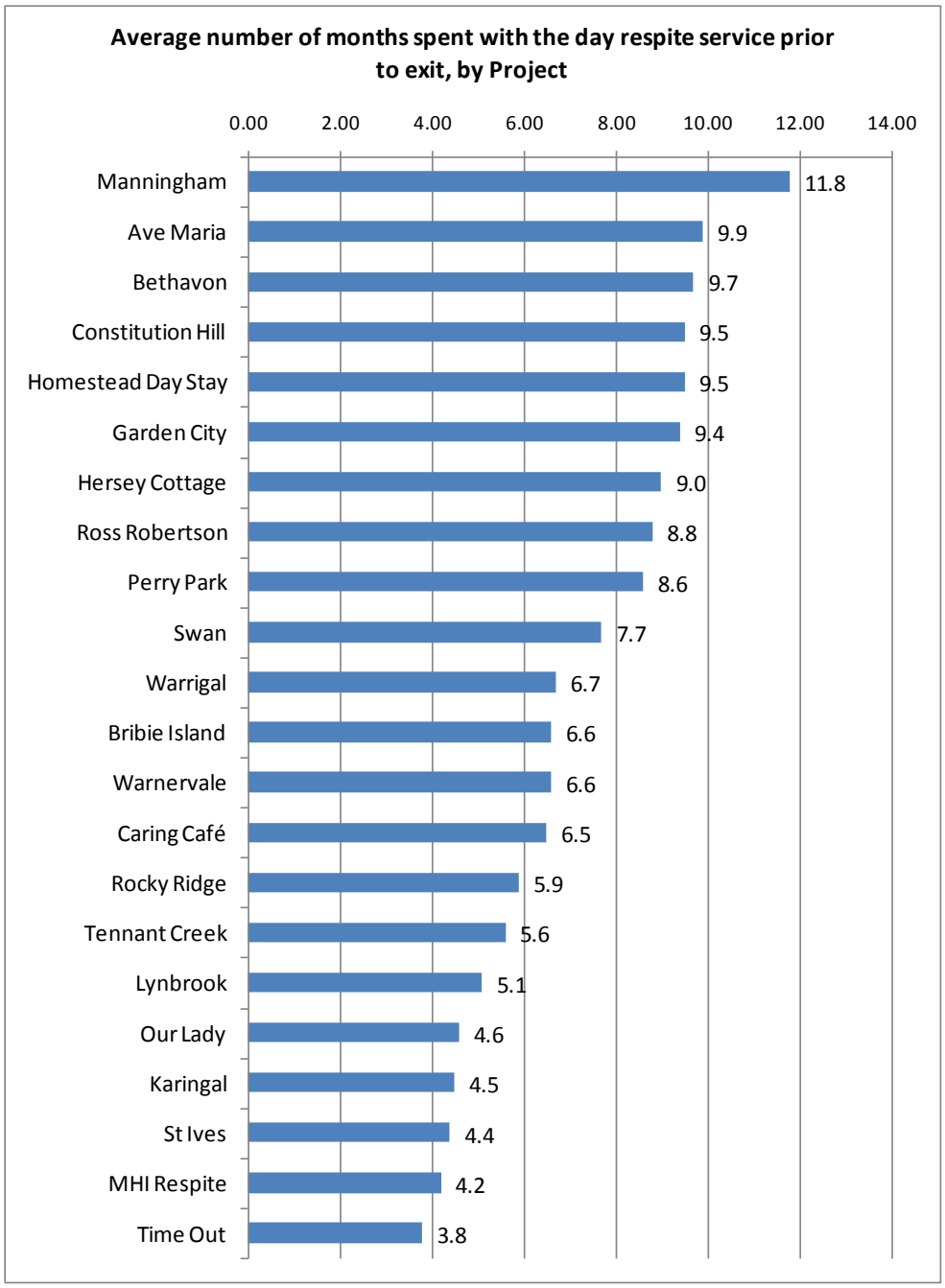
Exit rate

Of the 896 care recipients involved with the day respite service during July-December 2009, 250 had exited from the service in that period. This is an exit rate of **27.9%**.

Time spent with the service before exit

On average these care recipients had spent **6.9 months** with the day respite service, as based on the time between their first attendance and their exit from the service. The average time spent with the service before exit varied greatly across projects, from nearly 12 months at Manningham down to 3.8 months at Time Out – see *Figure 16*. Note that care recipients who have *not* yet exited the service may remain with the service for years, so these numbers cannot be generalised to the entire group of care recipients.

Figure 16: Average number of months spent with the day respite service prior to exit, by Project[1], listed from highest to lowest average number of months

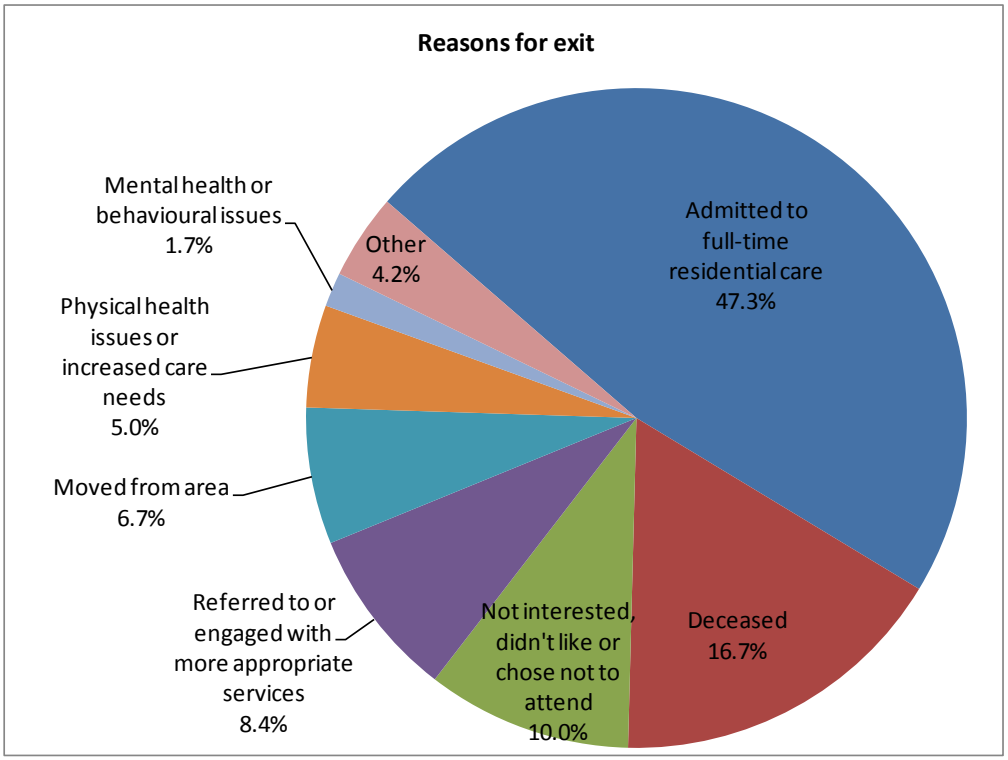


1 Averages are *not* shown for the 7 projects where less than 5 care recipients had exited after receiving at least one service, due to potential lack of reliability.

Reason for exit

Nearly half (47.3%) of all care recipients who exited the program did so because they had been accepted into *full-time residential care*. A further 16.7% died and 10.0% exited due to dislike or lack of interest in attending the day respite service – see *Figure 17.*

Figure 17: Reasons for exit from the day respite service



Of those care recipients who were admitted to full-time residential care upon their exit from the day respite service, three quarters (74.5%) were admitted to *High level residential care*, and 25.5% were admitted to *Low level residential care*.

5 DISCUSSION

The results presented in this report will be discussed more fully in our Final Report and will be integrated with other data collected for the Evaluation.

The Site Data provide an accurate representation of the range of services being offered, the way in which these services are being utilised and client and carer profile information. The data, when interpreted and analysed, also yield interesting information in relation to these five areas of enquiry of the evaluation as a whole:

1) The demand for day respite in residential aged care facilities
2) The benefits to the carer and care recipient of accessing day respite in residential aged care facilities
3) The effects of providing day respite on the operations of residential aged care facilities in providing care to full time residents.
4) The impact of accessing day respite on the care recipient's entry to permanent residential care
5) Appropriate levels of user fees for day respite in residential facilities.

5.1.1 DEMAND FOR DAY RESPITE IN RESIDENTIAL AGED CARE FACILITIES

Predicting demand for a new service is a difficult exercise, but requires taking into account current and projected numbers of frail older people and their carers in the catchment area of the service as well existing service supply. It is not known how the Demonstration Sites for Day Respite in Residential Aged Care Facilities predicted demand levels, but the site data indicate that 12 of the 29 projects (41.4%) were operating on exactly the same days/hours for which they were funded. The *actual* operating hours of the other projects varied from their *funded* hours in a number of different ways, indicating that demand levels had not been accurately forecast by them.

Analysis of the *average number of places offered and used each week* shows that seven sites had precise or near to precise matches, a further seven had an unused gap of 15 places or more, on average, each week. One service had a gap of 140 places which represented a *vacancy rat*e of 58% at that site. The highest vacancy rate was 67%, with an average of 20 out of the 30 places offered each week at that site being vacant. Five projects reported no vacancies and another 2 projects reporting a vacancy rate of less than 10% per week.

The *overall vacancy rate* (for the 24 projects which provided data) was 32%, and while 19% of these vacancies were due to cancellation, the remaining 81% of vacancies were mainly due to lack of demand. Only 8 projects (27.6%) had a waiting list at some time during the period July to December 2009, and the length of their waiting lists in any given month was usually less than three people. December was the month with the highest unmet demand.

It is clear that demand levels have not been predicted with a great deal of accuracy by more than half of projects, although as services become better known, there may be improvements evident. It is apparent that most of the services have been promoted well to health and aged care service networks as these are responsible for the majority of referrals to the day respite services, and almost all referrals have met eligibility criteria. It is interesting that relatively few referrals have come from Commonwealth Carer Respite and Carelink Centres, despite their key role in linking carers to respite and other support services. The reasons for this are not known.

5.1.2 SYNERGIES AND BENEFITS OF LOCATING DAY RESPITE SERVICES IN RACFS

The analysis of Site Data has identified several areas of synergy between day respite and RACF programs, with benefits evident for carers, care recipients, residents and staff, as well as costs and benefits to the RACF itself. This was also a finding from our earlier surveys of carers, care workers, care coordinators and service directors.

Across all projects, approximately **30%** of total activity hours per week were shared with residential care recipients. All projects gave day respite clients access to some type of additional service provided by the RACF. The two most commonly cited services were RACF nursing services and referral to other RACF health and support services, followed by use of residential respite, RACF allied health services, health monitoring and hygiene services. These represent value-add services that would not normally be accessible in community-delivered day respite care.

Almost half **(49%)** of all day respite staff also worked in their RACF's *Residential care* service. This means that staff are being exposed to a wider than normal range of work experience, which can be seen as beneficial for them and therefore, for their clients.

Nearly 80% of the 29 projects indicated that operating their day respite service involved the use of additional unfunded staffing from the RACF - most commonly, from managers, nursing staff and domestic staff. This involved **an average of 8 staff members per project.** While most of these additional unfunded staff individually spent only a small amount of time per week assisting the day respite service, when considered in its entirety this represents a significant unfunded contribution to the day respite service – **the equivalent of 30.5 full time staff per week in total, an average of 1.1 full time staff members per project.**

The synergies in resource usage between the RACF and day respite service can be seen as beneficial for both residents and day respite users, and as bringing benefits to the RACF that range from the tangible (sharing of staff resources, pooling of resources to purchasing consumables etc) to the intangible (raised profile in the local community, increased staff experience across programs). This finding has also been identified in our surveys of care workers, care coordinators and service directors.

5.1.3 ENTRY TO RESIDENTIAL CARE

Nearly half of the 896 care recipients **(47.3%)** who exited the program during the period studied did so because they had been accepted into *full-time residential care*. A further **16.7%** had died. This means that over half of all day respite clients had significant levels of need, and this is further reflected in the proportion who had been admitted to *high level residential care* - 74.5% of all clients entering full time care.

Combining this information with that received from our surveys with carers, care workers, care coordinators and service directors and our case studies with selected sites, it would appear that the day respite services are likely to have delayed entry into residential care while facilitating that transition when it was needed. A key mechanism for that transition has been the residential and overnight respite services offered to day respite clients, which carers and care workers report as having demystified residential care. This, combined with the sharing of some services between day respite and residential clients, can reduce the fear of entering residential care for many care recipients and their carers.

5.1.4 APPROPRIATE LEVELS OF USER FEES

The sites are clearly taking into account financial need in the fees or donations being charged, and in some cases, waiving these altogether. The site data indicate that where fees are being charged, this is typically around $10. Our feedback from interviews and surveys with care coordinators and service directors indicates that consultation has occurred between sites and carers, and that fees being charged are likely to be appropriate and reflect capacity to pay.

5.1.5 NEXT STEPS

A second round of Site Data Collection will be undertaken shortly. The aim of that round is to identify any changes in operations, staffing and service delivery since December 2009. Results from both rounds will be combined and summarised in the Final Report.

We may also undertake further analysis of the Site Data to support our separate Client Pathway Analysis.

6 APPENDICES

6.1 SAMPLE OF THE SITE DATA COLLECTION TOOL - MS WORD VERSION

Day Respite Service data collection forms – July to December 2009

These data collection forms are a means for the Demonstration Sites in the Day Respite in Residential Aged Care Facilities Initiative to compile the data required for the **Evaluation** of the program. This document is an *alternative* to the Excel version of the forms, and it is provided for those sites who wish to compile their data on paper (or in Microsoft Word) rather than in Excel spreadsheets.

There are three separate forms, designed to cover the different types of information required for the Evaluation:

- Part 1: **General Operations** - broad information about the service;
- Part 2: **Staffing** - the staff profile and sharing between the day respite program and the residential care facility; and
- Part 3: **Service Delivery** - information on referrals, care recipients and carers and the services delivered to them.

We understand that some of the information requested may not be collected by every site; we ask that you complete as much as is possible.

Please return your completed forms to:

Australian Institute for Social Research
Attn: Naomi Guiver
4th floor, 230 North Terrace
The University of Adelaide SA 5005

For queries or assistance with these forms, please contact:

Naomi Guiver, Senior Research Fellow, Australian Institute for Social Research

Ph (08) 8303 3391, email naomi.guiver@adelaide.edu.au.

We are grateful for your help in collecting this information. Your efforts will allow us to evaluate the service comprehensively and accurately, enabling us to make well-informed recommendations about the service.

Thankyou.

The Day Respite Evaluation Team

Part 1. General Operations – July to December 2009

INSTRUCTIONS

Please provide answers which best represent the period 1 July 2009 to 31 December 2009 inclusive.

		EXAMPLE	***YOUR SITE***
Name of Residential Aged Care Facility (RACF)		*XYZ Aged Care*	
Service/Project Name		*XYZ Day Respite*	
***FUNDED* days and hours of operation**	Mon	*9am-5pm*	
	Tues	*9am-5pm*	
	Wed	*9am-5pm*	
	Thurs	*9am-5pm*	
	Fri	*9am-5pm*	
	Sat	*9am-1pm*	
	Sun		
***ACTUAL* days and hours of operation**	Mon	*9am-5pm*	
	Tues	*9am-5pm*	
	Wed	*9am-5pm*	
	Thurs	*9am-5pm*	
	Fri	*9am-5pm*	
	Sat	*9am-1pm*	
	Sun		
Reasons for variation (if any) between *funded* and *actual* days/hours			
Average number of respite *places* funded and available PER WEEK		*30*	
Average number of respite *hours* funded and available PER WEEK		*180*	
Average number of *vacant (unused)* respite places PER WEEK		*8*	
Average number of these vacancies which were *due to cancellation* PER WEEK		*6*	
Number of care recipients on	At 31 July 2009	*10*	

waiting list:	At 31 August 2009	*8*	
	At 30 September 2009	*5*	
	At 31 October 2009	*9*	
	At 30 November 2009	*10*	
	At 31 December 2009	*14*	
Which of the following (if any) types of care recipient are a *specialist focus* of the service? ***(Please indicate Y or N for each group)***	Dementia	*Y*	
	Other clinical needs	*N*	
	Younger (aged <65)	*N*	
	Indigenous	*N*	
	Other cultural/language background	*Y*	
	Emergency respite	*N*	
	Other (specify)		
Main reasons for ineligibility or exclusion of applicants ***(Please indicate Y or N for each reason)***	Not within specialist focus	*Y*	
	Age (eg <65 years)	*N*	
	Language/culture	*N*	
	High-level care needs (eg requiring 2 staff)	*N*	
	High-level challenging behaviours (abusive/intrusive/inappropriate)	*Y*	
	Require a secure facility	*Y*	
	Unable to be transported by bus (eg for outings)	*Y*	
Main sources of referral to the service ***(Please indicate Y or N for each source)***	Self (carer)	*Y*	
	GP	*Y*	
	Other health professional	*N*	
	Community program or service	*N*	
	Hospital	*N*	
	Aged Care Facility	*Y*	
	Other (specify)		
Transport provided for care recipients *from/to their home* ***Please enter <u>one</u> from the following list:*** *Nil; From home to RACF only; From RACF to home only; Both ways.*		*Both ways*	

Type(s) of transport offered from/to *home* (if applicable) ***(Please indicate Y or N for each type)***	Bus	*Y*	
	Taxi	*Y*	
	Car(s) owned by RACF	*N*	
	Private limousine service	*N*	
	Other (specify)		
Fees charged for transport from/to *home* (if applicable) ***(Please specify the range of fees charged)***	Fees charged for **one way**	*$2 to $5*	
	Fees charged for **both ways**	*$3 to $8*	
Average hours of *activities* offered to day respite care recipients PER WEEK	Arts & crafts	*3*	
	Games eg. cards, bingo	*4*	
	Exercises and physical activity (incl indoor bowls)	*4*	
	Musical events and entertainment	*2*	
	Social events (on-site)	*2*	
	Weekly outings	*0*	
	Monthly or irregular outings	*1.25 (ie 5 hours per month)*	
	Other (specify)	*0*	
	TOTAL	*16.25*	
	Number of these hours which also involve residential care recipients	*5*	
Services* offered to day respite care recipients** ***(Please indicate Y or N for each)	Access to RACF medical services	*Y*	
	Access to RACF nursing services	*N*	
	Access to RACF allied health services	*Y*	
	Use of residential respite	*Y*	
	Referral to other health & support services	*Y*	
	Health monitoring	*N*	
	Hygiene services	*N*	
	Other (specify)		

****** END OF PART 1 ******

Part 2. Staffing for Day Respite service as at 31 Dec 2009

2A: FTE and number of individual staff working in the Day Respite service, by role

	FTE for the Day Respite service	No. of individual staff* (persons) contributing to this FTE	No. of these staff who also work for the Residential Care service
EXAMPLE	3.6	4	1
Managers			
Service Coordination and Liaison staff			
Nursing staff: Nurse managers/practitioners/consultants			
RNs			
ENs			
Care/Support workers			
Diversional therapists and Activity staff			
Allied Health professionals & assistants			
Administrative staff			
Domestic staff (cooks, cleaners,maintenance)			
Transport service workers (drivers etc)			
Other (eg financial/accounting officers, Safety/QA staff)			
TOTAL			

* We understand that some positions may be filled with Casual staff. If so, please provide your best estimate of how many individual staff contributed to the reported FTE over the last month.

NOTES/ EXPLANATION:

2B: Day Respite Staffing/support which is NOT specifically funded by the Day Respite service, by role

	Estimated no. of Residential Care staff who contribute to the operation of the Day Respite service, but who are NOT specifically funded for doing so	**Estimated total FTE contribution of these staff to the Day Respite Service**
EXAMPLE (eg RACF Director provides some management)	1	.01
Managers		
Service Coordination and Liaison staff		
Nursing staff: Nurse managers/practitioners/consultants		
RNs		
ENs		
Care/Support workers		
Diversional therapists and Activity staff		
Allied Health professionals & assistants		
Administrative staff		
Domestic staff (cooks, cleaners,maintenance)		
Transport service workers (drivers etc)		
Other (eg financial/accounting officers, Safety/QA staff)		
TOTAL		

NOTES/ EXPLANATION:

****** END OF PART 2 ******

Part 3. Service Delivery (referrals, recipients and service delivery) from 1 July 2009 to 31 December 2009 inclusive

INSTRUCTIONS

This section requires you to supply information about:

- All care recipients who were **referred to Day Respite between 1 July 2009 and 31 Dec 2009 inclusive** (regardless of whether or not they actually entered the program), AND

- All care recipients who **received a Day Respite service during that period** (regardless of when they were first referred and when they first accessed the service).

Please complete one column of the form per care recipient, as shown in the example on the following pages. There is space for four care recipients (four columns) per page.

Blank forms for data entry are supplied on pages 13 through 18. Please print as many copies of those pages that you require to cover all care recipients.

EXAMPLE

Name of Day Respite Service:__XYZ Aged Care_____ Form _1_ of _5_

Contact person:___Amelia Xander_____ Ph:_(08) 5555 5555_

Care Recipient ID **eg. number, initials, code** ***(do not provide full name)***	Example 001 (care recipient who entered service)	Example 002 (referred but did not enter service)	ID:	ID:
Referral and eligibility				
Date of referral	13/06/2009	14/07/2009		
Date eligibility determined	30/06/2009	14/07/2009		
Eligible? (Y/N) *NB. **If "No",** no further information is required about this person.*	Y	N		
Assessment				
Date on which the assessment process was completed	14/07/2009			
Assessed priority level for entry (Low/Medium/High)	High			
Level of care required (Low/High)	High			
General health status (Poor/Fair/Good)	Fair			
Special care needs (if any)	2-person lift			

Care Recipient ID **eg. number, initials, code** ***(do not provide full name)***	Example 001 (care recipient who entered service)	Example 002 (referred but did not enter service)	ID:	ID:
Characteristics of CARE RECIPIENT				
Gender (M/F)	F			
Date of birth	1/10/1933			
Marital status (Never married / Married or Defacto / Separated or Divorced / Widowed)	Widowed			
Birthplace	Malaysia			
Main language spoken at home (English / Other)	Other			
Indigenous status (Indigenous/ Not indigenous)	Not indigenous			
Postcode of residence	5030			
Number of carers (ie. people who provide a regular and significant amount of unpaid care to this person eg. family members)	2			

Care Recipient ID **eg. number, initials, code** ***(do not provide full name)***	Example 001 (care recipient who entered service)	Example 002 (referred but did not enter service)	ID:	ID:
Characteristics of the MAIN CARER				
Gender (M/F)	F			
Date of birth	1/06/1973			
Marital status (Never married / Married or Defacto / Separated or Divorced / Widowed)	Never married			
Birthplace	Australia			
Main language spoken at home (English / Other)	English			
Indigenous status (Indigenous / Not indigenous)	Not indigenous			
Employment status **(paid employment including self-employment)** (Full-time / Part-time / Not working)	Part-time			
Postcode of residence	5030			
Live in same household as care recipient? (Y/N)	Y			
Relationship to care recipient	Daughter			
Total number of ADULTS (aged 18+) cared for	1			
Total number of CHILDREN (aged <18) cared for	0			
Number of persons cared for who have been assessed for Day Respite (including this person)	1			

Care Recipient ID **eg. number, initials, code** ***(do not provide full name)***	Example 001 (care recipient who entered service)	Example 002 (referred but did not enter service)	ID:	ID:
Day Respite services provided to the care recipient from 1 July 2009 to 31 December 2009 inclusive				
Date of FIRST service (may be prior to this reporting period)	1/08/2009			
Date of MOST RECENT service (ie up to 31/12/2009)	10/11/2009			
Total number of DAY RESPITE ATTENDANCES from 1/7/-31/12/09, by *type* of day respite: Regular (scheduled)	10			
Irregular but planned	0			
Emergency/unplanned	1			
Estimated total no. of HOURS of Day Respite provided to this care recipient from 1/7/09 to 31/12/09 inclusive	55			
Other respite				
No. of nights of RESIDENTIAL respite provided by the RACF over this period (if any)	3			

Care Recipient ID **eg. number, initials, code** ***(do not provide full name)***	Example 001 (care recipient who entered service)	Example 002 (referred but did not enter service)	ID:	ID:
Fees				
Were fees charged for the Day Respite? (Fee / No fee / Donation in lieu of fee)	Fee			
If fees/donations were collected, what amount was paid for each day respite attendance? (NB. If the fee/donation was *not* the same each time, please provide the **range** of amounts. <u>Do not include:</u> transport fees & one-off fees for activities/events.) **Same amount each time:**	$10			
OR **Range of amounts** (specify minimum and maximum):				
Please indicate the *percentage (%) of the maximum respite fee* that this care recipient/carer usually pays eg. If pay full fee, enter 100%; if pay half fee enter 50%; if donation made in lieu of fee please indicate what % of the maximum fee that this represents	50%			
Source(s) of fees/donations paid (if known) eg. Aged care package, Other package or allowance, Carer's or care recipient's responsibility	Carer's responsibility			

Care Recipient ID **eg. number, initials, code** ***(do not provide full name)***	Example 001 (care recipient who entered service)	Example 002 (referred but did not enter service)	ID:	ID:
Care Plans and Reviews				
Date of FIRST Care Plan	24/07/2009			
Date of most recent Review or Evaluation of Care (if any)	24/10/2009			
Exit				
Exited? (Y/N)	Y			
Date of exit	13/12/2009			
Reason(s) for exit eg. Admitted to FT residential care - Referred to other service(s) - Moved from area - Deceased	Admitted to full-time residential care			
If entered RESIDENTIAL CARE, please indicate the LEVEL of care (Low/High)	High			
Exit destination	XYZ Aged Care			
ANY OTHER NOTES/COMMENTS				

6.2 GUIDE FOR COMPLETING THE FORMS/SPREADSHEETS

Brief guide to completing the data collection forms/spreadsheets for the Evaluation of the Day Respite in Residential Aged Care Facilities Initiative

Issue 1: July 2009

Prepared by the Evaluation team: The Australian Institute for Social Research (AISR) at The University of Adelaide, in collaboration with Anne Markiewicz & Associates and Evolution Research

This Guide provides information which may be useful when completing the data collection forms/ spreadsheets for the Evaluation of the Day Respite in Residential Aged Care Facilities Initiative. This information has been compiled from comments received over the 6-week period after the release of the first version of the data collection forms/spreadsheets (distributed to services in early June 2009). As further comments are received, new issues of this Guide will be distributed.

The due date for completion of the data collection forms/spreadsheets for the period July-December 2009 is **1st February 2010**. We recommend that you begin to consider and plan for how you may best source and record the information required. You may be able to complete some information on an ongoing basis (weekly or monthly) rather than waiting until the end of the year. For example the information about waiting lists could be completed at the end of each month, and the demographic information about carers and care recipients could be entered at the time of their referral or at the time of their first use of the day respite service in this period.

There will be a new (shorter) version of these forms/spreadsheets for the next round of data collection (January to June 2009, due 1st August 2010).

Please feel free to email or telephone the contact below if you wish to discuss this data collection. We are able to provide specific advice and undertake minor changes to your spreadsheet to assist you to complete the data collection for your service.

We are very grateful for your help in collecting this information. Your efforts will allow us to evaluate the service comprehensively and accurately, enabling us to make well-informed recommendations about the service.

For queries or assistance with this data collection, please contact:

Naomi Guiver, Senior Research Fellow, Australian Institute for Social Research
Ph (08) 8303 3391, email naomi.guiver@adelaide.edu.au.

Introduction

The data collection forms/spreadsheets are a means for the Demonstration Sites in the Day Respite in Residential Aged Care Facilities Initiative to compile the data required for the **Evaluation** of the program.

Methods for compiling the data

You can undertake the data collection using **one of three methods**:

1. Spreadsheet – using the MS Excel file "Day Respite data collection (monitoring) Jul-Dec 2009.xls", *OR*

2. Word processor – using the MS Word file "Day Respite data collection (monitoring) Jul-Dec 2009.doc", *OR*

3. Paper – print out as many copies of the Microsoft Word file as required, and fill them out by hand.

The Spreadsheet is the more efficient option as it contains in-built categories for some items, to facilitate speedy data entry and ensure that the items are collected as consistently as possible.

Content

There are three broad topics in the data collection, covering the different types of information required for the Evaluation:

- Part 1: **General Operations** - broad information about the service;
- Part 2: **Staffing** - the staff profile for the service, and the sharing of staff between the day respite program and the residential care facility; and
- Part 3: **Service Delivery** - information on referrals, care recipients and carers and the services delivered to them.

Note that this data collection does NOT replace the SARs required by the Department. Our data collection gathers the level of data required by us to evaluate the initiative as comprehensively and accurately as possible, ensuring that the recommendations we make about the service are well-informed. Our collection does *not* require you to report on the other (non- day respite) NRCP activities undertaken by the Residential Aged Care Facilities such as in-home respite; those are covered only by the Department's SARs.

We understand that some of the information requested may not be collected by every site; we ask that you complete as much as is possible. The following sections of this Guide provide specific suggestions for interpreting the content of the data collection and managing some gaps in the availability of information, based on comments that were received in response to the first version of the data collection forms/ spreadsheets.

Part 1 (General Operations)

The following information has been prepared in response to site feedback.

Item(s)	*Further information*
Average number of respite *places* funded and available PER WEEK and **Average number of respite *hours* funded and available PER WEEK** and **Average number of *vacant (unused)* respite places PER WEEK** and **Average number of these vacancies which were *due to cancellation* PER WEEK**	*If unable to provide an Average, please estimate the USUAL NUMBER of places, hours, vacancies and cancellations per week.*
Number of care recipients on waiting list	*We understand that some care recipients may be waiting for a place to become available on a certain day of the week, even though there may be vacant places on other days. Care recipients should be considered as "on the waiting list" regardless of the reason behind their wait.*
Main reasons for ineligibility or exclusion of applicants: - High-level care needs (eg requiring 2 staff)	*"High level care needs" refers to physical care needs which cannot be met by existing day respite staff.*
Transport provided for care recipients from/to their home ***Please enter one from the following list:*** *Nil; From home to RACF only;* *From RACF to home only;* *Both ways.*	*We understand that each care recipient may have different transport needs. Please indicate the maximum level of transport provided to any care recipient, eg if some care recipients only require one-way transport but others require transport both ways, please answer "Both ways".*
Fees charged for transport from/to home (if applicable) ***(Please specify the range of fees charged)***	*We understand that fees may vary by the type of transport (eg bus versus taxi) and by the distance travelled (eg in taxis). Please enter the range of fees - the minimum being the lowest fee ever charged for a person's transport, and the maximum being the highest fee ever charged for a person's transport. You can provide estimates if necessary.*

Part 2 (Staffing)

We did not receive any comments about this section. You may wish to ask for assistance from your HR staff to complete these tables.

Part 3 (Service Delivery)

The information from this section will allow us to gain a thorough understanding of the activity and capacity of the day respite services, the types of carers and care recipients using the service, and the patterns of referral. For this reason we require information on **all care recipients who received a day respite service** during the period July-December 2009 (no matter when they first entered the service), ***as well as*** **all new referrals** in Jul-Dec 2009 who have not yet received any care. This requirement was outlined at the top of the Service Delivery form/spreadsheet as follows:

- All care recipients who were **referred to Day Respite between 1 July 2009 and 31 Dec 2009 inclusive** (regardless of whether or not they actually entered the program), ***AND***

- All care recipients who **received a Day Respite service during that period** (regardless of when they were first referred and when they first accessed the service).

We apologise if the formatting of the spreadsheet made these instructions difficult to read.

You may wish to talk through the items in this form/spreadsheet with a member of the Evaluation team, in order to clarify how you will source and enter the data. Explanatory information about some items has been prepared in response to site feedback - see over page.

Item(s)	*Further information*
Dates (eg. Date of referral, Date eligibility determined, etc)	*We understand that the exact date of referral etc may not always be known. In those cases please estimate the date, OR enter the month and year only.* *However please note that if you wish to enter only the month/year in the Excel version, you will discover that the date columns have been formatted to require a date to be entered in the usual date format (eg. 1/7/2009) rather than just a month eg. 7/2009, Jul 2009 etc. If this will cause a problem for your service's data entry, please contact the Evaluation team (see page 1 of this Guide) to have an amendment made to your spreadsheet.*
Characteristics of MAIN CARER: **Total number of ADULTS (aged 18+) cared for**	*"Adults cared for" refers to adults requiring care due to disability, a long term illness or old age, to whom the carer provides a significant amount of unpaid care. The carer may or may not receive a Carer Allowance or Carer Payment in recognition of the care they provide to these adults.* *The care recipient about whom this data is being reported should be included in the count of the "Total number of adults cared for". Therefore this number should always be at least 1.* *The count should not include adults cared for as part of voluntary work undertaken for an organisation or group.*
Day Respite Services provided to the care recipient between 1 July 2009 and 31 December 2009: **- Date of FIRST service** (may be prior to this reporting period)	*We realise that this item (Date of FIRST service) may be potentially misleading as it appears within the section headed "… Services provided to the care recipient between 1 July 2009 and 31 December 2009". To clarify, we are asking for the date of the **very first** day respite service provided to the care recipient under the Day Respite in Residential Aged Care Facilities initiative, **even if that first service was prior to 1st July 2009**. It is important for us to know how long people remain engaged with the service.*
Other Respite: **No. of nights of RESIDENTIAL respite provided by the RACF over this period (if any)**	*We understand that in order to enter accurate information on the nights of **residential** respite that have been provided to recipients of the day respite service, you may need to request this information from elsewhere within the RACF.* *We realise that this data item will not necessarily reflect the complete usage of residential respite by day respite clients, as some clients may seek residential respite at other facilities.*