

AUSTRALIAN INSTITUTE FOR SOCIAL RESEARCH

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

ACCOMPANYING REPORT 4: REPORT OF
SURVEYS WITH CEOS/SERVICE DIRECTORS,
CARE COORDINATORS/MANAGERS, CARE
WORKERS, AND CARERS

REPORT PREPARED FOR:

THE DEPARTMENT OF HEALTH AND AGEING

RESPIRE FOR CARERS SECTION, OFFICE FOR AN AGEING AUSTRALIA, AGEING
AND AGED CARE DIVISION

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1 EXECUTIVE SUMMARY

1.1 EVALUATION REQUIREMENTS

The evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative is to investigate and report on the following 9 factors:

- 1) The **efficiency, effectiveness and appropriateness** of funding day respite services in residential aged care facilities.
- 2) The **demand** for day respite in residential aged care facilities.
- 3) The **benefits** to the carer and care recipient of accessing day respite in residential aged care facilities, including the extent to which this model of respite care supports home-based care, the caring relationship and the well-being of the carer and the care recipient.
- 4) The **impact** of accessing day respite on the care recipient's entry to permanent residential care, including the extent to which the receipt of day respite delays or else facilitates entry into full-time residential care.
- 5) The effects of providing day respite on the **operations** of residential aged care facilities in providing care to full time residents.
- 6) The **costs** of delivering day respite in residential aged care facilities, taking into account relevant variables including: locality, level of care provided, needs of care recipients, and the size of the facility etc.
- 7) Any **unintended effects** of the Initiative, including adverse consequences for the carer or care recipient.
- 8) Appropriate levels of **user fees** for day respite in residential facilities.
- 9) Appropriate **options for future funding** of this type of respite, such as a day respite subsidy and/or grant funding.

This report presents findings from surveys undertaken with four groups of stakeholders – carers, care workers, coordinators and managers, and CEOs and Service Directors. It sought information in relation to *Factors 1, 2, 3, 4, 5, 7, and 8*.

1.2 EVALUATION METHOD SUMMARISED

Surveys were seen as an efficient method of gaining comprehensive information about stakeholders' experiences with, and views about, the day respite services run by residential aged care facilities. Separate questionnaires were designed for the following four groups of stakeholders –

- **Carers** - who had used, or were currently using, the day respite service;
- **Care Workers** – staff who provide direct care to clients of the day respite program;
- **Coordinators/Managers** – staff coordinating/managing the delivery of the day respite service, as well as staff coordinating or managing other aspects of care such as other respite programs, community programs and residential programs; and
- **CEOs/Service Directors** – those with management responsibility at the organizational level - eg. Directors/Managers of aged care sites, Directors of Nursing, Directors of Community Services.

Copies of the four surveys and the Information Sheet for carers are provided in the *Accompanying Report* to this Survey Report.

The four surveys (Carers, Care Workers, Coordinators/Managers, CEOs/Service Directors) had a number of questions in common, allowing triangulation of the perspectives from each group.

The evaluators liaised with each site to design efficient and effective strategies for implementing the surveys. These consultations resulted in the surveys for Carers and Care Workers being offered in hardcopy only, and Coordinators/Managers and CEOs/Directors being offered a choice of hardcopy or online participation. The online versions of the surveys for Coordinators/Managers and CEOs/Directors were prepared using the AISR's private and secure online survey account, based at www.surveymonkey.com.

Each site had a nominated liaison person for the survey, and each of these was provided with a form to document the number of surveys distributed to Carers and Care Workers, to enable the evaluators to calculate response rates. This was part of a package that included hard copy survey forms, and reply paid envelopes for returning written surveys to the evaluators. Sites were asked to distribute the **Carer Survey** (and accompanying Information Sheet) to carers who had used, or were currently using, the day respite service.

Consultation with sites identified that a significant number of carers would be unable to participate in an English-language survey. Two particular language groups were brought to our attention – Russian (for the Jewish Care Victoria *Stepping Out* service) and traditional Chinese (for the *So-Wai* service in NSW). In order to maximize participation across all sites and meet ethical requirements, the evaluators arranged for translations of the Information Sheet and the Carers Survey to be prepared by the Interpreting and Translating Centre (ITC) in Adelaide.

The evaluators spent a considerable amount of time compiling accurate contact details for each site, and liaised with each site to determine the most effective method for distributing and returning surveys. This tailored approach was labour-intensive but the evaluators believed it was necessary to ensure high and timely response rates. Despite this, some sites delayed providing the information needed and this in turn delayed the time frame for distributing the surveys (which the evaluators distributed in a single process).

The surveys for Coordinators/Managers and CEOs/Directors were dispatched by email at the end of October to the site contacts. The emails contained information about the survey, a link to the online surveys and a pdf version of each survey for those who wished to print and return a hardcopy. A series of email reminders followed by telephone followup of specific sites confirmed that all but one site (due to staff being on leave) undertook distribution of the surveys during October and November 2009. The remaining site distributed their surveys in late November/early December 2009. The majority of returns arrived at AISR via reply paid envelopes in December 2009. The Coordinator/Manager and CEO/Director surveys were kept open until 16th December, to allow late responses to be included in the sample. A significant number of Carer and Care Worker survey forms continued to arrive in January and February, therefore to maximize sample sizes, the closing date for those surveys was extended to 16th February 2010.

The evaluators undertook considerable liaison with each site to design efficient and effective strategies for implementing the surveys. These consultations resulted in the surveys for Carers and Care Workers being offered in hardcopy only and in three language versions (English, Russian, Chinese), and the surveys for Coordinators/Managers and CEOs/Directors being offered in English only but with a choice of hardcopy or online participation.

Some sites were unable to provide the information required for distribution in a timely fashion, which delayed the time frame for printing and dispatching the survey forms to October 2009.

Our contact at each site distributed the Carer Survey to carers who had used or were currently using the day respite service. They also distributed the Care Worker surveys to workers who provided direct care to clients of the day respite program, and forwarded the email from the evaluators containing the surveys for Coordinators/Managers and CEOs/Service Directors to appropriate staff within their organisation.

A series of email reminders followed by telephone followup of specific sites confirmed that all but one site (due to staff being on leave) undertook distribution of the surveys during October and November 2009. The remaining site distributed their surveys in late November/early December 2009. The majority of returns arrived at AISR via reply paid envelopes in December 2009. The Coordinator/Manager and CEO/Director surveys were closed on 16th December, but the closing date for the Carer and Care Worker surveys was extended to 16th February as a substantial number of forms continued to arrive in January and February.

Data were cleaned, coded and analysed using SPSS (PASW Statistics) V18.0. Statistical comparisons between the surveys were undertaken using Kruskal-Wallis tests (for >2 groups) and Mann-Whitney tests (for 2 groups and for post-hoc pairwise comparisons). These non-parametric tests were chosen due to the grossly unequal sample sizes and the non-normality of the response distributions. The Holm's sequential Bonferroni method¹ was used to assess the significance of results from post-hoc pairwise comparisons.

1.3 THE SURVEY SAMPLE SIZE AND RESPONSE RATES

Very good representation was achieved across sites for the Carer and Care Workers surveys, with a total of **297** Carers and **104** Care Workers across *28 of the 31 sites* participating in the survey. Participation by management level staff was somewhat lower, with **34** Coordinators/Managers from 19 sites and **13** CEOs/Directors from 10 sites participating in the surveys.

Day Respite Coordinators were asked to advise how many Carer and Care Worker Survey forms had actually been distributed at their site, so that response rates could be calculated. *Twelve of the 31 sites provided this information.*

Response rates for carers varied greatly across sites, ranging from 20.0% to 72.2%. However, the overall response rate (for the twelve sites who provided the necessary information) was **44.3%**, which is a very good result for surveys with time-poor and often stressed clients, and is testament to the distribution efforts of the site coordinators. The overall response rate for care workers at these sites was **60%**.

The survey of Coordinators and Managers achieved a *site response rate* (the number of sites at which at least one Coordinator/Manager responded) of **61.3%**. Coordinator/Manager surveys were not received from 12 sites. However this may be a slight underestimate of the overall participation of Day Respite Coordinators in this survey round, as some Coordinators have multiple roles within their organization and therefore may have chosen to answer either the CEO/Service Director survey or the Care Worker survey if they had a direct care provision role. With

At least one CEO/Service Director survey was completed at **10** of the 31 Demonstration sites, which equates to a *site response rate* of **32.3%**. Again, some may have completed surveys for Coordinators/Managers if their role included these functions.

¹ Holm, S. (1979). A simple sequential rejective multiple test procedure. *Scandinavian Journal of Statistics*, 6:65-70.

1.4 PROFILE OF THE SAMPLE

1.4.1 LOCATION

Most carers were living in major city areas (58.2%) and a further 37.4% in inner regional areas. Facilities in inner regional areas were well represented in the Care Worker sample (56.7% of respondents), and a further 35.6% of respondents were from facilities in a major city.

1.4.2 GENDER AND AGE

The majority of carers (74.1%) were women, as were care workers (87.5%).

Slightly more than half (51.0%) of Care Worker respondents were aged 50 years or older, compared to 40.9% of all people working in residential aged care facilities according to the 2006 Census. The median age of carers was 65 years, with most caring for their spouse or partner (57.6%) or their parent (30.3%).

1.4.3 CULTURAL PROFILE

Cultural profile information identified that only 67% of carers and 80% of carer workers had been born in Australia, and approximately 10% of carers and care workers speak a language other than English at home. The most commonly identified cultural backgrounds of both carers and care workers reflect the provision of some ethno-specific day respite services (Southern European, Chinese Asian and Eastern/South Eastern European), as do the most commonly nominated languages other than English spoken at home (Italian, Chinese and Russian).

In identifying Aboriginal or Torres Strait Islander (ATSI) background an under-representation was evident (based on the number of services specialising in providing services to people from this background). Only one carer identified as being of ATSI background, but ten people chose to not answer this question. Two care workers identified as being of ATSI background and four chose not to answer this question.

1.4.4 CARERS' HEALTH AND RESPONSIBILITIES AND USE OF THE DAY RESPITE SERVICE

The need for a respite service is reflected in the health of carers, with 32% rating their health as Fair or Poor, approximately one third (34%) reporting at least one disability, more than half (56.6%) reporting at least one chronic health condition, and nearly a quarter (23.2%) reporting more than one chronic health condition. Furthermore, most (91.6%) have a range of responsibilities beyond caring for the person attending day respite, and caring for themselves.

Most of the carers respondents had been using the day respite service for *at least six months*. Around half (50.5%) had been using the service *more than once per week* on average, and a further 40.1% had been using the service *weekly*.

The main reasons given by them for using the Day Respite Program reflected a duality of need with the two most commonly cited reasons being to provide the care recipient with an *opportunity to socialize* (77.4%) and *giving the carer a break* (68.4%).

1.5 APPROPRIATENESS OF THE SERVICE MODEL

Day respite has traditionally been located in a community setting and an important part of the evaluation has been to determine consumer and service provider views about the impact of this location on access, on appropriateness and effectiveness of service provision, and on efficiency in resource usage.

1.5.1 RATING KEY ASPECTS OF THE SERVICE MODEL

The four groups surveyed were generally consistent in their views regarding the provision of day respite services in residential facilities, with most ratings averaging around the level of '4' (all statements were scored on a 5-point Likert scale from strongly disagree -1 point- to strongly agree - 5 points).

The surveys of Carers, Care Workers and Coordinators/Managers contained common questions that asked them to rate (using a five point Likert scale), their day respite service on these 13 key features –

- its *flexibility* in adapting to their needs, and to the needs of care recipients,
- the *appropriateness* of the service for the needs of carers and care recipients,
- the *affordability* and fairness of fees or donations sought,
- the *quality of the care* and support provided to carers and care recipients,
- the degree to which staff were *competent, and caring*
- the degree to which *sufficient staff* were being employed,
- the degree to which *opening hours and days* meet the needs of carers,
- the degree to which *sufficient hours and days* are provided to meet those needs,
- the provision of *transport* to and from the service,
- *linkage* of carers to other services which they may need,
- the provision of a *safe* environment for care recipients,
- the provision of a *linguistically accessible and appropriate* service,
- the provision of a *culturally accessible and appropriate* service.

Comparative analysis showed that opinions on the *flexibility, appropriateness* and *safety* of the service were generally consistent across the groups. All three groups expressed a reasonable degree of agreement regarding the service model's capacity to provide a *wider range of activities for care recipients* relative to most day respite services, and to *facilitate linkages to residentially based services* such as, overnight respite.

All but one of these features was positively assessed by **carers** with average ratings of 4.2 to 4.7. The **highest** average rating (4.7) was given to the *caring and kind staff* of the day respite service, closely followed by the provision of *quality care for care recipients*, provision of a *safe environment for care recipients*, staffing with *competent workers*, and provision of a *linguistically and culturally accessible* service (all with average ratings of 4.6). **These responses indicate a strong level of endorsement by carers providing survey feedback about the day respite service.**

The only feature receiving a **lower** rating (average 3.7) was the *linking of carers to other services* that they would not otherwise have known about. Carers also had a significantly less positive view of the statement "*Offers good quality support for carers*" than did Care Workers and Coordinators/Managers ($p < .05$).

Relatively low ratings by both Care Workers and Coordinators were applied to service features relating to capacity to provide *culturally appropriate services* for Indigenous and for CALD background people (in contrast to carers' perceptions of this), and for providing *sufficient training and development opportunities to care workers*.

1.5.2 RATING THE DELIVERY OF DAY RESPITE IN A RESIDENTIAL SETTING

Carers, Care Workers and Coordinators/Managers were asked to rate the location of a day respite service in a residential care setting against a number of statements. These explored possible stigma associated with residential care, access to overnight or residential respite care, smoothing the transition from community to residential care, the provision of a wider range of activities compared to community based day respite, and benefits for the organisation's staff and residents.

Carers gave their highest ratings to statements associated with the *provision of more activities for care recipients* compared with other forms of day respite, and enhanced access to overnight or residential respite offered by the facility. **Care Workers** gave their highest ratings to the *smoother transition into full time residential care*, and *wider work experience benefits for staff*. **Coordinators' and CEOs'** highest ratings were applied to the *linkages with other community services offered by the organisation*. CEOs and Coordinators were unlikely to regard the program as making planning more complex and as suffering from stigmatisation due to its association with residential aged care.

Comparative analysis revealed that only one statement showed a significant difference between groups – Carers' had a significantly less positive response to the statement "*I am now less anxious about the person going into full-time residential care*" compared with Care Workers' and Coordinator/Managers' response to the equivalent statement "*It makes the transition from respite care to full time residential care easier for clients and their carers*" ($p < .05$). While we note that the statement in the Carers' questionnaire was not identical to the equivalent statement for other groups - the statement for Carers focused on their own anxiety rather than other factors in the transition to full time residential care - nevertheless this result suggests that there may be a tendency for Care Workers and Coordinators/Managers to overestimate the positive impact of the day respite service on the psychological challenges faced by Carers when placing their loved one into full time residential care.

1.5.3 ACCESSING DAY RESPITE PROVIDED BY A RESIDENTIAL CARE ORGANISATION

On average, Carers, Care Workers and Coordinators all indicated that the residential location has not acted as a deterrent to accessing the day respite service due to the stigma that exists for some regarding residential care.

However, some carers initially had been deterred by bringing the person in their care into a residential environment and the continuation of such concerns had reduced, but remained for some.

Carers were also asked to rate their satisfaction with arrangements for **transport** to and from the Program. Nearly a quarter of Carers indicated that the question was not applicable to them, because they provide their own transport. Excluding this group from the results, **80.4%** of those who did provide a rating regarding transport arrangements reported that they were Very Satisfied.

1.6 EFFECTIVENESS AND IMPACT OF THE SERVICE

Feedback was sought about the overall impact and effectiveness of the service, as well as about specific features of the service and its impact in particular areas.

1.6.1 EFFECTIVENESS AND IMPACT ON CARERS AND CARE RECIPIENTS – VIEWS OF ALL FOUR GROUPS

The ratings given for the overall effectiveness and impact of the program were remarkably consistent across all four groups surveyed indicating strong and positively directed agreement about the Program outcomes for both carers and care recipients.

All four survey groups were asked to rate (using a five point likert scale) the overall **effectiveness** of the day respite service in meeting carer needs, and those of the care recipient, and its **impact** on carers, and on the person for whom they provide care. Ratings were very positive for both effectiveness and impact, for both carers and for care recipients. The table below provides details.

Dimension	Mean rating for each stakeholder group			
	Carers	Care Workers	Coordinators	CEOs
Impact on care recipient	4.5	4.6	4.7	4.8
Impact on carer	4.5	4.6	4.7	4.6
Effectiveness for care recipient	4.5	4.5	4.6	4.8
Effectiveness for carer	4.5	4.5	4.6	4.8

1.6.2 BENEFITS OF THE DAY RESPITE SERVICE

Based on our literature review, the evaluators identified a number of potential benefits that could arise due to participation in day respite.

The following **six** possible benefits were identified for **care recipients**:

- Has given care recipients an opportunity to socialise more
- Has improved the social functioning of most care recipients
- Has given care recipients an opportunity to participate in a sufficient range of activities
- Has improved the physical functioning of most care recipients
- Has improved the cognitive/mental functioning of most care recipients
- Has delayed the need for care recipients to go into full time residential care.

The following **ten** possible benefits were identified for **carers**:

- Has provided carers with the opportunity to take a break from their caregiving role
- Has had a positive impact on most carers' health and well-being
- Has had a positive impact on most carers' mental health/stress management
- Has provided effective ongoing support to carers
- Has made carers more aware of other services for them or for care recipients
- Has linked carers to other services for them or for care recipients
- Has made it easier for carers to access other respite services provided by our organisation, eg. overnight respite
- Has made it easier for carers to access respite services offered elsewhere
- Has made carers more confident about using respite in a residential setting, eg. overnight respite
- Has made carers more informed about residential aged care.

Respondents were asked to indicate their level of agreement with each of those statements using a 5-point likert scale (Strongly Disagree to Strongly Agree).

A comparison of the perceptions of Carers, Care Workers and Coordinators/Managers regarding the benefits of the model underpinning the program revealed that Carers were significantly more conservative than staff in their views of all six potential benefits of the program for care recipients, as well as on benefits to carers' health and wellbeing.

With regard to potential benefits of the service model for **care recipients**, the highest ratings were applied to the *opportunity provided for increased socialisation*, while the lowest related to improving the physical, and cognitive functioning of care recipients.

With regard to potential benefits of the service model for **carers**, the highest ratings were applied to the *provision of a break from caregiving*. A potential benefit of the service model lies in the capacity to make carers more aware of, and more linked to other services that can support them, or the person in their care. However, carers again were less positive than the two groups of service provider stakeholders in rating the program on its potential to make them more informed about other services, and about residential aged care, and its potential to linked them to other services, to access other respite services and services provided by the residential facility, as well as increasing carer confidence in using respite in a residential setting. All three stakeholder groups gave their highest average rating to the program's capacity to *enhance carer confidence about using residentially-based respite*, such as, overnight respite care.

Carers gave an average rating of 4 or more to 12 of the 16 benefits, with the highest average ratings of 4.5 and 4.4 respectively applied to the program's provision of *increased opportunities for socialisation* for the care recipient, and *giving carers a break*.

The next most positively rated benefits were associated with *carers feeling less stressed* (4.3), *having more time for their other responsibilities* (4.3) and the providing the care recipient with *opportunities to participate in activities that help with their condition* (4.3).

Care worker survey respondents have given very positive ratings of the day respite service and its benefits, with the highest average rating (4.5 out of a possible 5) applied to its *capacity to ease the process of transition to full time residential care for both clients and carers*. This was followed by the benefits brought to staff, such as, *wider work experience* (4.4) and the smooth *linkage* between the day respite service and residential respite services and with other community based services (4.3). The lowest rating, and the only one to achieve an average of less than 3, was applied to the possible negative impact of *stigma* associated with residential aged care (2.8).

They were **least** likely to rate the service for providing appropriate training to care workers in working with Indigenous people (average rating of 3.4) and for employing Indigenous background care workers to better meet the needs of Indigenous care recipients, or for providing cross cultural training to care workers in working effectively with people from non English speaking backgrounds (average rating of 3.6).

Care workers' highest ratings (an average of 4.7), were applied to two statements that indicate benefits for **both** carers and care recipients –

- Has given care recipients an opportunity to *socialize* more
- Has provided carers with the opportunity to *take a break* from their caregiving role.

These were followed closely by the following dual benefits (an average rating of 4.6) –

- Has given care recipients an opportunity to *participate* in a sufficient range of activities
- Has had a positive impact on most carers' *health and well being*.

Coordinators and Managers were most likely to see that the day respite service offers the benefits of *providing carers with a break from their caregiving role*, having a *positive impact on most carers' health and well-being* and on their *mental health and management of stress* (all receiving an average rating of 4.8). This was followed by the provision of *increased socialisation opportunities to care recipients* and *making carers more informed about residential aged care* (average rating of 4.7).

Coordinators gave their **lowest** rating of 4.1 to the day respite service's capacity to improve the cognitive functioning of most care recipients (this remains a high rating but is to be expected that because some cognitive conditions cannot improve, the overall rating will be lower).

1.6.3 UNANTICIPATED BENEFITS AND NEGATIVE CONSEQUENCES

Carers were asked whether they or the person in their care had experienced any unexpected benefits or negative consequences from using the day respite program. More than a third of Carers (40.7%) cited unexpected benefits, and a small number (7.1%) cited unexpected negative consequences of the program.

The **unexpected benefits** identified by carers can be clustered into four themes that relate to –

- a) unexpected improvements in the *care recipient's* condition and/or social skills, and/or unexpected
- b) unexpected gains for carers – including being more informed about aged care services, making new friends and/or becoming less socially isolated, being less stressed, having more time for themselves and for fulfilling other responsibilities, and being able to continue their employment
- c) the flexibility and/or quality of services provided, and receiving services that had not been expected - for example, health monitoring of the care recipient
- d) a demystifying of the residential care environment and easing the transition of the care recipient into full time residential care

Unanticipated negative consequences can be grouped into four themes involving –

- a) dissatisfaction with the care provided (the majority of carers providing negative feedback)
- b) dissatisfaction with fees charged or inefficient billing processes
- c) dissatisfaction with insufficient resourcing for the program
- d) anxiety about relinquishing care during the respite period

Care Workers were asked whether they had been any *unexpected benefits* and *unexpected negative consequences* of the program. Thirty three of the 104 respondents (31.7%) identified unexpected benefits, and 16 respondents (15.4%) mentioned unexpected negative consequences of the program. These can be categorised into four major themes, identifying benefits for -

- care recipients (these were most commonly nominated),
- carers,
- residents and
- the organisation and its staff.

Unanticipated negative consequences were identified by 16 respondents and these can be categorised into six major themes –

- negative behaviour by residential care staff largely due to a lack of understanding about the day respite program (and usually lessening over time);
- resource limitations that curtail the range of activities that can be offered;
- inadequate building design that limits the effectiveness of activities;
- difficulties arising from co-location in a residential facility (eg cross-infection);

- difficulties in managing clients in an individualised and skilled manner and
- negative behaviour by community services staff from the facility – again due to lack of understanding of the day respite service and its relationship to existing community services.

Coordinators and Managers were asked whether there had been any *unexpected benefits* or *unexpected negative consequences* of the day respite program. Twenty one of the 34 respondents (61.8%) identified unexpected benefits, and eleven respondents (32.4%) mentioned unexpected negative consequences of the program.

Unanticipated benefits were identified for –

- carers - being better informed about available services, including residential care services, from the support offered and from the monitoring of the care recipients' health status.
- care recipients - benefitting from an individualised program of care, from having a range of services in a single setting and being linked to those services, as well as a supported transition to residential care.
- residents - benefitting from the interaction with the day respite program.
- the organisation and its staff - benefitting from learning new skills, and from the sharing of resources between programs.

Negative consequences were identified in relation to resentment on the part of residential care staff, in some cases being most intense in the early stages of the day respite program. Other unforeseen negative consequences related to inadequately designed infrastructure, and/or lacking the resources to address particular needs.

CEOs and Service Directors were asked whether the introduction of the day respite program had brought any *unexpected benefits* and *unexpected negative consequences* to their organisation. Nine of the 13 respondents (69.2%) cited positive outcomes, and 3 respondents (23.1%) cited negative consequences.

Unexpected benefits were identified for all key stakeholder groups –

- care recipients (less stressful transition to full time residential care; access to enjoyable activities)
- carers (access to education; increased levels of support).
- residents (benefits from joining in day respite activities)
- staff (benefits arising from a more multidisciplinary team; enhanced staff skills)
- the organisation as a whole (enhanced relationship with the local older community; wider profile among referring agencies; enhanced understanding of carers and the local community).

Three Service Directors/CEOs identified unexpected negative consequences arising from the day respite service's implementation in their facility. Two of these related to tensions between residential and day respite staff, and the third related to the challenges associated with attracting clients to a program located in an RACF.

1.7 COMPLAINTS AGAINST THE SERVICE

Thirteen carers (4.4%) reported that they had felt the need to make a complaint about the program. These came from eleven different services, and related to –

- Reduced resourcing as the program has increased its numbers
- Resourcing that restricts services, particularly, transport and the range of activities available
- Failure to maintain continuity of care workers
- Billing processes
- Failure to provide after hours' access
- Poor quality of care

Of the thirteen carers who had felt the need to make a complaint, only four stated that the process for making a complaint was made clear to them.

All Coordinators/Managers who responded to the survey indicated that there was a formal complaints mechanism in place for their day respite program. While respondents at the majority of Residential Aged Care Facilities (RACFs) indicated that no formal complaints had been made to date, respondents at four RACFs reported that one complaint had been made about their day respite program, one RACF reported that two formal complaints had been made, and one RACF reported that five complaints had been made.

CEO/Directors from at all but one of the 10 RACFs represented indicated that there was a **formal complaints** mechanism in place for their day respite service. Two formal complaints had been reported at one site; otherwise the number of formal complaints was reported to be nil.

1.8 FACTORS IN THE EFFECTIVENESS OF DAY RESPITE IN AGED CARE FACILITIES

Part of the focus of this evaluation is on assessing the appropriateness and effectiveness of the model of service provided by the Program. The survey sought information from those delivering the service that was designed to elicit the key success factors associated with this model. Care Workers, Coordinators/Managers and CEO/Service Directors expressed quite similar views regarding those key factors and the relative importance of each.

There was consistency in the top five most important factors as rated by each of the three groups. All groups rated “A focus on the needs of care recipients” as the most important factor (see the table below which summarises the top five rankings applied).

Comparison of the top five most important factors in the overall success and effectiveness of day respite in the residential aged care setting, as rated by Care Workers, Coordinators/Managers and CEOs/Directors

Factor	RANK (1 = most important)		
	Care Workers	Coordinators/ Managers*	CEOs/ Directors*
A focus on the needs of care recipients	1	1	1
Flexibility in hours and days of care available	2	5	5
Flexible program design that can be modified in response to changing needs	3	2	2
Staff to care recipient ratios that enable reasonably individualised focus	4	5	3
A focus on the needs of carers	5	4	2
Nature of activities provided on site (appropriate to care recipients' needs)		3	4
Linking carers and care recipients to other services provided by the organisation			3
Provision of transport to/from the respite service			3
Qualifications and/or experience of care workers and other personnel involved			4
Linking carers and care recipients to other services in the community			5
Ability to meet the cultural and language needs of people from diverse backgrounds			5

* Some factors were rated equally.

All three groups rated “*Co-location of the program in a residential aged care facility*” as the *least* important factor in the success and effectiveness of a day respite program. The factor “*Ability to include residents in the day respite program’s activities*” was also one of the three least important factors identified by Care Workers, Coordinators/Managers and CEOs/Directors.

1.9 FEES

CEOs and Service Directors were asked to indicate their view on setting fees and/or collecting donations from clients of the day respite service. All commented that those who could not afford to pay fees were not charged, and that fees were set low (eg \$5 to \$10 per day for care recipients). Several argued that some level of fee was ‘appropriate’ because they avoid the sense of a ‘handout’ and contribute towards the services provided. It was also evident that a degree of flexibility was applied to take into account varying individual circumstances.

1.10 IMPACT ON THE ORGANISATION

1.10.1 IMPACT ON ORGANISATIONAL RESOURCES

Where the impact on resources has been regarded as **positive**, this was attributed to *sharing resources* and making *effective use of resources* by coordination and planning – or to the *addition of valuable resources* such as, new buildings.

1.10.2 IMPACT ON SERVICE NETWORKS

The majority of staff surveyed believed that the introduction of the day respite program had **improved** the service networks between their organization and other service providers. However, CEOs/Directors had a much more conservative view about the day respite program’s impact on service networks compared with the views of both Care Workers and Coordinator/Managers This difference was statistically significant ($p < .05$).

1.10.3 IMPACT ON THE DEMAND FOR THE DAY RESPITE SERVICE

The two groups of stakeholders with management responsibilities were asked to rate the degree to which demand for the day respite service had or had not met original expectations, and the impact of the service on demand for the organisations’ residential services.

There were different levels of demand reported for day respite services at different facilities. As a group, nearly 30% of Coordinators reported that demand had been significantly higher than expected, and a further 15% that it had been slightly higher than expected. For some 29% demand had been lower than anticipated.

Overall, CEOs and Service Directors appeared to take a more conservative stance in their assessment of demand levels than did Coordinators/Managers. For example, 33.3% of CEOs/Directors versus 17.6% of Coordinators/Managers reported that demand for the day respite service had been “slightly lower than expected”. Demand for residential aged care services was seen as having remained “about the same” by 41.7% of CEOs/Directors versus 23.5% of Coordinators/Managers. However, testing revealed that these apparent differences were not statistically significant.

1.10.4 CHALLENGES FACED BY THE ORGANISATION IN PROVIDING THE DAY RESPITE SERVICE

The surveys of Coordinators/Managers and CEOs/Service Directors both identified as a key challenge *negative reaction by residential care staff* to the day respite program, and the need to educate these staff about the model of service and its relationship to other services provided by the organisation.

Negative perceptions and stigma regarding the residential care model and deterring day respite users were identified as another challenge.

The *establishment of the day respite service*, including recruiting staff, building client numbers, establishing a data collection system, and obtaining referrals was identified by a small number as having been a challenge, while others referred to *maintaining a flexible service* that meets care recipient and carer needs, particularly when these are exacerbated by disadvantage.

1.11 CHANGES OR IMPROVEMENTS SOUGHT TO THE PROGRAM

Approximately one quarter of carers offered comments on changes or improvements that they would like to see made to the Program. The most frequently identified changes related to **increasing care worker numbers**, providing a **wider range of activities**, and providing **increased hours and days** of service – including out of hours. These all require additional resourcing. Interestingly, carers have not sought improvements to the way in which services are being provided or to their accessibility.

Forty four of the 104 **Care Workers** surveyed (42.3%) suggested changes or improvements to the program. Some of the suggested improvements relate more to the **processes** used to deliver the program, rather than to the program itself and are specific to individual sites' choice of process. The improvements are relevant across sites, and relate in the main to **resourcing** – with more resourcing sought, including for transport, staffing, service offerings, equipment and staff training.

Sixteen of the 34 **Coordinators and Managers** respondents (47.1%) suggested changes or improvements to the program. Most of the comments provided about improvements or changes to the day respite program also focused on **resourcing** in order to extend the scope of services (particularly in terms of hours and days of operation), or to improve the physical infrastructure in order to better user needs, or to provide or improve transport services.

Ten of the thirteen **CEOs/Service Directors** suggested changes or improvements to the program. Some of these related to changes which the organisation could provide, including the provision of overnight respite, improved transport arrangements, a review of the program's location, more integration of residential and respite clients, more education of residential care staff about the benefits of the program and of collaborating with its staff, and improved promotion of the program.

2 INTRODUCTION

As part of the 2007/2008 Federal Budget, the *Demonstration Sites for Day Respite in Residential Aged Care Facility Initiative* was announced, providing \$41.2 million over four years to establish day respite care in aged care facilities demonstration sites. 30 providers in five States and the Northern Territory were provided funding.

The Initiative is funded and implemented under the *National Respite for Carers Program* (NRCP) and is guided by three key objectives:

- o Provide new day respite options for carers of frail aged people.
- o Showcase innovative models of respite.
- o Provide an opportunity to conduct research into the provision of day respite services in residential aged care facilities.

The review of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* (DDR) initiative is being undertaken by a team led by the Australian Institute for Social Research (AISR) at The University of Adelaide. The team members are:

- o Dr Kate Barnett (Project Manager), Deputy Executive Director, AISR
- o Mr Daniel Cox, Director, Evolution Research Pty Ltd
- o Mr Richard Giles, Director, Evolution Research Pty Ltd
- o Ms Naomi Guiver, Senior Research Fellow, AISR
- o Ms Anne Markiewicz, Director, Anne Markiewicz and Associates
- o Ms Alicen McNaughton, Director, Alicen McNaughton Consulting.

2.1 BACKGROUND

The evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative is to investigate and report on the following 9 factors:

- I. The **efficiency, effectiveness and appropriateness** of funding day respite services in residential aged care facilities.
- II. The **demand** for day respite in residential aged care facilities.
- III. The **benefits** to the carer and care recipient of accessing day respite in residential aged care facilities, including the extent to which this model of respite care supports home-based care, the caring relationship and the well-being of the carer and the care recipient.
- IV. The **impact** of accessing day respite on the care recipient's entry to permanent residential care, including the extent to which the receipt of day respite delays or else facilitates entry into full-time residential care.
- V. The effects of providing day respite on the **operations** of residential aged care facilities in providing care to full time residents.
- VI. The **costs** of delivering day respite in residential aged care facilities, taking into account relevant variables including: locality, level of care provided, needs of care recipients, and the size of the facility etc.
- VII. Any **unintended effects** of the Initiative, including adverse consequences for the carer or care recipient.
- VIII. Appropriate levels of **user fees** for day respite in residential facilities.

- IX. Appropriate **options for future funding** of this type of respite, such as a day respite subsidy and/or grant funding.

This report presents findings from surveys undertaken with four groups of stakeholders – carers, care workers, coordinators and managers, and CEOs and Service Directors. It sought information in relation to *Evaluation Requirements 1, 2, 3, 4, 5, 7, and 8*.

There were some questions common across the four groups of survey participants, and these were designed to enable a comparative analysis and triangulation of findings. The chart below summarises the information sought in relation to these factors, and the stakeholder group providing that information.

CHART 1 Survey information sought by stakeholder group

Evaluation Requirement	Stakeholder group			
	Carers	Care Workers	Care Coordinators	Service Directors
Efficiency, effectiveness, appropriateness				
Demand for day respite in RACF				
Benefits to carer and care recipient				
Impact on entry to residential aged care				
Impact on operations of RACF				
Unintended consequences (+ and -)				
Factors shaping service effectiveness				

Surveys were seen as an efficient method of gaining comprehensive information about stakeholders’ experiences with, and views about, the day respite services run by residential aged care facilities. The surveys provided an opportunity for all carers, care workers and managers to participate in the evaluation and it provided the evaluators with a means of assessing multiple aspects of the program, its underpinning model, and any changes or improvements that might be necessary.

2.2 METHOD

2.2.1 DESIGN

Separate questionnaires were designed for the following four groups of stakeholders –

- **Carers** - who had used, or were currently using, the day respite service;
- **Care Workers** – staff who provide direct care to clients of the day respite program;
- **Coordinators/Managers** – staff coordinating/managing the delivery of the day respite service, as well as staff coordinating or managing other aspects of care such as other respite programs, community programs and residential programs; and
- **CEOs/Service Directors** – those with management responsibility at the organizational level - eg. Directors/Managers of aged care sites, Directors of Nursing, Directors of Community Services.

All surveys contained some key questions in common, to enable comparisons to be made between groups. The survey questions were designed with reference to a) the aims of the evaluation, and b) information already gained by the evaluators through data collection proformas, interviews and case studies. All members of the evaluation team contributed to the development of the questionnaires, and drafts were also provided to the Department for comment before being finalised.

A separate Information Sheet was also prepared for carers, to provide them with additional information about the purpose of the survey and to fulfil ethics-related requirements of participating in the survey.

Copies of the four surveys and the Information Sheet for carers are provided in the *Accompanying Report* to this Survey Report.

2.2.2 PROCESS

The evaluators liaised with each site to design efficient and effective strategies for implementing the surveys. These consultations resulted in the surveys for Carers and Care Workers being offered in hardcopy only, and Coordinators/Managers and CEOs/Directors being offered a choice of hardcopy or online participation.

The online versions of the surveys for Coordinators/Managers and CEOs/Directors were prepared using the AISR's private and secure online survey account, based at www.surveymonkey.com. A single internet link was used for both surveys, with Coordinators/Managers and CEOs/Directors directed into separate surveys after the respondent identified their role/position.

Consultation with sites also identified that a significant number of carers would be unable to participate in an English-language survey. Two particular language groups were brought to our attention – Russian (for Jewish Care Victoria's Stepping Out Day Respite service in Melbourne) and traditional Chinese (for the Australian Nursing Home Foundation's Dementia Respite for Carers of SE Asian Communities (So Wai) service in Burwood NSW). In order to maximize participation across all sites and meet ethical requirements, the evaluators arranged for translations of the Information Sheet and the Carers Survey to be prepared by an accredited translation service.

2.2.3 DISTRIBUTION AND FOLLOW-UP

The evaluators spent a considerable amount of time liaising with sites to determine the most effective method for distributing and returning surveys, as well as to ascertain how many copies of the Carer and Care Worker surveys would be required and to obtain complete and accurate contact details for delivery to each site. This tailored approach was labour-intensive but the evaluators believed it was necessary to ensure the participation of all sites and to maximize response rates. Some sites were unable to provide the information required in a timely fashion, which delayed the time frame for printing and distributing the surveys (which the evaluators distributed in a single process). For sites which did not provide any information regarding the number of copies required despite repeated requests, the evaluators calculated the likely number of copies required from other information known about the site, and added a 30% margin to cover unforeseen increases. Site contacts who had specified the number of copies needed were sent that amount plus approximately 10% to cover potential increase over time.

The survey forms for Care Workers and Carers, and the accompanying Carers Information Sheet, were printed by a professional printing service, and a reply paid envelope was clipped to each form. The appropriate number of Carer and Care Worker forms for each of the 31 sites was then bundled, packaged and mailed in October 2009 to the contact at each site (primarily Day Respite Coordinators).

The packages sent to site contacts included a covering letter containing information and instructions. They were asked to distribute the Carer Survey (and accompanying Information Sheet), using whatever method was most

appropriate for their site, to carers who had used or were currently using the day respite service. They were also asked to distribute the Care Worker surveys to workers who provided direct care to clients of the day respite program. A separate form was provided to record the number of Carer and Care Worker survey forms *actually distributed*, to be returned using an attached reply paid envelope. These numbers were requested by the evaluators to enable calculation of response rates.

The surveys for Coordinators/Managers and CEOs/Directors were dispatched by email at the end of October to the site contacts. The emails contained information about the surveys, a link to the online surveys and a pdf version of each survey for those who wished to print and return a hardcopy. We requested that the site contacts forward the email to appropriate staff within their organisation, as well as completing the appropriate survey themselves.

A series of email reminders followed by telephone follow-up of specific sites confirmed that all but one site undertook distribution of the surveys during October and November 2009. ECH Inc's Ross Robertson Day Respite Service (Victor Harbor, SA) distributed their surveys in late November/early December 2009 due to staff leave.

2.2.4 DATA CAPTURE

The majority of returns arrived at AISR via reply paid envelopes during November and December 2009. The Coordinator/Manager and CEO/Director surveys were closed on 16th December, and no additional forms from those surveys were received after that date. When it became apparent that many survey forms were still being returned by carers and care workers in January and February, the closing date for those surveys was extended to **16th February 2010**.

The data from hardcopy forms were entered into systems specifically designed for these surveys, and data quality aspects were regularly monitored.

2.2.5 SAMPLE AND RESPONSE RATES

The number of people from each site who responded to each survey is shown in *Table 1* below - note that sites are listed alphabetically by name of organisation. There was very good representation across sites for the Carer and Care Workers surveys, with a total of **297** Carers and **104** Care Workers across *28 of the 31 sites* participating in the survey. Participation by other staff was somewhat lower, with **34** Coordinators/Managers from 19 sites and **13** CEOs/Directors from 10 sites participating in the surveys.

Table 1: Number of respondents, by Survey and Site

Residential Aged Care Facility	No. of respondents			
	Carers	Care Workers	Coordinators/Managers	CEOs/Directors
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	16	5	4	1
Aged Care Services Australia Inc, St Ives Group - Avalon Apartments & St Ives Eldercare (Myaree WA)	6	2	2	0
Alzheimer's Association of Qld - Garden City Retirement Home Respite Service (Upper Mount Gravatt QLD)	15	2	1	1
Australian Nursing Home Foundation - Dementia Respite for Carers of SE Asian Communities (So Wai) (Burwood NSW)	10	4	2	0
Catholic Care of the Aged - Cooinda Day Respite (Singleton NSW)	2	3	0	0
Catholic HealthCare - Warnervale Wellness Centre (Hamlyn Terrace NSW)	9	4	2	0
Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)	11	6	0	0
City of Swan Aged Persons Trust Inc - Morrison Lodge Day Respite Service (Midland WA)	0	0	1	1

Residential Aged Care Facility	No. of respondents			
	Carers	Care Workers	Coordinators/Managers	CEOs/Directors
ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)	12	3	0	0
Glenview Home Inc - Bisdee House Day Respite (Glenorchy TAS)	22	2	1	1
Grand United Property Trust (AURLS) - Constitution Hill Wellbeing and Respite Day Care Centre (Northmead NSW)	18	2	2	0
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	10	4	1	0
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)	6	4	0	0
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	8	2	0	0
Karingal Care Services - Day Respite (Devonport TAS)	7	7	0	2
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	16	5	2	0
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	13	5	0	0
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	12	4	1	0
Masonic Homes Inc - MHI Respite Service (Tiwi NT)	1	0	3	1
Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)	21	2	5	2
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	9	3	1	2
Resthaven - Hersey Cottage Respite Service (Marion SA)	10	1	0	0
Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)	24	0	0	0
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	5	9	1	1
Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)	6	1	0	0
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	3	8	1	0
Spiritus - Wide Bay (Kirami) Day Respite Service (Point Vernon QLD)	9	6	1	0
United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)	0	1	0	0
United Church Frontier Services - Rocky Ridge Day Respite (Katherine NT)	3	2	1	0
Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)	0	1	0	0
Warrigal Care - Day Respite (Goulburn NSW)	11	4	1	1
Facility in Melbourne metropolitan area, not further specified	2	0	0	0
Facility not stated	0	2	1	0
Total	297	104	34	13

Table 2 summarises response gaps, showing which sites provided no completed surveys, by stakeholder group. (Note that because some Service Directors and CEOs have multiple roles within their organization, some may have chosen to answer the survey of Day Respite Coordinators and Managers. This means that it is not possible to be accurate about non-response rates for this group of stakeholders.)

Table 2: Sites where no responses were obtained, by stakeholder group surveyed

Name of site and organisation	Stakeholder group		
	Carers	Care Workers	Care Coordinators
United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)			
Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)			
City of Swan's Aged Person Trust Inc - Morrison Lodge Day Respite Service (Midland WA).			
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)			
Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)			
Masonic Homes Inc - MHI Respite Service (Tiwi NT)			
Resthaven - Hersey Cottage Respite Service (Marion SA)			
ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)			
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)			
Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)			
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)			
Karingal Care Services - Day Respite (Devonport TAS)			
Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)			
Catholic Care of the Aged - Cooina Day Respite (Singleton NSW)			

As part of the survey distribution procedure, Day Respite Coordinators were asked to advise how many Carer and Care Worker survey forms had actually been distributed at their site, so that response rates could be calculated. *Only 12 of the 31 sites provided this information.* Based on that information, the response rates for each of those twelve sites individually, and as a group, were calculated.

Table 3 shows that the response rates across sites varied greatly, from 20.0% to 72.2% for Carers and from 6.7% to 100% for Care Workers, however, almost all of the site-specific response rates were 50% or higher. The *overall* response rate for these sites as a whole was **44.3%** for Carers and **60.0%** for Care Workers, which is a very good result for surveys of this nature and reflects the distribution efforts of the coordinators.

Table 3: Response rates for the surveys of Carers and Care Workers, for sites that provided information on the number of forms distributed

Residential Aged Care Facility	Response rate	
	Carers	Care Workers
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	55.2%	83.3%
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	45.5%	40.0%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	61.5%	100.0%
Karingal Care Services - Day Respite (Devonport TAS)	46.7%	87.5%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	45.7%	50.0%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	72.2%	71.4%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	52.2%	57.1%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	45.0%	60.0%
Resthaven - Hersey Cottage Respite Service (Marion SA)	23.8%	6.7%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	41.7%	90.0%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)*	20.0%	88.9%
Warrigal Care - Day Respite (Goulburn NSW)	40.7%	80.0%
Total	44.3%	60.0%

* The Coordinator for Spiritus Bundaberg advised that some carers were away at the time the survey was distributed, and furthermore that two carers refused to participate in the survey.

We did not have sufficient information to calculate site-specific response rates for the surveys of Coordinators/Managers and CEOs/Directors. However we can report that the percentage of sites at which at least one Coordinator/Manager participated in our survey was **61.3%**, and the percentage of sites at which at least one CEO/Director participated was **32.3%**. There were 20 sites (64.5%) where at least one Coordinator/Manager *and/or* at least one CEO/Director participated in a survey. Hearing from managerial staff at nearly two thirds of the sites is a good result considering the potential barriers to distributing these surveys and to gaining participation from this group.

2.2.6 DATA ANALYSIS

Data were cleaned, coded and analysed using SPSS (PASW Statistics) V18.0. The cleaning phase included checking for data entry errors, checking internal consistency, and managing missing data. For cases where the respondent had not written the name of the Residential Aged Care Facility on their survey form, this was deduced if possible from other items on the form, such as, postcode.

The coding phase included coding the written information from “Other” responses into categorical data, and coding the information from the language, country of birth and culture-related items to the ABS standard classifications for each of those items. The classifications used were –

- Standard Australian Classification of Countries (SACC), Second Edition, 2008, ABS Cat. No. 1269.0
- Australian Standard Classification of Languages (ASCL), 2005-06, ABS Cat. No. 1267.0
- Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2005-06, ABS Cat. No. 1249.0.

The postcodes of facilities and residential postcodes of carers were coded to remoteness categories using the ASGC Remoteness Structure (RA) Digital Boundaries (ABS Cat. No. 1259.0.30.004) to enable geographic analysis.

Statistical comparisons between the surveys were undertaken using Kruskal-Wallis tests (for >2 groups) and Mann-Whitney tests (for 2 groups and for post-hoc pairwise comparisons). These non-parametric tests were chosen due to the grossly unequal sample sizes and the non-normality of the response distributions. The Holm’s sequential Bonferroni method² was used to assess the significance of results from post-hoc pairwise comparisons.

Graphical presentation of results was undertaken using Microsoft Excel. Written comments were inspected and analysed using qualitative methods.

2.2.7 INFORMATION SECURITY AND STORAGE

After data entry and data cleaning was complete, the hardcopy survey forms were bundled and stored in AISR’s secure storage area. All electronic data files were stored on a secure network which was only accessible to AISR staff involved in the project.

² Holm, S. (1979). A simple sequential rejective multiple test procedure. *Scandinavian Journal of Statistics*, 6:65-70.

3 FINDINGS

3.1 SURVEY OF CARERS

3.1.1 THE SURVEY SAMPLE

A total of **297** carers across *28 of the 31 sites* responded to the Carer Survey, as shown in *Table 4* below. Note that the sites are listed alphabetically by name of organisation. There are **no** carers represented from day respite services offered by United Church Frontier Services - *Pulkapulka Kari Day Respite* (Tennant Creek NT); Uniting Church Homes Inc - *Bethavon Day Respite* (Northam WA) and the City of Swan's Aged Person Trust Inc - *Morrison Lodge Day Respite Service* (Midland WA).

Table 4: Number of Carers who responded to the survey, by Site

Residential Aged Care Facility	No.	%
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	16	5.4%
Aged Care Services Australia Inc, St Ives Group - Avalon Apartments & St Ives Eldercare (Myaree WA)	6	2.0%
Alzheimer's Association of Qld - Garden City Retirement Home Respite Service (Upper Mount Gravatt QLD)	15	5.1%
Australian Nursing Home Foundation - Dementia Respite for Carers of SE Asian Communities, So Wai Centre (Burwood NSW)	10	3.4%
Catholic Care of the Aged - Cooina Day Respite (Singleton NSW)	2	.7%
Catholic HealthCare - Warnervale Wellness Centre (Hamlyn Terrace NSW)	9	3.0%
Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)	11	3.7%
City of Swan Aged Persons Trust Inc - Morrison Lodge Day Respite Service (Midland WA)	0	.0%
ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)	12	4.0%
Glenview Home Inc - Bisdee House Day Respite (Glenorchy TAS)	22	7.4%
Grand United Property Trust (AURLS) - Constitution Hill Wellbeing and Respite Day Care Centre (Northmead NSW)	18	6.1%
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	10	3.4%
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)	6	2.0%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	8	2.7%
Karingal Care Services - Day Respite (Devonport TAS)	7	2.4%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	16	5.4%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	13	4.4%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	12	4.0%
Masonic Homes Inc - MHI Respite Service (Tiwi NT)	1	.3%
Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)	21	7.1%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	9	3.0%
Resthaven - Hersey Cottage Respite Service (Marion SA)	10	3.4%
Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)	24	8.1%

Residential Aged Care Facility	No.	%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	5	1.7%
Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)	6	2.0%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	3	1.0%
Spiritus - Wide Bay (Kirami) Day Respite Service (Point Vernon QLD)	9	3.0%
United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)	0	.0%
United Church Frontier Services - Rocky Ridge Day Respite (Katherine NT)	3	1.0%
Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)	0	.0%
Warrigal Care - Day Respite (Goulburn NSW)	11	3.7%
Facility in Melbourne metropolitan area, not further specified	2	.7%
Total	297	100.0%

As part of the survey distribution procedure, Day Respite Coordinators were asked to advise how many Carer Survey forms had actually been distributed at their site, so that response rates could be calculated. *Only 12 sites provided information on how many survey forms had been distributed.*

As **Error! Not a valid bookmark self-reference.** indicates, response rates for those 12 sites varied greatly, from 20.0% to 72.2%, however, the overall response rate for those sites as a whole was **44.3%**, which is a very good result for surveys with time-poor and often stressed clients, and is testament to the distribution efforts of the site coordinators.

The four **highest** site-based response rates, with more than 50 per cent of carers responding, came from day respite services provided by Mandurah Retirement Village Inc - *Coolibah Day Centre* (Mandurah WA) (72.2%), Jewish Care Victoria - *Stepping Out Day Respite* (Melbourne) (61.5%), ACH Perry Park - *Riverview Day Respite Service* (Port Noarlunga SA) (55.2%) and Manningham Centre Association - *Day Guest Respite Service* (Doncaster VIC) (52.2%).

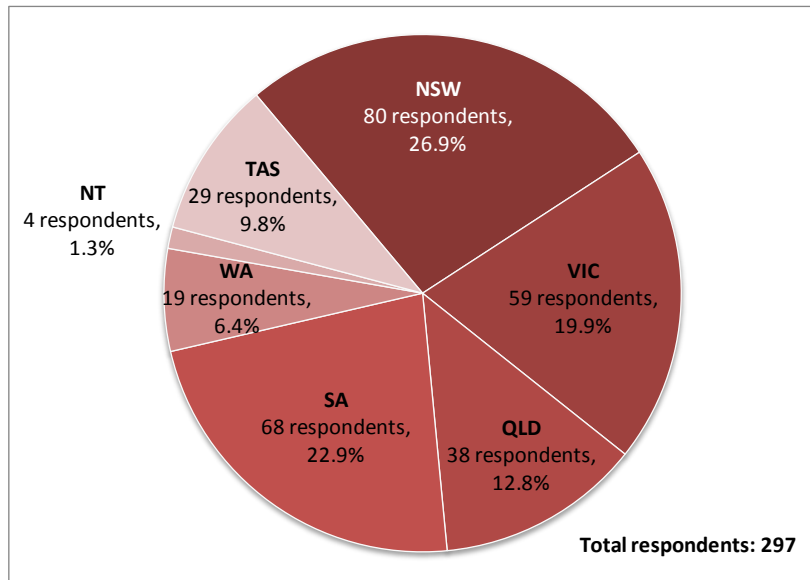
Table 5: Response rates for the Survey of Carers, for the 12 sites that provided information on the number of forms actually distributed

Residential Aged Care Facility	No. of Carer Survey forms distributed	No. of responses received	Response rate
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	29	16	55.2%
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	22	10	45.5%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne)	13	8	61.5%
Karingal Care Services - Day Respite (Devonport TAS)	15	7	46.7%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	35	16	45.7%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	18	13	72.2%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	23	12	52.2%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	20	9	45.0%
Resthaven - Hersey Cottage Respite Service (Marion SA)	42	10	23.8%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	12	5	41.7%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)*	15	3	20.0%
Warrigal Care - Day Respite (Goulburn NSW)	27	11	40.7%
Total	271	120	44.3%

* The Coordinator for Spiritus Bundaberg advised that some carers were away at the time the survey was distributed, and furthermore that two carers refused to participate in the survey.

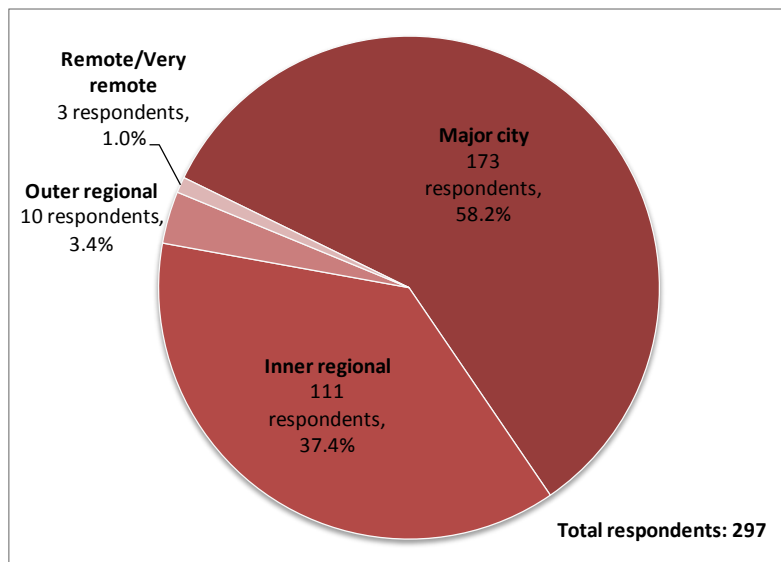
As would be expected, the majority of respondents were from the larger States. However, there appears to be a relative over-representation from SA and an under-representation from WA.

Figure 1: Carers who responded to the Survey, by State



Almost all of the carers who responded to the survey were either using the day respite facilities in major city areas (58.2% of respondents) or inner regional areas (37.4% of respondents), and 1.0% were from remote to very remote locations - as shown in Figure 2 below.

Figure 2: Carers who responded to the survey, by Remoteness Area³



³ ASGC Remoteness Structure (RA) Digital Boundaries (ABS Cat. No. 1259.0.30.004).

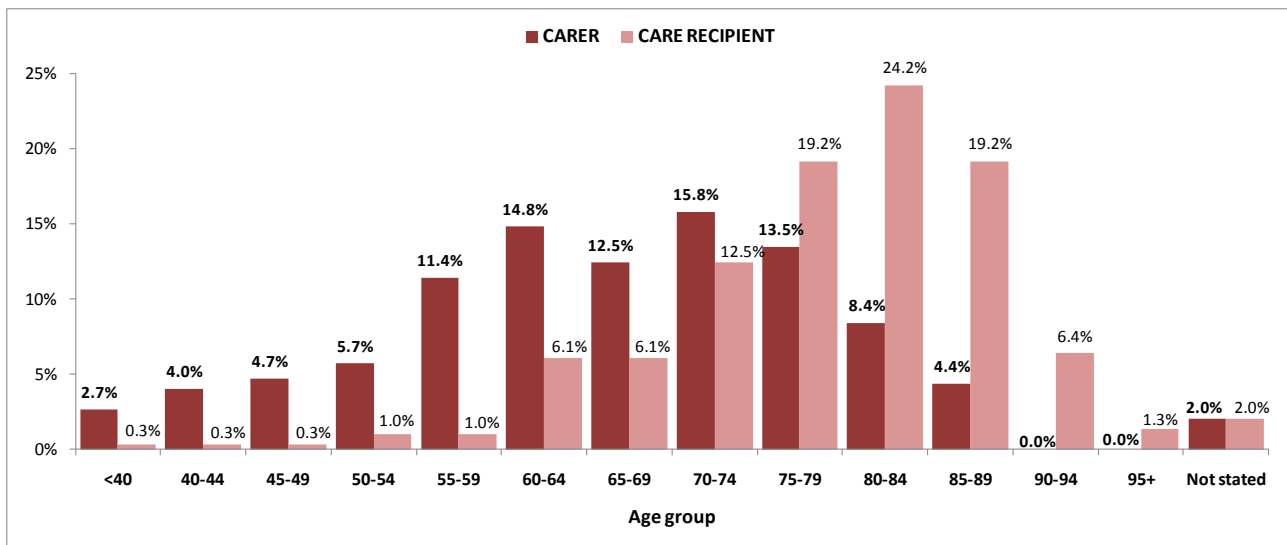
3.1.1.1 DEMOGRAPHIC PROFILE

Carers were asked to provide the following demographic information about themselves and the person they care for - age, sex, marital status, Indigenous status, country of birth, main language spoken at home, cultural background(s).

The majority of Carers were **female** (74.1%), while the gender split for Care Recipients was approximately equal (50.5% female).

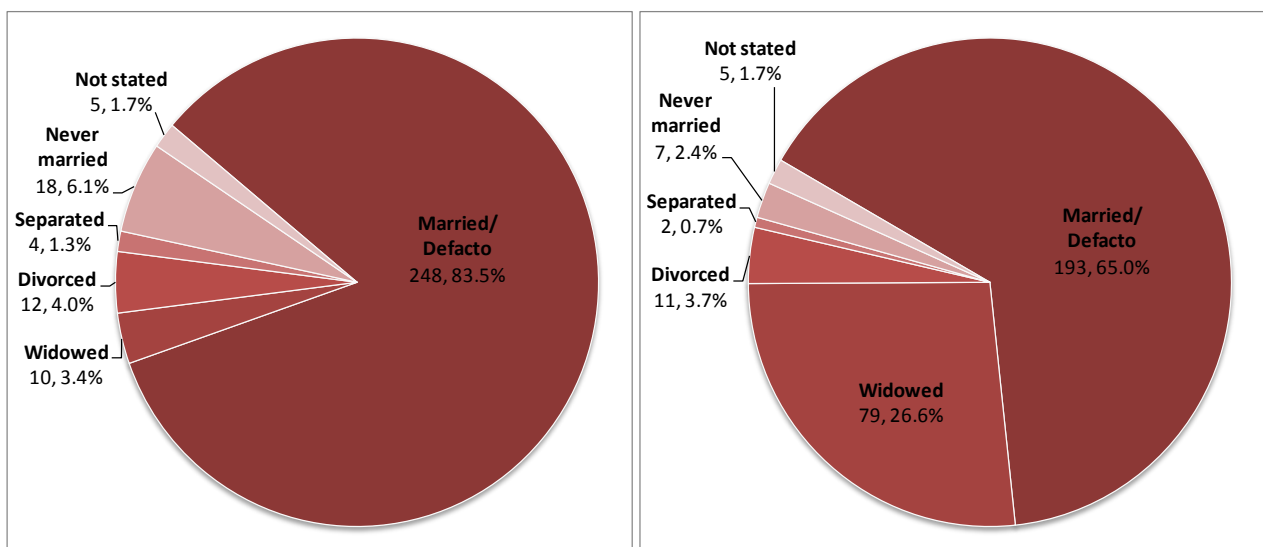
The age profile of Carers and Care Recipients in our sample illustrates the tendency for carers of people with age-related difficulties to be younger than the people they care for (see Figure 3 below). The median age of the Carers who responded to our Survey was **65 years**, and the median age of the Care Recipients was **80 years**. Over half of all Care Recipients were aged 80 years or over, whereas the majority of Carers were under 70 years of age.

Figure 3: Age profile of Carers and Care Recipients



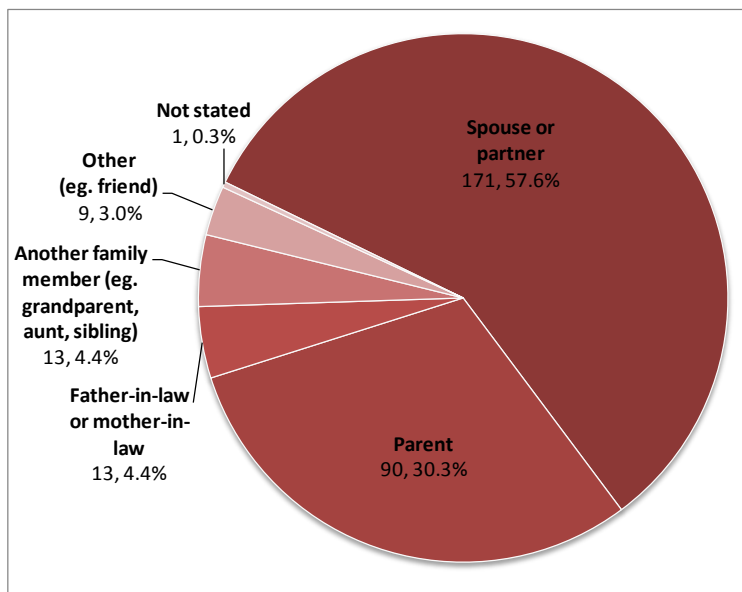
In keeping with the age profile of the Carers and Care Recipients, over a quarter (26.6%) of Care Recipients had been widowed, compared with only 3.4% of Carers – see Figure 4.

Figure 4: Marital status of Carers (left) and Care Recipients (right)



Most commonly, Carers were caring for their spouse or partner (57.6%) or their parent (30.3%) – see Figure 5.

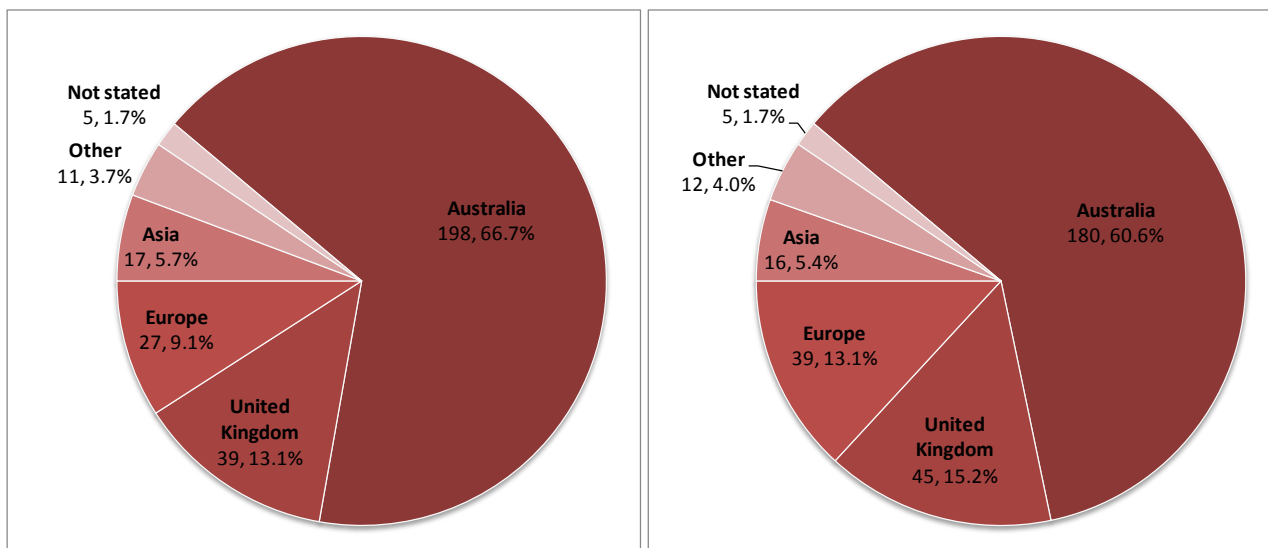
Figure 5: Carer’s relationship to the person in their care



One Carer and two Care Recipients identified as being of Aboriginal or Torres Strait Islander origin, although note that ten people chose not to answer this question.

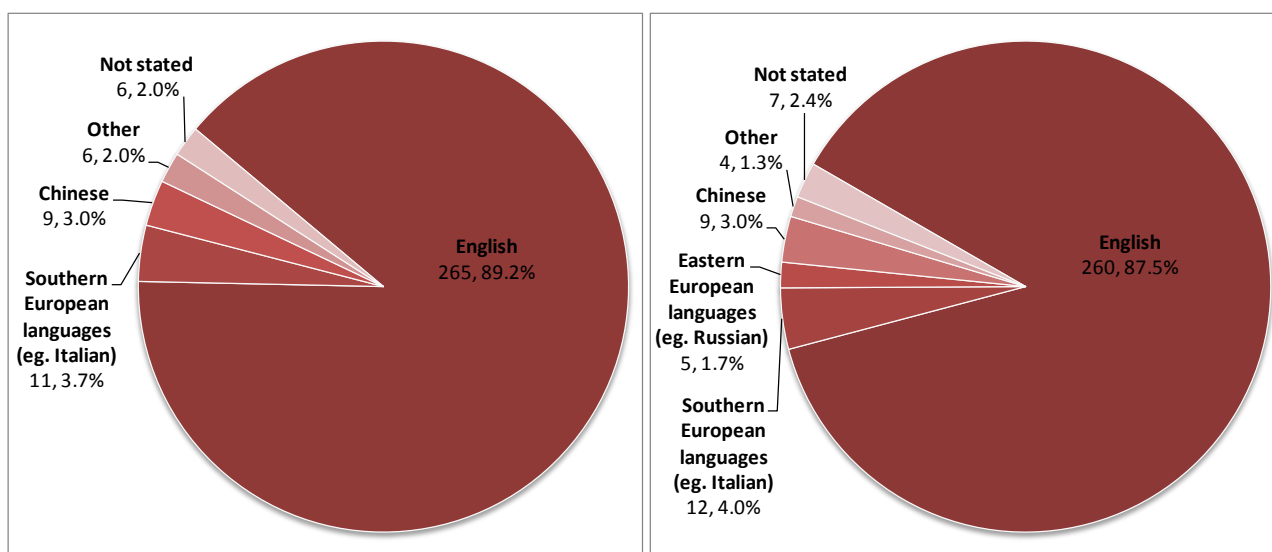
Two thirds (66.7%) of Carers and 60.6% of Care Recipients had been born in Australia, with the remainder split mainly across the United Kingdom, other European countries, and Asia – see Figure 25 below. Forty six carers (15.5%) were born in a non English speaking country.

Figure 6: Country of birth of Carers (left) and Care Recipients (right)



English was the main language spoken at home for 89.2% of Carers and 87.5% of Care Recipients. Of those who did not speak English at home, common languages included Italian, Chinese and Russian (reflecting the profile of the main ethno-specific services in the program – see Figure 7.)

Figure 7: Main language spoken at home by Carers (left) and Care Recipients (right)



Carers were also asked to describe their cultural background and that of the person they care for, listing as many cultures as necessary – see *Table 6*. This showed that the most common cultural backgrounds, after Australian and British/UK, were Southern European (4.4% of the sample), and Chinese Asian (4.0% of carers and 3.7% of care recipients), followed by a combination of eastern and south eastern European (4.0% of carers and 3.3%).

Table 6: Cultural backgrounds of Carers and Care Recipients

	Carers		Care Recipients	
	No. of responses	% of respondents*	No. of responses	% of respondents*
Australian	175	58.9%	169	56.9%
Australian Indigenous	0	.0%	0	.0%
New Zealander or Maori	3	1.0%	3	1.0%
Polynesian	0	.0%	1	.3%
British/UK (eg. English, Scottish, Welsh) or Irish	35	11.8%	36	12.1%
Western European (eg. Dutch, French, German)	5	1.7%	6	2.0%
Southern European (eg. Italian, Maltese, Spanish)	13	4.4%	13	4.4%
South Eastern European (eg. Greek, Romanian, Serbian)	8	2.7%	6	2.0%
Eastern European (eg. Czech, Polish, Russian)	4	1.3%	4	1.3%
Middle Eastern (eg. Egyptian, Lebanese, Iranian)	1	.3%	1	.3%
Jewish	7	2.4%	9	3.0%
African or South African	2	.7%	1	.3%
South East Asian (eg. Filipino, Thai, Vietnamese)	6	2.0%	4	1.3%
Chinese Asian (eg. Chinese, Manchu, Taiwanese)	12	4.0%	11	3.7%
Central Asian (eg. Afghan, Armenian)	0	.0%	1	.3%
North American (eg. American, Canadian)	0	.0%	1	.3%

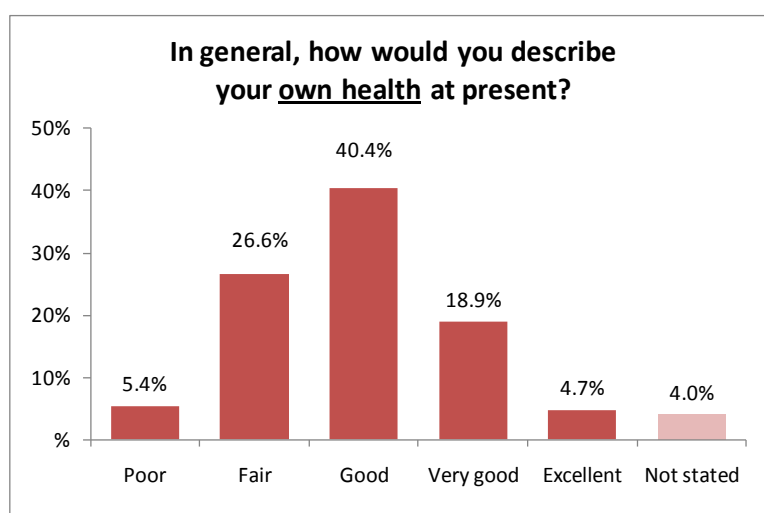
	Carers		Care Recipients	
	No. of responses	% of respondents*	No. of responses	% of respondents*
South or Central American (eg. Chilean, Mexican)	1	.3%	1	.3%
Not stated	56	18.9%	55	18.5%

* Respondents could specify more than one cultural background, therefore the total does not add to 100%.

3.1.1.2 HEALTH STATUS OF CARERS

Carers were asked to describe their health, including any disabilities and chronic health conditions. Over 60% of Carers described their current health as *Good, Very Good or Excellent*, while 32% rated their health as *Fair or Poor* – see *Figure 8*.

Figure 8: Carers’ description of their present health



The evaluators have further analysed information provided about carer disability and chronic health conditions, and found that approximately one third (34%) of Carers reported at least one disability, and 4.4% reported more than one disability. The most commonly reported type of disability was Physical disability (21.2% of Carers) – see *Table 7* below.

Table 7: Disabilities reported by Carers – listed in descending order of frequency

	No. of responses	% of respondents*
<i>No disability</i>	171	57.6%
Physical disability	63	21.2%
Hearing problems	34	11.4%
Sight problems (not corrected by glasses/contacts)	16	5.4%
Intellectual disability	2	.7%
Learning disability	1	.3%
Not stated	25	8.4%

* Respondents could specify more than one disability, therefore the total does not add to 100%.

More than half (56.5%) of the Carers reported at least one chronic health condition, and nearly a quarter (23.2%) of all Carers indicated that they had more than one chronic health condition. Over a third of Carers (37.0%) reported Bone, Muscle or Joint problems – see *Table 8* below.

Table 8: Chronic health conditions reported by Carers - listed in descending order of frequency

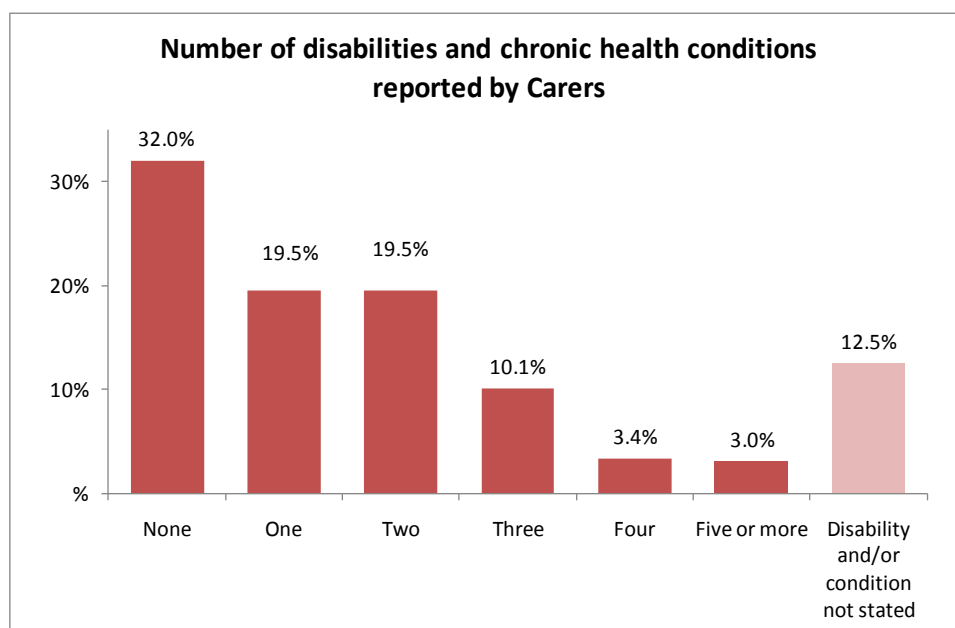
	No. of responses	% of respondents*
No chronic health conditions	103	34.7%
Bone, muscle or joint problems (eg. arthritis, osteoporosis, back problems)	110	37.0%
Heart condition	30	10.1%
Diabetes	26	8.8%
Lung condition (eg. asthma, emphysema)	20	6.7%
Mental health condition (eg. significant depression or anxiety)	20	6.7%
Cancer	16	5.4%
Injury	11	3.7%
Other chronic health condition	26	8.8%
Not stated	26	8.8%

* Respondents could specify more than one chronic health condition, therefore the total does not add to 100%.

Taking information on disabilities and chronic health conditions together –

- nearly one third of Carers (32.0%) reported that they had no disabilities and no chronic health conditions;
- 39.0% reported one or two disabilities and/or chronic health conditions; and
- 16.5% reported three or more disabilities/conditions – see *Figure 9*

Figure 9: Number of disabilities and chronic health conditions reported by Carers



3.1.1.3 RESPONSIBILITIES OF CARERS

Very few Carers (8.4%) identified as having no additional responsibilities beyond caring for the person attending day respite, and caring for themselves (note that approximately one-third of Carers are in poor health themselves). Domestic responsibilities were most frequently cited (75.1%), followed by working part time or casual work (16.2%), volunteer work (14.8%) and caring for another adult (13.5%) – see *Table 9*.

Table 9: Other current responsibilities of Carers, in addition to caring for the person attending the day respite service – listed in descending order of frequency

	No. of responses	% of respondents*
<i>No other responsibilities</i>	25	8.4%
Domestic responsibilities	223	75.1%
Working part time or casually	48	16.2%
Volunteer work	44	14.8%
Caring for another adult (ie. in addition to the person receiving the day respite service)	40	13.5%
Working full time	33	11.1%
Child care	31	10.4%
Studying	13	4.4%
<i>Not stated</i>	17	5.7%

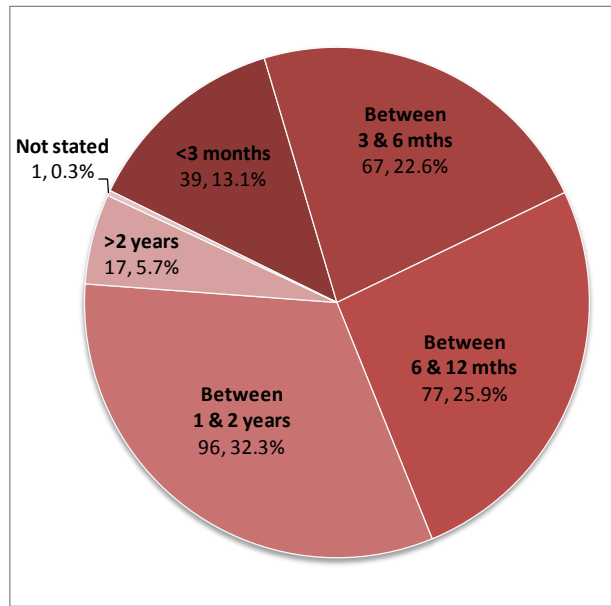
* Respondents could specify more than one chronic health condition, therefore the total does not add to 100%.

Further analysis revealed that nearly half (49.2%) of the Carers had responsibilities *other than or in addition to* domestic responsibilities, mostly having one other non-domestic responsibility from the list shown in *Table 9*. A further subgroup of Carers listed two non-domestic responsibilities in addition to their domestic responsibilities (13.8% of respondents), and 3.4% listed three or more additional responsibilities.

3.1.2 USE OF THE DAY RESPITE SERVICE

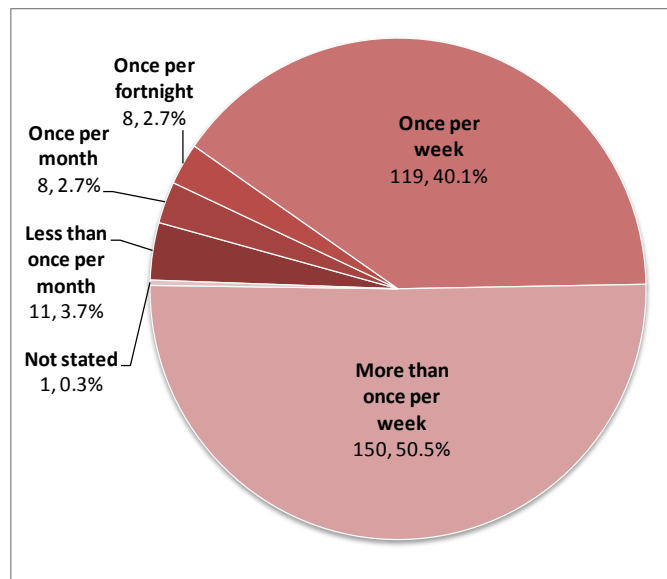
Nearly two thirds of the Carers (64.0%) who responded to the survey had been using the day respite service for *at least six months* – see *Figure 10* below.

Figure 10: Duration of attendance (ie. how long the care recipient had been attending the day respite program)



Around half of the Carers (50.5%) had been using the service *more than once per week* on average, and a further 40.1% had been using the service *weekly* – see *Figure 11* below.

Figure 11: Frequency of attendance (how often the care recipient attends the day respite program)



When asked about the main needs of the person in their care, nearly three quarters (74.7%) of Carers indicated *Dementia/Memory loss*, and 48.1% indicated that the person in their care had *frailty/poor mobility* – see *Table 10*.

Table 10: Main difficulties of the care recipient – listed in descending order of frequency

	No. of responses	% of respondents*
Dementia/Memory loss issues	222	74.7%
Frail, with mobility issues	143	48.1%
Unwell/in poor health	64	21.5%
Difficult to manage behaviour	45	15.2%
Psychosocial issues (eg. isolation, depressed mood)	8	2.7%
Other issues	8	2.7%
Not stated	1	.3%

* Respondents could specify more than one main difficulty, therefore the total does not add to 100%.

Main reasons given by Carers for using the Day Respite Program included providing the care recipient with an opportunity to socialise (77.4%) and giving the carer a break (68.4%) – see Table 11.

Table 11: Carers' reasons for using the day respite service – listed in descending order of frequency

Reason	No. of responses	% of respondents*
To provide the care recipient with an opportunity to socialise more	230	77.4%
To give the carer 'time out' / a break	203	68.4%
To provide the care recipient with an opportunity to participate in activities that help with their condition	181	60.9%
To delay the need to place the care recipient in full time care	148	49.8%
To give the carer time for their other responsibilities	134	45.1%
The carer's own health issues	86	29.0%
To give the carer time to work	54	18.2%
Other	7	2.4%
Not stated	8	2.7%

* Respondents could specify more than one main reason, therefore the total does not add to 100%.

3.1.3 RATING THE LOCATION OF DAY RESPITE IN A RESIDENTIAL CARE SETTING

Carers were asked to rate, on a five point Likert scale, their views on the day respite service and its location in a residential setting. As can be seen from *Figure 12*, which provides details on individual issues that were explored, and from *Figure 13* which summarises the ratings by showing the mean score for each item (higher mean scores indicate greater agreement), carers were most likely to rate the day respite service in residential aged care as *providing more activities for the care recipient* compared to other day respite services (average rating 4.1 out of a maximum 5.0) and *enhancing carers' access to overnight/residential respite* offered by the facility (average rating 4.0).

Some had been deterred by bringing the person in their care into a residential environment and the continuation of such concerns had reduced, but remained for some. Most were also *less anxious about the person in their care going into full time residential care* at some point in the future (average rating 3.8).

Figure 12: Carers' views on the day respite service – Distribution of responses

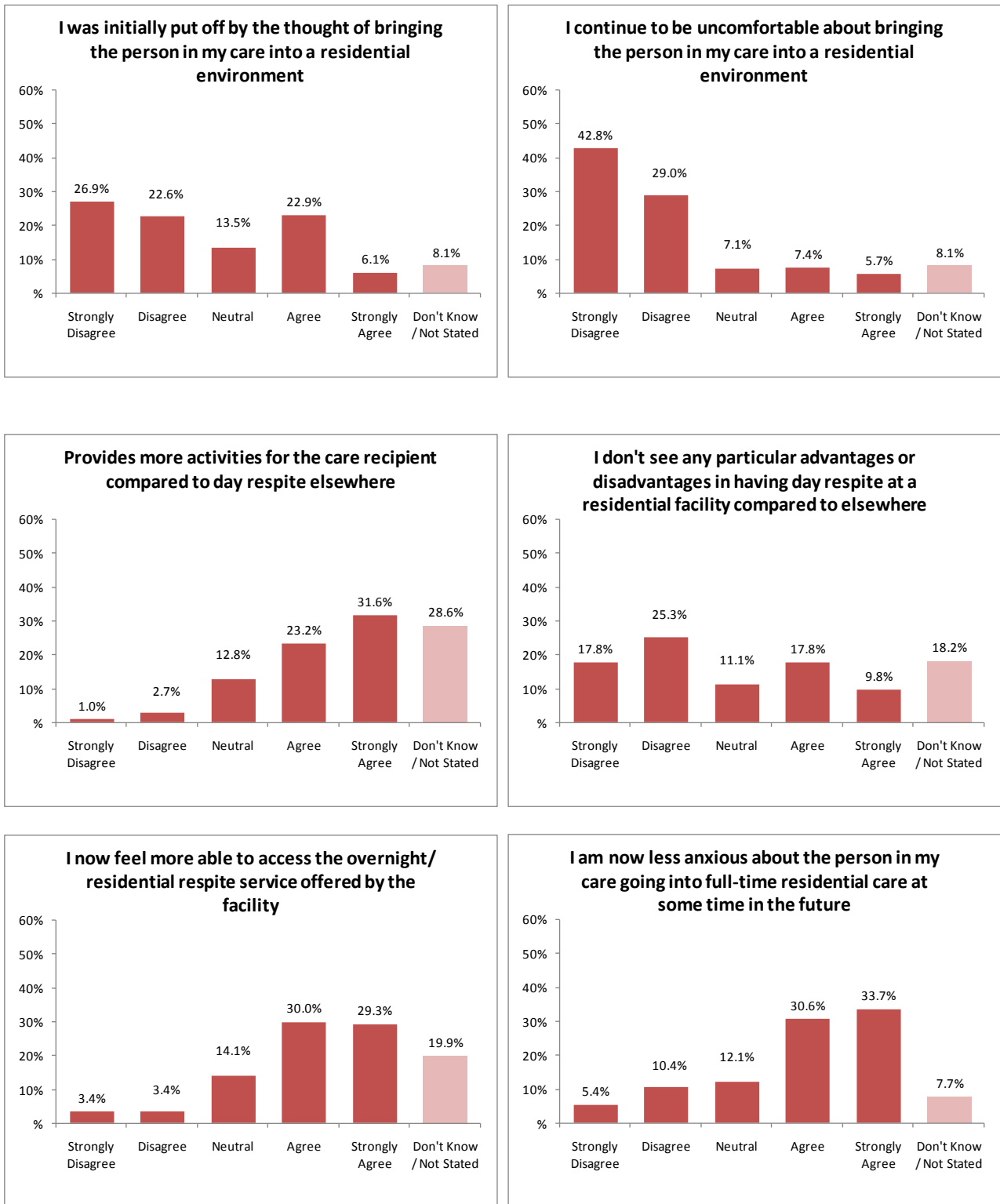
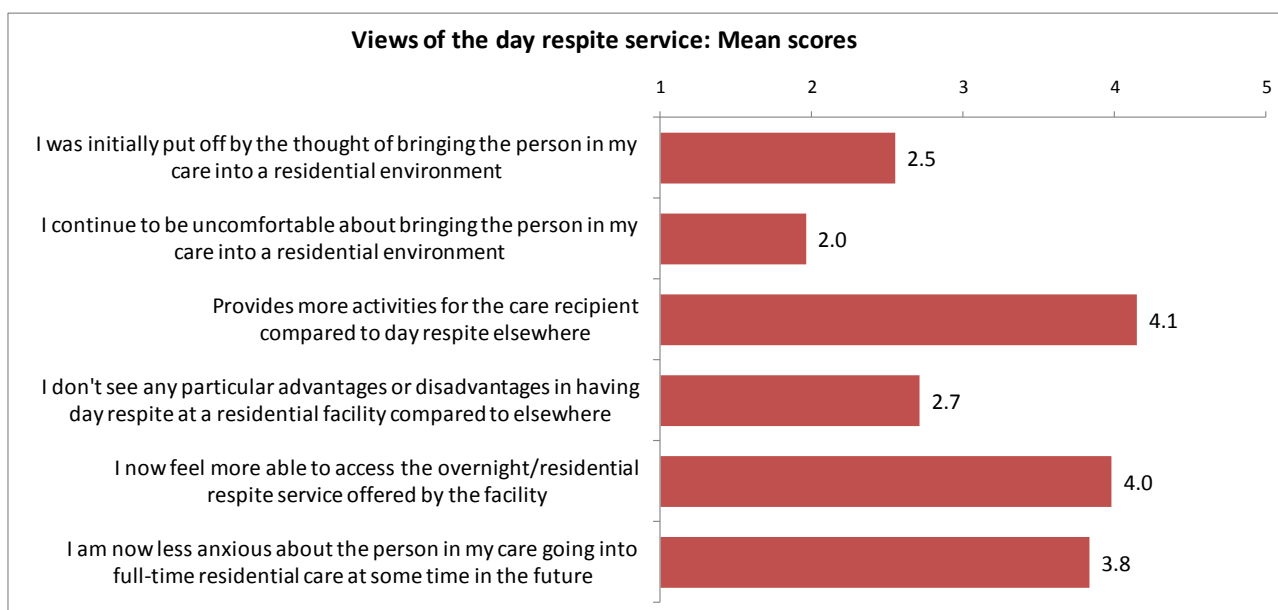


Figure 13: Carers' views on the day respite service – Mean scores



Additional comments were provided by 37 carers, the majority of whom were simply adding positive and general feedback.

'My wife would love to go more often.'

'This day care program is a big help for me.'

'If it was not for day care my husband would already be in a nursing home.'

'I am more prepared for the future with the steps I have taken for him to attend respite care.'

Two carers commented on the benefits for residents and day respite recipients emanating from a shared environment and resources.

'Ability to access aged care facility programs/activities.'

'I believe that having the Day Respite is positive for the residential facility as they sometimes participate in an activity together e.g. celebrating Chinese New Year etc.'

Six carers commented on the bridge to residential care provided by the day respite service.

'Providing day respite at the residential centre prepares the person for full care and they consider they are already part of that community or group etc.'

'Gives the person in care a 'taste' of the facility.'

'Happy about residential care because mum will feel familiar with the place with the time comes that she will need full time care.'

'Think having Day Care attached to residential care good. It gives client a chance to get used to environment and friends used to the idea of where client will be.'

'Day respite prepared him for overnight respite and possible placement at the same facility.'

'Having day respite in this facility provides a great way to introduce the person to the facility and make them and myself more comfortable.'

Four carers noted their own or the care recipient's reluctance to be in a residential environment.

'I was worried he wouldn't settle.'

'Person I care for is uncomfortable in a residential environment.'

'Mum is adamant she doesn't want to go into full-time residential care.'

'Regarding other parts of the Day Respite provided by ... [name of service], my husband will not willingly go. While the facilities are excellent they are still obviously part of an institution and do not provide the homelike atmosphere best suited to Dementia sufferers. The other Day Respite that I use is in a more homelike facility and is now my husband's second home. This same facility also provides overnight respite when required. I hope I can continue to care for my husband into the future without him requiring full time residential care.'

3.1.4 RATING THE KEY FEATURES OF THE DAY RESPITE SERVICE

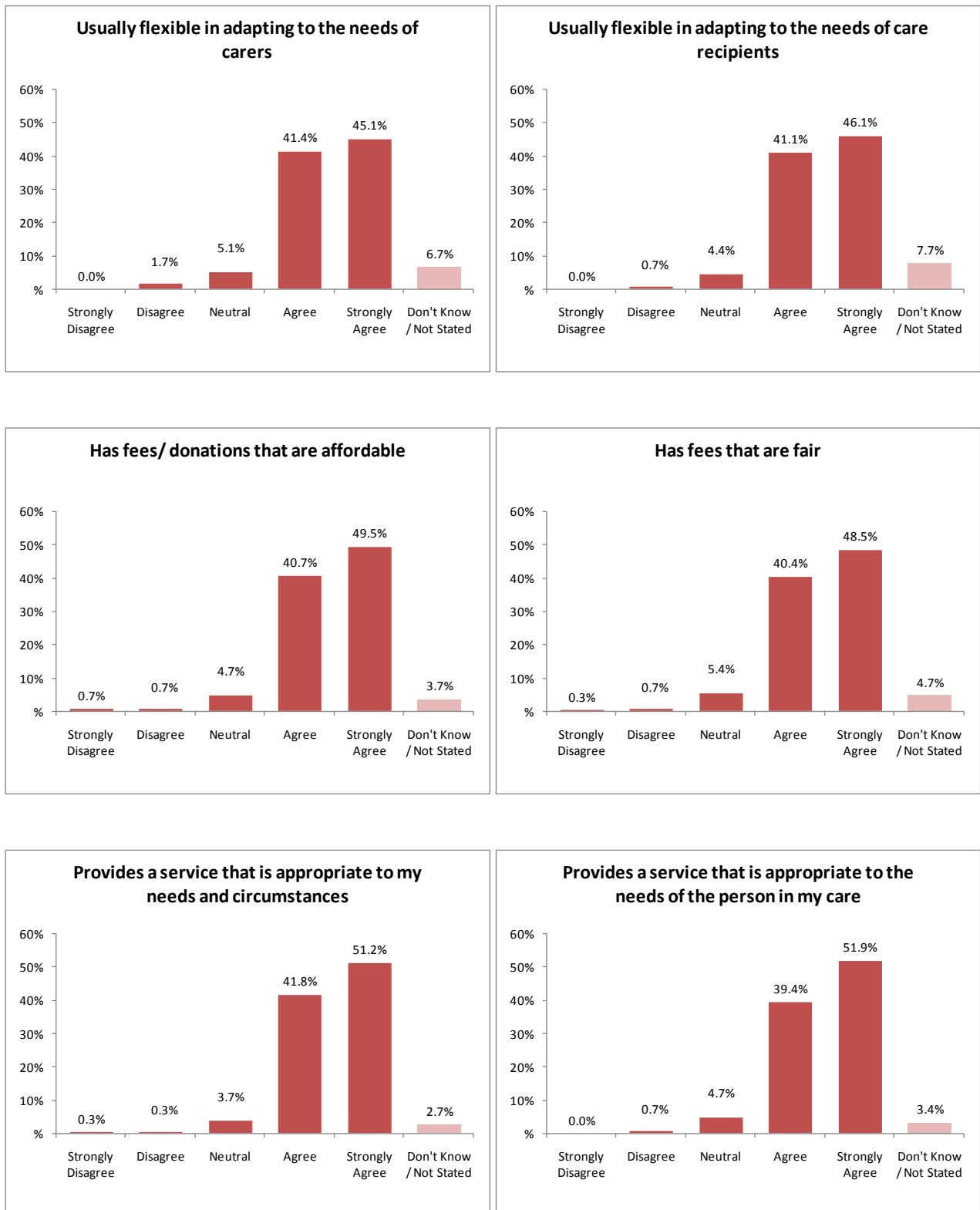
Carers were asked to rate their day respite service on a number of key features –

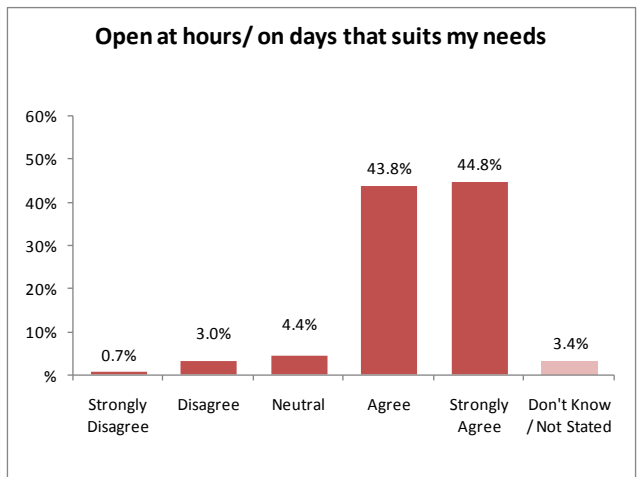
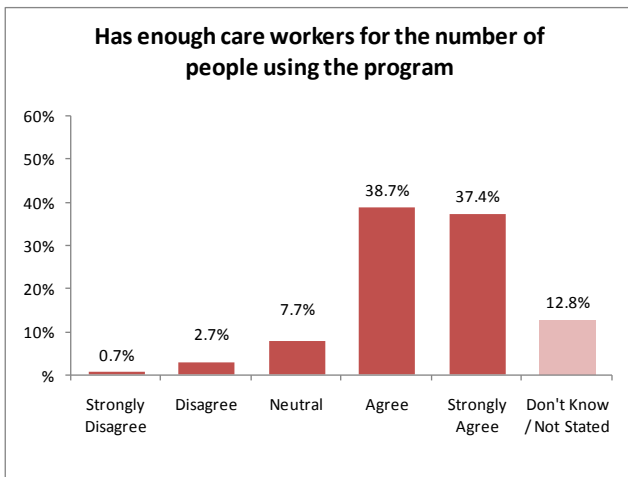
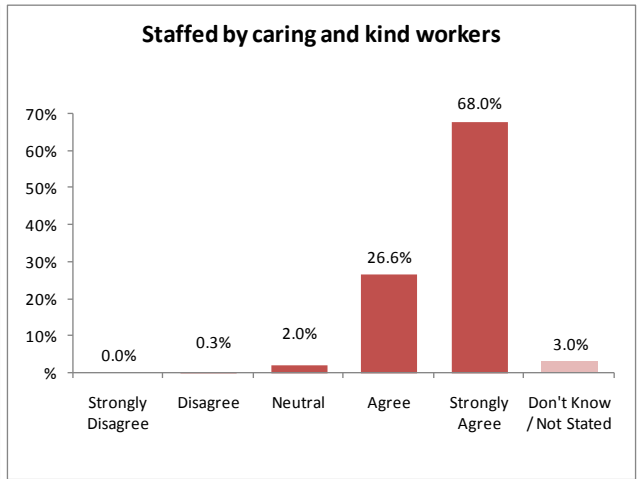
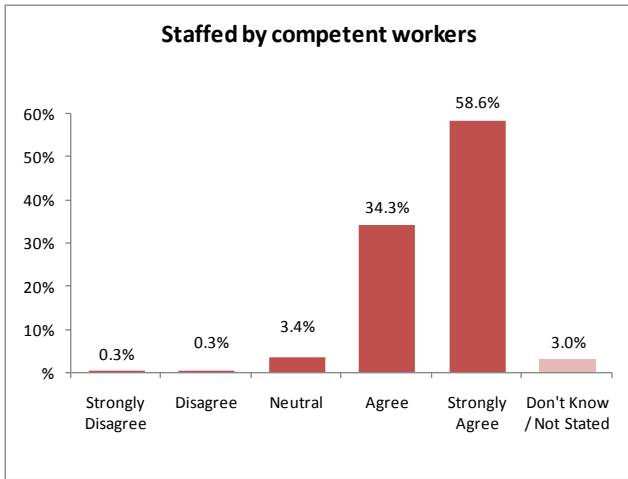
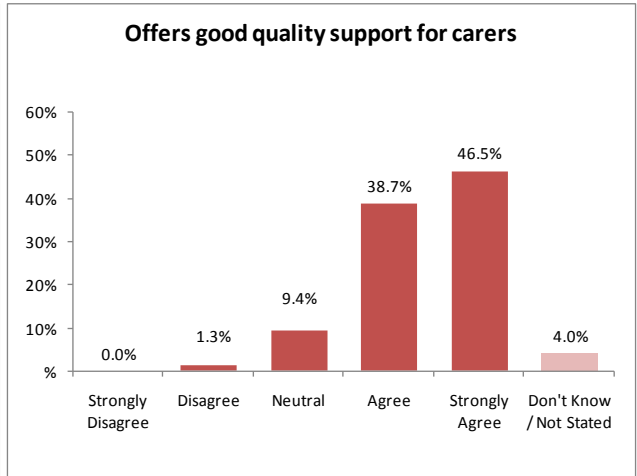
- its *flexibility* in adapting to their needs, and to the needs of care recipients,
- the *appropriateness* of the service for the needs of carers and care recipients,
- the *affordability* and fairness of fees or donations sought,
- the *quality of the care* and support provided to carers and care recipients,
- the degree to which staff were *competent, and caring*
- the degree to which *sufficient staff* were being employed,
- the degree to which *opening hours and days* meet the needs of carers,
- the degree to which *sufficient hours and days* are provided to meet those needs,
- the provision of *transport* to and from the service,
- *linkage* of carers to other services which they may need,
- the provision of a *safe* environment for care recipients,
- the provision of a *linguistically accessible and appropriate* service,
- the provision of a *culturally accessible and appropriate* service.

Details appear about each of these features in *Figure 14*, and average ratings for each feature appear in

Figure 15.

Figure 14: Carers' opinion of features of their day respite service – Distribution of responses





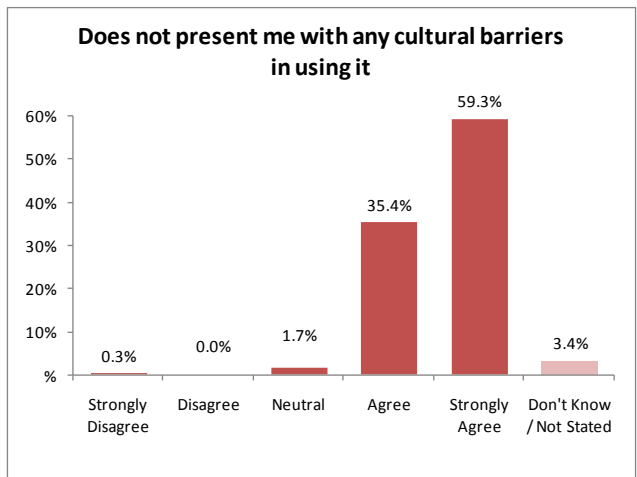
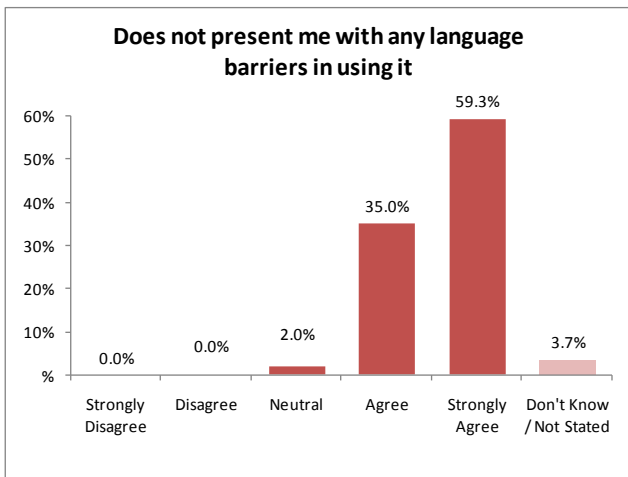
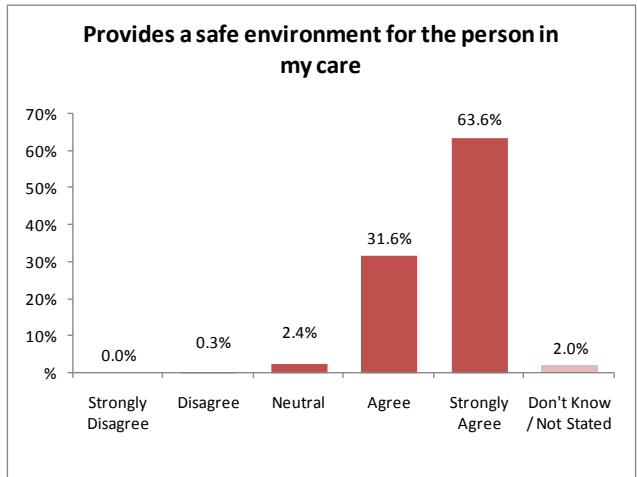
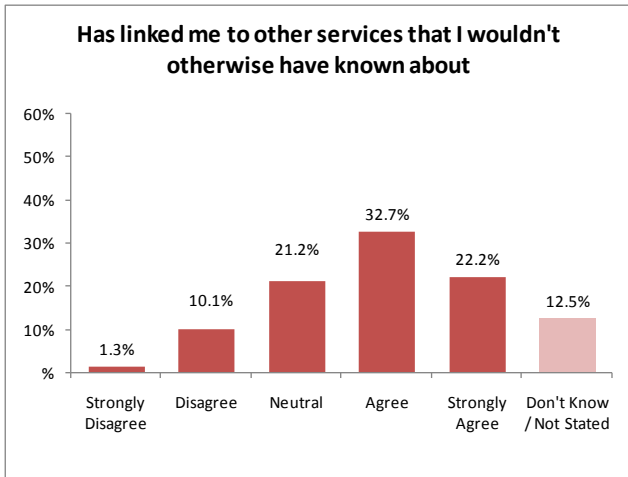
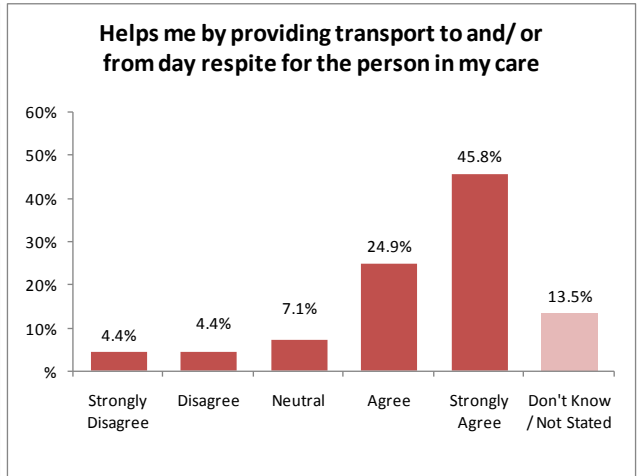
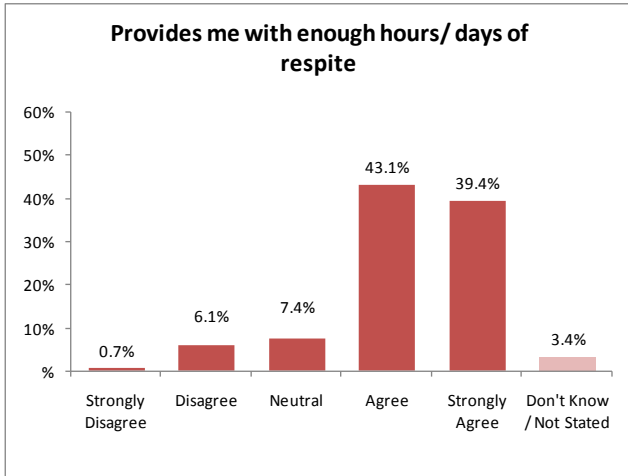
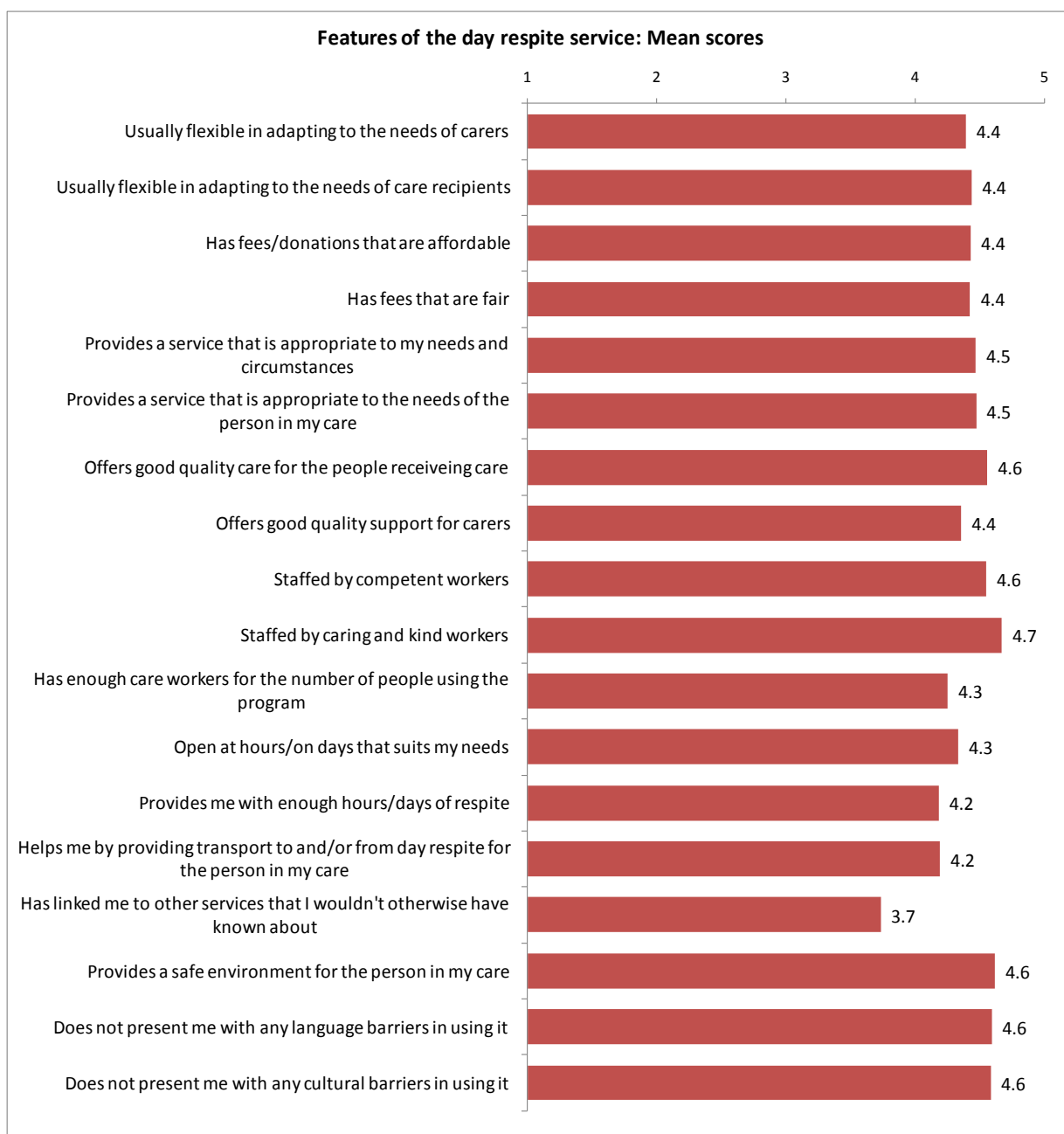


Figure 15: Carers' opinion of the features of their day respite service – Mean scores



As Figure 15 indicates, all but one of these features were positively assessed by carers with average ratings of 4.2 to 4.7.

The only feature receiving a **lower** rating (average 3.7) was the linking of carers to other services that they would not otherwise have known about.

The **highest** average rating (4.7) was given to the caring and kind staff of the day respite service, closely followed by the provision of quality care for care recipients, provision of a safe environment for care recipients, staffing with competent workers, and provision of a linguistically and culturally accessible service (all with average ratings of 4.6). **These responses indicate a strong level of endorsement by carers providing survey feedback about the day respite service.**

Carers were given the opportunity to provide additional information, and those who disagreed with any of these rating scale statements about the features of the day respite service were asked to provide reasons in open-ended comment. A total of **79** individuals provided further feedback - 47 of whom provided an explanation of their rating that indicated disagreement with the statements. Of these 47, most (70.2%) expressed *dissatisfaction with insufficient resourcing* in relation to -

a) **limited or no transport services** (13 carers)

'Transport not available at this centre.'

'Sometimes I'm not around for pick up/drop off.'

'No transport available for some clients.'

'Do not provide transport as we live 10 mins away from the centre and are deemed 'out of the area'.'

'I have to drive my husband to the facility and at present with this operation unable to drive so very costly to provide transport. Taxis are unsafe so have to use limousines.'

'Mobility of person is not suitable for bus type transport.'

b) **insufficient staff** (9 carers)

'Recent reductions in staff mean that bookings have to be made well in advance. Not very helpful, things crop up suddenly.'

'Staff stretched to being overtired. Seem to require more staff able to drive buses.'

'Hours not long enough and has to attend two residential high-care centres. (Working carer of high-care recipient)'

'I would have liked my dad to attend the centre more than one day and extend the time bringing my dad home.'

'If staff are off sick, puts pressure on other staff, they seem overloaded.'

I do not know the ratio of care workers to clients there often appear to be a lot of clients in the room with 2 carers.'

'Enough care workers: The care coordinator is hardworking caring professional but I believe she could have one extra helper/volunteer alongside to lessen the waiting list and to assist them.'

c) **Insufficient respite hours/days** (11 carers)

'I would like respite to be available at the weekend. Having no family it is tiring caring for a hyperactive 90 year old on my own.'

'Hours - it is never open on public holidays, which is problematic for me.'

'The program is only available for three of the seven days of the week.'

'Service only provides Monday, Wednesday, Friday, Saturday. Still a big problem.'

'Sometimes I go out on the weekend. I can't do this as often as I would like. I cannot find respite for weekend for one day.'

'Would like to attend an extra day per week but currently there are no vacancies.'

Three carers found the **fees** unaffordable because of pension-based income -

'Husband only small pension - takes out a chunk.'

'As pensioners we find costs a bit much and now try to limit usage only to one day a week and then on a half day basis. We would like to use the facility two days a week, preferably have paid \$290 since September 3, another \$45 due.'

'Fees are not fair.'

Six carers were dissatisfied with the **quality of care** and insufficient **safety** provisions, especially for care recipients with dementia.

'Does not provide security for care recipient's belongings etc from other 'confused' clients.'

'Patient security for Dementia patients needs upgrade.'

'Staff not experienced in handling high-care patients.'

'Food is a big problem - it needs more discussion. It can be a problem for old people and especially my parent - no-one talks to me about this.'

'Staff appear to only stay short term and do not have adequate training, 'on the job' training OK but must have prior knowledge of Dementia etc. There are never enough staff and no activities.'

Other additional comments related to carers' linkage to other services, and lack of responsiveness by one service to previous carer feedback.

'I don't know if other services which would help our situation.'

'Despite filling out surveys for what we would like to participate in ... nothing has come.'

One Chinese speaking carer took the opportunity to provide positive feedback about the provision of a culturally and linguistically specific service for Chinese speakers (So-Wai).

'Having a Chinese language centre is so fortunate. My wife certainly would not be able to participate in a program that was not Chinese specific. We feel very lucky that So Way exists.'

Two carers provided further positive feedback about the day respite service, one commenting that the environment of the day respite service was not stigmatised by its residential setting.

'I can now do things outside the family environment and I'm not thinking of my husband about his day as I know he is well looked after and cared for and I am more relaxed and happy when he comes home.'

'This thought of being put off about residential environment never crossed my mind, the facility brings much needed warmth and understanding in the care of others.'

3.1.5 SPECIFIC BENEFITS OF THE PROGRAM FOR CARERS AND CARE RECIPIENTS

The evaluators identified a list of 16 potential benefits to carers and care recipients that could arise due to participation in day respite, based on a range of possible positive outcomes reflecting trends in the research literature.

The following **six** possible benefits were identified for **care recipients**:

- Has given care recipients an opportunity to socialise more
- Has improved the social functioning of most care recipients
- Has given care recipients an opportunity to participate in a sufficient range of activities
- Has improved the physical functioning of most care recipients
- Has improved the cognitive/mental functioning of most care recipients
- Has delayed the need for care recipients to go into full time residential care.

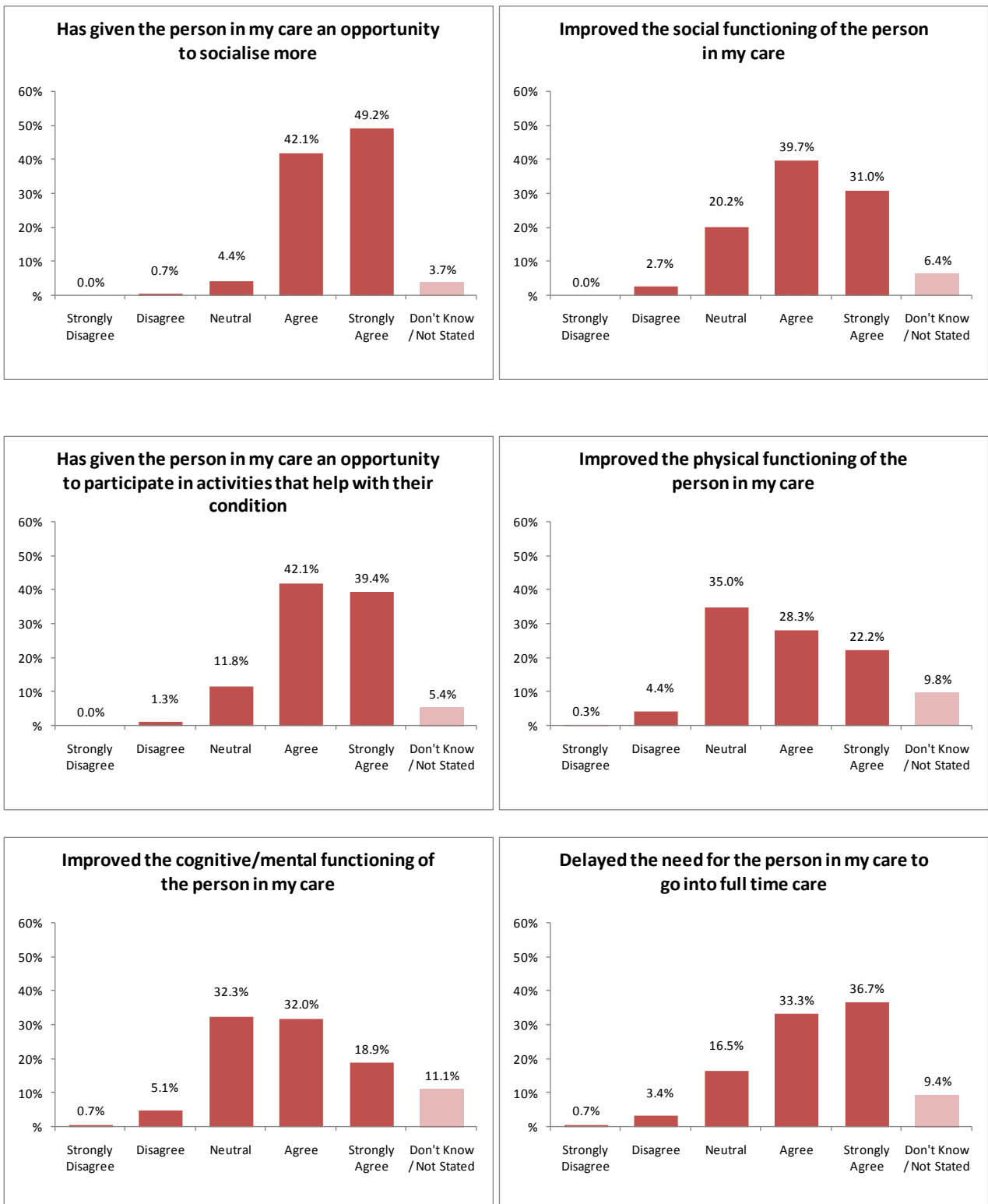
The following **ten** possible benefits were identified for **carers**:

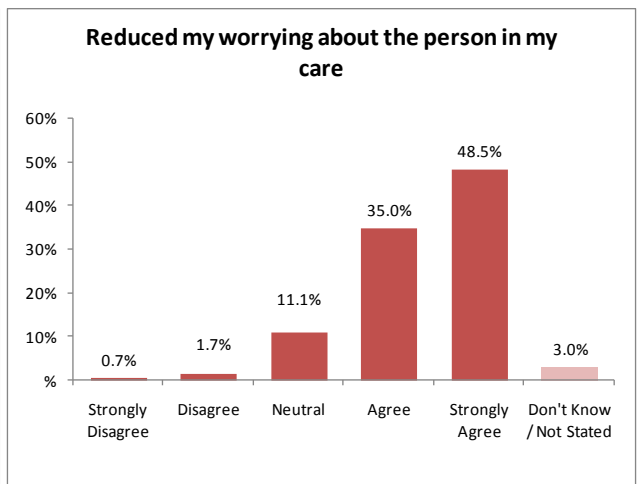
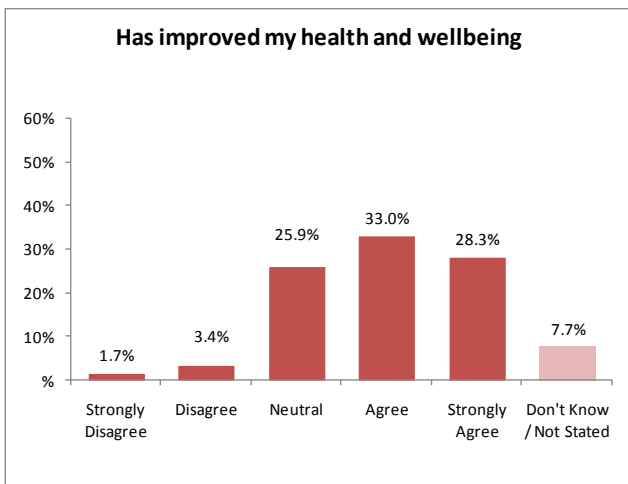
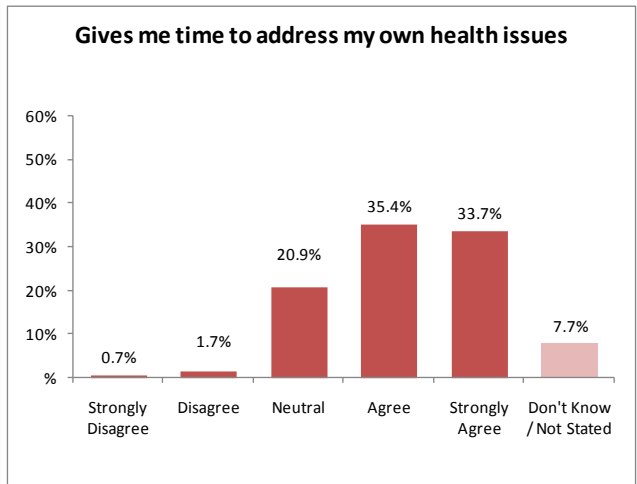
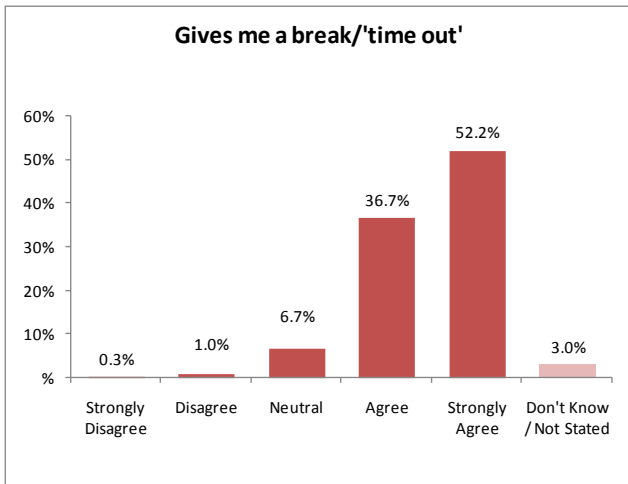
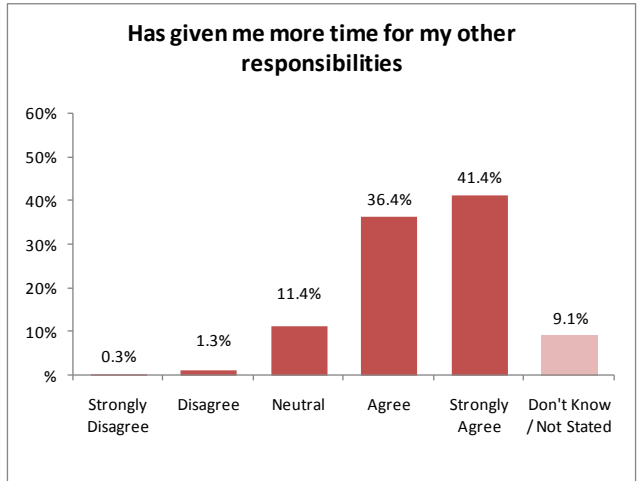
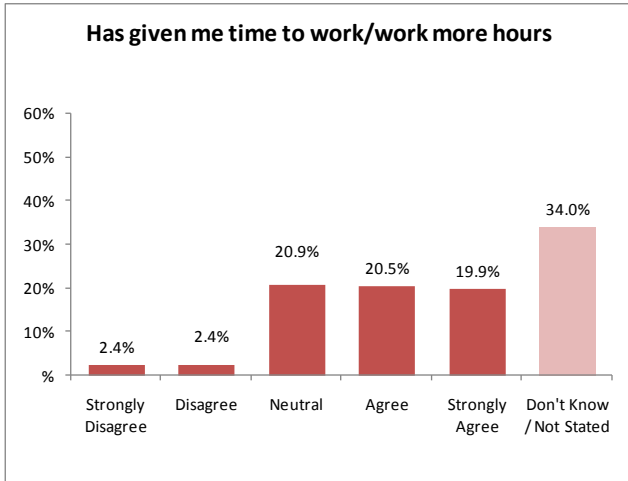
- Has provided carers with the opportunity to take a break from their caregiving role
- Has had a positive impact on most carers' health and well-being
- Has had a positive impact on most carers' mental health/stress management
- Has provided effective ongoing support to carers
- Has made carers more aware of other services for them or for care recipients
- Has linked carers to other services for them or for care recipients
- Has made it easier for carers to access other respite services provided by our organisation, eg. overnight respite
- Has made it easier for carers to access respite services offered elsewhere
- Has made carers more confident about using respite in a residential setting, eg. overnight respite
- Has made carers more informed about residential aged care.

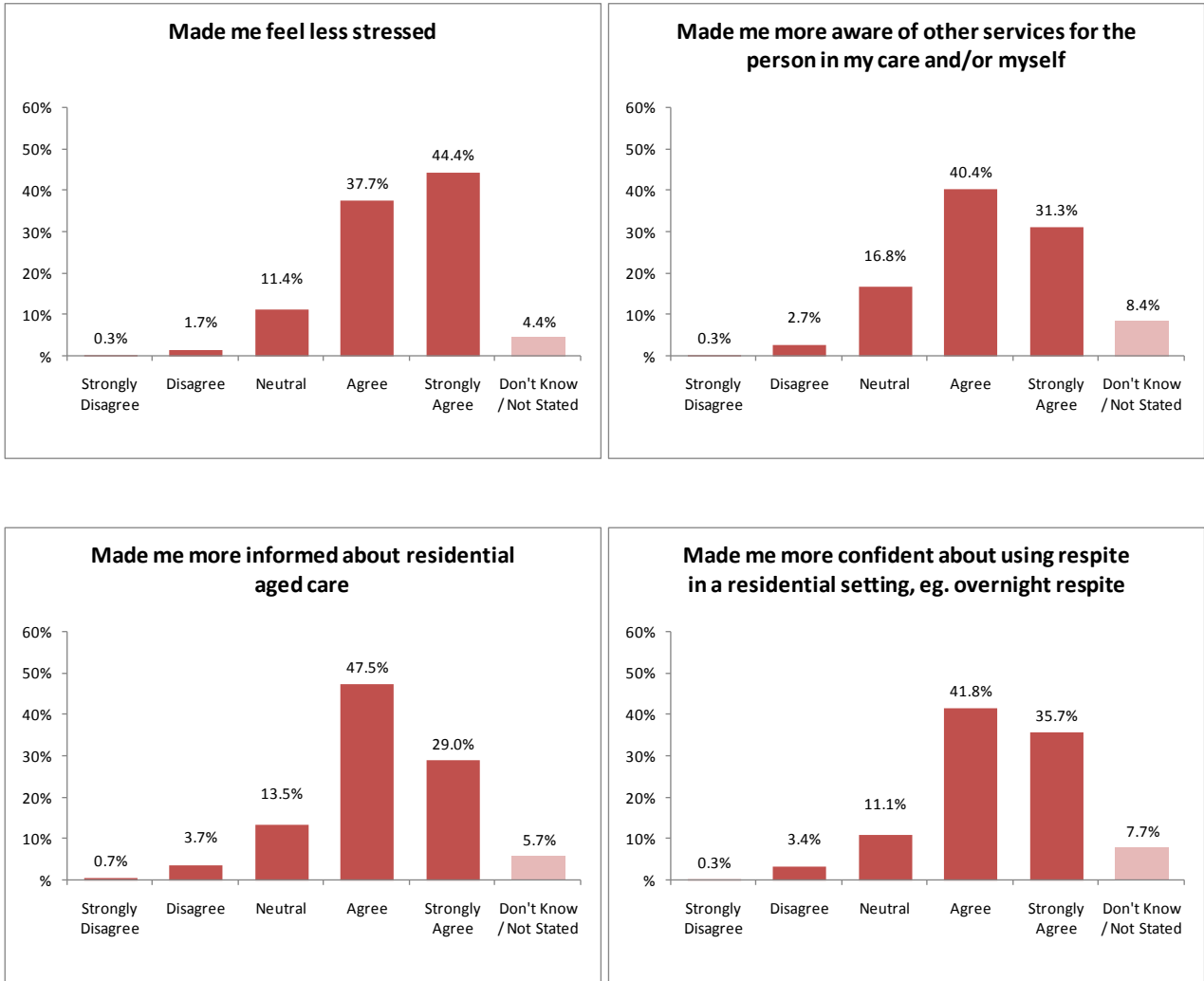
Using five point Likert scales, carers were asked to rate these benefits of the day respite program for themselves, and the person in their care. *Figure 16* presents their ratings on each of the 16 possible benefits, while *As Figure 17* indicates, carers have given predominately **positive** ratings (average of 4.0 or higher) to 12 of the 16 benefits, with the **highest** average ratings of 4.5 and 4.4 respectively applied to the program's provision of *increased opportunities for socialisation* for the care recipient, and *giving carers a break*.

Figure 17 depicts the average ratings for each type of benefit.

Figure 16: Carers' observations on specific benefits for carers and care recipients – Distribution of responses

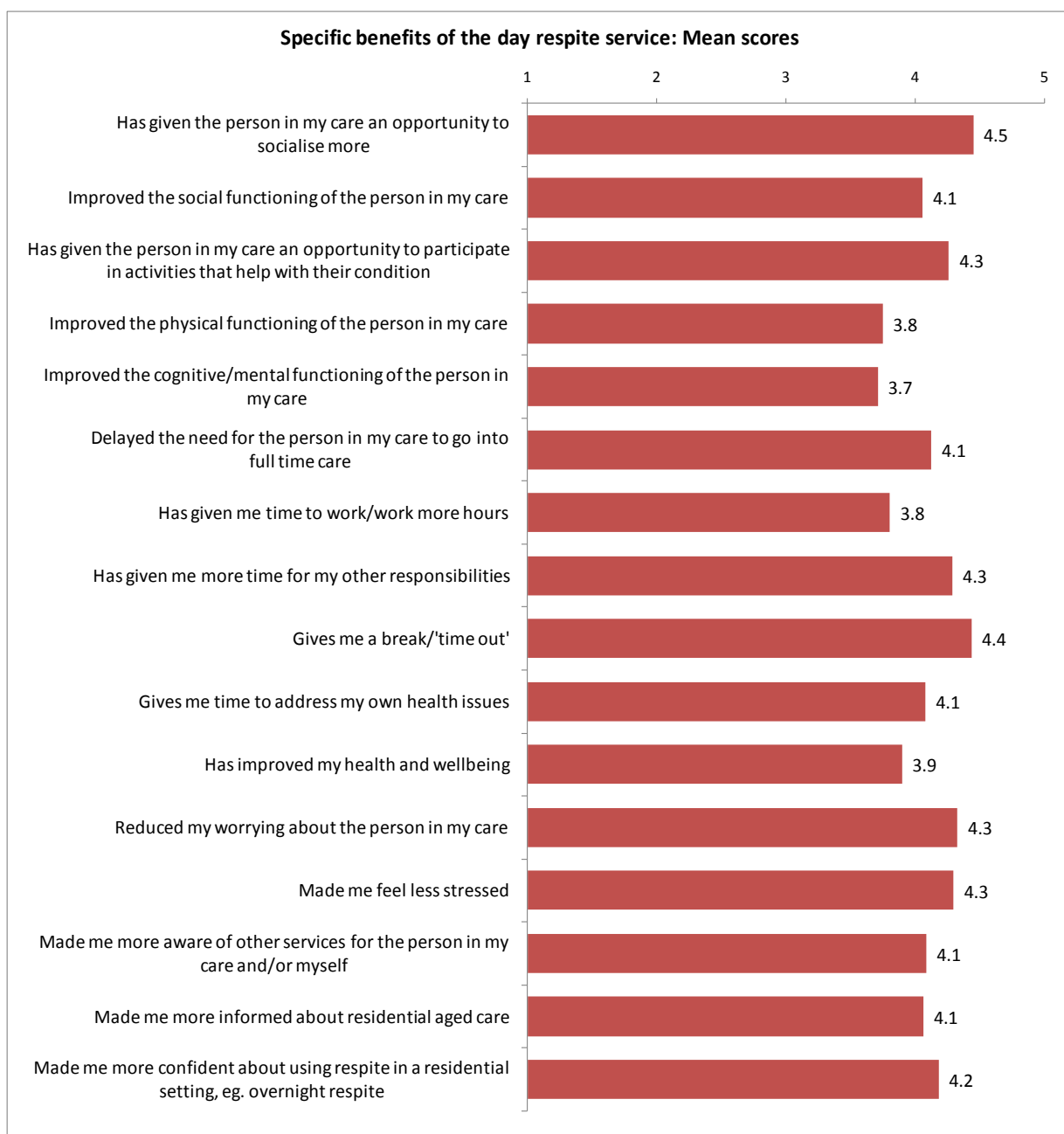






As Figure 17 indicates, carers have given predominately **positive** ratings (average of 4.0 or higher) to 12 of the 16 benefits, with the **highest** average ratings of 4.5 and 4.4 respectively applied to the program’s provision of *increased opportunities for socialisation* for the care recipient, and *giving carers a break*.

Figure 17: Carers' observations on specific benefits to themselves and to the person in their care – Mean scores



The next most positively rated benefits (average of 4.3) were associated with *carers feeling less stressed, worrying less* about the person in their care, having *more time for their other responsibilities*, and providing the care recipient with *opportunities to participate in activities that help with their condition*.

The four **lowest** ratings mainly applied to outcomes that are difficult to achieve because they can be largely outside the sphere of influence of the day respite service. These relate to improvements in carers' health and wellbeing (3.9), improvements in the care recipient's physical functioning (3.8) or cognitive functioning (3.7) and providing more time for carers to work (3.8).

Carers whose ratings indicated disagreement with any of these possible benefits were asked to clarify their reasons for this, and **32** provided additional comment. Some of these did not elaborate on the reasons behind low ratings, and again took the opportunity to provide positive feedback. Of the **18** people who did elaborate on their reasons for not

seeing a particular benefit associated with the day respite service, there was a trend for comments to relate to the following two types of benefit -

1) **Confidence in using residential respite services (12 carers) – with a trend to state that they did not know about this option, or that there was insufficient availability of this form of respite.**

'Respite provides no information about residential aged care. As far as I know there is no overnight respite available.'

'First there needs to be overnight respite available when needed. This is my/our biggest problem at present.'

'I was not aware of overnight respite.'

'Overnight respite is not available for high-care patients. You would think these are the ones that need it most.'

'I would use overnight respite if it was available for high-care.'

'Have not been told about respite in residential setting has outside respite.'

'I may be more informed, but after using respite for 3/52 whilst in hospital (me) I am not confident that there are adequate staff levels in facilities.'

2) **Improving the physical, social or cognitive functioning of the care recipient (5 carers) – with a trend to indicate that the condition was not open to improvement**

'Again, high-care Dementia has past the social point. It was extremely beneficial while at low care stage.'

'Because of his condition it is difficult to judge benefits for the person in my care. For me it is a plus that he is happy to go and participate.'

'Person in care had Advanced Dementia, so no real improvement in condition. Eventually admitted in to high-care residential and has since passed away.'

Two carers provided these negative comments.

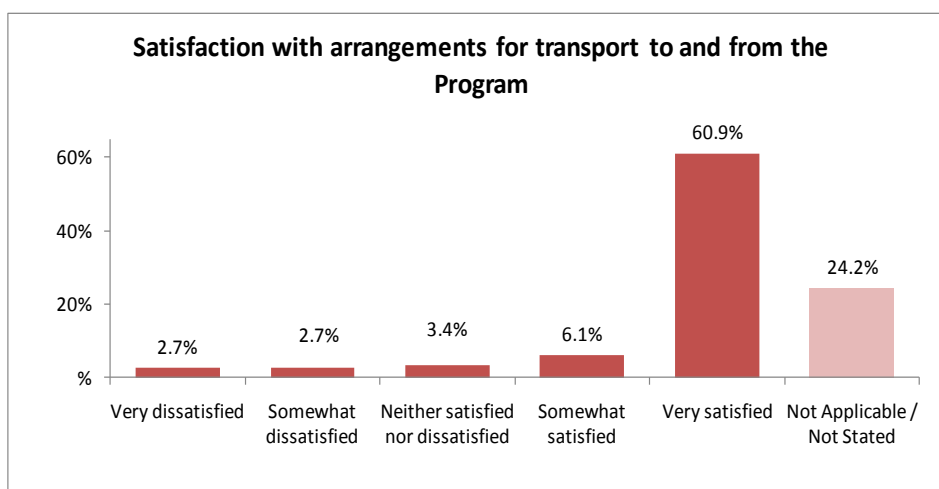
'My health and well being are stressed with fighting for my husband's rights.'

'The care received in respite is 'Quite poor' in comparison to what is received at home.'

3.1.6 TRANSPORT ARRANGEMENTS

Carers were asked to rate their satisfaction with arrangements for transport to and from the Program – see *Figure 18* below. Nearly a quarter of Carers indicated that the question was not applicable to them, because they provide their own transport. Excluding this group from the results, **80.4%** of those who did provide a rating regarding transport arrangements reported that they were **Very Satisfied**.

Figure 18: Carers' satisfaction with transport arrangements



Carers were able to make additional comments about their satisfaction levels with transport arrangements. Those who were **dissatisfied** commented on the unsuitability of taxis for some care recipients, or a lack of flexibility in the transport service provided, or the additional burden placed on them by transport not being provided.

'No entitlement to transport. Taxi voucher available but not suitable for client - she is very withdrawn and unable to communicate.'

'He used to travel by the bus from Respite and now it's all Maxi Cabs and you don't get the same contact with the ones looking after him. In summer Mum gets up 5am - 6 am. I now take her to respite arriving at opening time - 8am. It is a long wait for the bus to arrive at about 9.30am. During the wait she convinces herself the bus isn't coming and can become quite agitated.'

'Centre started transport then changed the route which stops 10 minutes from our home. We live in a transport deprived area and have to use community transport 2 times per week which does not pick up til 9.45am and return by 3pm which gives my husband only 4 hours per Day Respite.'

'More communication is needed when my wife is going to be late - sometimes up to 1.5 hours late.'

'To have transport with understanding drivers for the first few visits was a great help. I believe this was discontinued owing to funding restraints. I am able to drive but find it very demanding on my time'

'For the first two weeks ... [name of service] collected him and returned him (20km). Currently I'm paying [service providing organisation] to provide carers to collect and return home on every occasion except Saturday.'

Those who were **satisfied** with the program's transport service added further positive feedback that reinforced their rating. The comment below illustrates the burden lifted for those carers who need transport assistance.

'It is great as now I can do the evening meal and get everything organised for his homecoming without leaving half way especially if I have been out, I'm not on edge to hurry and dash out to pick him up.'

3.1.7 EFFECTIVENESS AND IMPACT

Carers were asked to rate (using a five point likert scale) the overall **effectiveness** of the day respite service in meeting their needs, and those of the person in their care, and its **impact** on them, and on the person for whom they provide

care. *Figure 19* provides details of their ratings for each of these four dimensions, while *Figure 20* shows the average ratings for each of these four dimensions.

It can be seen that the ratings are **very positive** for both **effectiveness** and **impact**, with an average rating of **4.5** (out of a possible maximum of 5) on both, for themselves, and for care recipients.

Figure 19: Carers' assessment of the effectiveness and impact of the day respite service – Distribution of responses

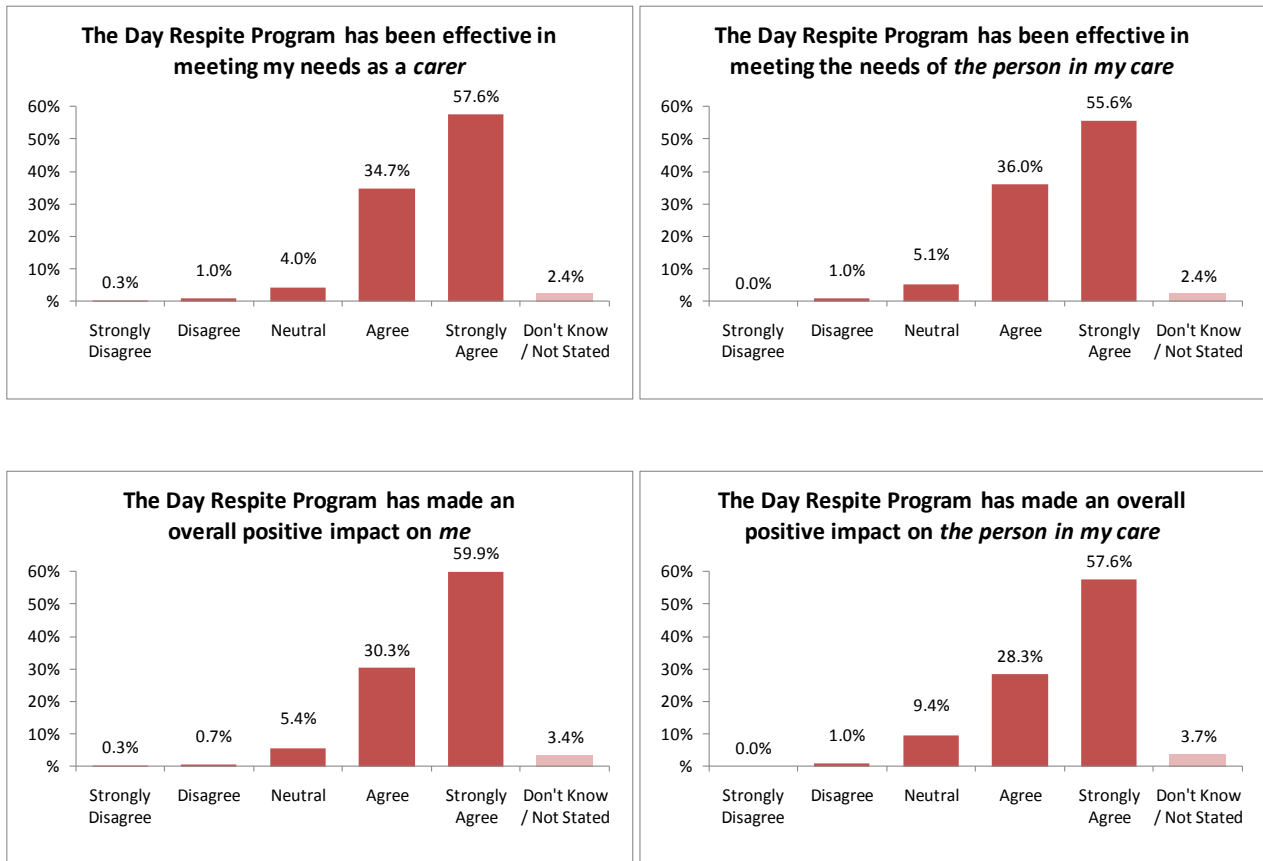
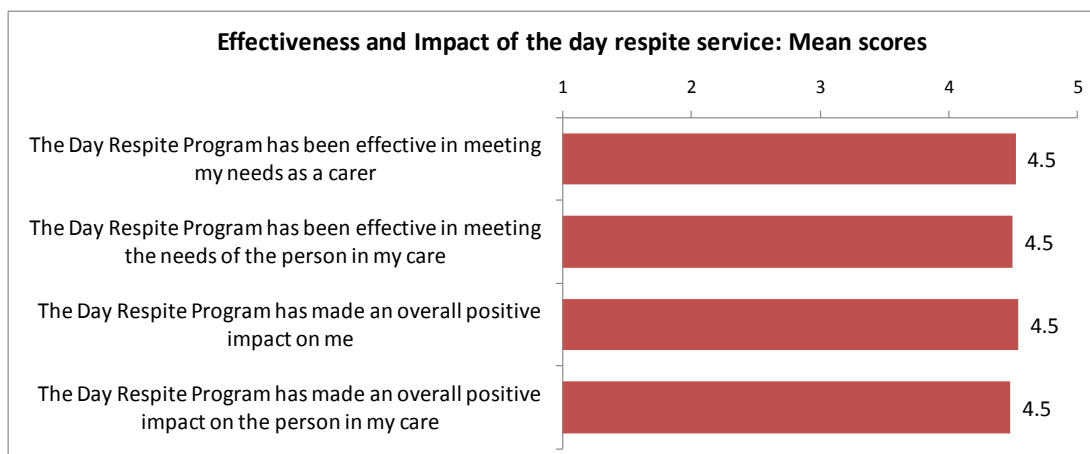


Figure 20: Carers' opinion of the effectiveness and impact of the day respite service – Mean scores



Carers were also able to make qualifying comments related to their overall assessment of the day respite program's effectiveness and impact.

A total of **74** carers provided additional feedback about the program's **effectiveness and impact**, with the majority adding further positive commentary, some providing explanatory comment to their neutral ratings (ie '3'), and some elaborating on the reasons for their low ratings of the program.

Negative feedback, or feedback suggesting dissatisfaction with a particular dimension of the service, was not clustered around specific organisations but was spread across different facilities, and outweighed by a majority view that was positive. However, this is not to discount the dissatisfaction experienced by some carers, most of whom expressed the belief that insufficient attention was being paid to the needs of the care recipient.

Negative feedback about the program's effectiveness and impact

'I would prefer that my mother who is not on any heavy sedation medication be placed with others who whilst being less physically able, are far more socially adept than those with whom she has to currently spend her day. She likens it to being dumped at a cemetery.'

'I would like to discuss my needs with someone - no-one asks, there is no time made to give feedback on my parent's needs.'

'I feel more stimulating activities or outings are required to keep my parent interested.'

'Spouse would like more things to do at program. A lot of time sitting and not much movement time.'

'Day Respite at the centre was discontinued because the frail person in my care was eager to meet other people to chat to. As the other patients were mainly Dementia patients the aim was not realised.'

'... [he] becomes extra moody and depressed as each Thursday comes. He says it's so boring and no-one talks to him.'

'Some day respite programs are willing to help, others do not. One wonders what is their purpose in the first place?'

'Before my husband became more dependant [sic], the program was very helpful, but now when things are more difficult and I need it more, it is not available. They really do not want my husband at all, but relented and take him once a week from 10am-3pm.'

'I no longer use Day Respite because of the hassles in trying to get my mother to go to it. I can't see anything that the programs can do that would help in my situation.'

'This Program has not made an impact on me. It simply provides a service for which I am very glad. The person in my care (my wife) forgets her visit soon after so there is no impact.'

Comments clarifying neutral ratings of the program's effectiveness and impact

One carer commented that she assessed the program on its effectiveness for the care recipient rather than for her, and therefore, had placed a neutral rating regarding its effectiveness for her as the carer. Other comments pointed to resource insufficiencies.

'My mum enjoys going, that is all that matters to me regardless of what she does or doesn't do at the centre.'

'Reduction in availability is not helpful in meeting needs of both parties. We have been told the reason is a cut back in funding.'

'It didn't work for me because of the reluctance by my mother to use it. The programs worked fine in my experience.'

'My partner is very grumpy and unsociable in spite of the very caring efforts of the volunteers and staff at the Day Respite centre.'

'The person in my care does not really want to attend, prefers to stay home.'

'I feel that the Day Respite Program does have a positive impact on my friend but unfortunately, due to her Dementia, by the end of the day she has forgotten where she went.'

'Too many brain cognitive problems to make an impact on spouse. Though he would like to do more of something.'

'It used to be good when they first started, they gave me weekend respite when needed, but now and for the last few years, we no longer qualify for this respite, again the more you need it, the less help is available.'

'Mum is not happy with the mixing but it's for her own good, under doctor's orders.'

'... if there was some way my mother was not locked up with the most advanced Alzheimer's Dementia patients, she would have had more of an opportunity to socialise, be less depressed and far less resistant to going to ... [name of service] The carers are wonderful, but because of Mum's Dementia she can't find her way back in the myriad of corridors when she goes for a walk and they certainly (carers) don't have the time to take her back, though many have expressed the opinion she should be in one of the other less restrictive, more sociable sections. Can you help?'

Positive feedback about the program's effectiveness and impact

Examples of comments appear below – some of these relate to the program's effectiveness for carers, some to its effectiveness for care recipients. Some relate to the program easing the transition into full time residential care and these need to be balanced against those (particularly relating to the impact on carers) that identify the service as having prevented admission to full time care.

The carer's perspective

'Has allowed me to consider the options in maintaining some contact and involvement with the wider community.'

'Without the help I received, I wouldn't have been able to carry on.'

'Having a day where I can plan ahead and do something for myself has made an invaluable difference to my life.'

'It is something that is needed for carers as you know that they are safe and in good hands and you get a chance to do a lot of things that take a fair bit of time.'

'I could not work without this program.'

'If I had not decided to get respite for the good of myself and the person I care for I don't know where I would be. The people at ... [name of service] are Angels.'

'I now am much more patient, as I get a little rest after the housework is done. When mum comes home, it's lovely to see her.'

'The program has given me a greater insight towards being a carer for my needs as well as others.'

'The program enables me to keep my part time work, gives me a feeling of freedom for that day and security that I know Mum is being looked after.'

'As a full time carer the programs has been my life line I have no siblings, my father passed away so this program is my only support network. In fact some of the other carers have become like family members to me.'

'Program has allowed me the opportunity to meet with people in similar circumstances and compare notes - also to be able to attend to my own health issues.'

'I know I have support when I need to ask for help and always have experienced and wonderful kindness from every one working in the program especially from [Care worker Name] the co-ordinator.'

'It has reduced the stress I was feeling immensely and given me a greatly needed break. I can relax knowing Mum is in good care and having a good time. I also know (she has been collapsing with a heart condition) that should it happen there, the staff are trained to cope with it.'

'Overall, I am 90% less depressed and stressed because we have this centre. I do not know what I would do without it. I am sure my husband would have deteriorated much more quickly without the stimulation he gets from the people and activities at the centre.'

'Eased my work load and concern! Assisted my mother to adjust and socialise.'

'Made life liveable and more able to cope with personal problems. Could not survive without it.'

The care recipient

'The person I look after is very happy to participate in the activities of the Day Respite service and tells me what happened that day happily and positively when he comes back home. The Day Respite service can provide clients with quality service indeed.'

'The facility my father attends is lovely. This weekly attendance has been a God send! Dad loves it and I get some much needed time away from caring. We could not have continued as we had prior to this Day Respite.'

'My husband is delighted to attend and would in fact be happy to attend more frequently. He regards the centre as his office and his club.'

'Each teenage grandchildren have commented on their Pop's manner and actually now being able to have a conversation and joke with him - since attending Respite regularly it really gives him an input into their talks with him as recounts some of his experiences there.'

'Activities have been so beneficial. Within a couple of weeks of attending my mum is a lot happier, eating properly and giving her something to talk about. Been Brilliant.'

'Has allowed my husband to mix with people instead on sitting in a chair all day.'

'My mum loves to socialise so comes back from the centre fulfilled and not so demanding on me to talk to as soon as I get home from work.'

'The transformation in the person I care for is phenomenal. The program has overcome social isolation, depression, stimulated activity and interest in others. Prevented the need to institutionalise my sister.'

'Just being out of the house and with another group of people has a positive impact and he makes more effort for 'others' - which is beneficial for him overall (I believe).'

'Absolutely a life saver for someone who was severely depressed and making no effort to socialise. Staff have been so supporting to us both.'

'Having such a wonderful program that is culture and language appropriate has provided my wife with so much happiness. She was feeling very isolated and increasingly depressed prior to this. All the staff at ... [name of service] are so caring and kind. It has been such a great thing for our whole family to have this opportunity for my wife.'

'... [name of care recipient] was reluctant to go to ... [name of service] at first went to give me an afternoon to play Mah-jong, morning to food shop. Now he has decided on three days. He feels useful and needs to feel that way. He needs more than just me.'

'My mum has really benefitted from attending the ... [name of service]. She is happier, has a more positive outlook on life and is learning new things.'

'There was a significant positive change in my wife's outlook when she attended ... [name of service] - she gradually come to look forward to going. She needed to feel useful and busy and the staff were happy to go along with her notion that she was there to help out rather than be the recipient of a service.'

Positive impact on, and program effectiveness for, both carer and care recipient

'Without the help with respite care from the Alzheimer's Association of QLD, Wesley Mission and FSG (Family Support Group) we would have difficulty trying to live in our own home.'

'The staff are very positive and conscientious. We would be lost without this service.'

'The staff and management have devoted themselves to clients and their carers. They encouraged me and my mum to join all the activities there and share experiences with others who have been through similar situations to me.'

'Knowing my mum loves her 'music day' as I call it (happy hour with a lady playing piano) and the company of the staff and other clients has relieved any feelings of guilt I may have had if she was not so happy.'

'I could see Mum was depressed before the program. She now has something to look forward to, people to talk to and socialise with. She is so much happier. I also have some time on my days off to have a little space to myself at home, even if it's just to clean, it's nice to do it in peace.'

'The person in my care is much happier with his days out and feel I will be able to care for him at home longer.'

'I know Dad is safe and enjoys the interaction and the outings. I can concentrate and not worry that he will abscond, get lost or perhaps have a fall at home and forget to have his meals!'

'Certainly without respite I would not be caring for my mother. I rely on the program to tire her so she sleeps throughout the night.'

Impact on easing the transition to residential care

'We have used the residential facility for a two-night stay on a couple of occasions when I needed to go away for a few days. It is a very good service. My mother is content there.'

'The day respite program ... has made it easier to place my mother in full time care which was offered and accepted on 23/12/09. I do not believe she would have been offered this placement if she had not been a participant at ... [name of service] Day Respite.'

'Great for socialising and awareness that a nursing home isn't to be feared. Even though ... [name of service] is totally separate, stand-alone building, the group go for walks around the gardens and other areas of the site.'

'The day care program has become a 'half-way house' for my husband and when he eventually has to go into 'care' full time he will settle in much more easily. It has also enabled him to remain at home much longer.'

'My mother is opposed to entering an aged facility and prefers to stay in her own home. She saw Day Respite as a pleasant day out. At the same time she became more accepting of the service provided.'

3.1.8 UNEXPECTED BENEFITS AND NEGATIVE CONSEQUENCES

Carers were asked whether they or the person in their care had experienced any unexpected benefits or negative consequences from using the day respite program. More than a third of Carers (40.7%) cited unexpected benefits, and a small number (7.1%) cited unexpected negative consequences of the program.

The **unexpected benefits** identified by carers can be clustered into four themes that relate to –

- a) **unexpected improvements in the care recipient's condition and/or social skills, and/or unexpected enjoyment by the care recipient of the day respite program** (identified by 57 carers);

'There have been for me because my mother-in-law has made excuses for not going and the co-ordinator there has been wonderful by supporting me and trying to help me around that. I can honestly say she genuinely cares for my well being.'

'Mum smiles more.'

'I did not expect him to enjoy the centre as much as he does e.g. wakes early on the day to get ready, sometimes too early.'

'Given mum more confidence.'

'My mother is not as depressive and lonely as she used to be before.'

'I am surprised Dad has been attending so happily and continues to want to attend. He was never very social, so this has been great.'

'Her memory is improved.'

'... [he] is just so much more outgoing than he was and is more interested in what us going on.'

'... cognitive skills improved which was a surprise. Yes, she wants to go each time, it changed her attitude'

'He is less inclined to sleep during the day and does more exercise.'

'Has helped form a routine, a purpose to get ready to go to respite, something to look forward to he enjoys attending Day Respite.'

'My mother is very chatty and talkative on our journey home. She very rarely initiates conversation and only last week she said with no prompting how lovely the staff were and people there were. She then processes to say 'I enjoy their company!' I was in shock.'

'My mother with Dementia is being looked after by my 86 year old father. This program has been wonderful and has saved his life.'

'My mum does not swim but with the encouragement of staff is attending water aerobics and is overcoming her fear of the water and is enjoying it.'

'A relationship with her grandchildren which was unlikely prior to attending the program.'

'She has severe dementia. Since joining this program she has become a different person now she is out and about once again. She has made considerable improvement. It is one of the best things I have ever done. I am pleased and surprised by Mum's improvement.'

'My mother now feels that she is part of a community for elderly. She has also made friendships outside of family.'

'My husband has shown aptitude for art and has enjoyed producing some special 'things' to bring home etc. poetry.'

'In the program 'The Shed' - where men are encouraged to do simple wood-working activities, my husband (not a handy man type) has achieved real satisfaction in being able to complete various items under the guidance of the supervising instructor.'

b) unexpected gains for carers – including being more informed about aged care services, making new friends and/or becoming less socially isolated, being less stressed, having more time for themselves and for fulfilling other responsibilities, and being able to continue their employment

'Yes, gave me more info on aged care. All a bit foggy to begin with.'

'Has increased my awareness and knowledge on the aged care service and its importance.'

'More information about services, facilities, problems and solutions, via facility staff and other carers/users. I can also socialise at the centre as I attend with my wife.'

'Time to reflect, to mix with other couples with their partners - socially good.'

'Developing friendships and other carers with the same problem.'

'Social contact for me with understanding and aware others (staff) - very useful informational support.'

I have been able to mix with other carers at the centre - sharing thoughts and ideas, individual exercise classes and group Thai Chi and individual massage therapy and joining in general activities of the centre and learning new things

'I feel overwhelmed by the understanding of the professionals providing care.... I feel supported, rather than inadequate.'

'Stress levels are down. It's great to have time out for me the carer.'

'I have learned some new crafts and hobbies that have helped me to cope with the depression that can engulf me because my whole life is governed by my husband's Dementia and I feel trapped.'

'Gives me time to play golf, to walk. It as given me my life back.'

'It helps me relax on the days he goes to day care. Helps me get through the week.'

'Having several hours free every Friday. I arranged with a friend to go walking. We walk for four or five hours in the beaches every week and my health has improved accordingly.'

'Able to get counselling and guidance.'

'Finding out that we are not alone in dealing with an elderly parent, that there are support services available, knowing that the support staff really understand the overall situation.'

'Better understanding of the Dementia person in my care.'

'Seen to my own health issues.'

'It makes me able to work.'

c) the flexibility and/or quality of services provided, and receiving services that had not been expected - for example, health monitoring of the care recipient

'Flexibility of hours of care. Ability to book dad during our time away.'

'The staff keep an eye on any health issues.'

'I am delighted with the positive efforts by the staff to make everyday interesting.'

'There are times when I have been late to pick up my husband and I rang in and he will still cared for by the incoming staff.'

'When I unexpectedly went to hospital they were able to take him for the whole week, otherwise he would have had to go somewhere where he knew nobody.'

d) a demystifying of the residential care environment and easing the transition of the care recipient into full time residential care

'A great stepping stone to full residential care.'

'While socialising with others her own age, has made her more accepting that it would be OK to go in as a resident full time at some stage.'

'My mother will be willing to go into low care fulltime. She was negative towards it before Day Respite.'

'The program allowed my mother to meet relatives who lives in residential care facility on a regular basis.'

'This program has given ... [care recipient] the insight into aged care in a facility and will make the transition much easier when she goes to live there.'

'I've discovered that aged care is not nearly as fearful as I once thought. Nor do I have the stigma of 'shutting her away' bothering me anymore, thanks to the wonderful carers at ... [name of service].'

The **unanticipated negative consequences** identified by carers can be grouped into four themes involving –

a) **dissatisfaction with the care provided** (the majority of carers providing negative feedback)

'1. First visit, received a phone call to advise our person in care had been given someone else's tablets, despite tablets being in chemist prepared medico pack, clearly names and date and time of day. They had to ring emergency and put on overnight watch. The whole point of have a break was destroyed and we had to wait overnight to see if any after effects. She was ok.

2. Second Visit, person fell whilst going to toilet at night. Nasty cut on leg. Nurse applied paper stitches and bandage. Wound required daily treatment and rebadged for two months before healing.'

'When inappropriate behaviour by my husband appears to be endorsed rather than ignored. Probably due to the lack of training experience.'

'Security of Dementia Patients unsupervised.'

b) **dissatisfaction with fees charged or inefficient billing processes**

'Price rises for care.'

'I did not appreciate a month fee taken out of my account without my knowledge, Unfortunately it was not explained to me.'

'Account problems, it has been ongoing - 1. Delays in billing 2. Incorrect billing days.'

c) **dissatisfaction with insufficient resourcing for the program**

'... the transport bus has no lift to access a wheelchair so I have to provide my own transport.'

'At times would like it to be longer or overnight.'

d) **anxiety about relinquishing care during the respite period**

'A little stressed about him not being in my care, to ensure he is okay.'

One carer commented that when the person in their care was admitted to full time residential care she felt the loss of her day respite program (which would not occur in facilities which offer interchange between residential and day respite activities) -

'The fact that once she went into residential aged care she had to cease going to ... [the day respite program] - she doesn't say so but I think has been a significant loss for her.'

3.1.9 COMPLAINTS

Thirteen carers (4.4%) reported that they had felt the need to make a complaint about the program. These came from eleven different services, and related to –

- Reduced resourcing as the program has increased its numbers

'Because of the centre's popularity it's now becoming too busy.'

- Resourcing that restricts services, particularly, transport and the range of activities available

'Not enough activities and the transport difficulties.'

'Only if the taxi doesn't arrive which can happens sometimes, not often.'

- Failure to maintain continuity of care workers
'... I have only complained when regular carers were changed. With my wife's problem I have found that she becomes stressed when new ... people are sent'
- Billing processes
'... [name of provider] send bills galore they are not clearly itemised. This is ... frustrating.'
- Failure to provide after hours' access
'Communication was a problem with no answering machine for after hours.'
- Poor quality of care
'Mum was not being toileted and urine was soaking through pad onto clothes.'

Of the thirteen carers who had felt the need to make a complaint, only four stated that the process for making a complaint was made clear to them.

3.1.10 CHANGES/IMPROVEMENTS SOUGHT TO THE DAY RESPITE SERVICE

Approximately one quarter of carers offered comments on changes or improvements that they would like to see made to the Program. There was a trend for particular services to have several carers seeking improvements, and for this reason, those services are identified in presenting those responses.

For balance, however, the evaluators note that in most cases, other carers have provided positive feedback about those same services. Therefore,

Table 12 identifies individual services where *3 or more carers* have stated a need for improvement, providing a summary of the changes sought as well as carers' words about those changes. These are balanced against general comments provided by carers at the end of the survey that reflect a positive view of the service in question.

Table 12: Changes or improvements sought to the day respite program and reinforcement for existing program

Service	Changes/improvements sought	Positive comments about service
Alzheimer's Association of Qld - Garden City Retirement Home Respite Service	<ul style="list-style-type: none"> • Need for a purpose built centre. • Improved continuity of staff <i>... you rarely see the same person twice so there is a communication breakdown.</i> • Reduced administrative load on carers <i>Preparing or completing forms listing all clothing is a major exercise, the checking off and again on pick up.</i> • Provision of 7 day a week service • More flexible transport service 	<i>The special people that work at the centre are exactly the lovely people myself would pick to look after people we love and care for. They do a wonderful job.</i>
Australian Nursing Home Foundation - Dementia Respite for Carers of SE Asian Communities, So Wai Centre (Burwood NSW))	<ul style="list-style-type: none"> • Increased number of days/hours of service offered • More outdoor activities, more new games • More flexibility for different needs • More flexibility in transport service 	<p><i>My mum is so happy with the Day Respite service that she would like to stay in this nursing home when she is no longer active.</i></p> <p><i>The quality of care is the best in Sydney.</i></p> <p><i>The workers are very professional and caring. ... Overall, this day care centre has achieved high quality care and culturally diversified services.</i></p> <p><i>I appreciate this service very, very much.</i></p>
Catholic HealthCare - Warnervale Wellness Centre (Hamlyn Terrace NSW)	<ul style="list-style-type: none"> • Provision of weekend respite • Appointment of an Activities Officer who understands the needs of frail older people, and those with dementia. • Increased staff numbers for number of clients. 	<i>They have been very nice to me and my husband, very caring people. Genuine.</i>
Constitution Hill Wellbeing and Respite Day Care Centre	<ul style="list-style-type: none"> • Provision of transport for people needing wheelchair access. • More flexibility in transport offered/ variety in route taken by bus • Improved meals <i>... the food does not appear to be of a very good quality and standard.</i> • Provision of help with evening care. • Provision of support and advice to carers. • More outings. <i>Arrange for suitable bus/coach outings.</i> • Increased hours, including on weekends. 	

Service	Changes/improvements sought	Positive comments about service
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)	<ul style="list-style-type: none"> Improved physical layout and space <i>More space so people who do not like noise can go to a quieter room.</i> Increased activities for care recipients. 	<i>I would just like to add my mum and myself are more than happy with what has been offered and the way we have been treated by the staff of the program.</i>
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah, WA)	<ul style="list-style-type: none"> More outdoor activities in warm weather. Separation of residents and day respite clients. <i>I think it is very difficult to expect hostel clients to mix with dementia day respite clients for meals and activities. It is not fair on the hostel clients - or the day respite clients.</i> Improved quality of staff. Provision of more staff. Provide more than 1 toilet for 25-30 clients. 	<p><i>Everything is more than satisfaction at the Coolibah.</i></p> <p><i>If it were not for this respite I doubt that I would be able to handle the stress of caring and would then have to put my husband into care.</i></p> <p><i>Very pleased with the service.</i></p>
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	<ul style="list-style-type: none"> Increased number of days of service. Increased hours of service. 	<p><i>I would just like to say on behalf of the carers and people in need of care Thank You for all your wonderful workers and keeping the program.</i></p> <p><i>The program is fantastic. Home from Home! I feel blessed that I have found it.</i></p>
Resthaven - Hersey Cottage Respite Service (Marion SA)	<ul style="list-style-type: none"> More outings. Increased publicity of the program. More day respite for people with high level needs. <i>More Day Respite for 'high-care' people, when they reach that level and more day/night respite (when we can get in). Only can get minimum of two weeks and getting to the stage where bookings are one year ahead.</i> 	<i>I am particularly impressed with the concern and interest taken in carers and have participated in two very different types of activities in recent times - both which I found very stimulating - specifically for carers where the staff went out of their way to make sure we received the maximum benefit on the day.</i>
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	<ul style="list-style-type: none"> Provision of overnight care. <i>I would very much like to have access to overnight care...my mum has been with me four and a half years and I've yet to have an evening away from her. J</i> Provision of weekend care. Increased number of staff. 	<p><i>God Bless You and Thank You!!</i></p> <p><i>Please don't discontinue the service. It is wonderful and I am very grateful.</i></p>

Service	Changes/improvements sought	Positive comments about service
<p>Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)</p>	<ul style="list-style-type: none"> Wider range of activities provided. <i>Other interests/activities could be beneficial e.g. demonstrations, skin care, more cooking classes, more computer lessons.</i> Provision of counselling for carers <i>I would like to have the opportunity to speak with a knowledgeable person (i.e. counsellor) at times. As carers we all have our own struggle so an outsider who has the understanding would be great.</i> Wearing of name tags by staff and clients. 	<p><i>The Centre is like an oasis. It really is a wonderful answer for providing needs to people who have been suffering isolation, housebound and not very healthy. Going there definitely helps you feel a bit better about you look forward to each visit there each one of us is accommodated within the program and staff are always willing to listen to new ideas. I sometimes wonder how it is for them when they have sick leave. If they are stressed they don't show it and always manage well.</i></p> <p><i>I just don't know what we would have done without this service. My health would have deteriorated even more and I really don't know where we would have ended up.</i></p> <p><i>I would hate to see the program ever fold because everyone involved are so kind and helpful and ever ready to help our in any situation - nothing is a trouble.</i></p>
<p>Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)</p>	<ul style="list-style-type: none"> More physical activities <i>More 'man-physical' activities. He remembers and liked playing quoits.</i> Wider range of activities <i>More younger activities - woodwork? music? DVDs?</i> Extension of hours Provision of more hours per client Reinstatement of transport service More detailed feedback to carers. <i>I would like to know what my husband has done during the day as I can discuss the activities with him. As it is, when he comes home he really does not remember what he has done. The stock phrase is 'Oh, the same as usual'.</i> 	<p><i>Myrtle Cottage Day Respite is fantastic. The Montessori based activities is great.</i></p> <p><i>Wonderful, caring, supportive, understanding staff. Having transport included is just wonderful. As a fulltime carer for a person with Dementia, having a day of respite where you do not have to drop off or pick up is absolutely the best respite time out. Need more facilities like this.</i></p> <p><i>Staff are wonderful, they are patient, kind and helpful, a tough job!</i></p>

It can be seen that the most frequently identified changes related to **increasing care worker numbers**, providing a **wider range of activities**, and providing **increased hours and days** of service – including out of hours. Additional comments seeking changes or improvements that were made across the remaining services followed these three themes.

Positive comments provided at the end of the survey reiterated much of the positive feedback already provided – some examples follow.

'The Respite care is very beneficial for my father as he has an opportunity to socialise and do some activities. It's a relief for me for a day not having to care for him for that day.'

'A much appreciated service without which it would be impossible for me to keep my mother at home (i.e. out of full time care).'

'The staff are so helpful and understanding and always available if needs arise to conduct them in any way.'

'The supervisor of the program is very understanding of my friend's situation and sends me an email regularly to keep me informed of what has happened on the day either with activities or behaviour. I find this helpful seeing my friend usually has no memory of her outing.'

'This program is really one of the best things for my mum, the staff are very pleasant and helpful and it gives her a understanding of future residential care.'

'I love the fact it look like home and not a hospital.'

'This program is wonderful. It has made a definite improvement to our lives. Staff are wonderful, caring and kind. There are social opportunities. Mum was always a "people" person. Many of her friends have died and now she is able to make some new ones.'

'Thanks so much for peace of mind and I'm so grateful to the staff - they are amazing people.'

3.2 SURVEY OF CARE WORKERS

3.2.1 THE SURVEY SAMPLE

The Survey of Care Workers was designed for Day Respite staff *who provide direct care* to clients of the Program. A total of **104** staff responded to this survey, with **28 of the 31 sites** represented in the sample (see *Table 13* below); note that two respondents did not indicate their location. The three sites from which **no care workers responded** were *Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA), Masonic Homes Inc - MHI Respite Service (Tiwi NT)* and *City of Swan Aged Persons Trust Inc - Morrison Lodge Day Respite Service (Midland WA)*.

Table 13: Number of Care Workers who responded to the survey, by Site

Residential Aged Care Facility	No.	%
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	5	4.8%
Aged Care Services Australia Inc, St Ives Group - Avalon Apartments & St Ives Eldercare (Myaree WA)	2	1.9%
Alzheimer's Association of Qld - Garden City Retirement Home Respite Service (Upper Mount Gravatt QLD)	2	1.9%
Australian Nursing Home Foundation - Dementia Respite for Carers of SE Asian Communities, So Wai Centre (Burwood NSW)	4	3.8%
Catholic Care of the Aged - Cooina Day Respite (Singleton NSW)	3	2.9%
Catholic HealthCare - Warnervale Wellness Centre (Hamlyn Terrace NSW)	4	3.8%
Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)	6	5.8%
<i>City of Swan Aged Persons Trust Inc - Morrison Lodge Day Respite Service (Midland WA)</i>	0	.0%
ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)	3	2.9%
Glenview Home Inc - Bisdee House Day Respite (Glenorchy TAS)	2	1.9%
Grand United Property Trust (AURLS) - Constitution Hill Wellbeing and Respite Day Care Centre (Northmead NSW)	2	1.9%
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	4	3.8%
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)	4	3.8%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	2	1.9%
Karingal Care Services - Day Respite (Devonport TAS)	7	6.7%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	5	4.8%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	5	4.8%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	4	3.8%
<i>Masonic Homes Inc - MHI Respite Service (Tiwi NT)</i>	0	.0%
Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)	2	1.9%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	3	2.9%
Resthaven - Hersey Cottage Respite Service (Marion SA)	1	1.0%
<i>Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)</i>	0	.0%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	9	8.7%
Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)	1	1.0%

Residential Aged Care Facility	No.	%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	8	7.7%
Spiritus - Wide Bay (Kirami) Day Respite Service (Point Vernon QLD)	6	5.8%
United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)	1	1.0%
United Church Frontier Services - Rocky Ridge Day Respite (Katherine NT)	2	1.9%
Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)	1	1.0%
Warrigal Care - Day Respite (Goulburn NSW)	4	3.8%
Facility not stated	2	1.9%
Total	104	100.0%

As part of the survey distribution procedure, Day Respite Coordinators were asked to advise how many Care Worker Survey forms had actually been distributed at their site, so that response rates could be calculated. *Twelve of the 31 sites provided this information.* The Care Worker Survey response rate for each of those sites individually, and as a group, is shown in *Table 14* below.

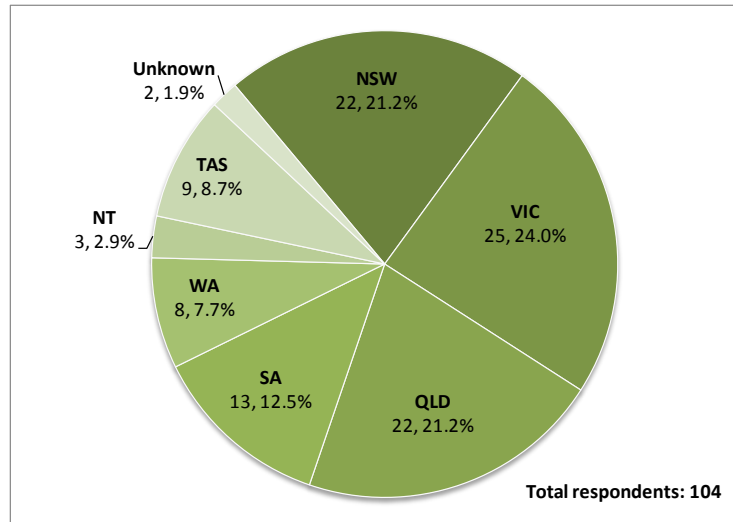
Table 14: Response rates for the Care Worker Survey, for the 12 sites that provided information on the number of forms actually distributed

Residential Aged Care Facility	No. of Care Worker Survey forms distributed	No. of responses received	Response rate
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	6	5	83.3%
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	10	4	40.0%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	2	2	100.0%
Karingal Care Services - Day Respite (Devonport TAS)	8	7	87.5%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	10	5	50.0%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	7	5	71.4%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	7	4	57.1%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	5	3	60.0%
Resthaven - Hersey Cottage Respite Service (Marion SA)	15	1	6.7%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	10	9	90.0%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	9	8	88.9%
Warrigal Care - Day Respite (Goulburn NSW)	5	4	80.0%
Total	94	57	60.0%

Table 14 illustrates that response rates varied substantially across sites, however, most site-specific response rates were **50% or higher**. The overall response rate for the sites as a whole was **60%**, a very good result which is testament to those site coordinators who encouraged their staff to participate in the survey.

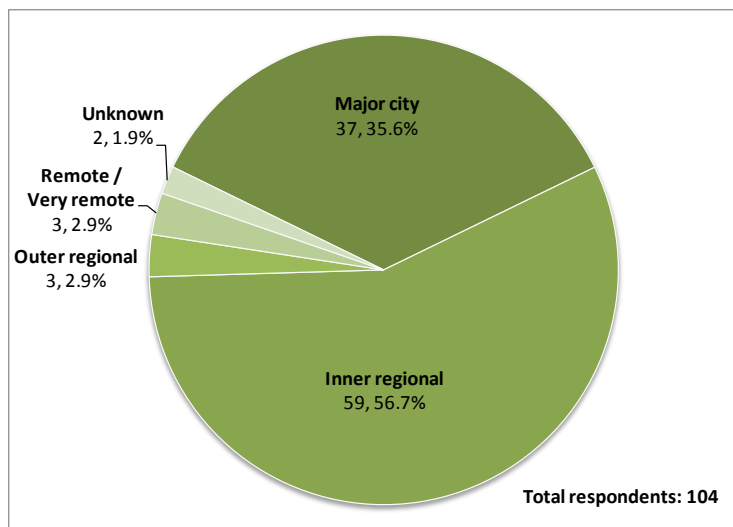
Facilities across all States were represented in the sample. As would be expected, the majority of respondents were from States which had the largest number of sites participating in the Program (NSW, Victoria, Qld), as shown in *Figure 21* below.

Figure 21: Staff who responded to the Survey of Care Workers, by State



Facilities in inner regional areas were well represented in the sample (56.7% of respondents), and a further 35.6% of respondents were from facilities in a major city and 1.9% were from remote to very remote locations (see *Figure 22*).

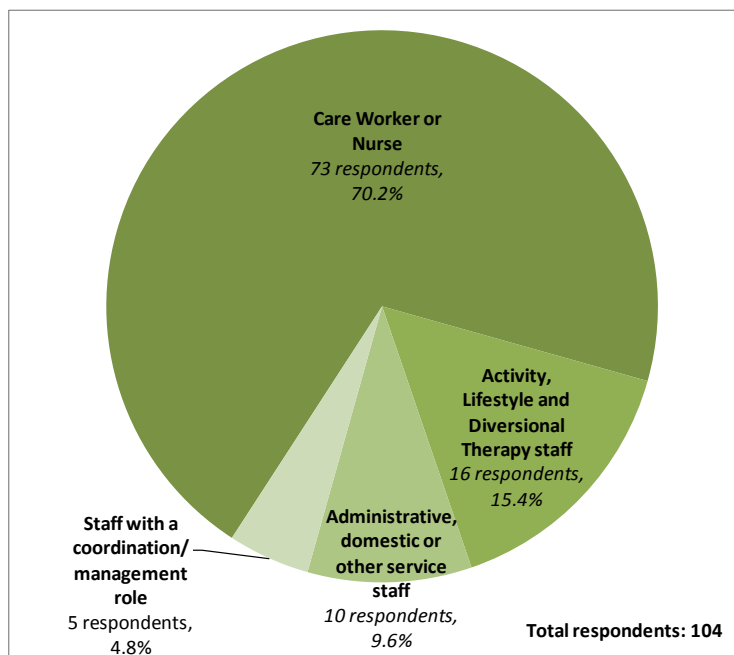
Figure 22: Staff who responded to the Survey of Care Workers, by Remoteness Area⁴ of facility



The majority of respondents (73, 70.2%) described their position as *Care Worker* or *Nurse*. The next largest group represented in the sample was *Activity, Lifestyle and Diversional Therapy staff* (15.4%) as shown in *Figure 23* below.

⁴ ASGC Remoteness Structure (RA) Digital Boundaries (ABS Cat. No. 1259.0.30.004).

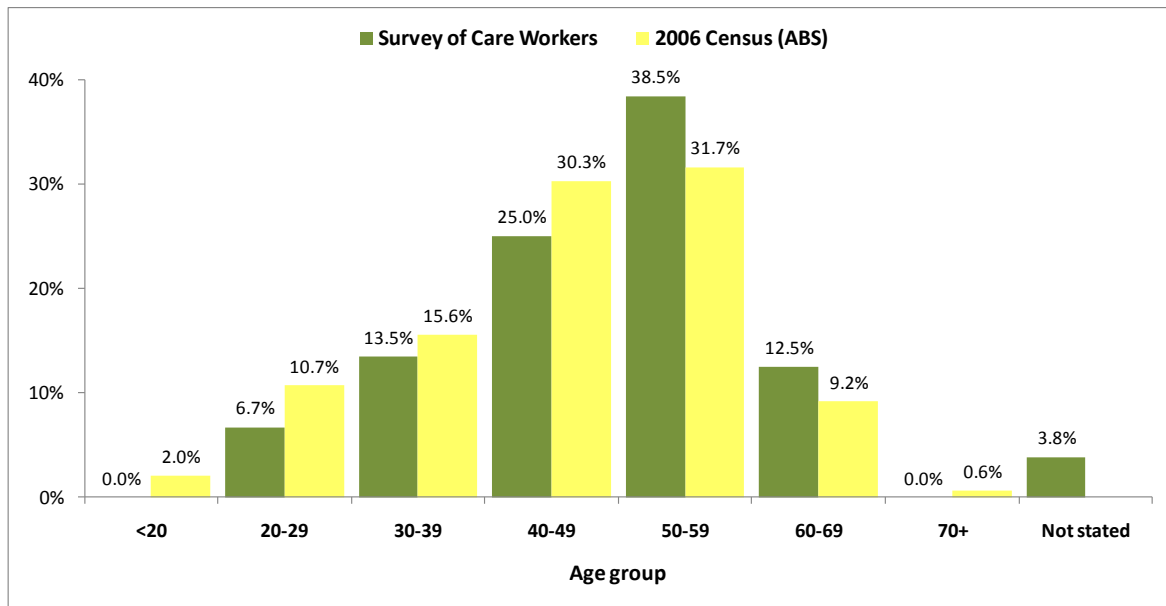
Figure 23: Positions held by staff who responded to the Survey of Care Workers



Females comprised 87.5% of respondents to the Survey of Care Workers, consistent with the 87.4% female gender profile of people working in residential aged care facilities in Australia (Australian Bureau of Statistics, data extracted from *CDATA Online*).

However, the age profile of Day Respite staff who responded to our survey appears to be *slightly older* than the age profile shown in 2006 Census data, indicating either that older staff tended to be more likely to respond to the survey, or that an older subgroup of workers may choose to work in the Day Respite service rather than in the residential care area. To illustrate, half (51.0%) of our survey respondents were aged 50 years or older, compared to 40.9% of all people working in residential aged care facilities according to the 2006 Census. The age profile of both groups is illustrated in *Figure 24* below.

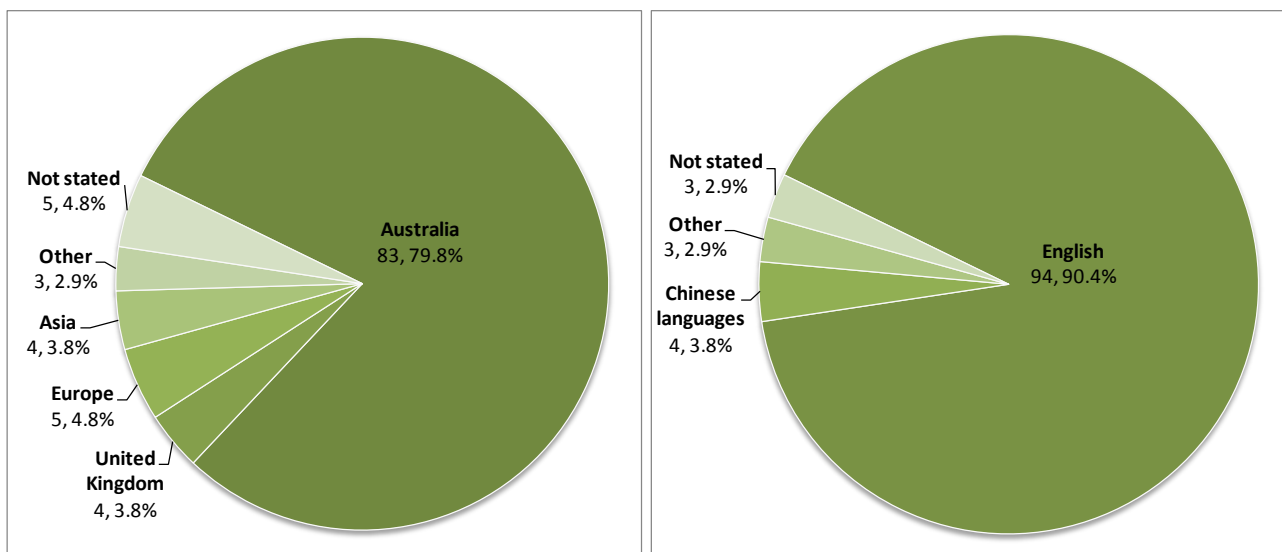
Figure 24: Age profile of the Care Worker Survey sample, compared to 2006 Census data on people working in residential aged care facilities



Two respondents indicated that they were of Aboriginal or Torres Strait Islander origin, although note that four people chose not to answer this question.

Nearly 80% of respondents had been born in Australia and 90.4% spoke English at home – see *Figure 25* below.

Figure 25: Country of birth (left) and Main language spoken at home (right) of staff who responded to the Survey of Care Workers



Care Workers were also asked to describe their cultural background, by listing as many cultures as applied – see *Table 15* below. Among the most common non English speaking cultural backgrounds of Care Workers were Southern European (5.8%), Eastern and South Eastern European (4.8%) and Chinese Asian (3.8%) – which reflects the targeting of the ethno-specific specialist services in the Program.

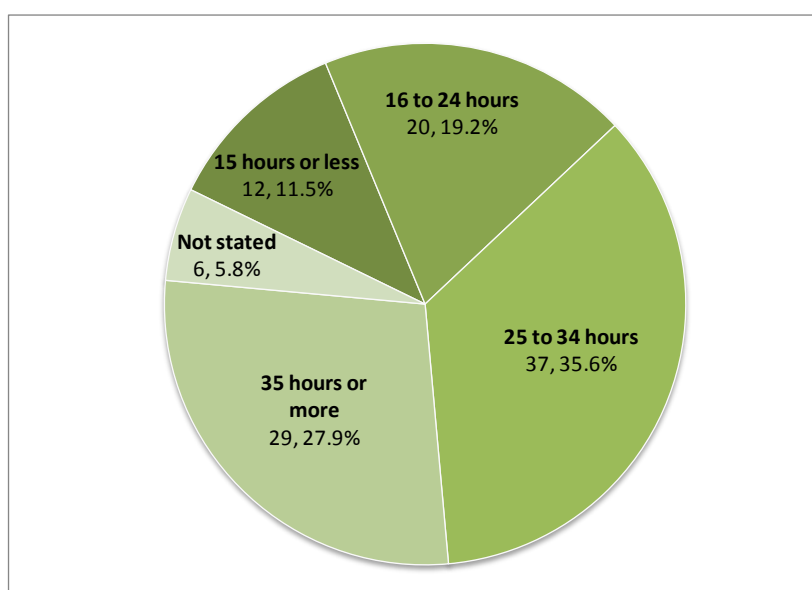
Table 15: Cultural background of staff who responded to the Survey of Care Workers

	No. of responses	% of all respondents*
Australian	73	70.2%
Australian Indigenous	1	1.0%
New Zealander or Maori	1	1.0%
British/UK (eg. English, Scottish, Welsh)	6	5.8%
Western European (eg. Dutch, French, German)	4	3.8%
Southern European (eg. Italian, Maltese, Spanish)	6	5.8%
South Eastern European (eg. Greek, Romanian, Serbian)	2	1.9%
Eastern European (eg. Czech, Polish, Russian)	3	2.9%
South East Asian (eg. Filipino, Thai, Vietnamese)	1	1.0%
Chinese Asian (eg. Chinese, Manchu, Taiwanese)	4	3.8%
Southern Asian (eg. Indian, Pakistani)	1	1.0%
North American (eg. American, Canadian)	2	1.9%
Not stated	12	11.5%

* Respondents could specify more than one cultural background, therefore the total does not add to 100%.

Just over a quarter (27.9%) of staff who responded to the Care Worker Survey were working the equivalent of full-time hours (35 hours or more per week), and a further 35.6% were working 25 to 34 hours per week (see *Figure 26*). The number of hours worked was *not* significantly related to the age of the worker (Chi-Square test, $p > .05$).

Figure 26: Staff who responded to the Survey of Care Workers: Number of hours worked in paid employment per week, on average

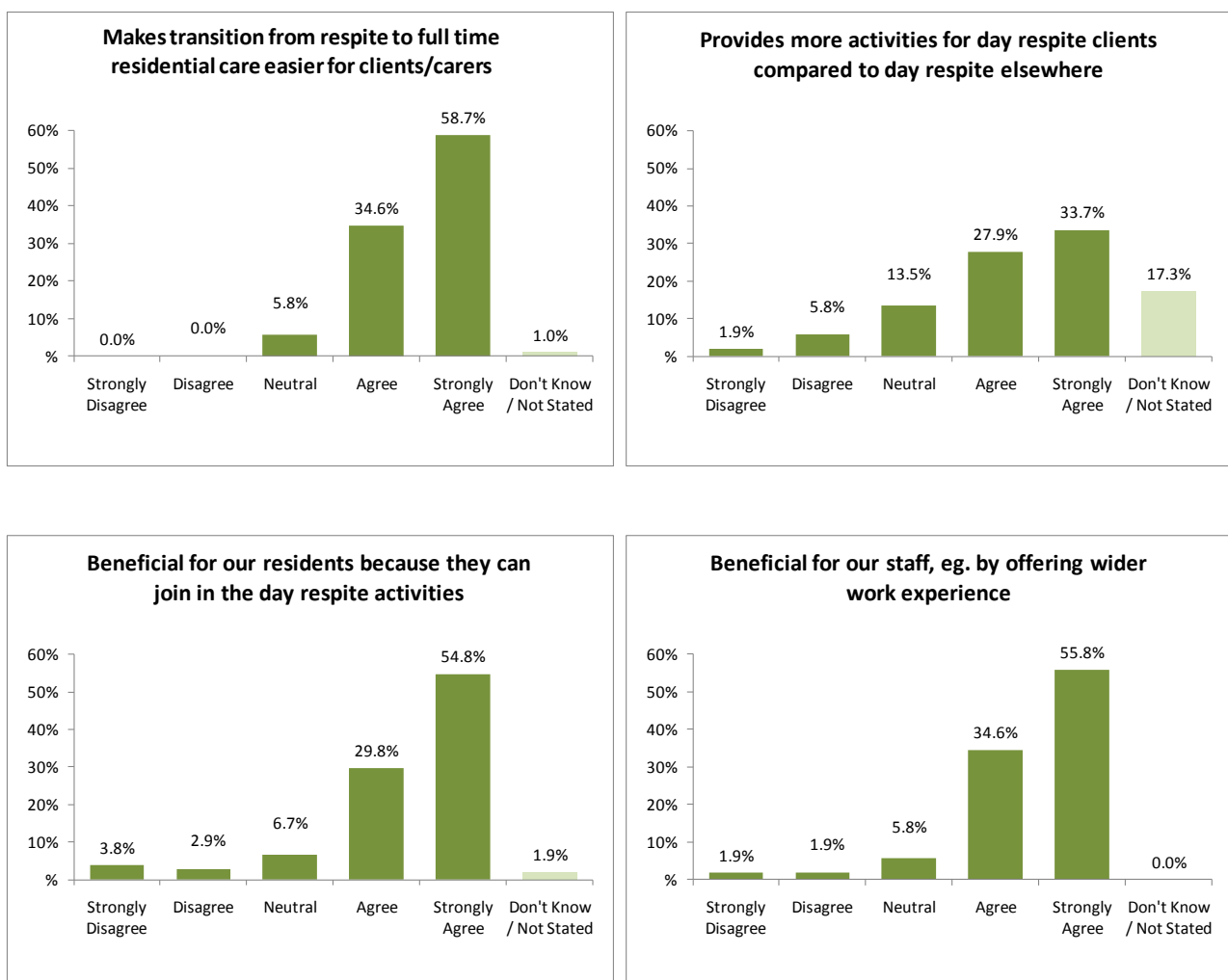


3.2.2 RATING THE LOCATION OF DAY RESPITE WITHIN A RESIDENTIAL AGED CARE SETTING

Survey participants were asked about their views on the day respite service provided by their residential aged care facility compared with day respite provided under other arrangements. Seven aspects of the arrangement were covered, and respondents were asked to indicate their level of agreement with each using a 5-point likert scale (Strongly Disagree to Strongly Agree).

Figure 27 shows the distribution of responses for each statement, then Figure 28 summarises these results by presenting the mean (average) score for each statement. Higher mean scores reflect greater agreement.

Figure 27: Staff who responded to the Survey of Care Workers: Views of day respite in their aged care facility – Distribution of responses



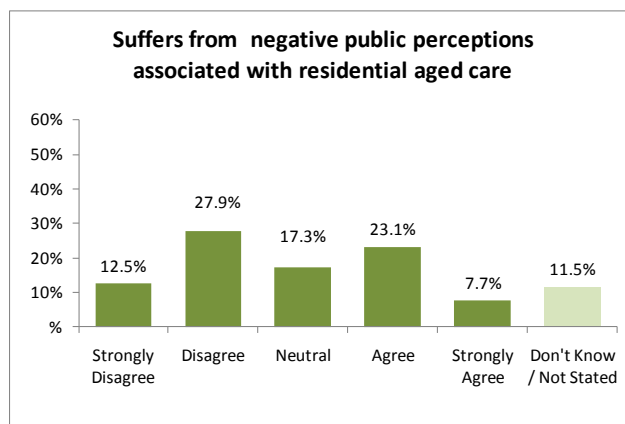
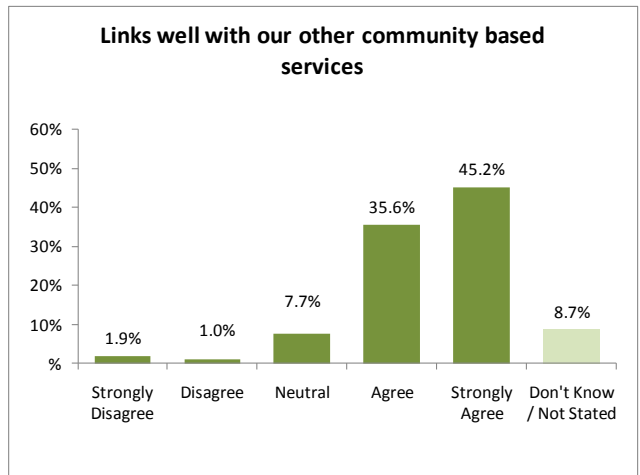
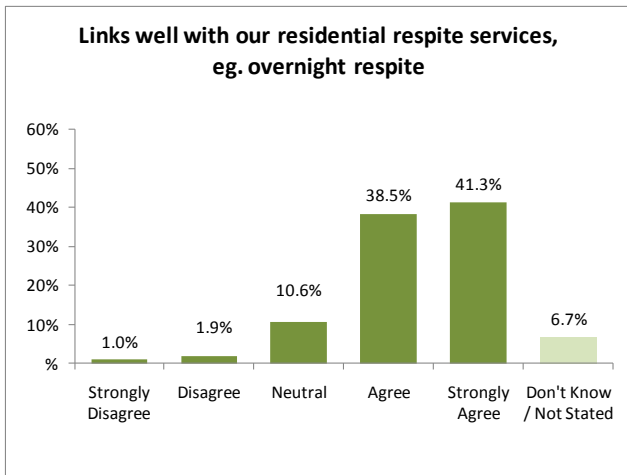
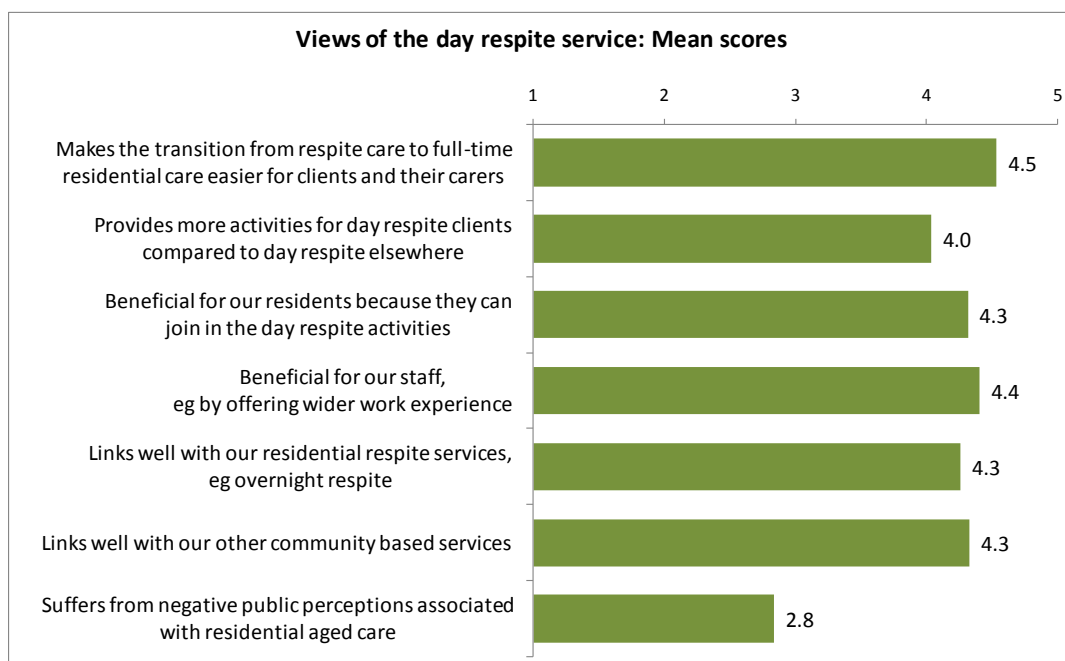


Figure 28: Staff who responded to the Survey of Care Workers: Views of day respite in their aged care facility – Mean scores



As *Figure 28* indicates, care worker survey respondents have given very **positive** ratings of the day respite service and its benefits, with the highest average rating (4.5 out of a possible 5) applied to its *capacity to ease the process of transition to full time residential care for both clients and carers*.

This was followed by the benefits brought to staff, such as, *wider work experience* (4.4) and the smooth *linkage* between the day respite service and residential respite services and with other community based services (4.3).

The lowest rating, and the only one to achieve an average of less than 3, was applied to the possible negative impact of *stigma* associated with residential aged care (2.8). The distribution of responses for this item (*Figure 27*) further illustrates this result - 40.4% of respondents disagreed or strongly disagreed with the statement "*It suffers from negative public perceptions associated with residential care*", and a further 17.3% had a neutral view. Accompanying open-ended comments were provided by 18 individuals, almost all of which were positive. Several were simply an endorsement of the day care service and its range of activities.

'It (Day Respite) precipitates people into a positive program of participation in hobbies they've never tried (e.g. croquet).'

'Provides more opportunities and greater capacity for social interaction within the care facility, day program and community.'

The majority of comments concerned the model which was seen as beneficial by providing a bridge between residential and community aged care.

'A good in between service from home care and residential respite.'

'I feel the Day Respite experience helps break down negative perceptions of residential care.'

'Initial 'fear' of coming into a nursing home environment. Once in they can see that it's not as bad as initially thought.'

Some clients have been reluctant to attend as they have thought they would be going into residential care if they continued to come. Clients that have attended and then needed to go into care have definitely integrated well as they have been familiarised with the setting and have met other residents. Have been not so afraid. Made their families happier.'

'Gives access to residential care and this has a positive transition to residential care and the residents accept them warmly.'

'Having a Day Respite program in a residential care facility offers clients a chance to interact with residents and for their families to have access to residential respite and having confidence in the care that will be provided.'

Some commented on a lack of understanding by residential care staff of community based service provision, and the need to educate these staff.

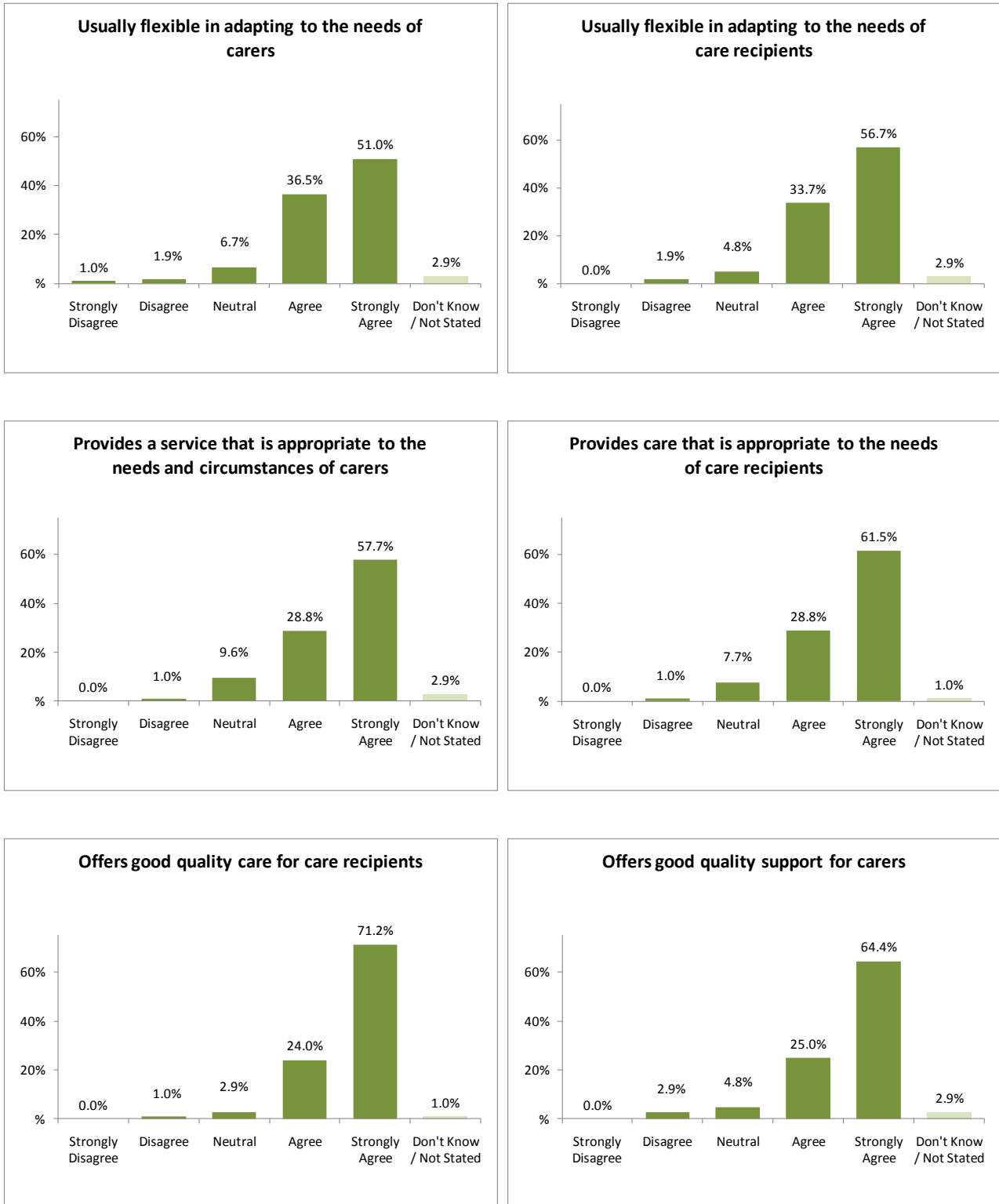
'I have found negativity from some staff from a lack of understanding of community based work.'

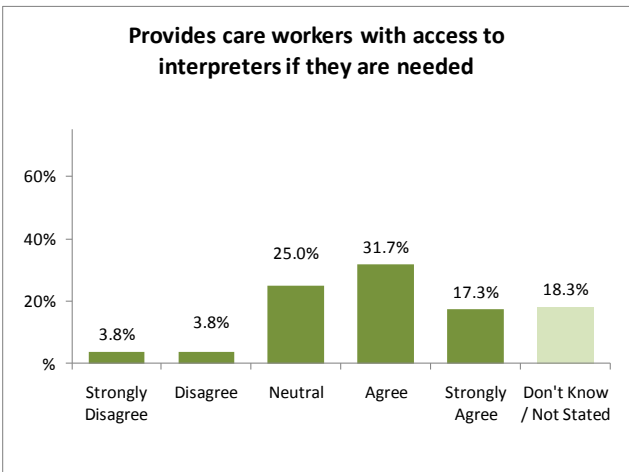
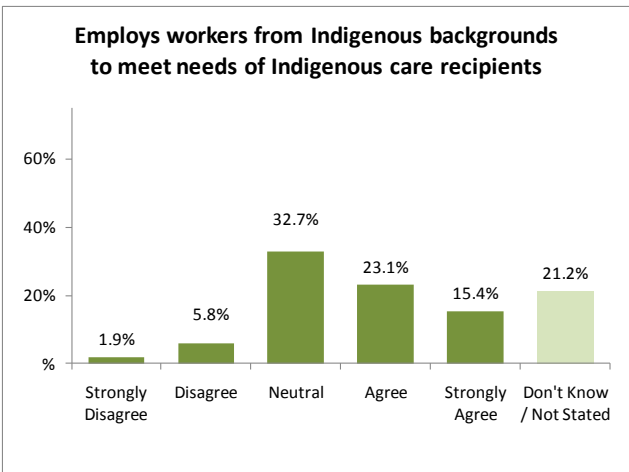
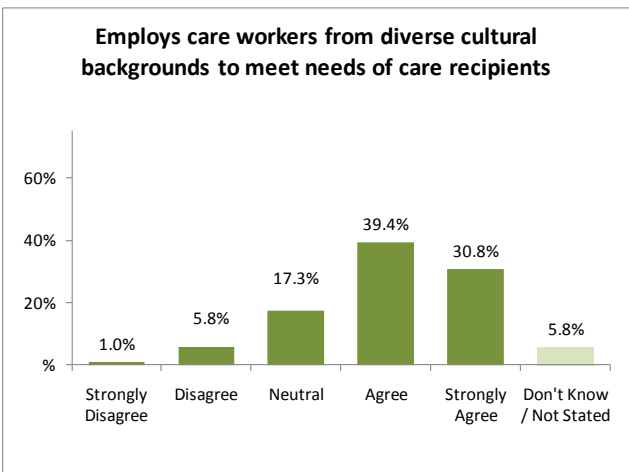
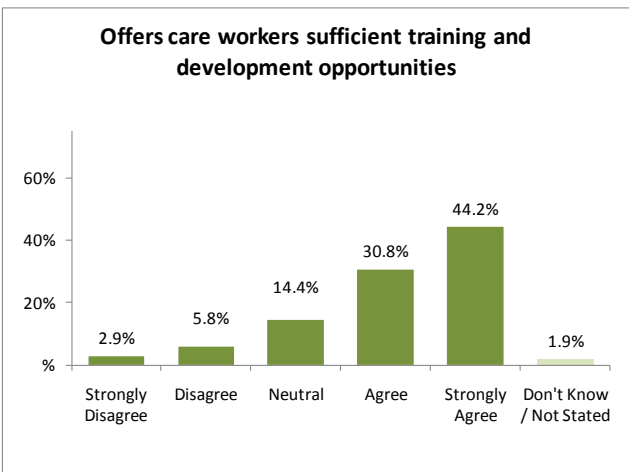
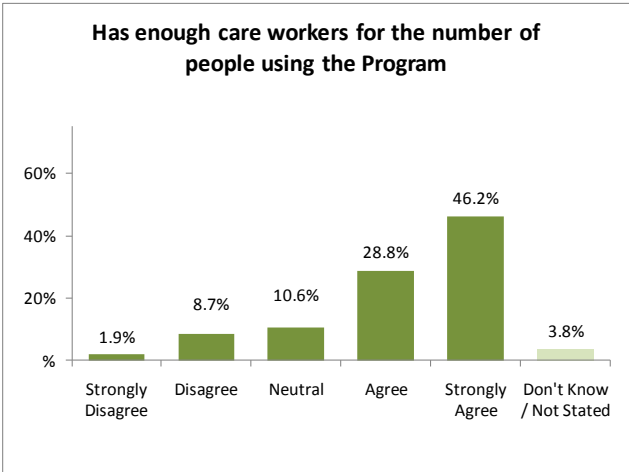
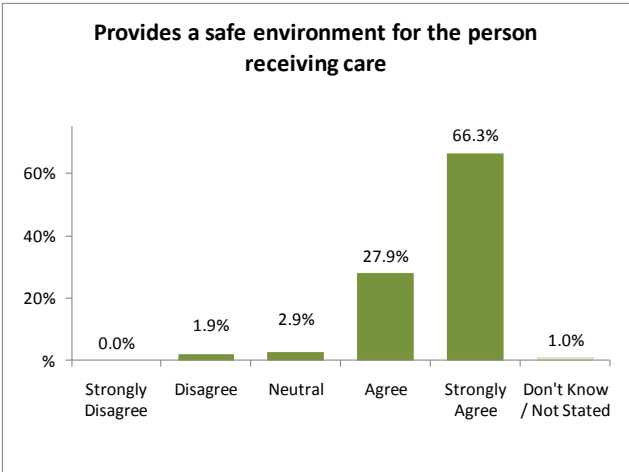
'Staff at residential homes do not fully understand, they think it is easy driving around and picking clients up and brining them back to the facility and if we only have one or two clients we are having an easy day and not doing any work. There needs to be more awareness and promoting of the program.'

3.2.3 RATING KEY FEATURES OF THE DAY RESPITE SERVICE

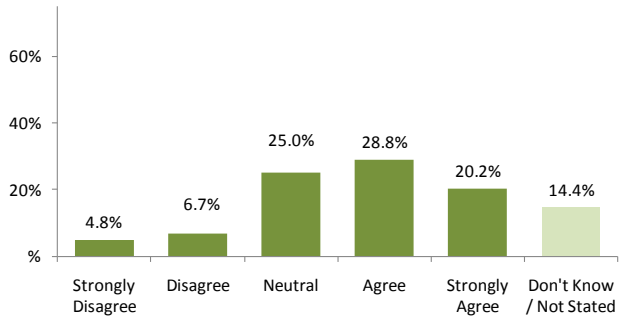
Staff were asked to indicate their level of agreement with fourteen statements representing features of the day respite service at their facility. The results are shown below in *Figure 29* and *Figure 30*.

Figure 29: Staff who responded to the Survey of Care Workers: Opinion of features of their day respite service – Distribution of responses





Provides workers with cross-cultural training in how to work effectively with people from non English speaking backgrounds



Provides workers with cross-cultural training in how to work effectively with Indigenous people

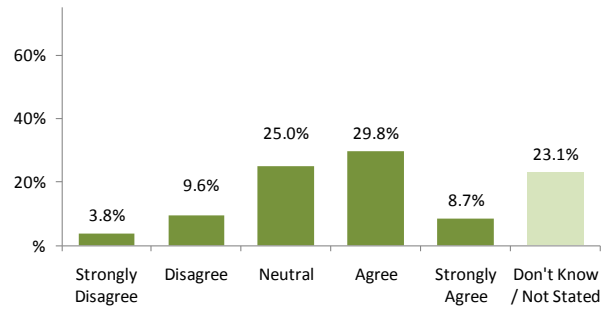
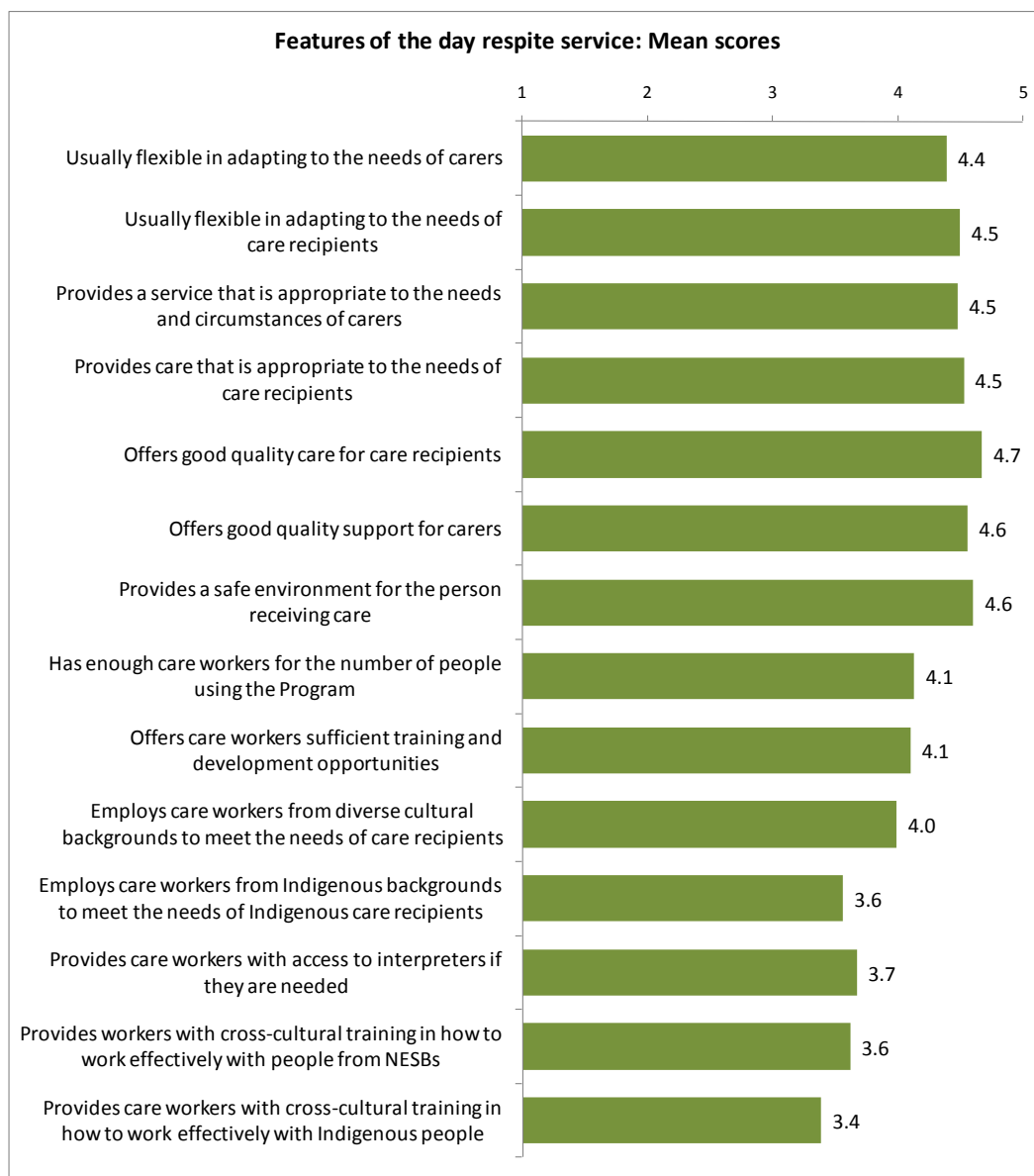


Figure 30: Staff who responded to the Survey of Care Workers: Opinion of features of their day respite service – Mean scores



As Figure 30 indicates, care workers were **most** likely to value the day respite service for its provision of *good quality care* for care recipients (average rating of 4.7), and for the *good quality support* provided to carers, and a *safe environment* for care recipients (both rating at 4.6 on average).

They were **least** likely to rate the service for providing *appropriate training to care workers in working with Indigenous people* (average rating of 3.4) and for *employing Indigenous background care workers* to better meet the needs of Indigenous care recipients, or for *providing cross cultural training* to care workers in working effectively with people from non English speaking backgrounds (average rating of 3.6).

Additional comments were able to be provided regarding the ratings applied and any additional services offered. Thirty six respondents chose to do so, but not all added information that was not already reflected in their ratings. However, the following comments are useful from either an evaluation or a policy and planning perspective, and have been grouped into themes.

Care workers from two organisations identified **additional services and programs offered**. One of these involved special services for vision impaired clients, and the other provides counselling and religious support, and alternative therapies (eg aromatherapy).

Theme 1: Employing Indigenous care workers to meet the needs of Indigenous care recipients.

Eight care workers indicated that their service had no Indigenous clients or carers, and therefore, did not employ care workers of Indigenous background. One indicated that their organisation was currently liaising with a service providing Indigenous-specific aged care. Another perceived the employment of Indigenous care workers as problematic for the organisation -

'In regards to Indigenous care workers, some don't stay long enough to complete training/don't turn up for work/don't call organisation, DOW or RN's. Other staff have to cover their shifts regularly this causes cultural unrest between staff as a result.'

Theme 2: Employing NESB care workers to meet the needs of care recipients from culturally diverse backgrounds.

Four care workers indicated that their service and/or its catchment area had low numbers of clients or carers from culturally diverse backgrounds. One noted that their organisation employed many people from these backgrounds in order to better meet the needs of its client base.

'The facility has many staff members from diverse cultural backgrounds to accommodate different backgrounds.'

Theme 3: Providing cross-cultural training to work effectively with Indigenous clients

Three care workers commented on this issue, two indicating that there was no training offered and the third noting that they thought there would be training.

'We do not have any Indigenous staff in this area but I am sure there would be training.'

'No training offered or known of.'

'Our facility has not had the need (so far) to provide care workers with 'cross cultural training' to work with Indigenous people.'

Theme 4: Providing cross-cultural training to work effectively with NESB clients

Five care workers provided additional comment on this issue, with one indicating that they were not aware that such training was available, two indicating that no training is provided by their organisation (one because it was not seen as needed due to experiencing few 'cultural problems' and the remaining two people expressing a degree of frustration in meeting the needs of clients from diverse cultural backgrounds (which can be seen as a need for cross cultural training to enable them to better manage diversity).

'We have many clients from 'Italian' background, 'language barriers' are frustrating.'

'Caring for 3 Dementia clients as well as non-English speaking clients is impossible for 1 staff member at times.'

Theme 5: Provision of access to Interpreters

Two care workers provided additional information about their access to interpreters. Both noted that insufficient accredited interpreting was available - with a consequent reliance on either family members or other staff from diverse cultural backgrounds.

'There is no access to interpreters apart from family members occasionally. When family members need to become involved as interpreters, then this defeats the purpose of providing respite for carers.'

'Not enough information given on different cultures. Carers sometimes need to chase up other staff to interpret for them.'

Theme 6: Having sufficient care worker staff to meet client needs

Five care workers indicated that their organisation is not employing sufficient staff to meet the needs of clients, particularly those needing individualised or specialized care.

'Staff is always short. Clients need one on one time and it is not always possible.'

'Sometimes if Dementia recipients there aren't enough carers to meet need if all arrive on same day.'

'There isn't accommodation for the respite clients and they are not in an area together so they cannot socialise, they are in different areas. Respite is inflexible because of the lack of space.'

'There are not enough carers to provide specific care needs for specific clients.'

Theme 7: Provision of a safe environment

Two care workers expressed concerns about the design of the day respite centre and its appropriateness for clients with wandering behaviours.

'To have our centre more secure for those clients who become restless and therefore a place for them to be able to wander about without endangering themselves and to be in a more relaxed and non confined area.'

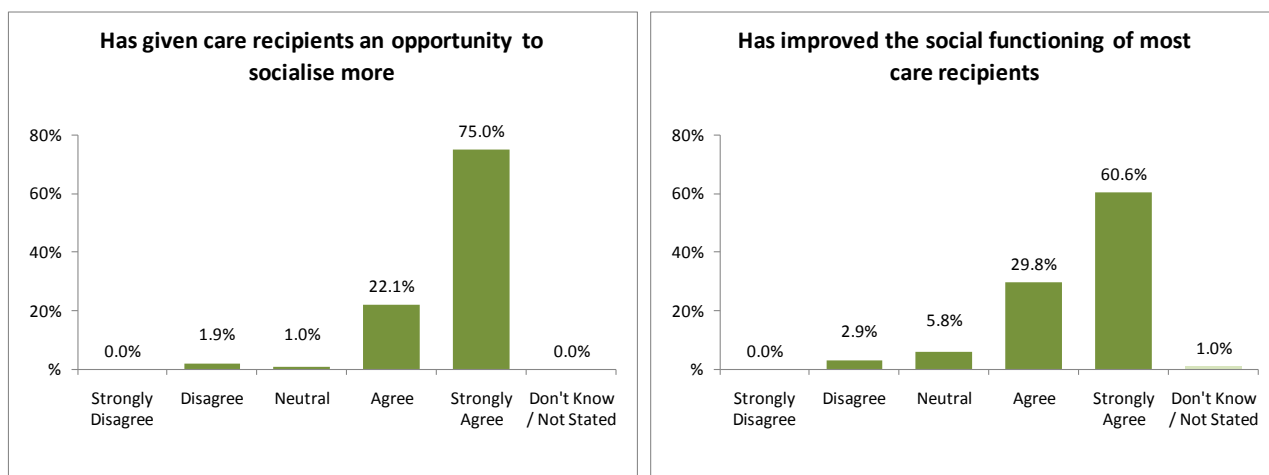
'The area we have for Day Respite is not exactly suitable for wandering but one carer is to take these clients to another area when they can wander and be safe, this carer stays with them and the other carer remains with the other clients.'

3.2.4 SPECIFIC BENEFITS OF THE PROGRAM FOR CARERS AND CARE RECIPIENTS

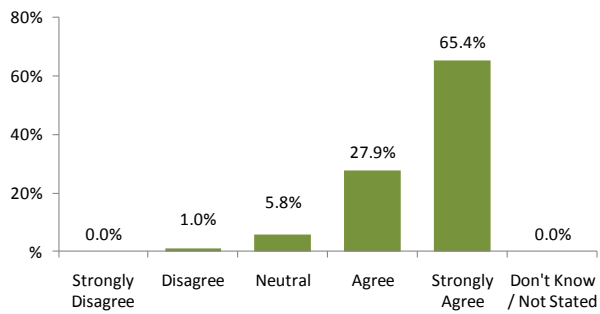
Care workers were asked to provide their observations about whether those using the day respite service experienced a range of potential benefits, based on those demonstrated in the research literature.

The results for each benefit are shown individually in *Figure 31* and collectively in *Figure 32* below.

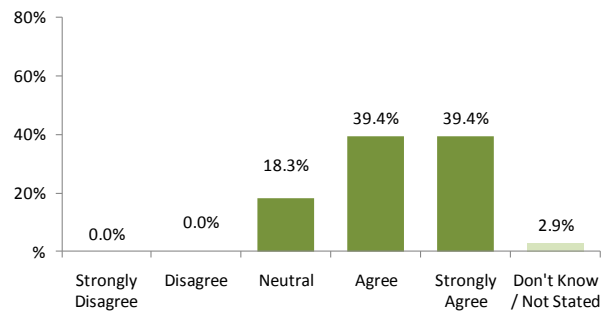
Figure 31: Staff who responded to the Survey of Care Workers: Benefits for carers and care recipients – Distribution of responses



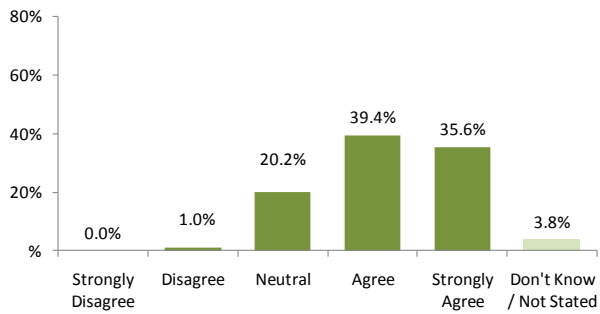
Has given care recipients an opportunity to participate in a sufficient range of activities



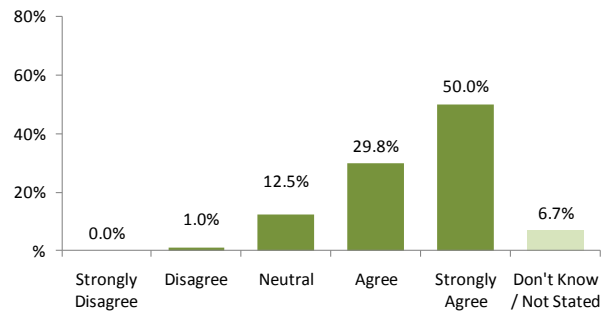
Has improved the physical functioning of most care recipients



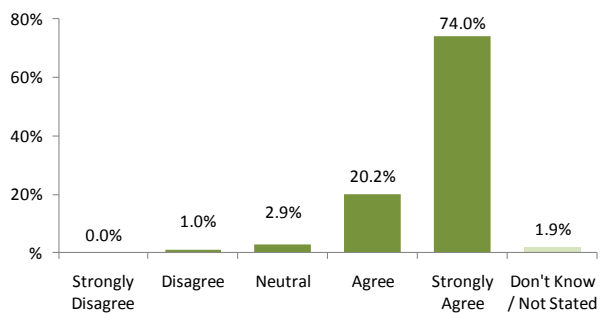
Has improved the cognitive/mental functioning of most care recipients



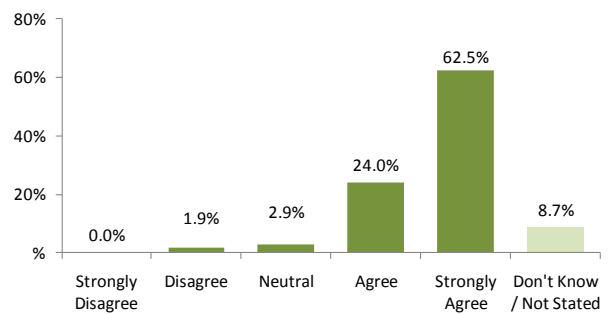
Has delayed the need for care recipients to go into full time residential care

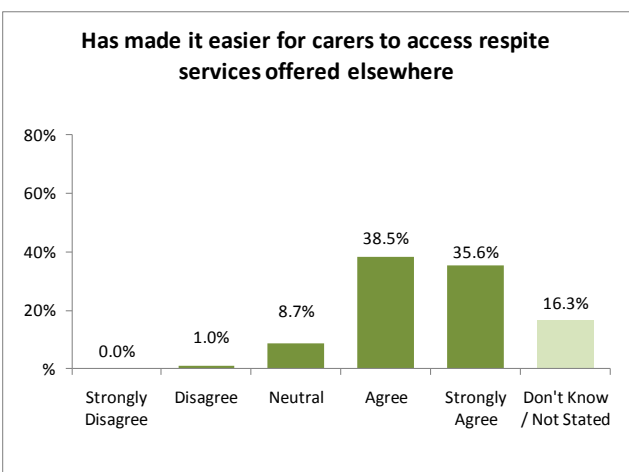
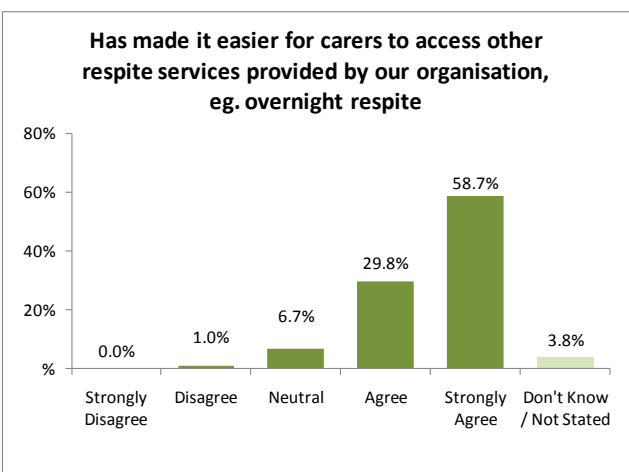
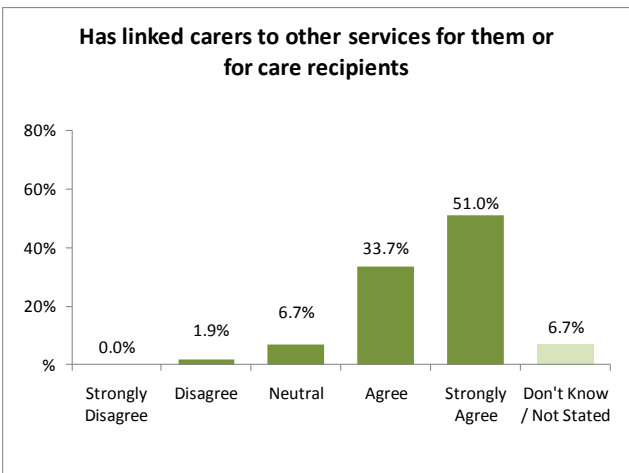
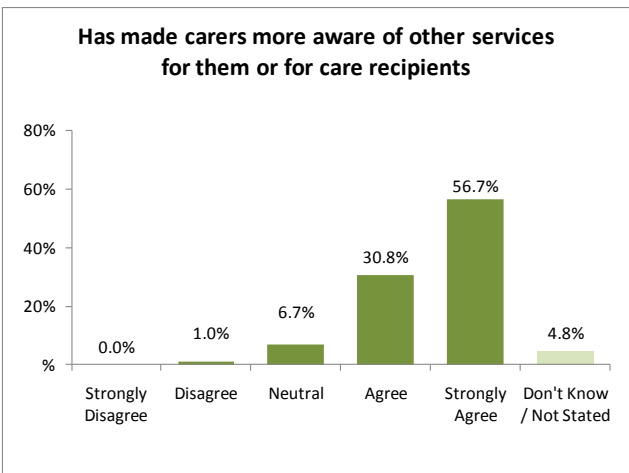
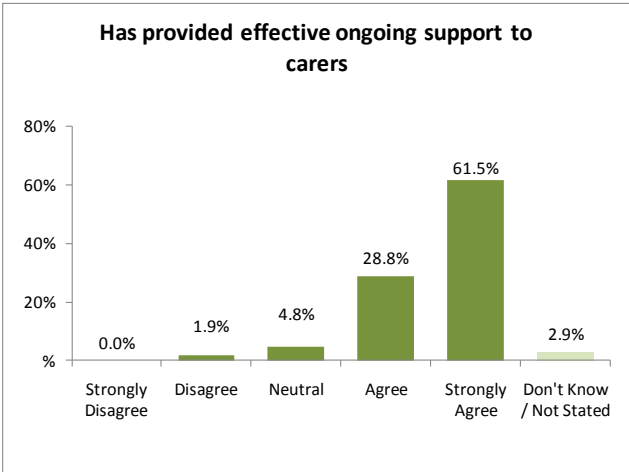
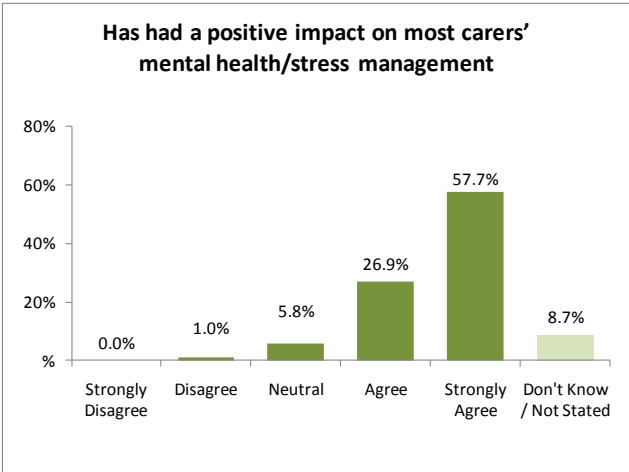


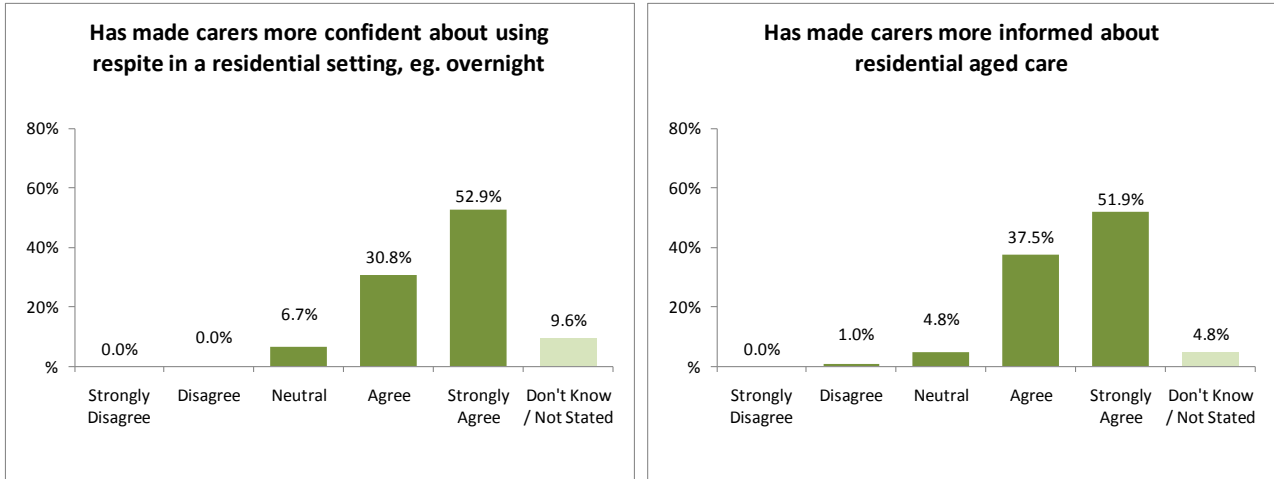
Has provided carers with the opportunity to take a break from their caregiving role



Has had a positive impact on most carers' health and well-being







As is evident from *Figure 32*, the highest ratings (an average of 4.7), were applied to two statements that indicate benefits for **both** carers and care recipients –

- Has given care recipients an opportunity to *socialise* more
- Has provided carers with the opportunity to *take a break* from their caregiving role.

These were followed closely by the following dual benefits (an average rating of 4.6) –

- Has given care recipients an opportunity to *participate* in a sufficient range of activities
- Has had a positive impact on most carers' *health and well being*.

Figure 32: Staff who responded to the Survey of Care Workers: Benefits for carers and care recipients – Mean scores



Average ratings of 4.5 were applied to a further seven statements, of 4.4 to two statements, 4.3 to one statement and 4.2 to another statement. The lowest average rating (4.1) was applied to the day respite service's ability to improve the cognitive functioning of most care recipients, which can be expected to be an area where service effectiveness would be limited. **These are extremely positive ratings that indicate a high level of confidence in the service model and its application within the Program.**

In open ended comments, care workers were able to identify **additional benefits**, beyond those listed in the survey. Five such benefits were identified, relating to the establishment of *carer friendship groups* (identified twice); the provision of *information about health* monitoring and testing of the care recipient (also identified twice); *reduced carer isolation*, *reduced carer guilt*, and access to *information about a range of services*.

3.2.5 EFFECTIVENESS AND IMPACT OF THE PROGRAM ON CARERS AND CARE RECIPIENTS

Staff were asked to rate how effective they thought the day respite program had been in meeting the needs of carers and care recipients, and also to rate the impact of the program on those clients. *Figure 33* shows the response distribution for each statement (from Strongly Disagree to Strongly Agree), and *Figure 34* summarises the results by presenting the mean (average) score for each statement.

Figure 33: Staff who responded to the Survey of Care Workers: Effectiveness and impact of the day respite service on carers and care recipients – Distribution of responses

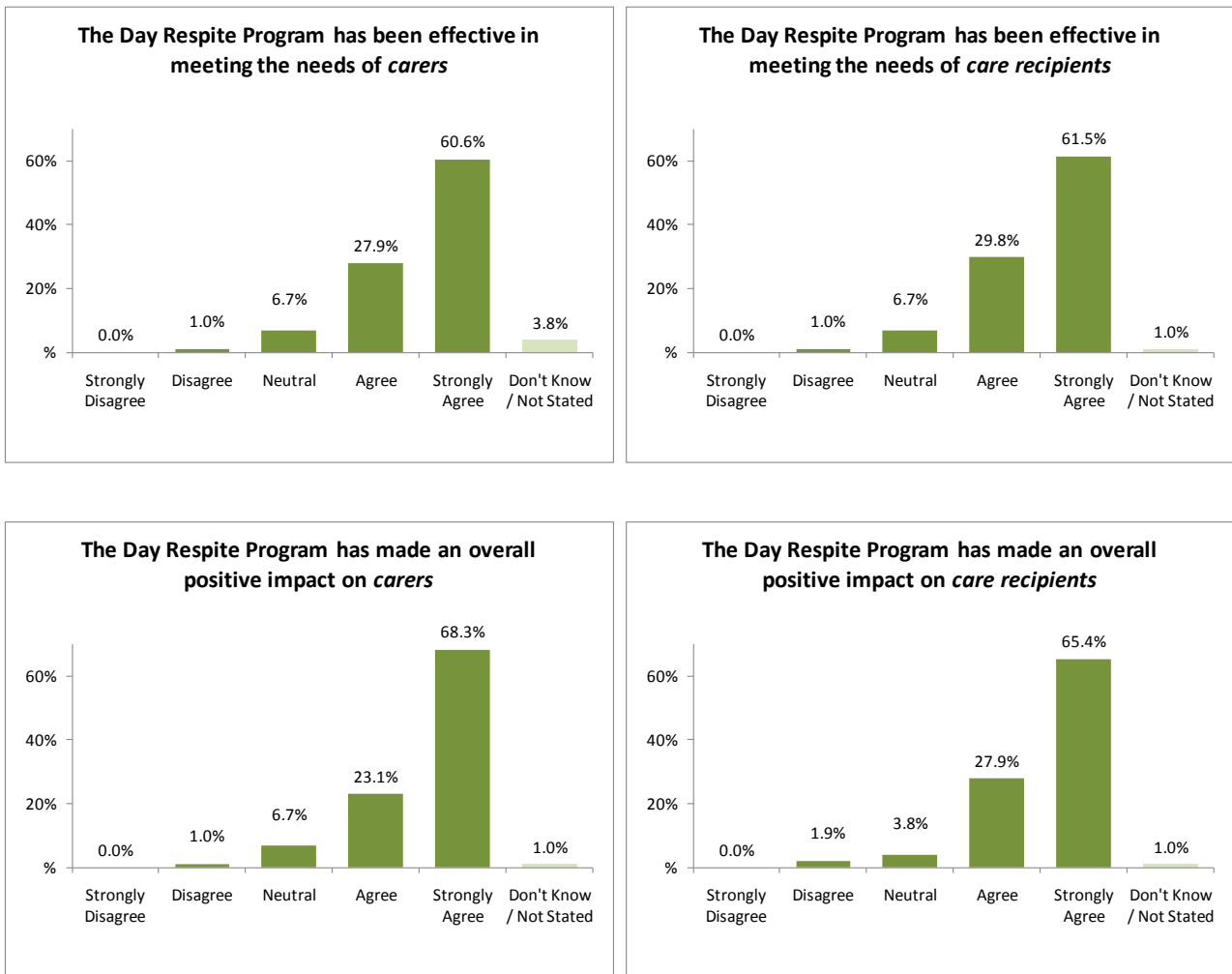
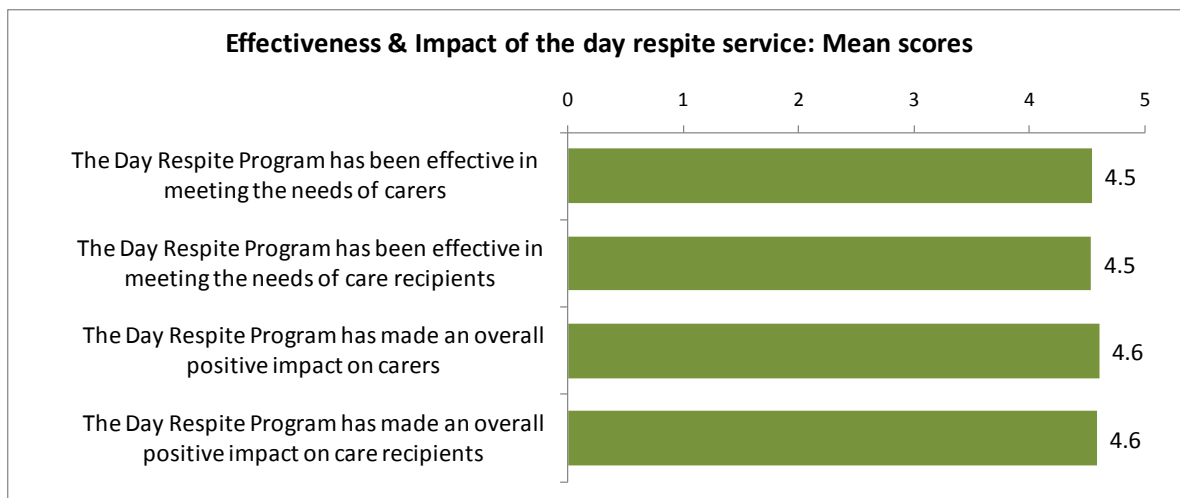


Figure 34: Staff who responded to the Survey of Care Workers: Effectiveness and impact of the day respite service on carers and care recipients – Mean scores



It can be seen that care workers' average ratings are high, regarding the Program's overall impact on both carers and care recipients as positive (rating of 4.6 for each), and the Program's effectiveness in meeting the needs of both carers and care recipients (rating of 4.5 for each).

Additional comments were offered by 32 care workers, which with the exception of two, were extremely positive (the two critical comments related to the content of activity programs and the deterring impact of being located in a residential facility).

Impact of the program

With regard to the Program's **impact** the following generic comments were made –

'So important for the spiritual, emotional, social interaction and lifestyle for our aging population. Research supports, strategies to improve engagement of people with early Dementia.'

'Carers and care recipients speak highly of our program and tell others people in community which helps promote our service.'

'We have received a lot of feedback from carers on the positive influence we've been.'

'Constantly receive very positive feedback from care recipients and carers. Can see the positive outcomes for care recipients each day.'

'It is rewarding to be involved in a program which provides a positive outcome for carers and care recipients. We have had comments like 'it has changed my life' from carers.'

'Support mechanism are in place for carers and recipients which value and care for them as individuals.'

'Quality care planning and service delivery. Positive feedback from carers and support agencies.'

Other comments focused on **positive impacts on care recipients** – involving maintenance of independence, opportunities for socialisation, improved sleeping patterns.

'Care Recipients - Maintain their independence and individuality within a social setting.'

'Enables care recipients more social interaction, normalisation, time apart enables both parties to appreciate, not tolerate, each other more, enables more knowledge how to do things better and/or different methods to be applied to problem solving solutions with access to facility staff knowledge of training (assessable).'

'Care recipients are looking forward to coming in. Asking where the others are and will 'so and so' be coming in today? - providing more social opportunities.'

'I have seen very positive effects of our program in sleeping pattern, changes (e.g. clients sleeping though night). Time to relax and have time apart for both clients and carer. Our clients have improved and made friends and seem to be happier and are benefiting from our program.'

However, one respondent believes that the residential location acts as a deterrent to participation in the day respite program, and therefore, limits its impact.

'We have found that some care recipients have been apprehensive about starting our programme as they feel they are being tricked into going into a facility. Once we get past this it is all positive but we do lose a lot of candidates due to this problem as they won't give it a chance just in case.'

The following **positive impacts** were identified for **carers** – opportunity for socialisation, to take a break from caregiving responsibilities, to benefit from the positive experience provided for the person in their care, to maintain paid employment, to be supported when the care recipient needs to transition to full time residential care, and to be able to continue providing care.

'Enables carers to experience some amount of normalisation (social interaction).'

'Have received letters and lots of thankyou's from carers as some have said they could not have gone on without our help. It gave them an opportunity to have time for themselves. Care recipients have made new friends and it has given them something to look forward too, make them feel more worthy and given greater self esteem.'

'The impact of the program has been positive. The carers have been able to have a much needed break and the care recipients are able to interact with others and when the care recipients have gone into respite or full time care have managed the transition with more ease.'

'Gives carers time to themselves to attend to their own health which enables them to care for their loved ones.'

'I feel the program has had a profound impact on some carers and minimal on others (all depends of their needs and what they want from the program). I do strongly believe that is program helps take a pressure off from carers.'

'Carers - can remain within the workforce, gives freedom to pursue self interest and well being or having a break.'

'Care Recipients - builds confidence and self esteem, promotes independence and self worth.'

'Programs are very effective as the individual are in a better position for the 'transitional' process from home/community to residential setting.'

Effectiveness of the program

With regard to the Program's **effectiveness** the following generic comments were made, focusing on the **dual benefits** for both carers and care recipients –

'Carers have different needs, this program supports this. Care Recipients have a familiar place with a familiar face and are happy to come because of their regular familiar predictable expectations. So does the carer all feel comfortable and do-able.'

'The Clients: Creating a social outlet and interaction with people their own age and sometimes with the disability they have.'

'The Carers: Giving them a time-out from the care they give to their loved one.'

'Carers have been very appreciative as it has given them a break they would otherwise been unable to have. Care recipients have had a chance to be part of the community, to socialise and have mental stimulation.'

'The Day Respite program has been very effective in meeting both the needs of carers and care recipients. We have had positive feedback from carers who are caring for their loved one 24/7 and just a break, go out or a sleep allows them to recharge. The carers have also commented about our holistic approach and how we give individual care. Many of the care recipients are socially isolated for different reasons, so just going on a bus trip, companionship or sharing a meal and seeing different faces allows them to interact and have a break from their main carer as sometimes the relationship is strained due to stress.'

'I have only worked for a short while with Day Respite and have a high regard for the service, to carers they often need a break and I have found the care recipients enjoys the companionship of other care recipients and the activities which are provided.'

'It provides, fun, entertainment, social interactions for both clients and carers in speaking with staff and hearing about the day spent by the clients at our service.'

'Carers and clients value respite as they both appreciate and understand the benefits of regular respite. Most clients enjoy their time at respite as they form a bond 'family' with other recipients. Carers also recognise that they are 'not alone' that they have support and understanding from care workers and other carers in a similar position.'

'Carers - are given the opportunity to have a break and follow their interests e.g. art course, return to the work force.'

'Care Recipients - are given the opportunity to build social skills and redevelop their interests. Promotes independence.'

Additional comments made identified **carers** as benefitting from the program due to enhanced quality of life, being able to take a break and to be able to continue providing care.

'Have received feedback from carers saying how many they appreciate our program and they couldn't have coped without out help.'

'Carers' quality of life enhanced, as they have a day where they choose to rejuvenate themselves to continue their caring role of looking after a loved one at home.'

'Carers receive the much needed break giving themselves the much needed encouragement and support knowing their loved one is receiving the support and encouragement at the centre making for a higher quality of life for both the care and care recipients relationship. Thus delaying full time care'

'Carers have stated that without this service they would not have been able to cope and permanent care would have been sought.'

'Program is positive, hearing this from carers how much they enjoy their respite time. Carers happy that their loved ones are busy doing things in program and picking up old hobbies they enjoy doing.'

'Care Recipients - As empowers individuals to continue individual interests 'individual programs', maintain their skills, be autonomous in their own community/group settings, staff facilitate minimally, only to intervene to ensure client safety.'

Additional comments made in relation to **care recipients** identified the program’s effectiveness arising from the dynamic nature of providing individualised care, its reduction of social isolation among its clients, and its capacity for meeting emergency needs.

‘Meeting the range of needs of the care recipients has been and is an ongoing challenge – which keeps the experience of our service dynamic and ever changing, engaging the ‘members’ in shaping their environment.’

‘The Day Respite clients continually praise staff for efforts in supplying care and attention to their needs. This is greatly appreciated by all staff.’

‘It is a good programme it works smoothly and good for people who live on by their own and alone. I am enjoying to work for them and I love them honestly.’

‘There have been times when an emergency respite was required, we have been able to accommodate the person/persons to everyone’s satisfaction.’

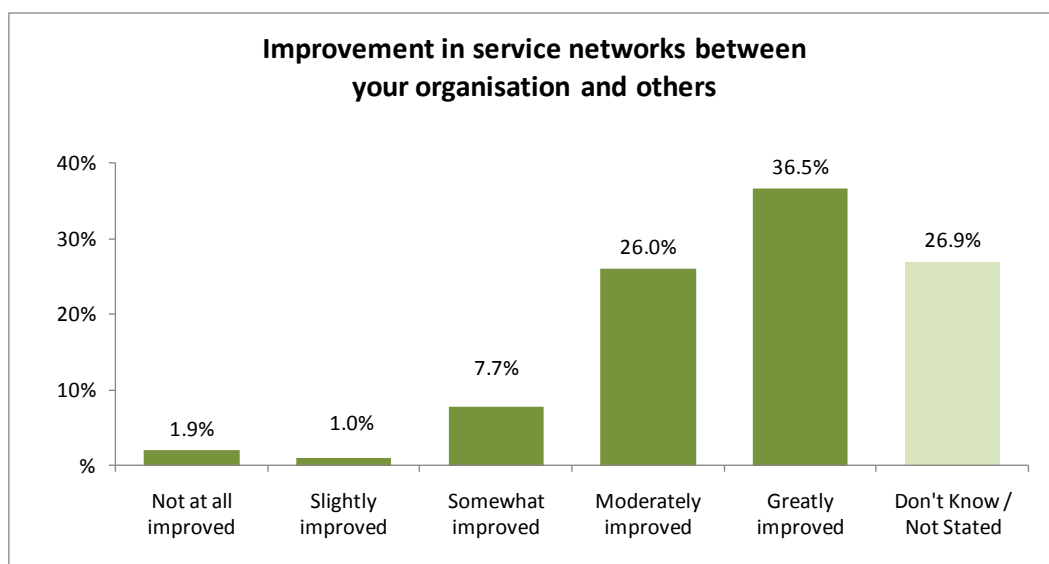
However, one respondent believed that limited day activity content reduces the program’s effectiveness.

‘More is needed in understanding that some care recipients just want to sit/sleep and not join in activities. Also more than just quizzes etc. as some find it childish.’

3.2.6 EFFECT ON SERVICE NETWORKS

The majority of staff who felt able to comment on service networks (62.5%) believed that the introduction of the day respite program had *moderately or greatly improved* the networks between their organization and other organizations, as shown in *Figure 35* below. However, 27% were not able to judge this.

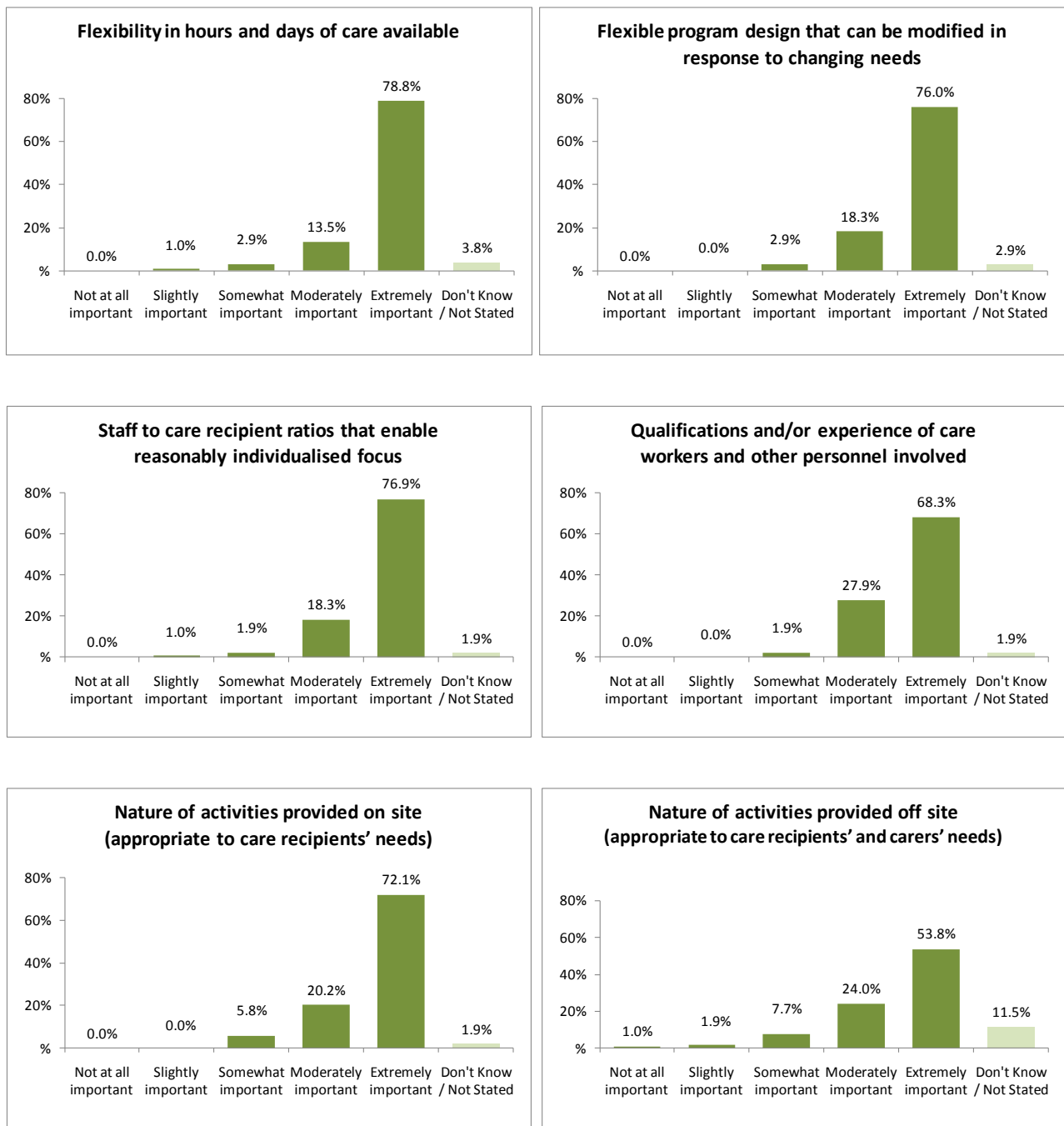
Figure 35: Effect of introduction of the day respite service on service networks - staff who responded to the Survey of Care Workers



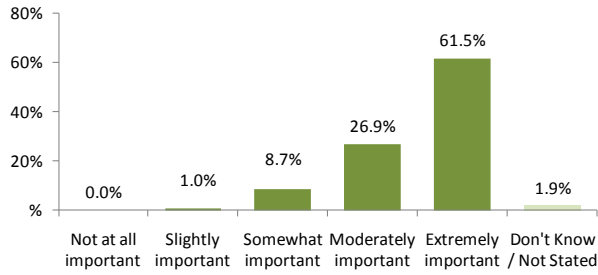
3.2.7 FACTORS IN THE SUCCESS AND EFFECTIVENESS OF DAY RESPITE IN AGED CARE FACILITIES

Staff were asked to rate the importance of 15 factors which can contribute to the overall success and effectiveness of day respite at aged care facilities, using a 5 point likert scale from “Not at all important” to “Extremely important”. The results are shown in *Figure 36* and *Figure 37* below.

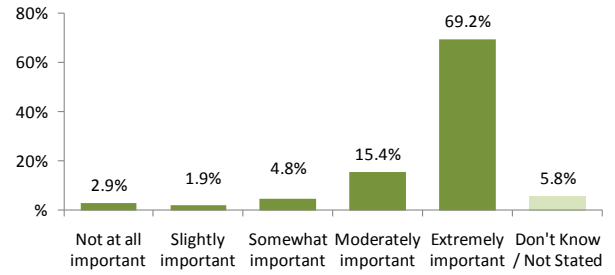
Figure 36: Importance of a range of factors in the overall success and effectiveness of day respite at aged care facilities - staff who responded to the Survey of Care Workers – Distribution of responses



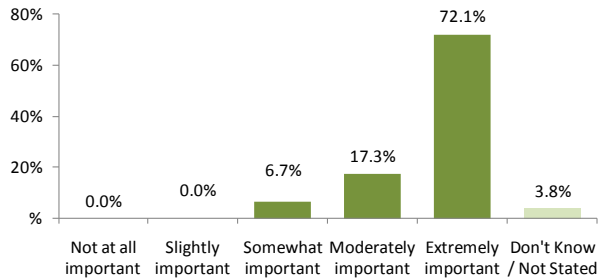
Ability to include residents in the day respite program's activities



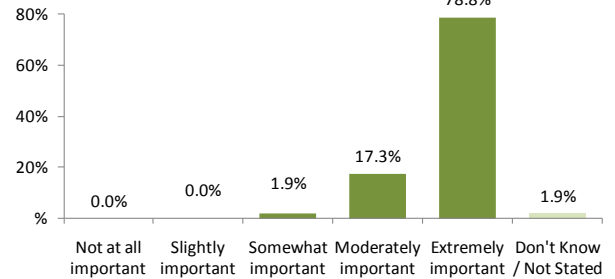
Provision of transport to/from the respite service



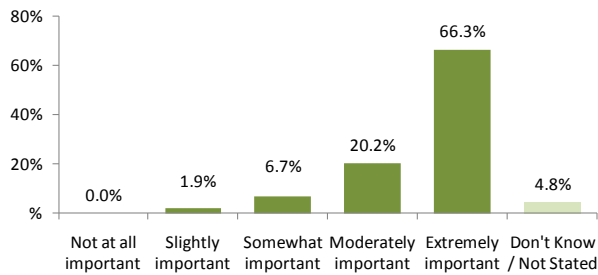
A focus on the needs of carers



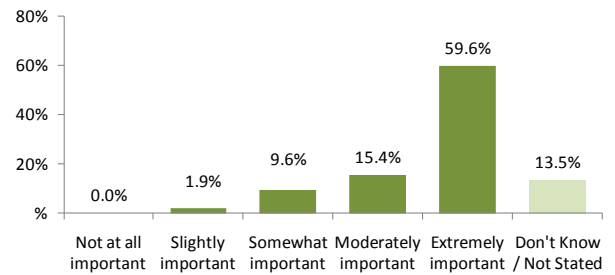
A focus on the needs of care recipients

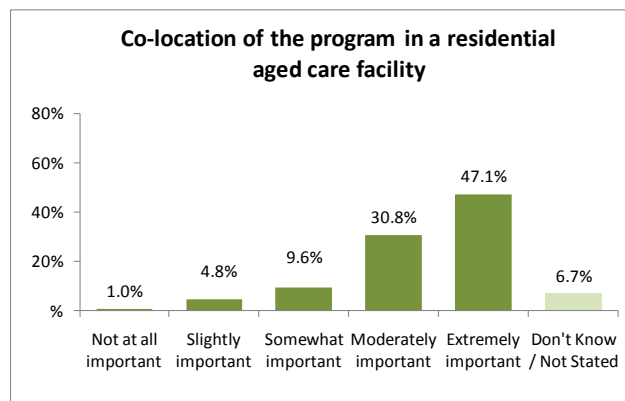
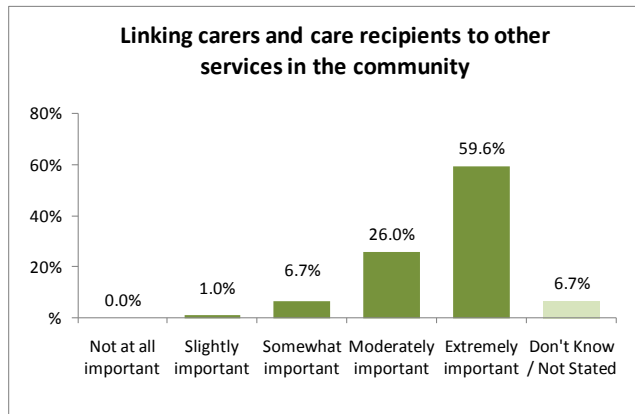
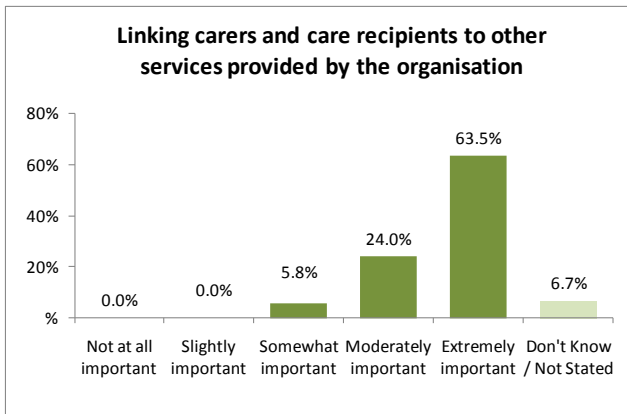


Ability to meet the cultural and language needs of people from diverse backgrounds



Ability to meet the specific needs of Indigenous people



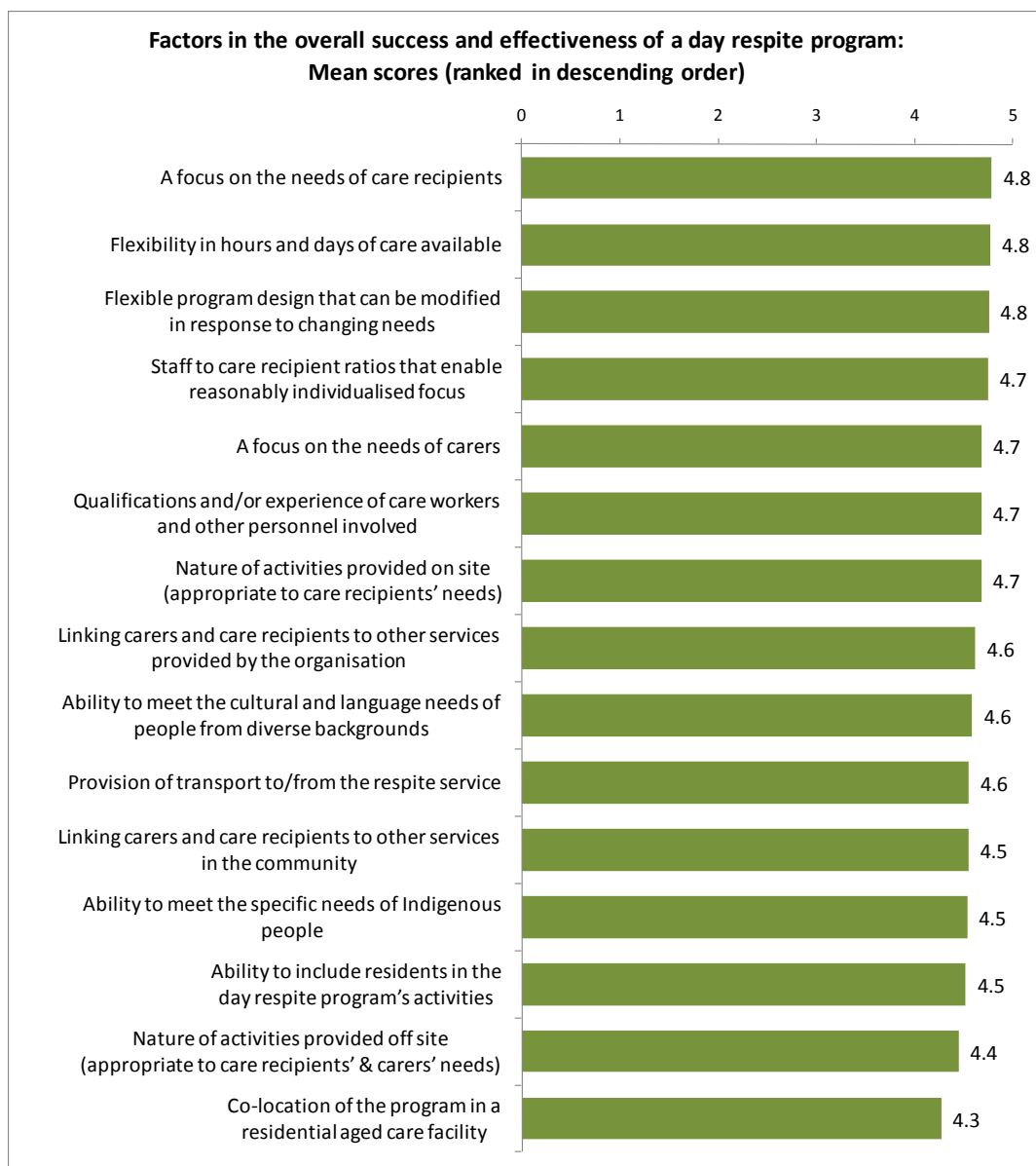


It can be seen from *Figure 37* that all of the 15 factors received average rating of **4.3 or better**, indicating that all are considered to have an influence on the effectiveness and impact of the day respite program. Three factors – all reflecting the importance of *flexibility* and *individualised care* - received the **highest** average rating of **4.8** –

- ⇒ A focus on the needs of care recipients
- ⇒ Flexibility in hours and days of care available
- ⇒ Flexible program design that can be modified in response to changing needs.

The **lowest** rating of **4.3** was applied to the factor of *co-location* in a residential care facility.

Figure 37: Importance of a range of factors in the overall success and effectiveness of day respite at aged care facilities - staff who responded to the Survey of Care Workers – Mean scores



Additional factors identified as being important in open-ended commentary were –

- Staff qualities – ‘ motivated, client-centred staff’ and ‘cohesion of staff’
- Being able to provide medical care rapidly, if needed
- An appealing physical environment
- Linking day respite with residential care clients.

3.2.8 UNEXPECTED BENEFITS AND NEGATIVE CONSEQUENCES OF THE PROGRAM

Staff were asked whether there had been any *unexpected benefits* and *unexpected negative consequences* of the program.

Thirty three of the 104 respondents (31.7%) identified unexpected benefits, and 16 respondents (15.4%) mentioned unexpected negative consequences of the program.

3.2.8.1 UNEXPECTED BENEFITS CITED BY STAFF WHO RESPONDED TO THE SURVEY OF CARE WORKERS

The unanticipated positive outcomes identified by care workers point to benefits for –

- care recipients (these were most commonly nominated),
- carers
- the organisation and its staff
- and residents.

Benefits for care recipients

Observable improvements were identified in care recipients arising from day respite activities, including enhanced mobility and activities of daily living, and in particular, more friendships. (12 respondents)

'Clients' improvements of mobility through exercises. Clients' ability to sing and dance and rediscover the music they loved. Rediscover their creativity. Improved eating habits through daily menus.'

'Yes I can honestly say that there has not been one client that has come through our door that has not had some improvement in their and in their family's quality of life. I didn't believe we would make 100% difference in some positive way but we have.'

'One of our guests knitted a pair of baby booties, without a pattern, who has not knitted for many years. Same guest is now writing again. No 2 guest now leaves house and never would previously, his wife says he looks forward to coming. He enjoys every moment here.'

'Seeing care recipient try new things and also socialise and build relationships with other people.'

'Have had clients who appeared to be withdrawn actually 'coming out of their shell' and participating in activities as well as interacting positively with other clients and residents.'

'Day Respite clients have formed a friendship with the group. They see it as a club, their club.'

'Certain clients look forward to the day that a certain client comes in, friendships develop and they enjoy each other's company.'

'The program, while having obvious appeal to carers, has brought a tremendous response from isolated and frail elderly in the community.'

Benefits for carers

Care workers identified improvements in carers' confidence, links to other carers and ability to participate in paid employment. (3 respondents)

'Carers - initially only accessing one event of respite are gaining the confidence to access more events of respite for themselves.'

'Offers carers more changes/time to work and work stably.'

'We have been able to facilitate a support group that encompasses the carers involved in the Day Respite Program as well as family members and significant others of care recipients who are permanently placed within a facility. This allows carers who are still caring at home the opportunity to meet with people who have needed to place a relative into permanent care - a chance to discuss and support one another not just in the process of this, but to find out how others have managed at home prior to placement as well as gleaning information of other services and also support whilst working through the emotional turmoil that accompanies both caring at home and placement of their loved one.'

Benefits for carers and care recipients where residential care is required

Five care workers identified that the transition from community care to residential care was facilitated through participation in the day respite program

'The transition into full time residential care has been accepted much easier for both the client and carer.'

'Relationships of trust can be built making a smoother transition for the client and care provider - keeping beds full and frequently (?) admission with permanent care.'

'Clients are able to access respite care at the facility and some clients have made the move to live in the facility. We are able to offer transitional which helps to settle client into facility. If clients do have respite or full time care at facility they are welcome to visit and this has help them a great deal.'

Benefits for the organisation and its staff

Care workers identified a number of benefits for the organisation –

- ⇒ improved service networking for the organisation – through the organisation's profile and role being better understood by other services providers, the organisation itself having a better understanding of other services, and capacity to achieve resource efficiencies through sharing;
- ⇒ an enhanced public image that includes reduced stigmatisation of residentially based service provision.
- ⇒ In addition, staff were seen to have access to a wider range of training and resources (eg one organisation is teaching Montessori techniques to all staff and finding that all are benefitting, as are the residents);
- ⇒ cross-fertilisation with other services provided by the organisation was being achieved, and
- ⇒ the enhanced physical infrastructure was beneficial for the organisation as a whole (10 respondents).

'Networking between organisations, using services and facilitating has improved greatly. Able to utilise other services, venues, transport in isolated areas. Cost effective as not doubling up. Able to access skills, trained carers and bale to share between services. Educational, able to share information and recourses.'

'Carers involved in program give positive views and tell other people in community - this gives a lot of positive feedback about the high standard of care given by staff at our facility, to a wide selection of people.'

'Our residential community now has an 'open door' for the greater community - a shop window point of access. More people now flow through our doors dispelling old perceptions and myths allows clients to step gradually into the care system encouraged by and experiences. '

'Expansion of the area including major building works to include more clients and give more space than was available before.'

'We (staff) are all ... [learning] Montessori Techniques. Residents loves these sessions and hover in close when Montessori material is uncovered.'

'We have had more clients accessing our NCRP day care service.'

Benefits for residents

Two care workers identified benefits for residents through contact with day respite clients and their services.

'[residents] ... are now being incorporated in pleasurable outings to Day Respite for 2 hour periods once a week (while usual clients are out on bus trips)'

'Respite clients are happier and socialise well with residents.'

3.2.8.2 UNEXPECTED NEGATIVE CONSEQUENCES CITED BY STAFF WHO RESPONDED TO THE SURVEY OF CARE WORKERS

Unanticipated negative consequences were identified by 16 respondents and these can be categorised into six major themes, illustrated by examples given in the words of survey respondents. These involve –

- negative behaviour by residential care staff largely due to a lack of understanding about the day respite program (and usually lessening over time);
- resource limitations that curtail the range of activities that can be offered;
- inadequate building design that limits the effectiveness of activities;
- difficulties arising from co-location in a residential facility (eg cross-infection);
- difficulties in managing clients in an individualised and skilled manner and
- negative behaviour by community services staff from the facility – again due to lack of understanding of the day respite service and its relationship to existing community services.

Negative behaviour by residential care staff, largely due to a lack of understanding about the day respite program, and often described as lessening over time (6 respondents)

'Residential Staff - non co-operative to change of routine, including community guests ... [in] residential activities.'

'Residential Staff - intervening in guest care when not required, due to not having knowledge guest care needs. Not recognising Program assistant qualifications.'

'Not really - only from tension with residential care who feared extra workload and inconvenience.'

'Facility staff have been negative and not supportive of the program. This is starting to change'

'Some negativity from residential staff in relation to community impact on the existing system/procedures etc.'

Resource limitations that curtail activities that can be offered (3 respondents)

'Limited funding e.g. retreats, bus trips, overnight stays.'

'Limited funding for off site activities.'

Inadequate building design that limits the effectiveness of activities – for example, lack of a secure environment creating difficulties when working with clients with dementia (2 respondents)

'Facility is not lockable so 'wandering' Dementia clients are difficult to contain.'

'Because we can't offer a completely secure environment (at the moment) it has created a feeling of insecurity in the community of our service. We have had feedback saying that potentially new clients won't use our service because of this.'

Difficulties arising from co-location in a residential facility – for example, cross-infection and resident behaviours (2 respondents)

'Some ... residents don't wish to engage with day residents as they see them as intruders.'

'Only when hostel had influenza or gastro outbreak. Due to clients using Hostel entrance, day stay and weekend stay has to be cancelled. This has now been remedied by ... having its own separate entrance allowing clients to totally by pass the hostel if necessary.'

Negative behaviour by community services staff from the facility, again due to a lack of understanding about the day respite program and its relationship to existing community services (1 respondent)

'Initially there was some negativity from other community services about our new NRCP programs, however this has greatly improved and they now understand how the services complement each other.'

Difficulties in managing clients in an individualised and skilled manner (3 respondents)

'Sometimes, one client can disrupt everyone with unacceptable behaviour. - Often, Dementia clients take 20 minutes to entice off or onto the bus. - Occasionally, the group has to be divided e.g. Staff member to 5 clients max. Then if one client occupies that staff member totally for a short time, the others are at risk if something else happens.'

'Sometimes care recipients need more personal time spent with them to enable them meaningful and purposeful leisure. As we are to engage them not entertain them, we need to dig deeper to access their inner spark. To enable passion of doing something more meaningful and purposeful to the individual.'

3.2.9 CHANGES/IMPROVEMENTS TO THE PROGRAM

Forty four of the 104 respondents (42.3%) suggested changes or improvements to the program. Some of the suggested improvements relate more to the *processes used to deliver the program*, rather than to the program itself and are specific to individual sites' choice of process. The improvements cited below are relevant across sites, and relate in the main to **resourcing** – with more resourcing sought, including for transport, staffing, service offerings, equipment and staff training. Details appear in *Table 16*.

Table 16: Changes or improvements sought to the Program

Type of change sought	No. of respondents	Example of comment
Increased staffing resources	9	<p><i>Extra lifestyle management coordinators to allow time for current and dedicated lifestyle managers.</i></p> <p><i>Staff client ratios in difficult circumstances to be reviewed.</i></p> <p><i>More staff to be able to deliver individual person-centred activity.</i></p> <p><i>More funding and appropriate staff to deliver pastoral care; to really focus on a greater holistic approach to carers and care recipients.</i></p>
Increased transport resourcing	6	<p><i>More people to provide transport.</i></p> <p><i>The program has grown significantly in the past 6 months and transporting larger groups of recipients around the community has become an issue. It is a popular activity, often requested by recipients. Currently we have clubs with 22-34 members and a 12-seater bus.</i></p> <p><i>We would like to have our own vehicle to pick our clients up and drop them off, Also to be able to take them on outings. At the moment we need to share transport with the nursing home.</i></p>
Increased service offerings – for support to carers, additional hours and overnight respite, and specialised services for clients	8	<p><i>More overnight respite options for carers to access.</i></p> <p><i>Specialist services: e.g. podiatry for clients, hairdresser one hour a week on appointment basis.</i></p> <p><i>We need to have more resources and activities that relate to men as we do have a lot of men at the moment.</i></p> <p><i>An increase in the number of days provided.</i></p> <p><i>Some carers have requested Monday after a busy weekend, after no help on the weekend.</i></p>
Increased resourcing to expand infrastructure	2	<i>Larger facility. More funding.</i>
Increased resourcing for staff training – cross cultural and managing dementia, difficult behaviours	4	<p><i>More training for - Dementia/difficult behaviours, language (basic Italian)</i></p> <p><i>More training (perhaps Italian speaking lessons)</i></p> <p><i>Indigenous training</i></p>
Increased resourcing for equipment	3	<p><i>More funding for suitable equipment to use with clients.</i></p> <p><i>More funds available so we can purchase goods for activities.</i></p>
Improved networking and linking to other services	2	<p><i>Networking and linking other aged care facilities to participate in activities</i></p> <p><i>Being able to link our centre up to other centres and enjoy activities</i></p>

3.2.10 OTHER COMMENTS ABOUT THE PROGRAM

Fifty one respondents made additional comments about the program, and all but three of these provided feedback that is relevant across the program as a whole. Of these 48 individuals, the majority (40 people) provided **positive** additional comments, 2 provided negative feedback (in both instances, this was specific to the service/organisation and not to the service model or program as a whole) and the remaining 6 provided feedback that was essentially neutral. Examples appear below.

'It is a fantastic program to work within and very rewarding. I think it is a very important programs for are recipient and their families.'

'After many years (20+) working aged care, it's refreshing to be able to deliver and implement 'person centred' programming and actually implement programming.'

'In my position on reception I have liaised with the carers and recipients witnessing the stress that the carers suffer and the relief on their faces as they leave their family member knowing that they are happy and well cared for. We need to continue the fantastic service to the community.'

'... the care recipients on Day Respite ... enjoy the challenge of trying different activities, the socialisation and it makes it much easier for them to accept moving into permanent residency, when needed, as they are aware of what is involved in being in care.'

'It is very exciting and rewarding to be part of a team providing such a highly appreciated level of care to aged recipients and their carers.'

'Having face to face contact with care gives the impact (positive) of the quality service we provide becomes clearer. It gives staff an opportunity to grow and develop professionally as well as personally. Opportunity to provide a quality service to care givers and older people - both marginalised member of our community.'

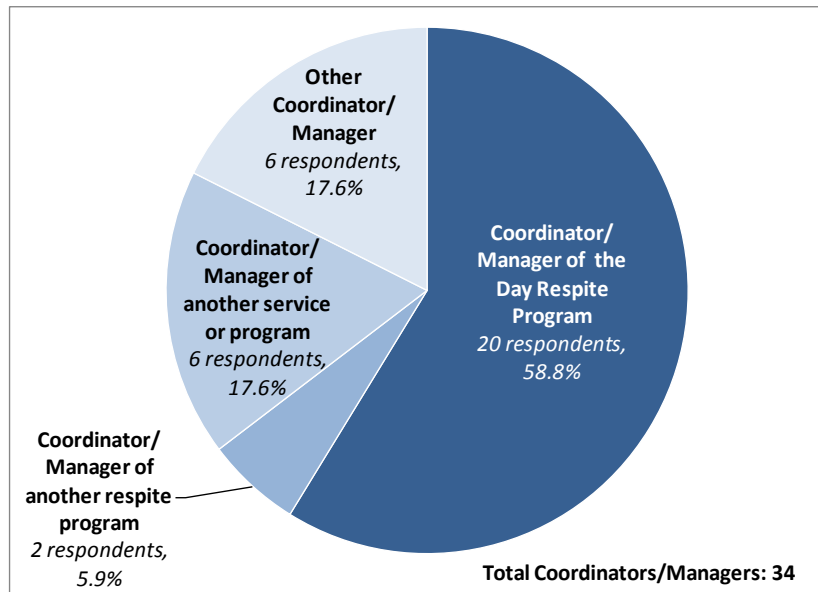
'I find working in the day centre very fulfilling. When we get positive responses from our clients during activities like sing-a-longs and dancing it makes feel that I am doing something worthwhile. This compensates for the other times when it can be quite stressful dealing with challenging behaviours. I think we offer a valuable service to the community.'

3.3 SURVEY OF COORDINATORS AND MANAGERS

3.3.1 THE SURVEY SAMPLE

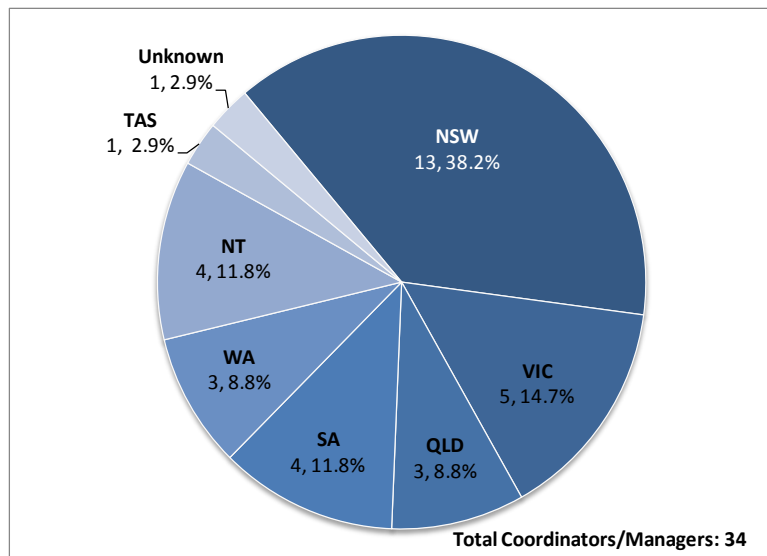
A total of **34** Coordinators and Managers responded to the survey. Twenty of these respondents (58.8%) held the position of Coordinator/Manager of the Day Respite program at their facility, and the remaining twelve were coordinators or managers of another respite service or program provided by the facility - as shown in *Figure 38* below.

Figure 38: Positions held by Coordinators and Managers who responded to the survey



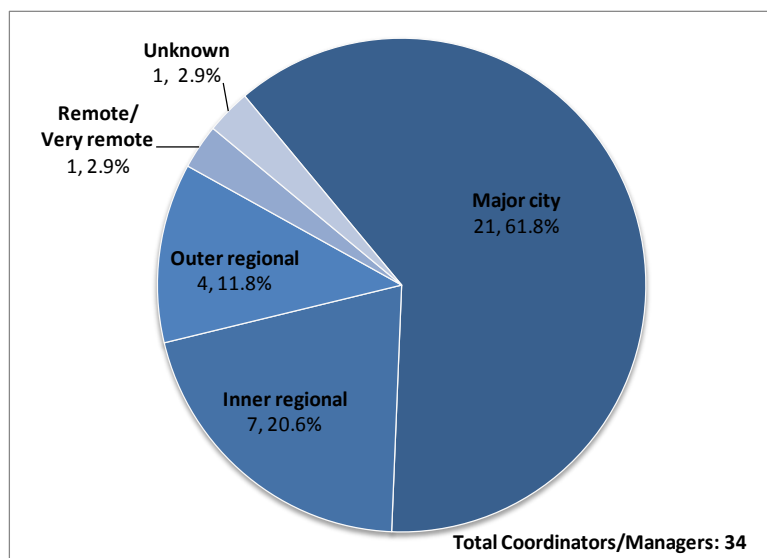
Facilities across all States were represented in the sample. As would be expected, the majority of respondents were from States which had the largest number of sites participating in the Program (NSW and Victoria), as shown in *Figure 39* below. One respondent did not indicate which facility they were from, therefore their location could not be determined.

Figure 39: Coordinators and Managers who responded to the survey, by State



Over 60% of the Coordinators and Managers who responded to the survey were from facilities located in a major city area, a further 20.6% were from an inner regional area and 2.9% were based in remote to very remote locations (see Figure 40).

Figure 40: Coordinators and Managers who responded to the survey, by Remoteness Area⁵



⁵ ASGC Remoteness Structure (RA) Digital Boundaries (ABS Cat. No. 1259.0.30.004).

3.3.2 RESPONSE RATE

Coordinators/Managers of the Day Respite program at 19 of the 31 Demonstration sites responded to this survey, which is a *site response rate* of **61.3%**. However this may be a slight underestimate of the overall participation of Day Respite Coordinators in this survey round, as some Coordinators have multiple roles within their organization and therefore some may have chosen to answer either the CEO/Service Director survey (see *Section 3.4*) or the Care Worker survey (for those providing direct care to clients, see *Section 3.2*). For example, we received a Coordinator/Manager Survey *and/or* a CEO/Director Survey from 20 (64.5%) of the 31 sites. Furthermore, one Coordinator/Manager who responded to the survey did not indicate which facility they were from (see *Table 17*).

With these distinctions in mind, it appears that Coordinator/Manager surveys were not received from the following 12 sites –

- *Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)*
- *United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)*
- *Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)*
- *Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)*
- *Resthaven - Hersey Cottage Respite Service (Marion SA)*
- *Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)*
- *Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)*
- *Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)*
- *Karingal Care Services - Day Respite (Devonport TAS)*
- *ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)*
- *Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)*
- *Catholic Care of the Aged - Coinda Day Respite (Singleton NSW).*

Table 17: Number of Coordinators/Managers who responded to the survey, by Site

Residential Aged Care Facility	No.	%
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	4	11.8%
Aged Care Services Australia Inc, St Ives Group - Avalon Apartments & St Ives Eldercare (Myaree WA)	2	5.9%
Alzheimer's Association of Qld - Garden City Retirement Home Respite Service (Upper Mount Gravatt QLD)	1	2.9%
Australian Nursing Home Foundation - Dementia Respite for Carers of SE Asian Communities, So Wai Centre (Burwood NSW)	2	5.9%
Catholic Care of the Aged - Coinda Day Respite (Singleton NSW)	0	0.0%
Catholic HealthCare - Warnervale Wellness Centre (Hamlyn Terrace NSW)	2	5.9%
Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)	0	0.0%
City of Swan Aged Persons Trust Inc - Morrison Lodge Day Respite Service (Midland WA)	1	2.9%
ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)	0	0.0%
Glenview Home Inc - Bisdée House Day Respite (Glenorchy TAS)	1	2.9%
Grand United Property Trust (AURLS) - Constitution Hill Wellbeing and Respite Day Care Centre (Northmead NSW)	2	5.9%
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	1	2.9%
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)	0	0.0%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	0	0.0%
Karingal Care Services - Day Respite (Devonport TAS)	0	0.0%

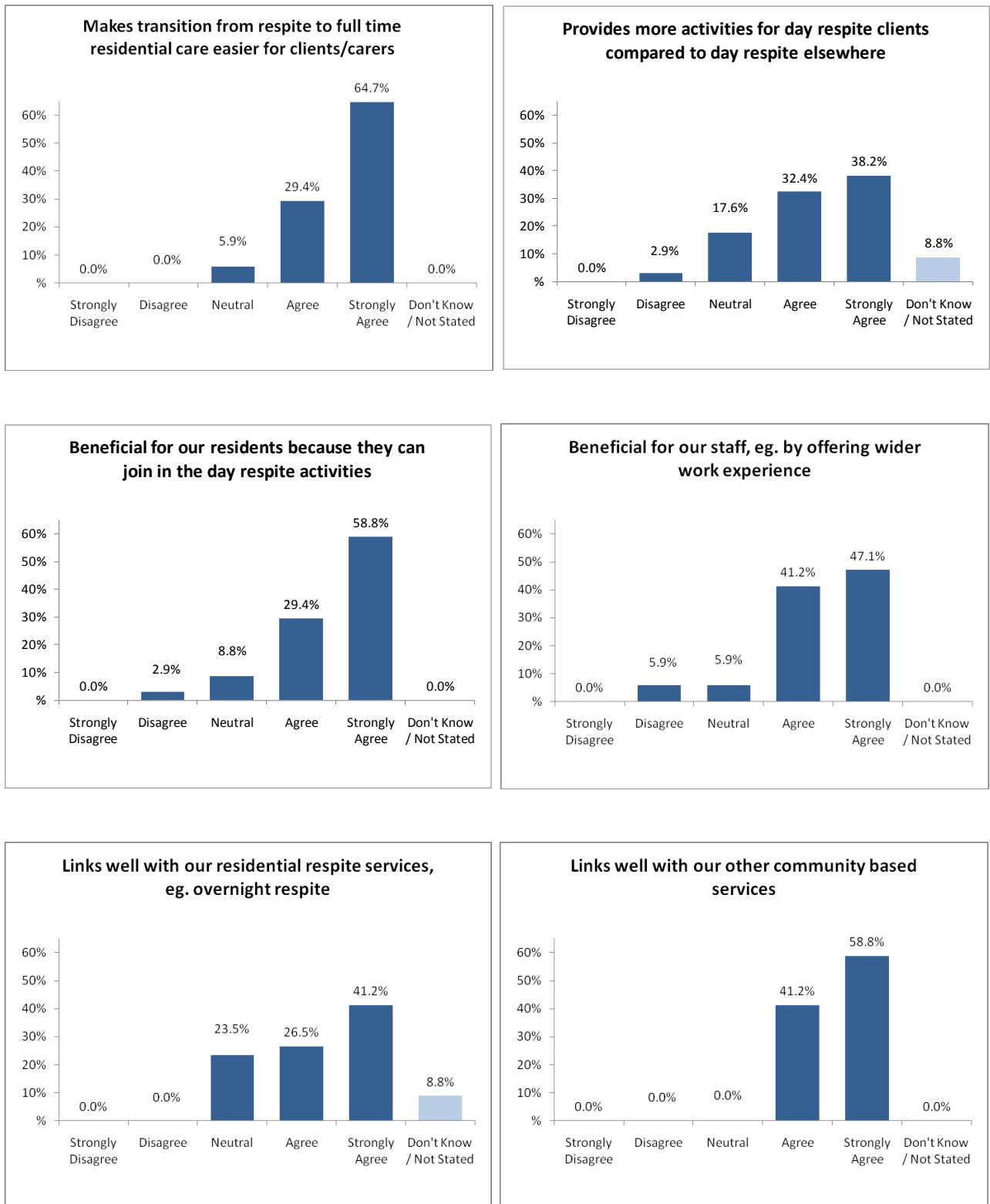
Residential Aged Care Facility	No.	%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	2	5.9%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	0	0.0%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	1	2.9%
Masonic Homes Inc - MHI Respite Service (Tiwi NT)	3	8.8%
Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)	5	14.7%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	1	2.9%
Resthaven - Hersey Cottage Respite Service (Marion SA)	0	0.0%
Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)	0	0.0%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	1	2.9%
Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)	0	0.0%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	1	2.9%
Spiritus - Wide Bay (Kiramiri) Day Respite Service (Point Vernon QLD)	1	2.9%
United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)	0	0.0%
United Church Frontier Services - Rocky Ridge Day Respite (Katherine NT)	1	2.9%
Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)	0	0.0%
Warrigal Care - Day Respite (Goulburn NSW)	1	2.9%
Facility not stated	1	2.9%
Total	34	100.0%

3.3.3 VIEWS OF DAY RESPITE LOCATED WITHIN THE RESIDENTIAL AGED CARE SETTING

Survey participants were asked about their views on the day respite service provided by their residential aged care facility compared with day respite provided under other arrangements. Ten different aspects of the arrangement were covered, and respondents were asked to indicate their level of agreement with each aspect using a 5-point likert scale (Strongly Disagree to Strongly Agree).

Figure 41 shows the distribution of responses (from Strongly Disagree to Strongly Agree) for each statement, then *Figure 42* summarises these results by presenting the mean score for each statement. Higher mean scores reflect greater agreement.

Figure 41: Coordinators' and Managers' views of day respite in their aged care facility – Distribution of responses



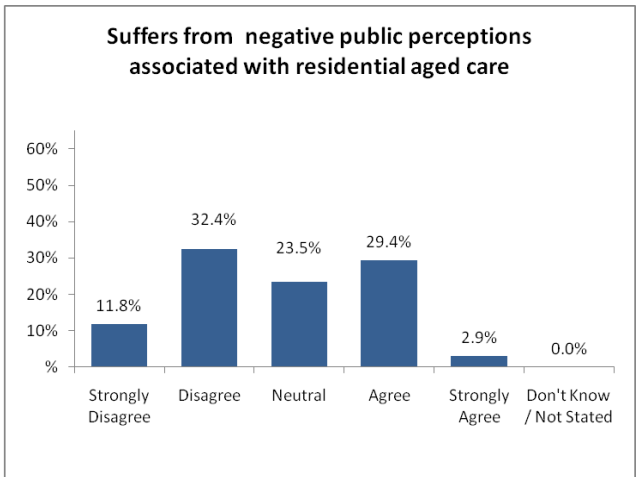
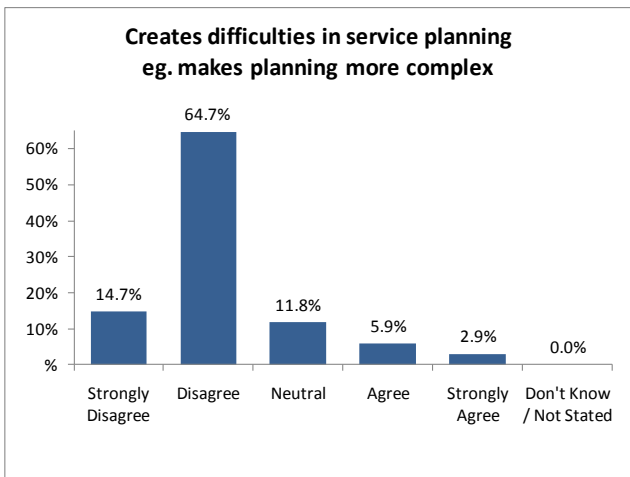
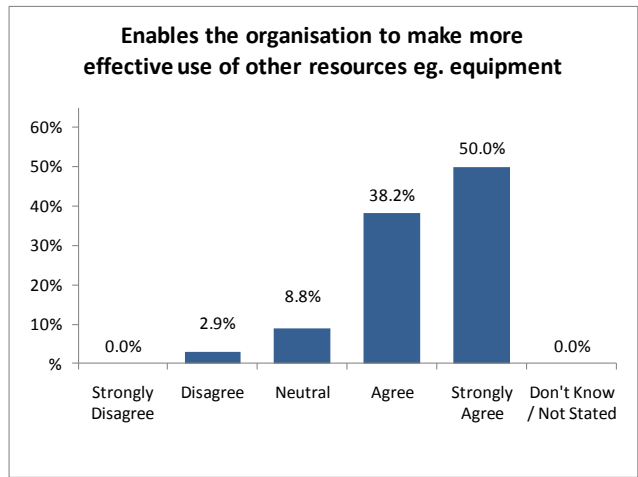
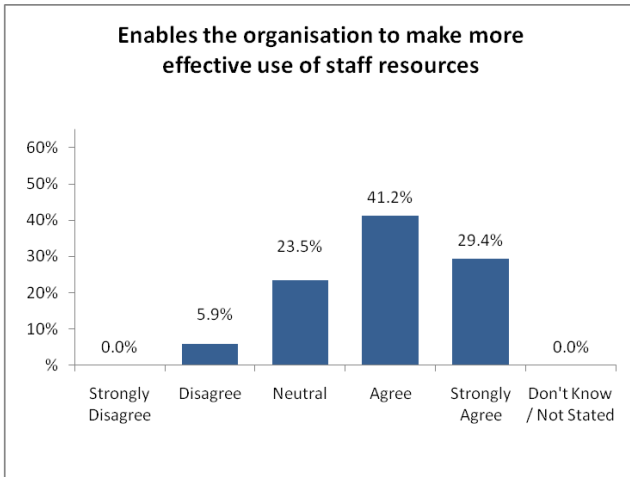
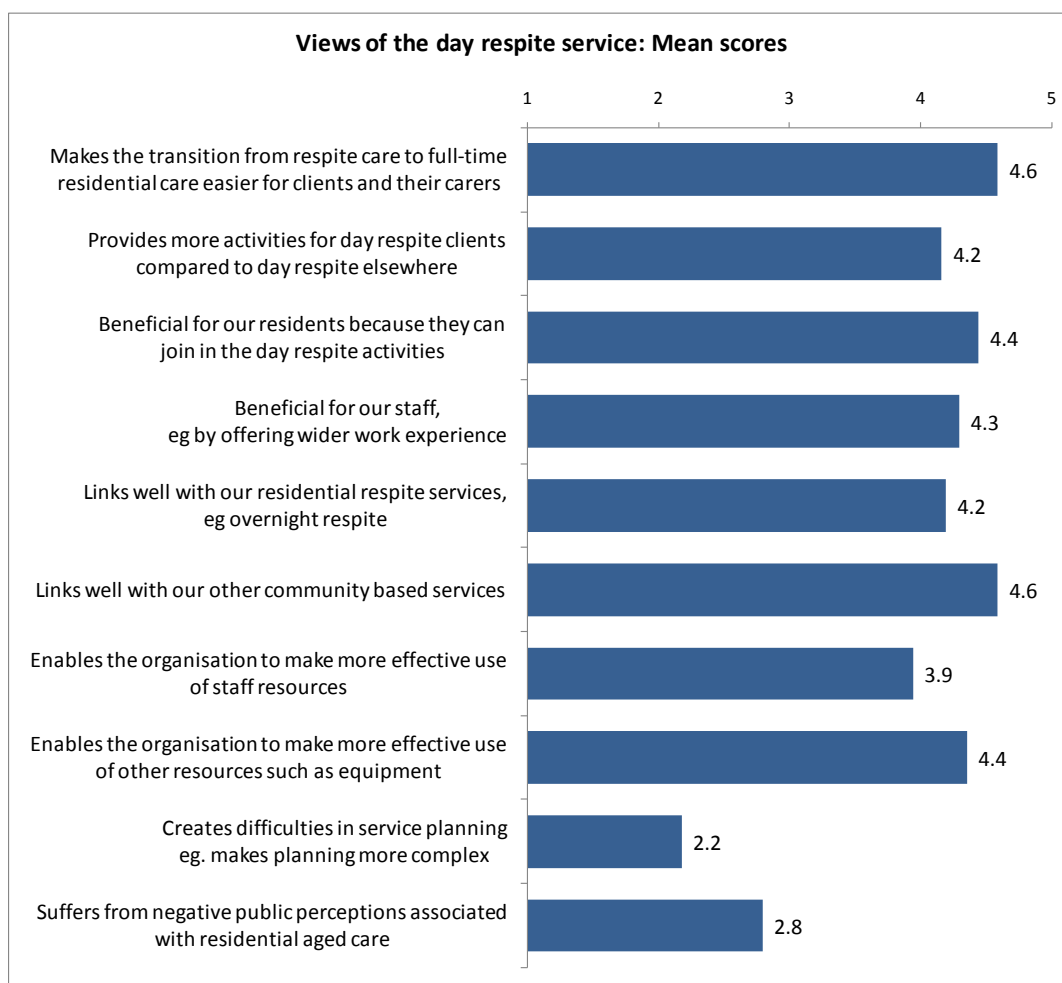


Figure 42: Coordinators' and Managers' views of day respite in their aged care facility – Mean scores



As Figure 42 indicates, coordinators and managers were **most likely** to agree that the service model *assists a smooth transition to full time residential care*, and *links well with their organisation's other community services* (average rating of 4.6).

They were **least likely** to regard the model as making planning more complex but were somewhat undecided about whether its location in a residential care facility was stigmatising.

Accompanying open-ended comments were provided by 14 individuals, of whom 12 provided feedback that is relevant to the program as a whole, and its underpinning service model. **Positive** attributes of the model were seen to involve the following –

- Assisting a smooth transition to full time residential care

'We have had many clients and carers comment on how Day Respite is a good stepping stone before accessing permanent care. It allows them to 'dip their toes in the water' and assists them to explore different aged care options.'

- Enabling better use of resources through sharing resources across programs, and by improvements to the physical infrastructure funded by the day respite service but benefitting the organisation as a whole

'1. Enables use of existing infrastructure, services and skills of nursing home. 2. Enhancements: new user-friendly kitchenette and bathroom, easier access to courtyard, small sensory garden. 3. Enabled the purchase of new equipment and furniture.'

'The day centre has its own equipment etc. Day centre clients mainly join in activities with facility residents. Occasionally facility residents join with day centre clients and are always welcomed.'

- The flexibility and adaptability in service provision offered by the service model

'Compared to Planned Activity Groups we are able to offer more flexible and longer hours, a wider variety of activities for clients and residents to participate in small groups and 1:1 time. Carers get a better understanding about residential care, the negative perception of residential care is diminished. It depends on the individual client as to whether the transition into full time residential care is easier. Some clients have used the overnight respite and that has been very successful, clients have accepted being in residential respite because they know the staff, the routines, and they still attend the ...[day respite service] while in respite so their normal routine is almost the same.'

However, a number of **challenges and difficulties** were also identified, and these involved -

- The need to address stigma associated with residential delivery of care

'The stigma of RACFs and Day Respite being linked has some doctors and local community members believe that the facility where day respite is run is full of bugs, viruses and infections.'

'The presentation of the day respite service is the key to avoid or manage any negative public perception.'

- Industrial issues associated with the existence of different awards for staff

'Organisational issues - 2 sets of awards has not assisted with more effective use of staffing resources. A 'community' care worker needs to be registered with the Regional Care Worker Team and a separate agreement needs to be drawn up as there are different rates of pay.'

'At this time due to pay roll complexities, residential staff are reluctant to work in the program.'

- The need to develop processes for communicating and coordinating across different groups of staff in the organisation.

'It takes time to build up communication among staff of the aged care facility and respite day care centre in service planning and sharing of resources.'

'Issues we have faced: not enough space, lack of communication between RACF and Respite service, RACF and Respite staff not understanding each other's roles, the residents' families are complaining that they pay a huge amount of money to send their loved in to the RACF whereas Respite clients only pay a small fee to be looked after their during the day.'

'There are some difficulties between Residential Staff and Community Care staff who are employed to run Day Respite. I believe that the staff's belief in "ownership" is the biggest contributor. This is not an insurmountable problem and is being resolved.'

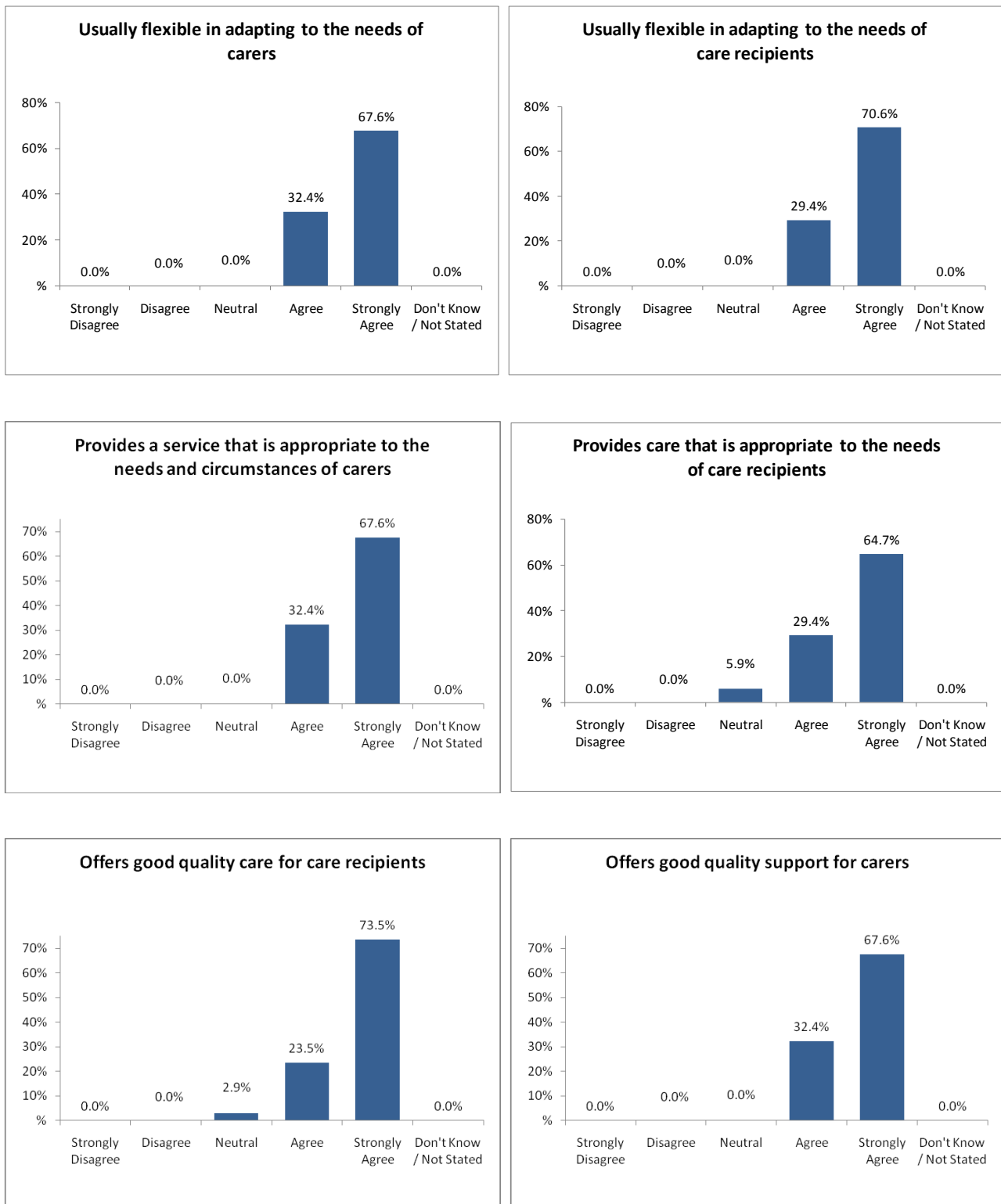
- The need to train and develop day respite staff in a different way to residential staff

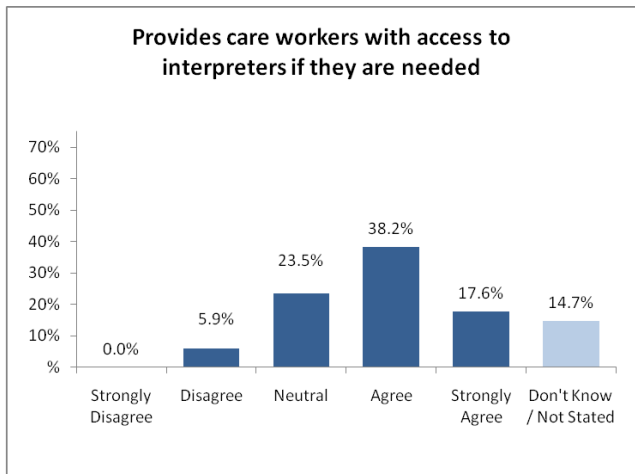
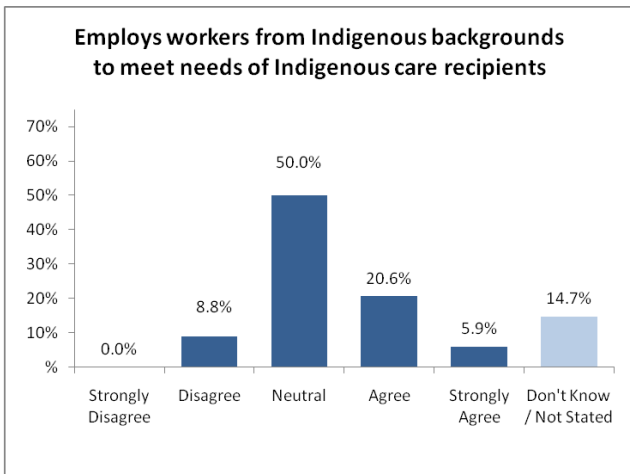
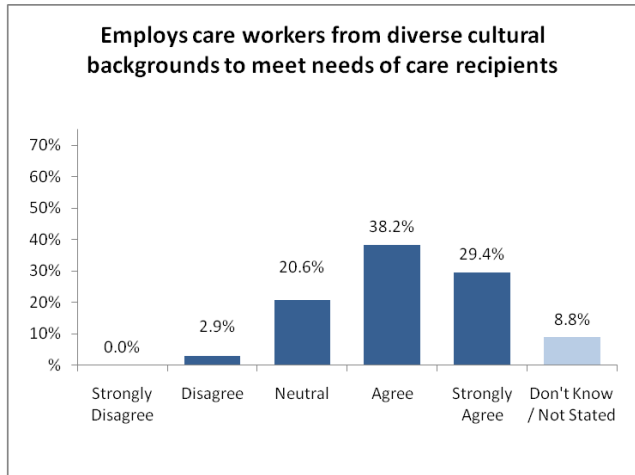
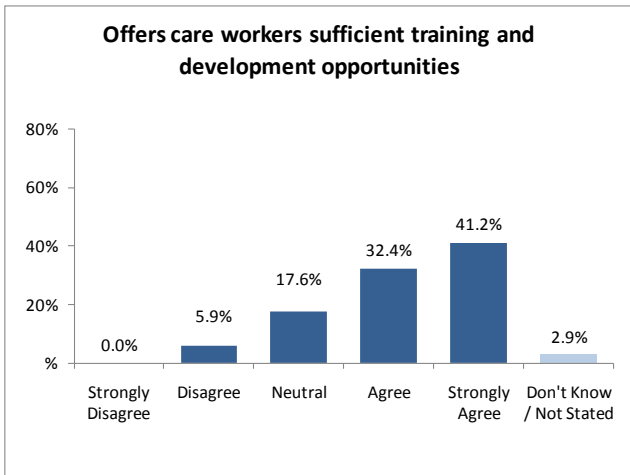
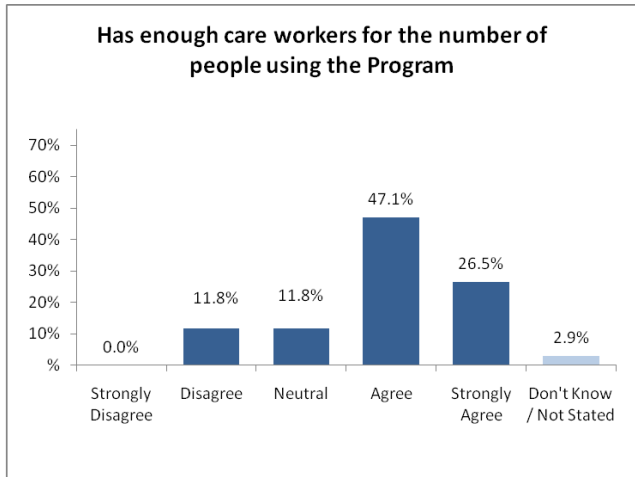
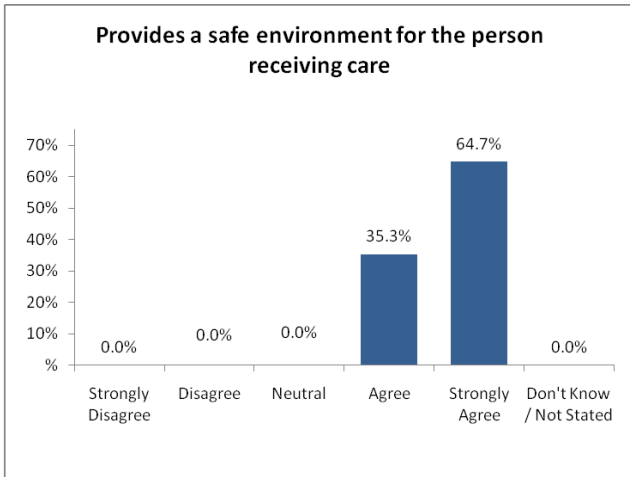
'Also we need a "special" type of care worker who is confident and savvy enough to understand how the program works, encourage independence in the guests, does not work to a menu or timetable and basically can "think on their feet".'

3.3.4 FEATURES OF THE DAY RESPITE SERVICE

Coordinators and Managers were asked to rate their level of agreement with fourteen statements representing features of the day respite service at their facility. The results are shown below - *Figure 43* shows the distribution of responses (from Strongly Disagree to Strongly Agree) for each statement, then *Figure 44* summarises these results by presenting the mean score for each statement. Higher mean scores reflect greater agreement.

Figure 43: Coordinators' and Managers' opinion of features of their day respite service – Distribution of responses





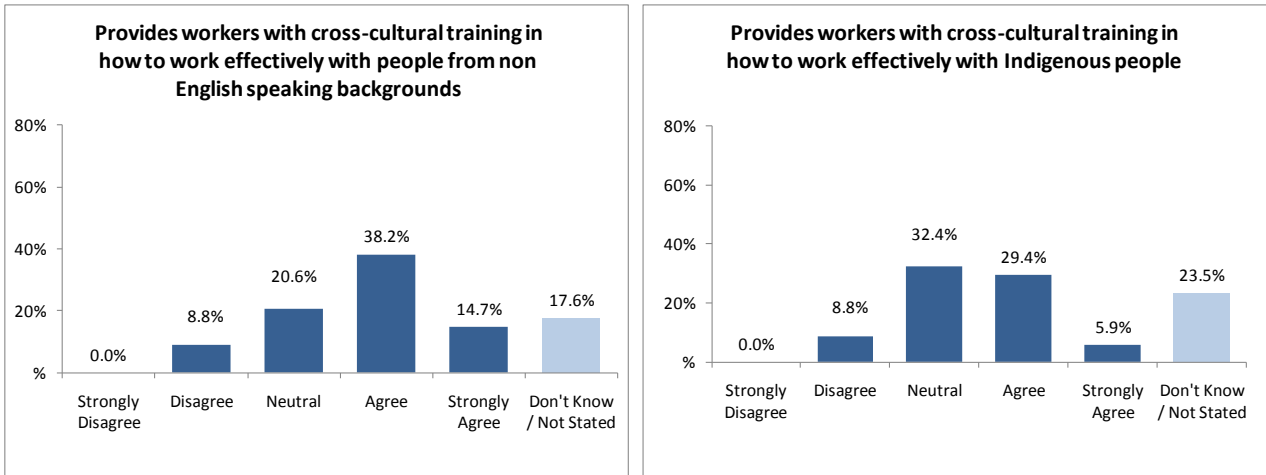
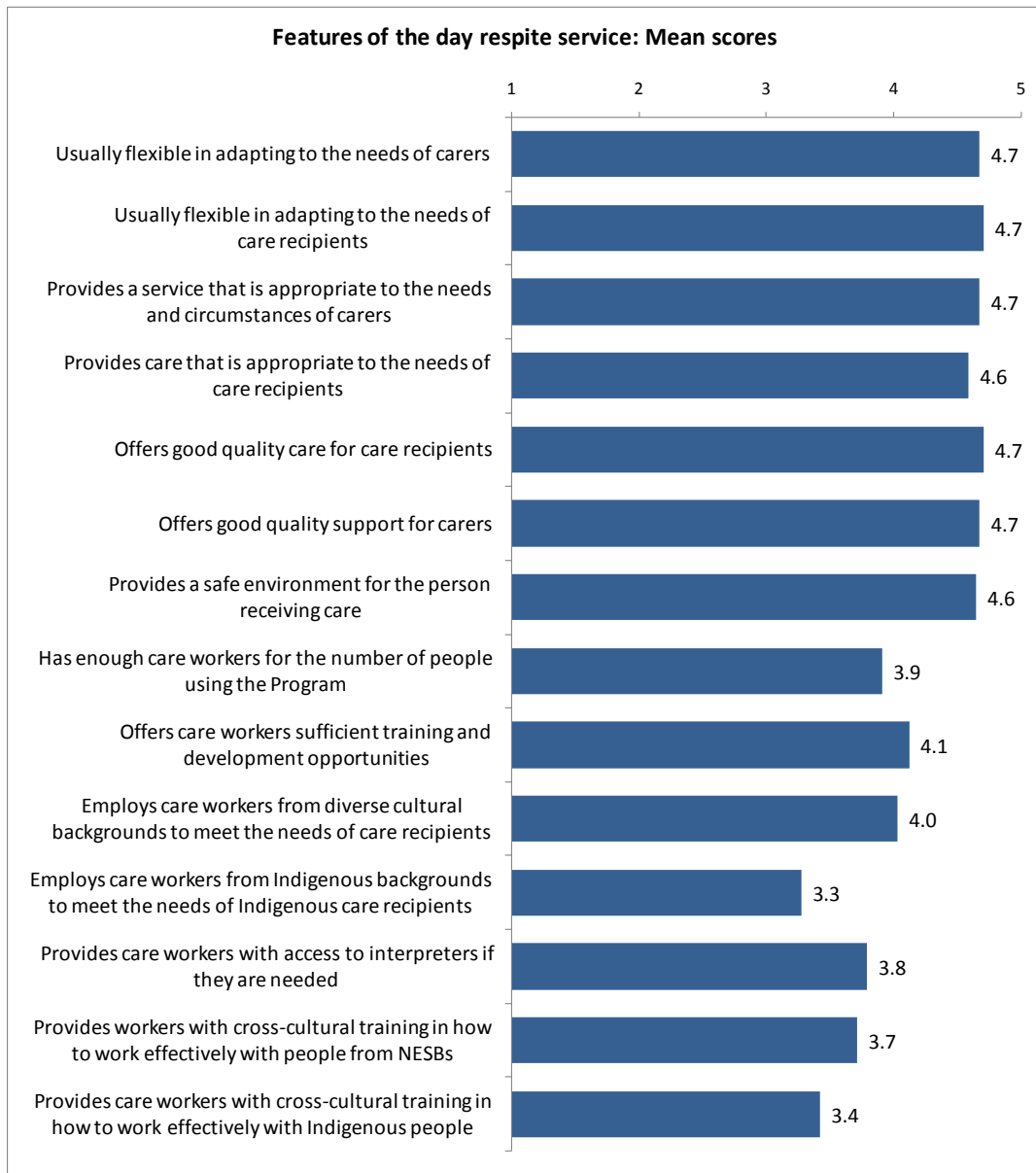


Figure 44: Coordinators' and Managers' opinion of features of their day respite service – Mean scores



As Figure 44 indicates, Coordinators and Managers were **most likely** to value the day respite service because of its *flexibility* in adapting to care recipients' and carers' needs, its provision of an *appropriate* service for carers, and its provision of *quality* care and support for carers and care recipients (all receiving an average rate of 4.7).

Their **lowest** ratings were assigned to employment of care workers able to meet the needs of people from *Indigenous* backgrounds (average rating of 3.3) and to provide appropriate training for working with *Indigenous* people (average rating of 3.4).

Additional comments were able to be provided regarding the ratings applied and any other features of their services beyond those identified. Nine respondents chose to do so, and seven of these provided additional information relating to the provision of services for people from culturally diverse backgrounds, and from *Indigenous* backgrounds. Two coordinators noted that their service is culturally specific, and does not provide for *Indigenous* clients.

'(NB. Cultural qs are not applicable here). The organisation that I am working is Chinese specific and all care workers in the day centre are from Chinese cultural background. We do not provide a service to indigenous people.'

Others noted that most of their clients were not from a CALD or *Indigenous* background and therefore, they had not focused on this specialisation. However, they were attempting to build their capacity through strategies like linking with service providers with this specialist knowledge, or establishing staff training.

'The program would employ care workers from indigenous background to meet needs of indigenous care recipients, but currently the program does not have a need for this. At the moment we are working with aboriginal service providers to become more culturally aware and competent.'

'At this stage most of the clients are Anglo or if CALD speak English. We have had difficulties in the past accessing CALD workers who speak the appropriate language. We have tried to overcome this by developing word books which have basic language to try make the guest feel more comfortable.'

'We are in the process of developing ties with the ATSI Community - having children from the Aboriginal kindergarten visit and meeting with Aboriginal service providers.'

'There has been no training in regards to CALD carers or care recipients. This, however, is being addressed.'

The remaining two coordinators commented on staff shortages and their reliance on volunteers.

'Without the use of Volunteers it would be a struggle to manage the client load on some days.'

'Staffing levels and use of volunteers ensures we provide a person-centred approach in our service to care recipients. This is also supported with relevant training opportunities.'

One noted that they provide a monthly Carer Support Group as an additional carer service.

'We have in place a monthly Carer Support Group - this is well supported and received by carers.'

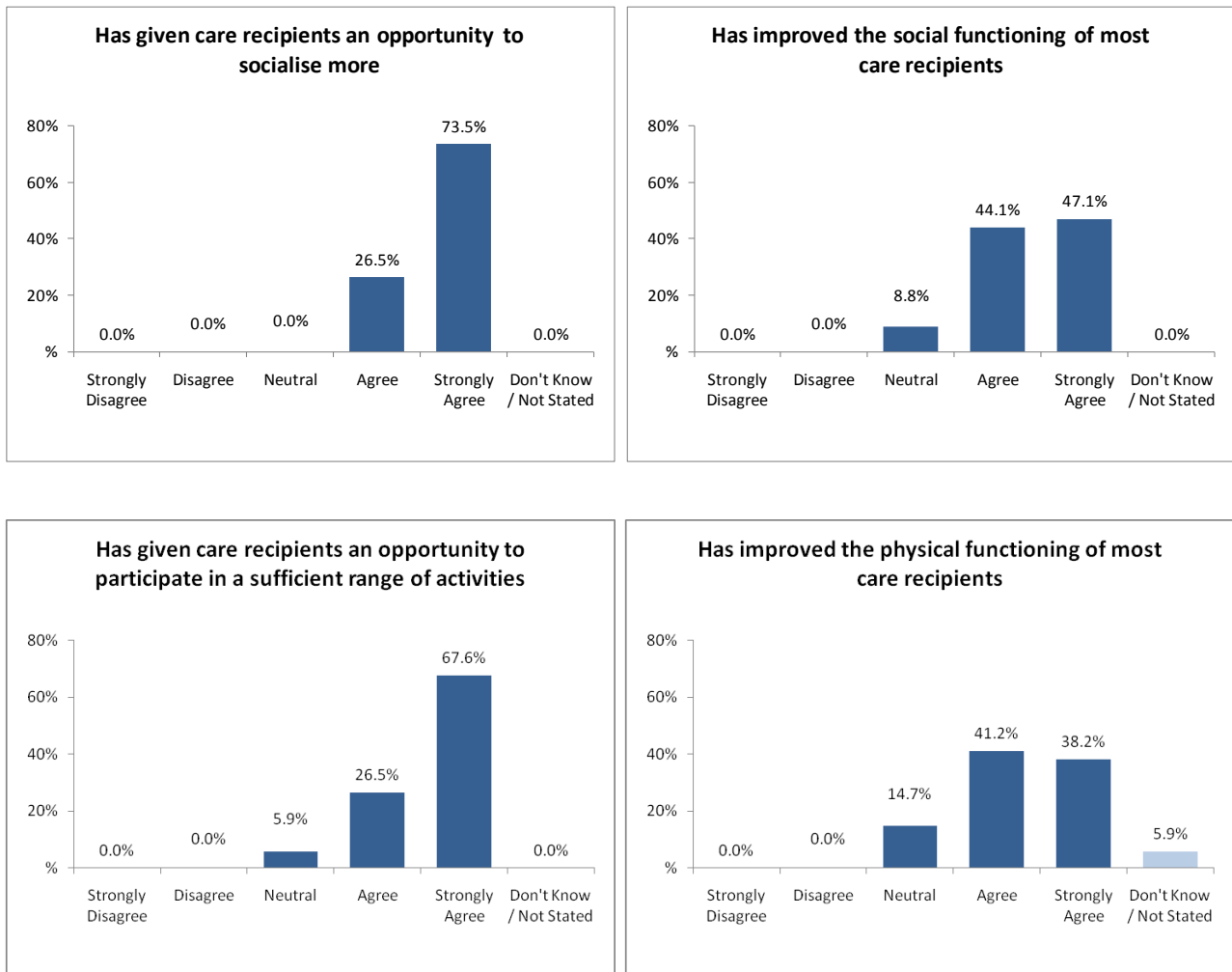
3.3.5 FORMAL COMPLAINTS ABOUT THE DAY RESPITE SERVICE

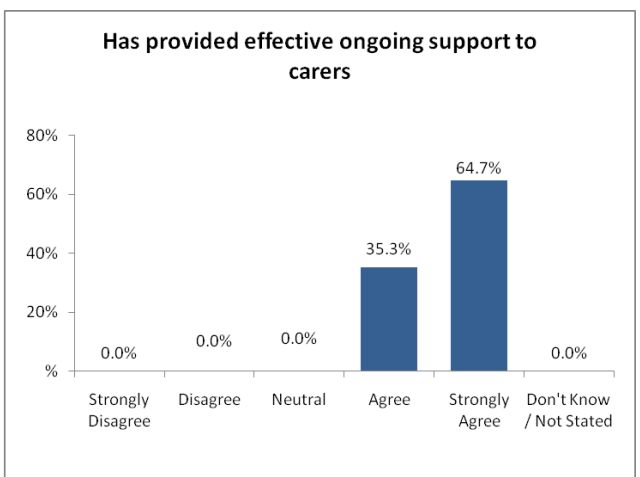
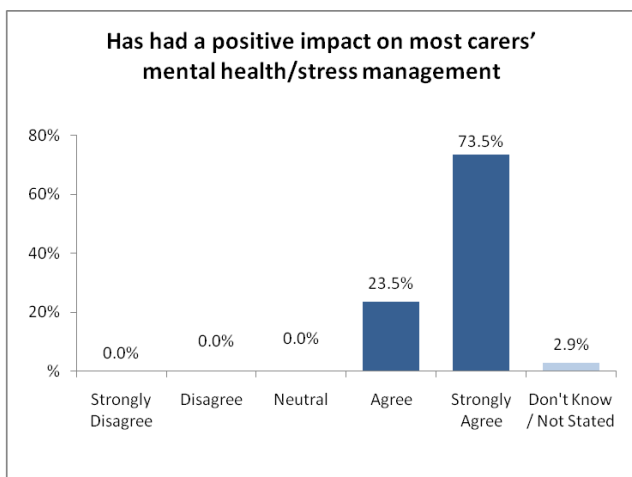
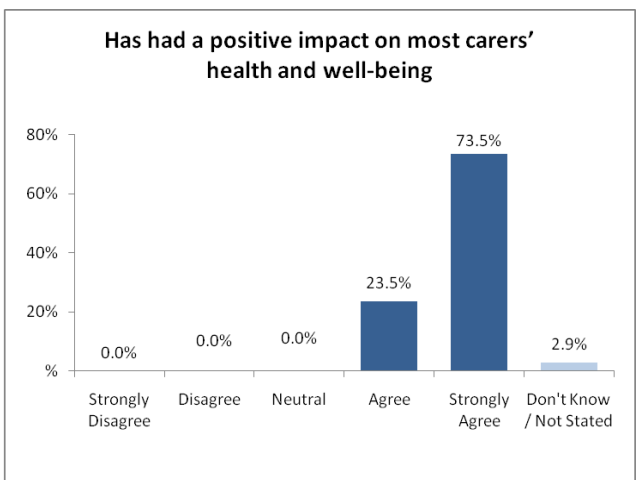
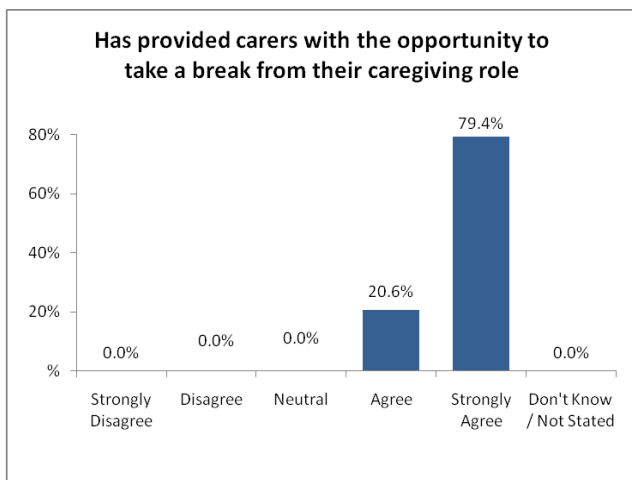
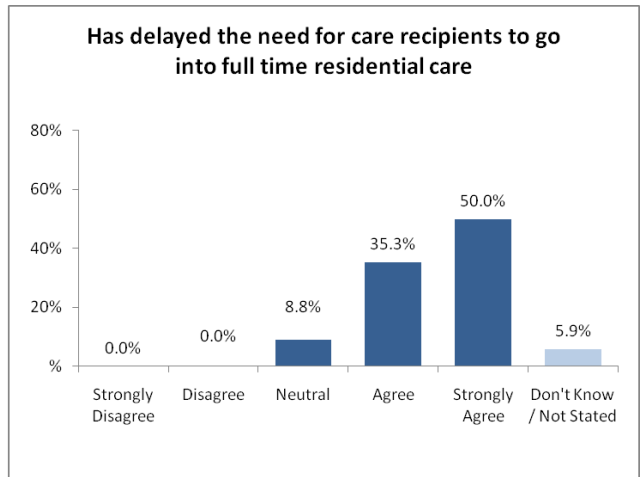
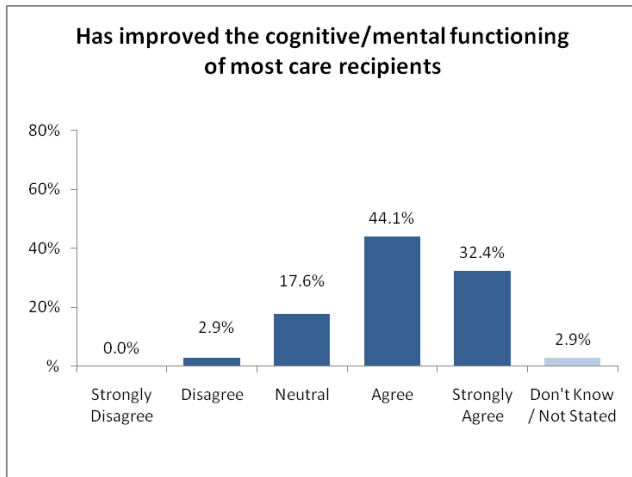
All Coordinators/Managers who responded to the survey indicated that there was a formal complaints mechanism in place for their day respite program. While respondents at the majority of Residential Aged Care Facilities (RACFs) indicated that no formal complaints had been made to date, respondents at four RACFs reported that one complaint had been made about their day respite program, one RACF reported that two formal complaints had been made, and one RACF reported that five complaints had been made.

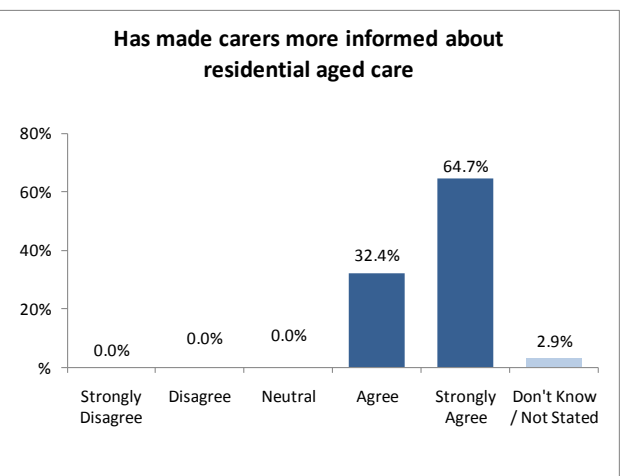
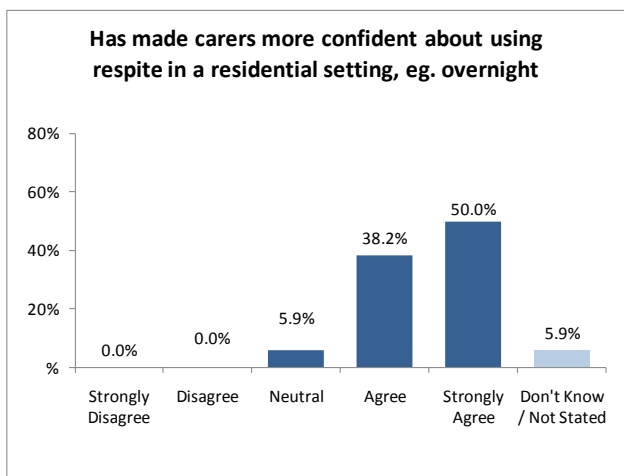
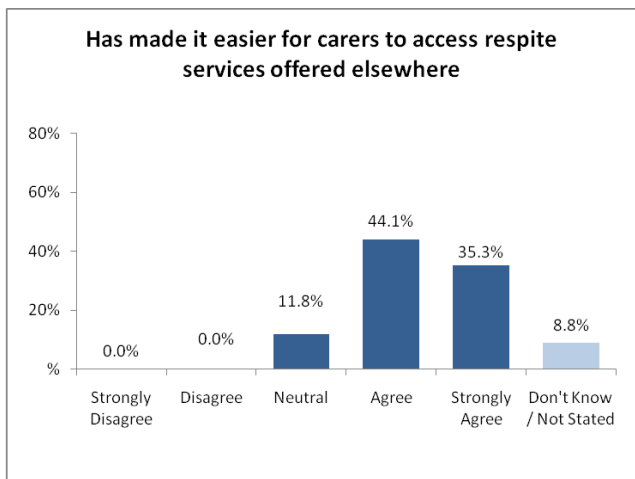
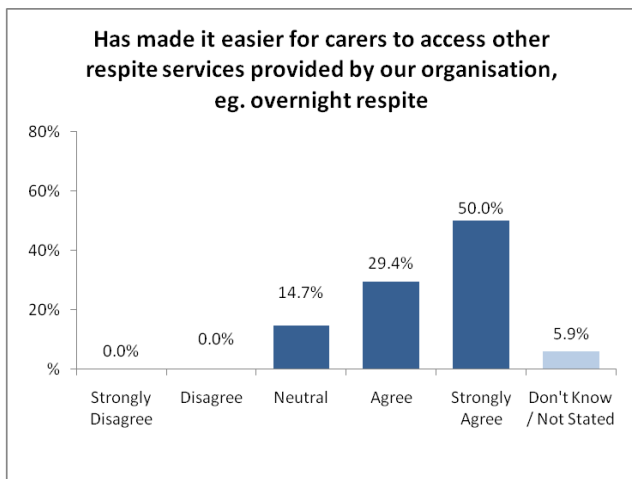
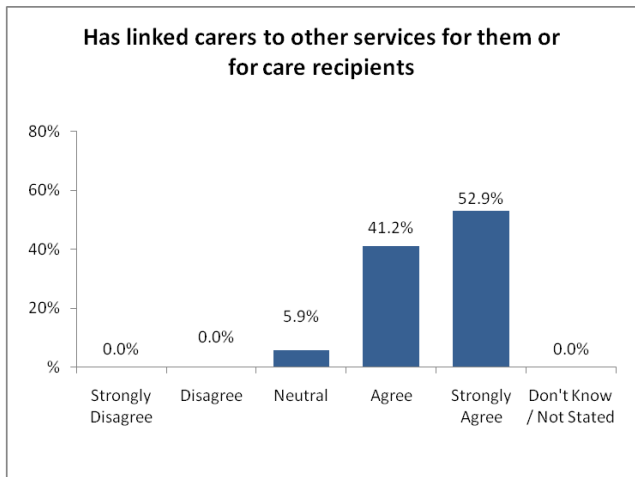
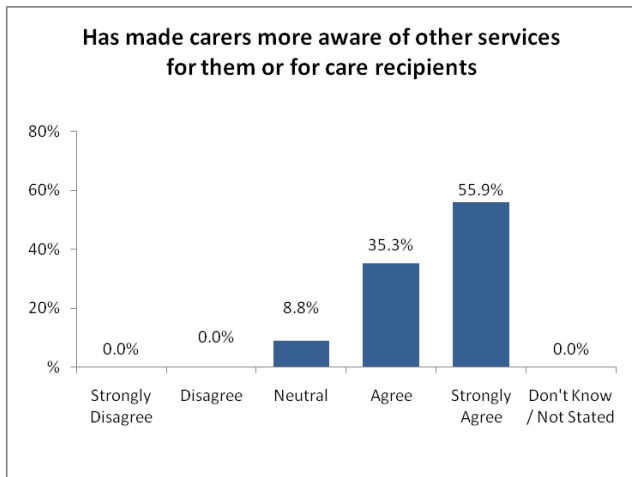
3.3.6 SPECIFIC BENEFITS OF THE PROGRAM FOR CARERS AND CARE RECIPIENTS

Coordinators and Managers were asked to provide their observations about whether those using the day respite service experienced a number of potential benefits. (The benefits presented for rating reflected findings from our literature review). Respondents were asked to indicate their level of agreement with each of those statements using a 5-point likert scale (Strongly Disagree to Strongly Agree). The results are shown in *Figure 45* and *Figure 46* below.

Figure 45: Coordinators' and Managers' observations on specific benefits for carers and care recipients – Distribution of responses







As Figure 46 indicates, Coordinators were **most likely** to see that the day respite service offers the benefits of *providing carers with a break from their caregiving role, having a positive impact on most carers' health and well-being and on their mental health and management of stress* (all receiving an average rating of 4.8). This was followed by the provision of *increased socialisation opportunities to care recipients and making carers more informed about residential aged care* (average rating of 4.7).

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Coordinators gave their **lowest** rating of 4.1 to the day respite service’s capacity to improve the cognitive functioning of most care recipients (this remains a high rating but is to be expected that because some cognitive conditions cannot improve, the overall rating will be lower). **This is a positive endorsement of the service model.**

Figure 46: Coordinators’ and Managers’ observations on specific benefits for carers and care recipients – Mean scores



In open ended comments, coordinators and managers were able to identify additional benefits, beyond those rated, or to make additional comments. Seven respondents provided this additional information.

Three people pointed out that the capacity to improve in functioning is not possible for most care recipients due to advanced frailty, dementia or palliative needs. Nevertheless, a range of improvements were still achieved.

‘It must be remembered that the care recipients who attend our program are people who are physically very frail (sometimes chair bound), have advanced dementia, behaviours of concern or are palliative [sic]. Therefore the opportunity

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to improve their physical and cognitive areas is limited due to the advancement of their disease or frailty. Even so in 99% of cases their [sic] has been subtle improvements.’

‘NB. Physical functioning has been MAINTAINED rather than improved. Physios have also been brought in to assist. For some, the program has delayed the need for full time care; for others it has been an accepted decision.’

‘I would like to comment that for most of our clients they have not improved their physical functioning but have maintained their physical functioning. For clients that live on their own and are socially isolated there is an improved cognitive/mental functioning after they start socialising and participating in activities.’

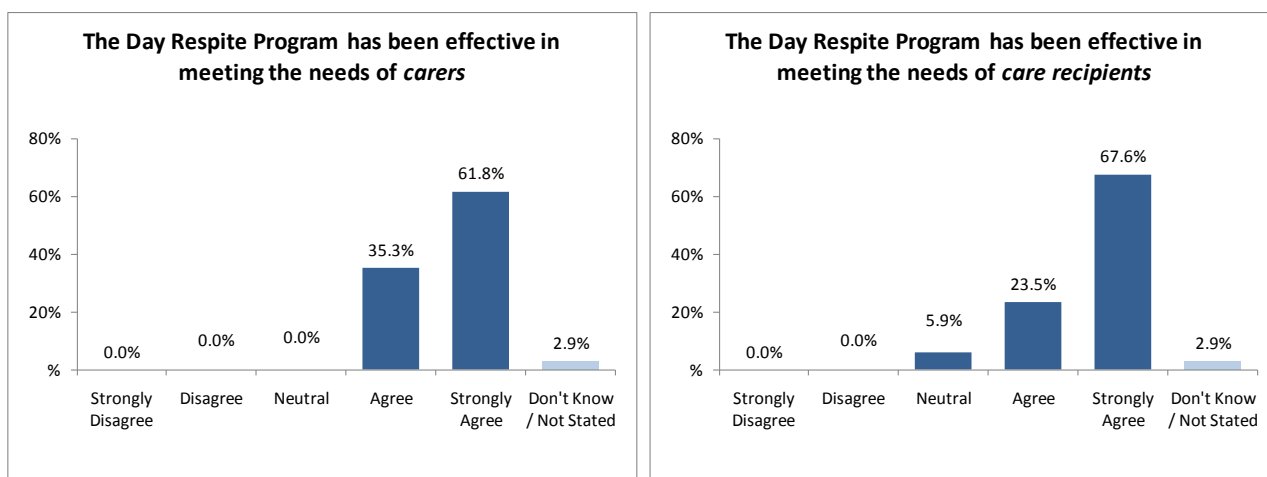
The remaining four coordinators identified four additional benefits, relating to –

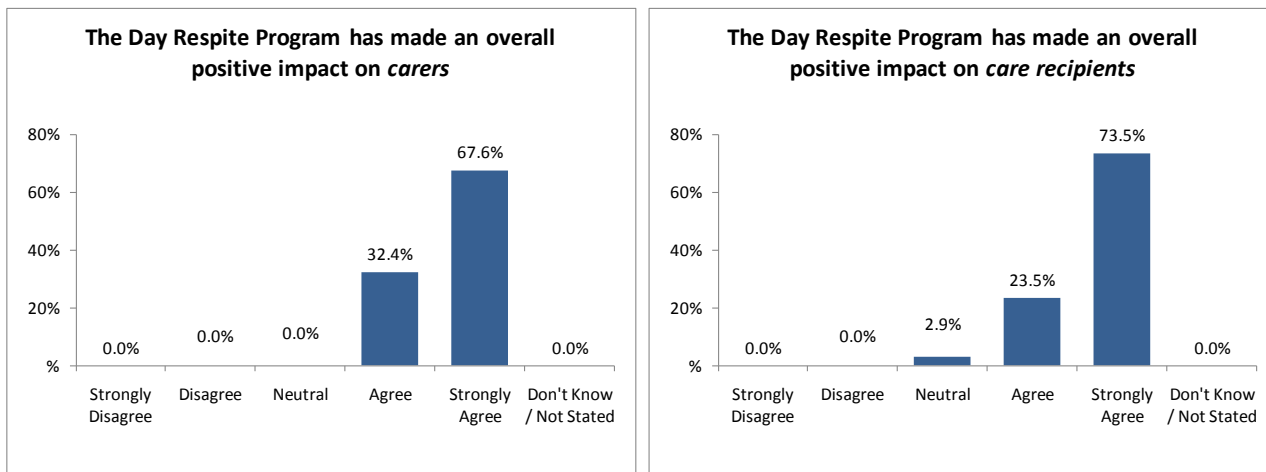
- Having a respite coordinator to advocate on behalf of clients.
- The provision of carer support meetings.
- The interaction between residents and day respite clients means that moving into residential care is less daunting for the latter.
- The program’s flexibility means that carers and clients can access a wider range of supports.

3.3.7 EFFECTIVENESS AND IMPACT OF THE PROGRAM ON CARERS AND CARE RECIPIENTS

Coordinators and Managers were asked to rate how effective they thought the program had been in meeting the needs of carers and care recipients, and also to rate the impact of the program on those clients. *Figure 47* shows the response distribution for each statement (from Strongly Disagree to Strongly Agree), and *Figure 48* summarises the results by presenting the mean score for each statement.

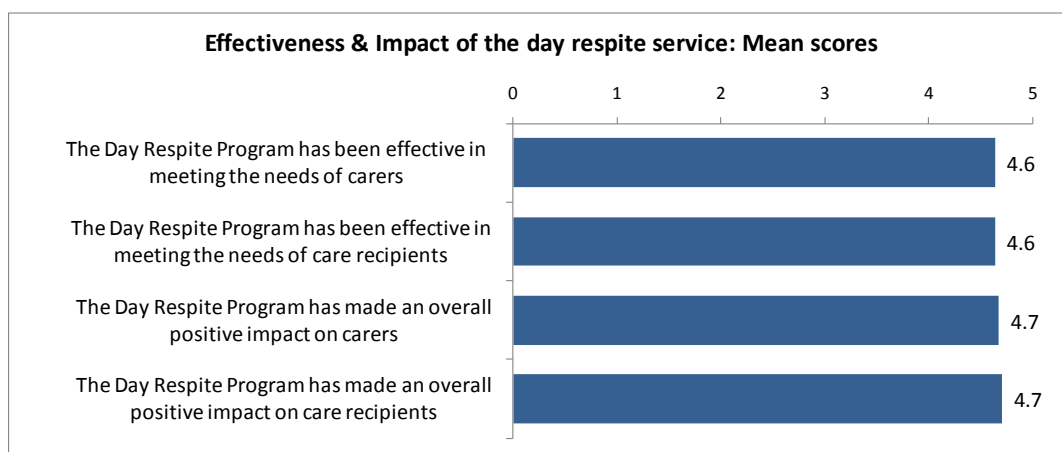
Figure 47: Coordinators’ and Managers’ opinion of the effectiveness and impact of the day respite service on carers and care recipients – Distribution of responses





It can be seen from Figure 48 that coordinators' average ratings are high, regarding the Program's overall impact on both carers and care recipients as positive (rating of 4.7 for each), and the Program's effectiveness in meeting the needs of both carers and care recipients (rating of 4.6 for each).

Figure 48: Coordinators' and Managers' opinion of the effectiveness and impact of the day respite service on carers and care recipients – Mean scores



Additional comments were offered by 15 coordinators.

Impact of the Program

With regard to the Program's **impact** most (seven of the 15 providing additional feedback) focused on the positive impact on both carers and care recipients –

'Observation and feedback from carers and care recipients indicate a very positive impact has been made by this model of respite. Care recipients are particularly benefitting from the opportunities for: social interactions and formation of friendships; increased confidence to try new activities; participation in regular gentle exercise and an understanding of their

relevance to activities of daily life; and development of a more positive view of residential care options. Carers are particularly benefitting from: time to engage in individual pursuits such as work, hobbies or getting to town to shop or pay bills; relief of stress by knowing their relative is enjoying themselves in safe environment with quality care; ability to learn about other care options including community and residential care and ease of transition when residential respite or permanent care is required.'

'1. Carers have peace of mind while the care recipients are being cared for in the centre. They help to promote the respite service by word of mouth, talking to their family doctors, friends and relatives. 2. Care recipients show a great difference after attending the day respite program, as reflected by the carers. Care recipients become more alert to the environment, showed interest in the happenings around them, are more active and exhibit less behaviours of concern.'

'Carers: 1.They express their relief of knowing their loved one is in a safe and friendly environment while they are away from them.2. Express their gratitude to us for being able to accommodate their needs and the clients needs. 3. They tell us how clients look forward to coming and this makes them happy and less guilty for leaving them.4. they tell us that clients are happy and tired when they get home and they have things to talk about.

Care Recipients: 1. have developed friendships with other care recipients and residents. 2. Have met up with old friends that now live in... [the residential facility]. 3. Clients have the opportunity to do a variety of exercise programs. 4. Clients who were socially isolated are mixing and with people and engaging in activities.'

'1. The program allows carers time to attend to their health and wellbeing which will enable them to provide longer care for their loved one - as they feel less stressed. 2. Qualified staff monitor care recipients' health and discuss issues of concern with carers. 3. Care recipients feel less lonely and bored, and enjoy the company of their peers and are supervised by trained and qualified staff who are with them at all times.'

Three coordinators provided generic feedback about the positive effect on carers in improving their quality of life, providing a break from the stresses associated with caregiving –

'Carers have stated that they have the opportunity to re-energise, and it enhances the quality of their own lives. They feel comfortable with approachable staff, management (day program) to discuss openly any issues. Because we provide for high care challenging behaviours, carers are grateful to have a place for their loved one to come as there are limited places for those with higher care needs.'

'Carers who access the program are often suffering from burnout, guilt and stress. The program offers time out in a way which the carer feels comfortable as they know that the care recipient is doing activities which have meaning for them (e.g gardening, peeling the potatoes, wood work).'

'Some comments from carers: "This service has saved my father's life" (from a daughter); "I am able to look after my mother for a longer time at home - delaying putting her into full time care"; "The support is amazing - without your service Dad would have been in full time care" (email from carer).'

Effectiveness of the program

In terms of the day respite program's **effectiveness**, there was a trend to relate effectiveness to the *flexibility* of the service model, but to caution that it requires *sufficient staffing* to achieve effectiveness.

'The following contributes to the effectiveness: flexible hours; on-call counselling, support and referral for carers; carer social events which meet individual needs and are inclusive; individualised program; social connection (community, within residential facility, within program); and choices.'

'The ... [name of service] has numerous working carers requiring flexible days and longer hours which have been accommodated.'

'Our program offers: flexible operating hours, flexible pick up and drop off, organises other transport needs. Weekly and daily contact with carers allows carers to express their needs and changes to times and days to take place as required. We are able to offer extra day respite when needed. Care Recipients: a variety of activities, 1:1 activities. Access to allied health services, Drs, hairdresser, aromatherapy, etc on site has helped both care recipients and carers. (Clients can be seen by a doctor, have wounds dressed without carer attending).'

'We provide very flexible options for carers and care recipients so they are able to access the service/s that best suits their needs and routines. This has proven to be very successful and feedback from carers and care recipients indicates that our approach & flexibility ensures that their needs are met.'

'These programs only work at the sites where workers are well supported by management to provide the care.'

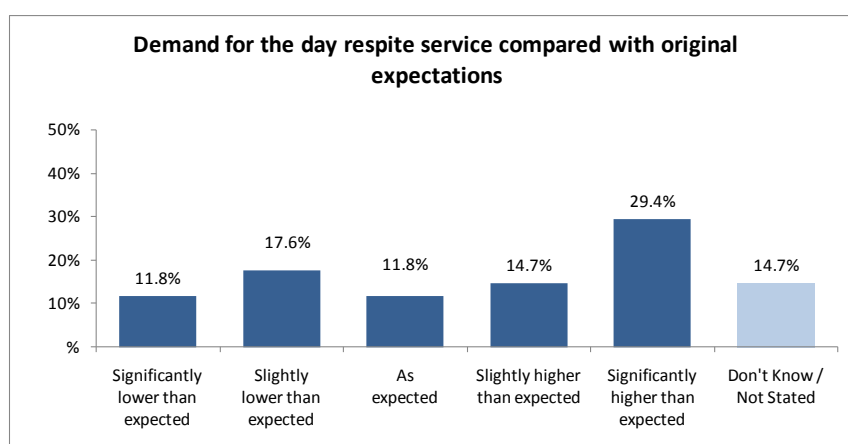
'Needs of care recipients may not always be fully met due to staff-care recipient ratios and if a care recipient is demanding then others in the group may miss out.'

'With up to 17 people per day in day respite, it is a challenge to satisfy the specific needs of all clients whose ages are 60 to 95 years old.'

3.3.8 DEMAND FOR THE DAY RESPITE SERVICE

There were different levels of demand reported for day respite services at different facilities, as shown by *Figure 49* below. As a group, nearly 30% of respondents reported that demand had been significantly higher than expected, and a further 15% that it had been slightly higher than expected. For some 29% demand had been lower than anticipated.

Figure 49: Extent to which demand for the day respite service met original expectations



Ten coordinators provided additional comment about the demand for the day respite service. For those where demand levels had been **lower**, reasons given related to the limited range of services being offered, for example, transport and the availability of other services locally –

‘There are two other Day Respite services in the local area.’

‘Lack of information regarding program in the community has resulted in lower than expected numbers. This has been increasing as networking and information dissemination is increased.’

‘Due to lack of networking, informing the community coupled with lack of transport services has resulted in a lower than expected attendance. I believe that this will be reversed when information is given to members of the community via a variety of other respite services that have been networked.’

For those where demand had been **higher** than anticipated there were no specific reasons offered –

‘We had identified the need but were surprised at how quickly carers accessed the program and the quick development of a waiting list.’

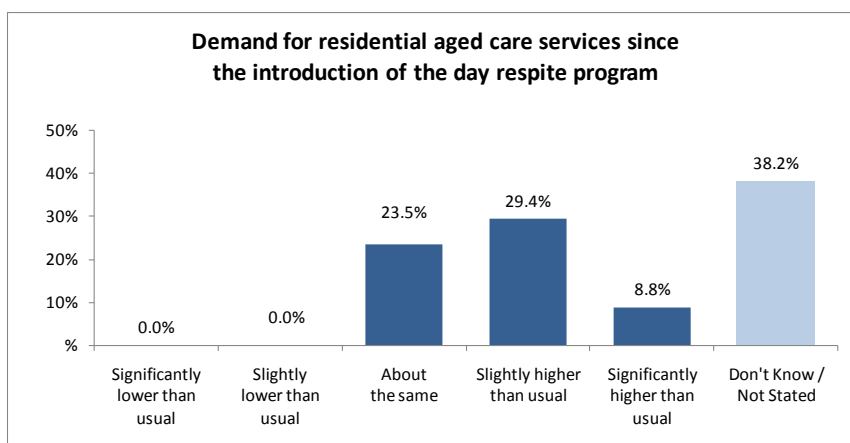
‘The demand for more than one day of respite was much higher than expected. Some carers need the 5 days long hours that allow them to work.’

‘Since commencing NRCP Demonstration Day Respite in January 2006 we have steadily increased attendance.’

3.3.9 EFFECT ON DEMAND FOR RESIDENTIAL SERVICES

Over a third of respondents reported that the introduction of the day respite program increased demand for the residential aged care service, most of these noting a *slight* impact, as shown by *Figure 50* below.

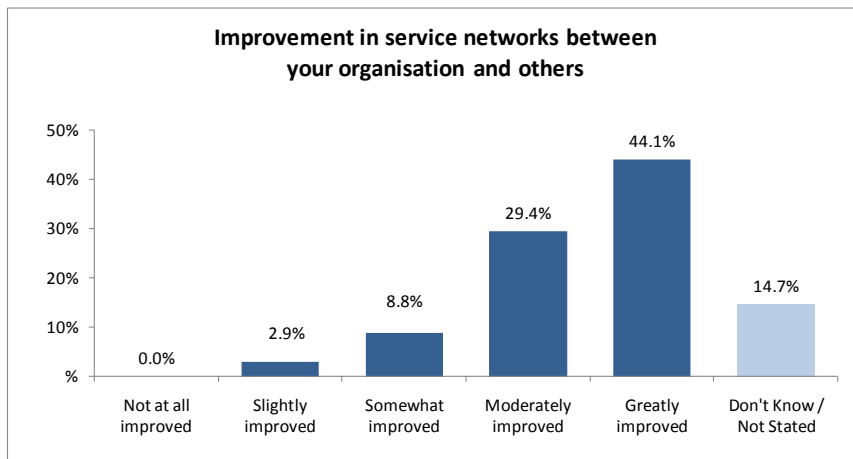
Figure 50: Effect of introducing the day respite service on demand for the facility’s residential aged care services, according to Coordinators and Managers



3.3.10 EFFECT ON SERVICE NETWORKS

The majority of respondents believed that the introduction of the day respite program had **improved** the service networks between their organisation and other service providers, as shown in *Figure 51* below.

Figure 51: Effect of the day respite service on service networks, according to Coordinators and Managers



Additional comments on this issue were offered by four coordinators, three of whom focused on an improvement in their service networks (the fourth felt that these were unchanged).

'Due to promotion of the program we have developed working relationships with a major public hospital (d/c RGN and social worker), ACAT, Dom Care and other service providers.'

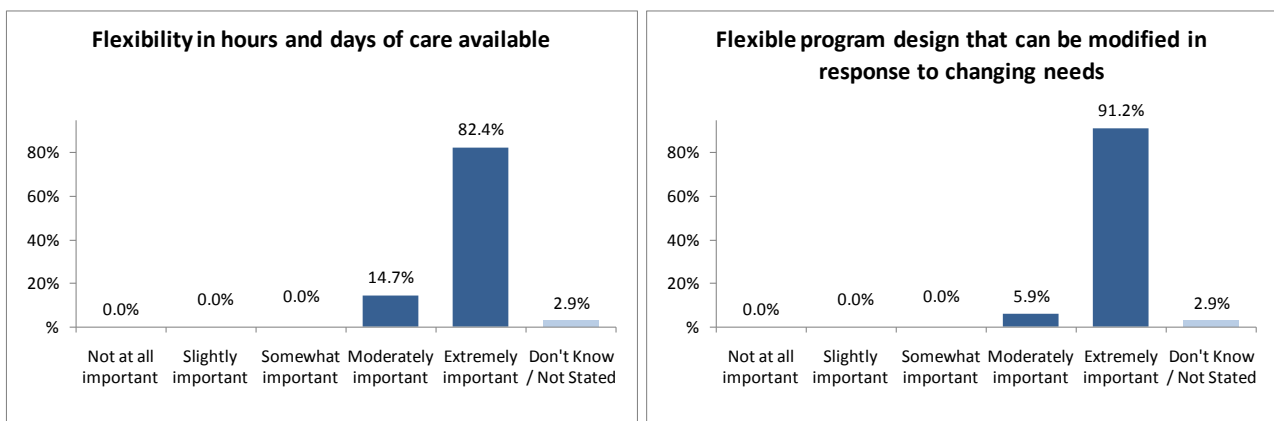
'[We] ... attend all relevant HACC, Multicultural, Indigenous, Day Respite Interagency and Younger Onset Forums on the Central Coast. Other service providers have been invited to attend ... [our service] for morning tea and to discuss any systemic issues or to collaboratively look at ways of working closer together eg: casual staff notified that there are vacancies at each centre'

'We attend Community Forums and Interagencies, we attend Carer's evenings and as many events as possible to improve our networks.'

3.3.11 FACTORS IN THE EFFECTIVENESS OF DAY RESPITE IN AGED CARE FACILITIES

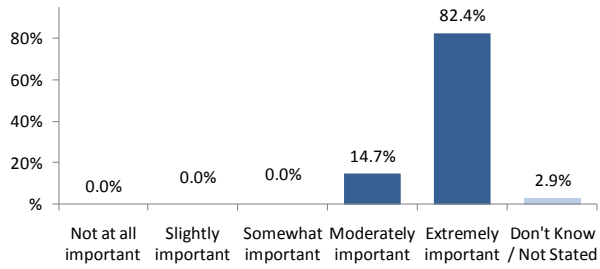
Coordinators and Managers were asked to rate the importance of fifteen factors in the overall success and effectiveness of day respite at aged care facilities, using a 5 point likert scale ranging from "Not at all important" to "Extremely important". The results are shown in *Figure 52* and *Figure 53* below.

Figure 52: Importance of a range of factors in the overall success and effectiveness of day respite at aged care facilities, Coordinators and Managers – Distribution of responses

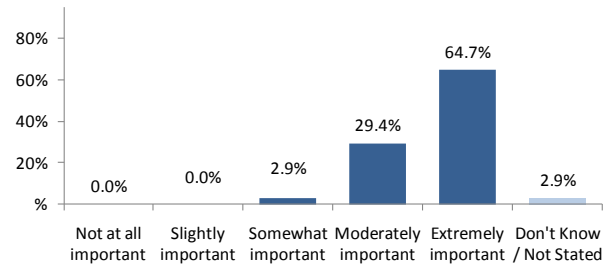


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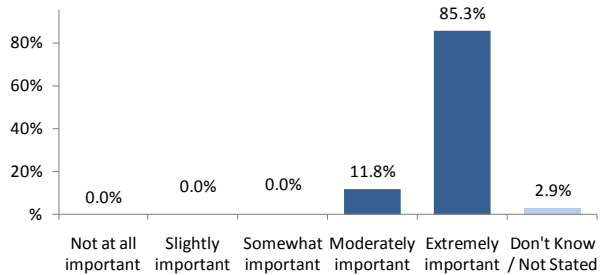
Staff to care recipient ratios that enable reasonably individualised focus



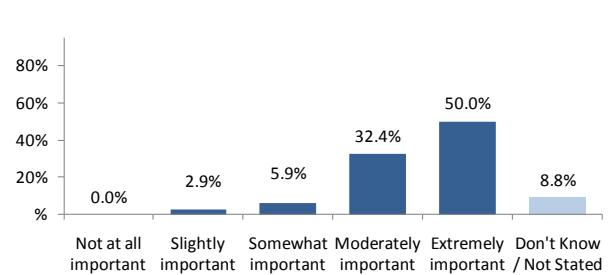
Qualifications and/or experience of care workers and other personnel involved



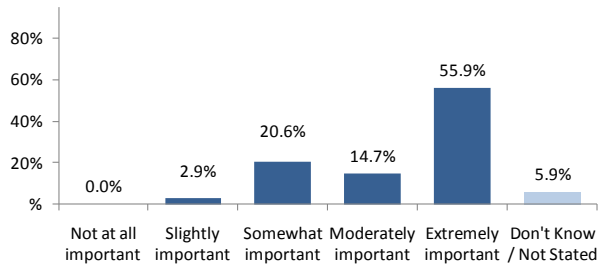
Nature of activities provided on site (appropriate to care recipients' needs)



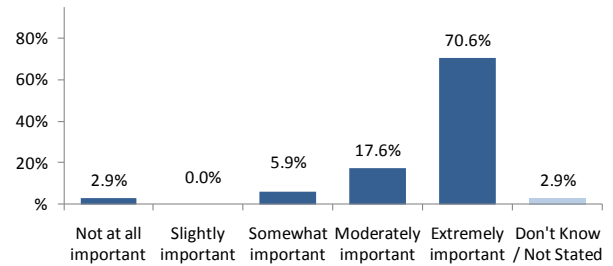
Nature of activities provided off site (appropriate to care recipients' and carers' needs)



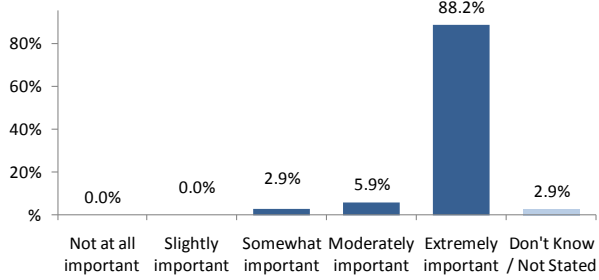
Ability to include residents in the day respite program's activities



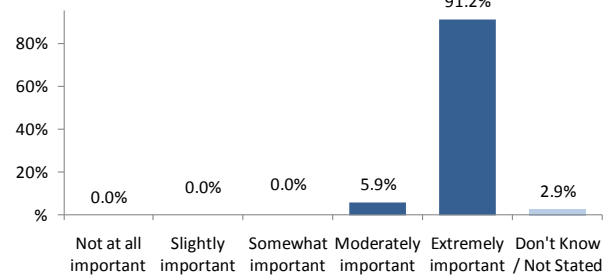
Provision of transport to/from the respite service



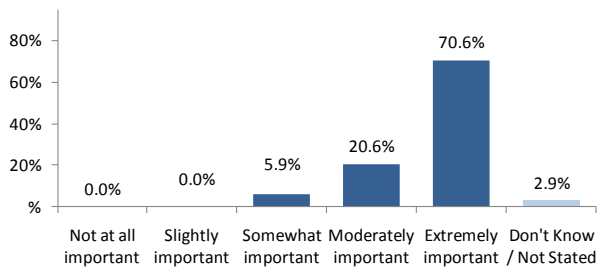
A focus on the needs of carers



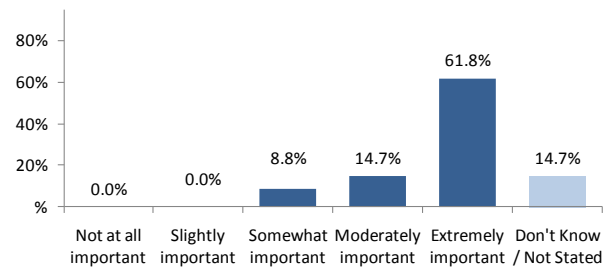
A focus on the needs of care recipients



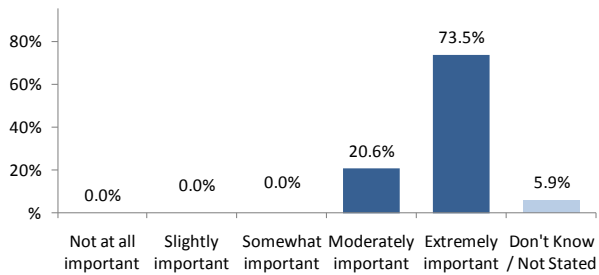
Ability to meet the cultural and language needs of people from diverse backgrounds



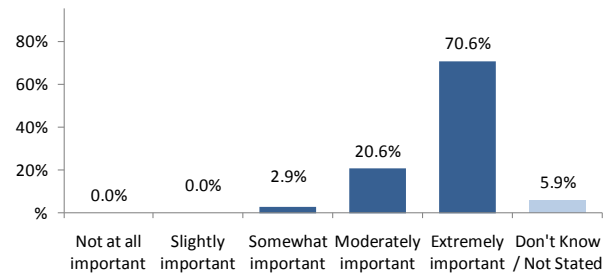
Ability to meet the specific needs of Indigenous people

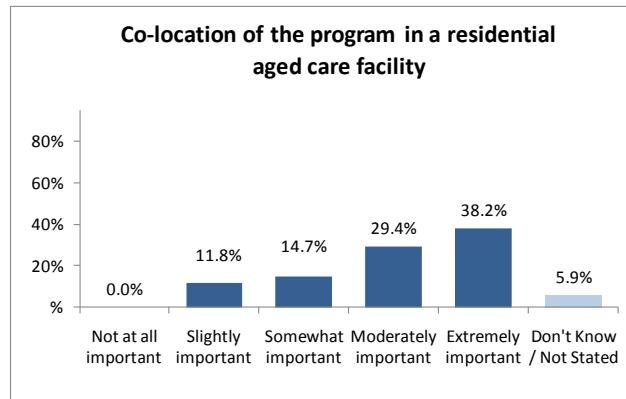


Linking carers and care recipients to other services provided by the organisation



Linking carers and care recipients to other services in the community





As can be seen from *Figure 53*, four factors received the **very high** average rating of **4.9** and reflected equal attention to the needs of *both* carers and care recipients –

- ⇒ focus on the needs of care recipients
- ⇒ flexible program design that can be modified to changing needs
- ⇒ activities provided on site that are appropriate to care recipients' needs
- ⇒ focus on carer needs.

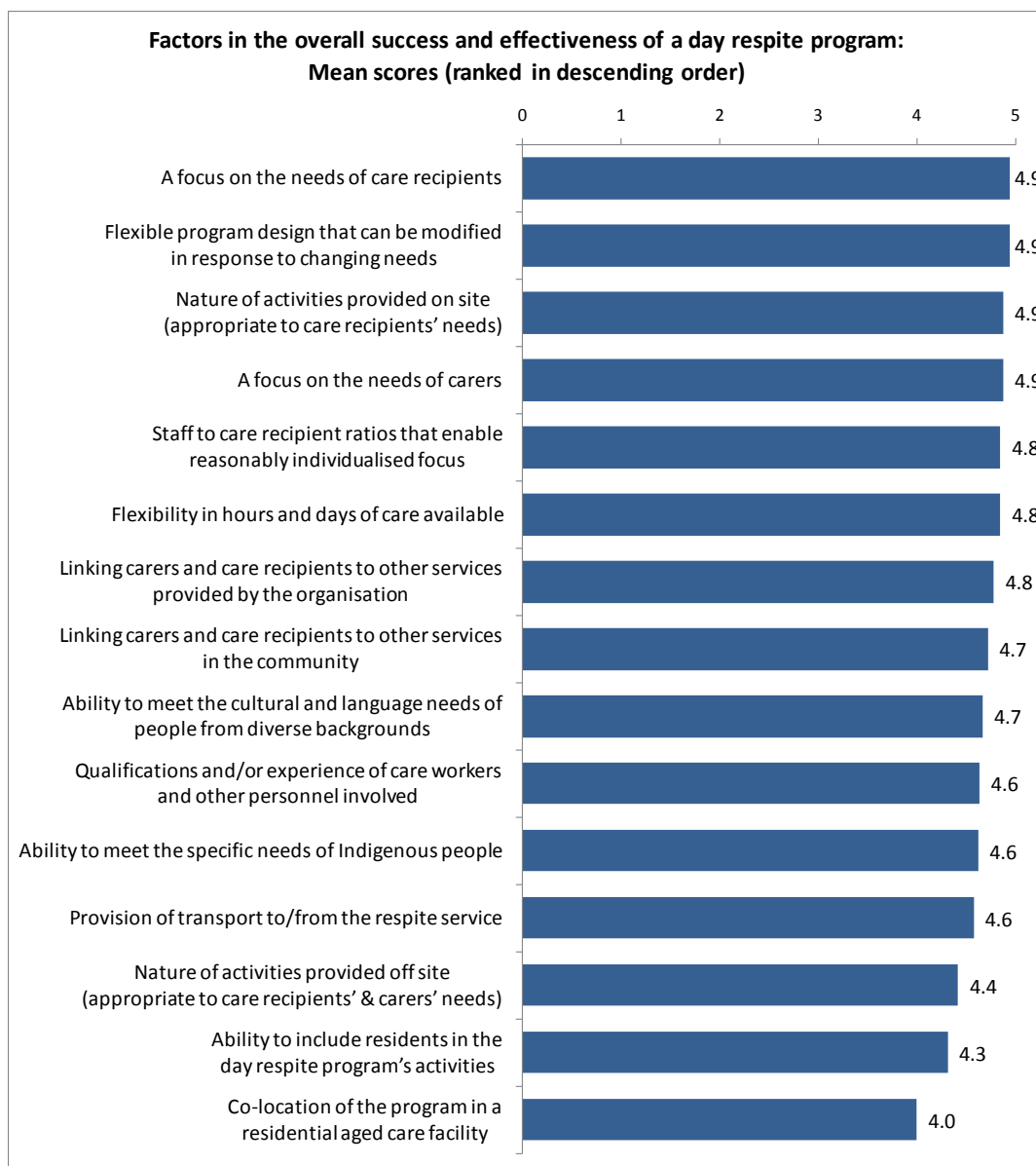
These were closely followed by service-related factors with average ratings of **4.8** each –

- ⇒ staff to care recipient ratios that enable a reasonably individualised focus
- ⇒ flexibility in hours and days of care available
- ⇒ linking carers and care recipients to other services provided by the organisation.

The **lowest** ratings, but still achieving relatively high endorsement, related to the day respite program being part of a residential care service environment –

- ⇒ co-location of the day respite program in a residential aged care facility (4.0) and
- ⇒ having the capacity to include residents in the day respite program's activities (4.3).

Figure 53: Importance of a range of factors in the overall success and effectiveness of day respite at aged care facilities, Coordinators and Managers – Mean scores



Seven coordinators provided additional information about factors that make for an effective day respite service and five of these focused on the importance of good communication between the service and other parts of the residential facility and of support for the service by management. This could be seen as reflected in a sharing of resources across programs and indicates the importance of introducing other staff to the day respite program in a way that ensures they are well informed and understand how it will intersect with their roles and responsibilities.

'Ability to have an interlinking process between both areas - work together to provide the best possible outcomes for residents, carers, guests and staff; sharing of ideas, resources and staff; include residential staff in the process of design of the respite area; educate staff (ongoing) as to what actually happens in respite, why it is needed and the difference in residential respite as opposed to a day program; acceptance on the part of staff in both areas of each strengths and limitations of residential care and day respite programs.'

'Supportive, flexible Management in RAC eg: Loreto Gardens; sharing resources or having them available if needed - Reg nurse, hairdresser, training rooms, equipment, kitchen, laundry, handyman etc; Activity officers working in collaboration across both programs. We could not provide our transport without the use of the RAC bus.'

'Good communication between the Day Respite Service and ACF especially Manager and RAOs.'

'Communication/coordination between managers and staff involved in community and residential care.'

Other comments identified the importance of reliable transport to and from the day respite service, and attention to program administration, including maintaining documentation and creating 'user-friendly' tools. One person commented on the need to design the physical layout of the day respite service in such a way as to allow care recipients to experience the residential environment in a phased and self-paced way.

'Our centre although co-located with a Residential Aged Care facility is in a completely separate area of the building with its own entry and exit points. This has been beneficial as our clients have fed back to us that going upstairs to join in some shared activities is very confronting for them. We have found that just by being co-located it has allowed care recipients to join in and experience "upstairs" at their own pace.'

3.3.12 UNEXPECTED BENEFITS AND NEGATIVE CONSEQUENCES OF THE PROGRAM

Coordinators and Managers were asked whether there had been any *unexpected benefits* or *unexpected negative consequences* of the day respite program.

Twenty one of the 34 respondents (61.8%) identified unexpected benefits, and eleven respondents (32.4%) mentioned unexpected negative consequences of the program.

3.3.12.1 UNEXPECTED BENEFITS CITED BY COORDINATORS AND MANAGERS

Unanticipated benefits were identified for –

- carers - being better informed about available services, including residential care services, from the support offered and from the monitoring of the care recipients' health status.
- care recipients - benefitting from an individualised program of care, from having a range of services in a single setting and being linked to those services, as well as a supported transition to residential care.
- residents - benefitting from the interaction with the day respite program.
- the organisation and its staff - benefitting from learning new skills, and from the sharing of resources between programs.

Some identified a collective benefit for different stakeholders.

'Being able to create a comfortable, relaxed environment - carers, care recipients and residents have made significant comments like "it's just like home".'

'Increases in attention, verbalisation and participation in activities of some of our clients with dementia. One carer commented "My mother's personality has come back."'

Benefits identified for carers

Carers were seen as benefitting from being better informed about available services, including residential care services, from the support offered and from the monitoring of the care recipients' health status.

'Carers are given information about other services.'

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Carers and care recipients become more receptive to nursing home care. The day respite centre is co-located with the nursing home. Carers visit the nursing home frequently and understand the nursing care services much better, thus removing the stigma and concern related to the service.'

'Carers start to use overnight respite, allowing themselves the opportunity to have a break from caring. Whereas before they would not have even thought about it. They do not feel as guilty about leaving their loved one.'

'Charting of care recipients: weighing, BSLs and BP (started due to concerns from carers).'

'More carers access the centre on a daily basis.'

'We have focussed on carers, providing facilitated outings which have led to friendships between fellow carers. Carers have been provided with valuable information from the support group meetings.'

Benefits identified for care recipients

Care recipients were described as benefitting from an individualised program of care, from having a range of services in a single setting and being linked to those services, as well as a supported transition to residential care.

'Having the opportunity to provide individualised programs to meet specific needs, ie. 5 care recipients all being able to do what is their preferred interest.'

'The funding of the Sensory Garden from NRCP this year in June/July. The Clients absolutely love the garden.'

'Care recipients have become actively involved in decision making at the centre - contributing to activity plans that effect them. Designing gardens etc etc.'

'Care recipients can have all their services in one place, eg. physio, hairdressing, respite, stress management, podiatry and hydrotherapy.'

'Transition of clients onto other programs offered by our facility.'

'Depth of relationships between clients and other clients and staff - when clients have gone to residential care they really miss the connection with the service. Offering a transition plan has helped in this area whereby clients continue for a designated time. For those living in our aged care home it has been beneficial to continue to see and say hello to staff as they pass by. We have occasional drop in times for previous clients now in insecure unit, they really look forward to these times and are so happy to see us.'

Benefits identified for the organisation and its staff

Staff were seen as benefitting from learning new skills, and from the sharing of resources between programs. One coordinator identified that residential aged care staff were able to place parents in the day respite program – enhancing their work and family balance of responsibilities.

'Identification of the need for a specialised education course for care workers who wish to work in the program or similar programs.'

'Residential staff realising that clients with high level needs can, with community supports, manage to have successful lives outside of a residential facility.'

'Has provided residential staff with better understanding of community services and carer experiences - their relationships with residents' families are now very different.'

'The Recreation Activity Officer of the nursing home shares ideas and resources with care workers in the respite day care centre.'

'Workers who work in residential care, have been able to place their mothers in the day respite program and continue to work knowing that their mothers are safe and socialising.'

Benefits for residents

Residents were seen as benefitting from the interaction with the day respite program.

'Strong and consistent interaction with residential residents.'

'The degree of involvement of the residential residents has been wonderful and a huge benefit for them.'

'More activities/programs are now offered to residents of the nursing home.'

3.3.12.2 UNEXPECTED NEGATIVE CONSEQUENCES CITED BY COORDINATORS AND MANAGERS:

Negative consequences were identified in relation to resentment on the part of residential care staff, in some cases being most intense in the early stages of the day respite program.

'Development of an "us and them" mentality on the part of some of the residential care workers/volunteers - we are intruding on their turf and residents.'

'The RACF staff can see the Respite clients as an extra work load for them. It has been hard managing with the amount of space we have in the RACF.'

'Residential staff are not keen to interlink (have a "them and us" mentality). Animosity shown to day respite staff by residential staff. Unprofessional interaction with care recipients from residential staff and volunteers.'

'Initially there was tension among management staff of the nursing home and the day care centre due to the change of management structure. It took much time to get the concept across to residential care staff.'

'There was some resentment from RACF staff especially in the first six months. When they looked in our activity room they often saw staff playing games with clients or talking with them over a cuppa and they thought they had it easy while they worked 'hard'.'

Other unforeseen negative consequences related to inadequately designed infrastructure, and/or lacking the resources to address particular needs.

'Unable to meet the needs of carers if the recipients have high care needs. High care residential respite is very limited and carers are not able to access enough respite (day stay and overnight).'

'Families/carers, as a result of participating in the day respite program, have a very high expectation once their loved one is in full time care. Some carers have expressed disappointment at not receiving the same level of social activities and care - they were expecting more one-on-one care.'

'No specific dedicated accommodation resulted in clients being cared for in several different areas of the facility (not in a group).'

3.3.13 CHANGES/IMPROVEMENTS TO THE PROGRAM

Sixteen of the 34 respondents (47.1%) suggested changes or improvements to the program.

Improvements relating to resourcing in order to enhance service provision

Most of the comments provided about improvements or changes to the day respite program focused on **resourcing** in order to extend the scope of services (particularly hours and days of operation), or to improve the physical infrastructure in order to better user needs, or to provide or improve transport services.

'More funding - would like to have a 24 hour 7 day a week facility - to cover overnight and weekend respite and to assist carers who may want to bring the guest in for the day and leave them overnight and pick them up the next day/ who wish to go out for an evening and want to leave their care recipient where the care recipient can meet others, socialise and have fun rather than have in home respite. Would like a bigger facility, more staff, more money, improved training for care workers who work in this area, improved wages for all staff in order to attract the best and brightest, therefore ensuring that the guests receive the best possible care by workers who are well educated and suited to the job.'

'Hours of operation (7am-7pm) are not practical. Carers are choosing respite time between 9:30am-5:30pm - carers find it difficult to have care recipients ready any earlier.'

'Carers often request Monday as the weekend tires them.'

'Extra funding for overnight and weekend respite.'

'More staff to cater for the physical needs of patients. eg. better care for people wanting to walk or mobilise well, such as clients with severe strokes/brain injuries. Physiotherapy or Exercise Physiology perhaps?'

'Ability to provide care to those with high care needs. Increased staffing level and therefore funding would be necessary. More 'space' so that we could accommodate more care recipients in any given day.'

'Montessori training for carers.'

'We really need a bus with wheelchair access for outings and to pick up and drop off our clients. Now we are using the nursing home's vehicle which produces problems when it is in use by the nursing home'

'Increased funding to purchase a second bus. Our HACC region is very large and we are unable to service it with one bus.'

'I would like better options for transport, as this is one of the biggest expenses.'

Improvements relating to building staff expertise

Six individuals provided comments about training, networking and other mechanisms that can build the capacity of day respite and residential care staff.

'Would like to have CALD and ATSI programs developed on similar principles in designated facilities staffed by culturally appropriate trained and aware staff in a culturally appropriate manner.'

'Education programs for residential staff regarding day respite.'

'To set up a network for service providers of this pilot project to meet regularly, to share and support each other on different issues when running the program.'

Improvements relating to data collection

Four people are seeking improvements to the way day respite program data are collected, and to the processes of data collection in order to develop a more streamlined approach that reduces duplication and time input.

'To incorporate the data of NRCP half-yearly report into the pilot project evaluation report, to save time when preparing 2 reports at the same time.'

'A data base is definitely needed to assist in the collection of all data required for monthly- quarterly and 6mthly reports. Currently the ... [service] is using all hardcopy tools to collate the data required.'

'NRCP services should be added onto Commonwealth Carelink's Database.'

Improvements relating to promotion of the day respite program

Three Coordinators believe that the day respite program would benefit from promotional strategies.

'There could be an education program though the media (who often only provide negative images of the Elders) that old age can be enjoyable and the rewards of caring for the Elders can be great and that being an aged care worker can be seen as "sexy" and fun - instead of aged care being the end of the line in one's career or not receiving the same wages or recognition of skills as opposed to working in the acute sector.'

'It would have been helpful to have had the promised promotional material. We have produced our own.'

3.3.14 OTHER COMMENTS ABOUT THE PROGRAM

Fourteen of the 34 respondents made additional comments about the program, thirteen taking the opportunity to endorse the program model – usually for its flexibility and ability to make a difference to client need.

'This program is the jewel in the crown. It is innovative and constantly changing and as the manager I must congratulate the staff who are involved. It has brought home to me that you need "special" staff, and these are difficult to find. These programs are an opportunity for aged care workers to be able to work across residential and community care. By doing this we would increase our number of staff, encourage diversity and cross fertilisation of skills and ideas. It would also assist in the retention of staff - residential care is often heavy and many workers leave because of this. If they can work across both sectors then their employment opportunities are increased. I believe an education program could be developed around what the care workers need in order to assist them in this area as many care workers and diversional therapists are given the ideas that groups and routines are the only way to give care in an economical (time, money and energy) manner rather than being focussed on the individual, their past life, role and experience. The baby boomers will not tolerate this so maybe the training needs to change now!'

'The program is well received because there are very limited programs that provide day respite for persons with higher care needs. It is rewarding to see that the program "makes a positive difference" in the lives of others.'

'The service model enables much flexible care for care recipients and carers of the day care centre, and opens up social opportunities for residents of nursing homes. The service is beneficial to both target groups.'

'The team (community workers and volunteers) will often state that they think they have the best job ... as they love coming to work- we work in a fantastic venue, the sensory garden is beautiful (funded by NRCP) Carers tell us what a difference

the centre makes in their lives as it gives them a break. The WWC is extremely flexible in its service delivery - enabling carers to change their respite days and times upon a phone call to the centre.'

'Our program has been operating for over three years from the residential facility, our program works well because ... staff work as a team to make each day different and enjoyable for both the clients and residents. There is the opportunity to give attention to the individual.'

'This is a wonderful, innovative program that we can offer to our carers and recipients. Our hours remain flexible to meet changing needs and demands. Our recipients have been able to rekindle lost social networks and maintain others. We offer respite "with a purpose" helping to eliminate the feelings of guilt for the carer. We retain staff by the mere fact that we are flexible, spontaneous, diverse, inclusive, community focused and carer/ carer recipient targeted. The program offers 'choice' in respite options.'

'I have been employed this year ... [and] have been amazed at how good the program is and how necessary it is. The positive feedback from recipients and particularly carers about the program is ongoing & to see the stress lifted from carers makes it all worthwhile.'

'This Program is meeting a respite need in the community and with its links to residential care is able to support carers with information about residential care. It breaks down the barriers of care recipients who have a negative view of residential care.'

'The program is a definite enhancement to the nursing home and to other programs offered to residents, especially operating on Saturdays'.

One person commented that the planning of day respite services should happen across State and Commonwealth jurisdictions to ensure that supply remains evenly distributed.

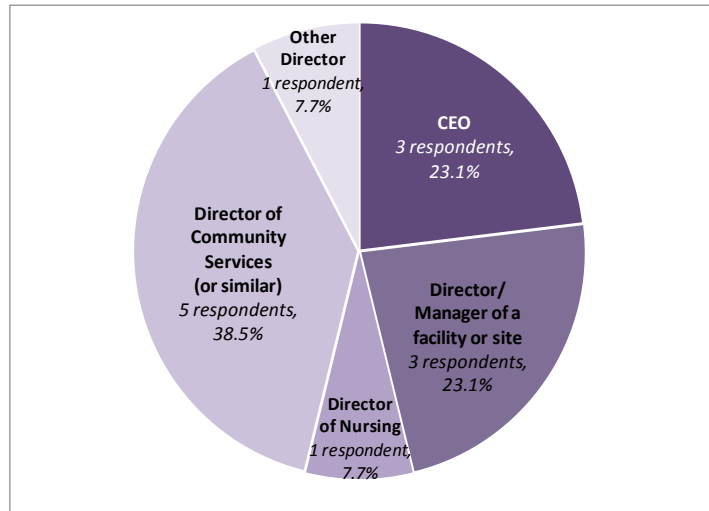
'I think the department needs to do some joint planning with the Department of Human Services NSW (ADHC) as there are more and more day respites being funded by them in the area and we are all competing to fill places. There seems to be an oversupply of day respite in our area but a lack of transport services to get to them'

3.4 SURVEY OF CEOs AND SERVICE DIRECTORS

3.4.1 THE SURVEY SAMPLE

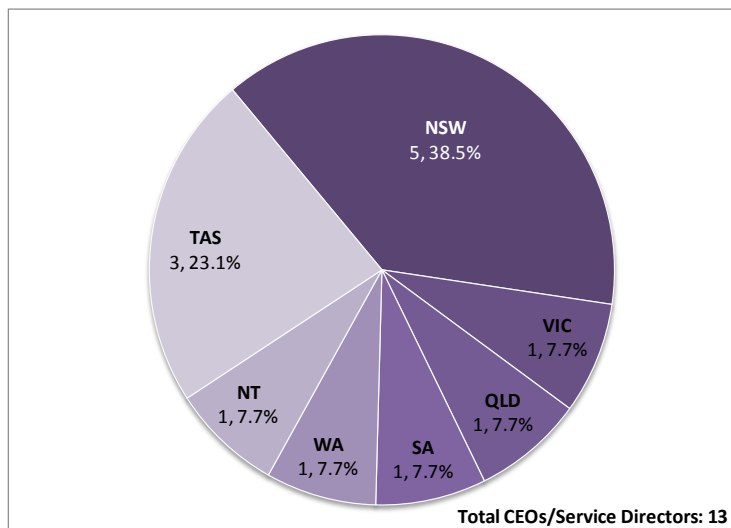
Thirteen CEOs and Service Directors responded to the survey, including five Directors of Community Services, three CEOs, and three facility/site Managers, as shown in *Figure 54* below.

Figure 54: Positions held by those who responded to the Survey of CEOs and Service Directors



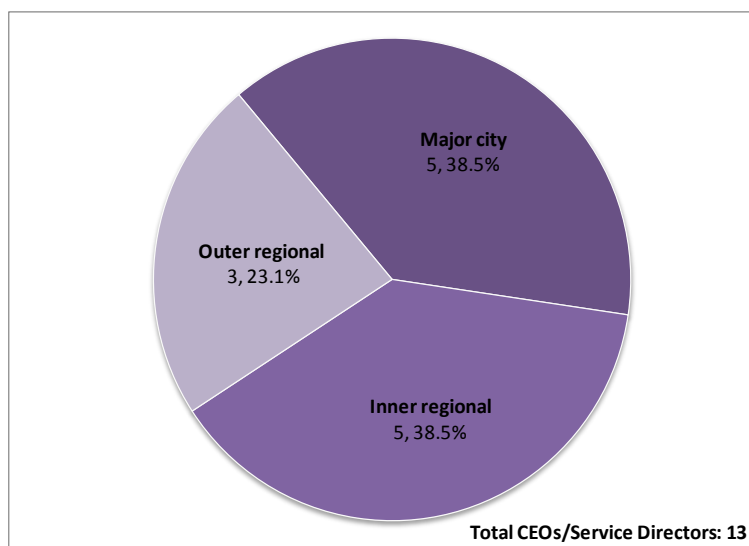
All States were represented in this sample, with the majority of respondents located in NSW and Tasmania (see *Figure 55*).

Figure 55: CEOs and Service Directors who responded to the survey, by State



Facilities located in major cities, inner regional areas and outer regional areas were represented in the sample while none were based in remote to very remote locations (see *Figure 56*).

Figure 56: CEOs and Service Directors who responded to the survey, by Remoteness Area⁶



3.4.2 RESPONSE RATE

At least one CEO/Service Director survey was completed at 10 of the 31 Demonstration sites (see *Table 18*), which equates to an *overall site response rate* of **32.3%**. This response rate is within the usual range for surveys of this nature. However, on a State by State basis, the response rate was uneven (see also *Figure 55* above).

Table 18: Number of CEOs/Service Directors who responded to the survey, by Site

Residential Aged Care Facility	No.	%
ACH Group Inc - Perry Park's Riverview Day Respite Service (Port Noarlunga SA)	1	7.7%
Aged Care Services Australia Inc, St Ives Group - Avalon Apartments & St Ives Eldercare (Myaree WA)	0	0.0%
Alzheimer's Association of Qld - Garden City Retirement Home Respite Service (Upper Mount Gravatt QLD)	1	7.7%
Australian Nursing Home Foundation - Dementia Respite for Carers of SE Asian Communities, So Wai Centre (Burwood NSW)	0	0.0%
Catholic Care of the Aged - Cooina Day Respite (Singleton NSW)	0	0.0%
Catholic HealthCare - Warnervale Wellness Centre (Hamlyn Terrace NSW)	0	0.0%
Churches of Christ Queensland - Bribie Island Retirement Village Carer Respite Service (Bongaree QLD)	0	0.0%
City of Swan Aged Persons Trust Inc - Morrison Lodge Day Respite Service (Midland WA)	1	7.7%
ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)	0	0.0%
Glenview Home Inc - Bisdee House Day Respite (Glenorchy TAS)	1	7.7%
Grand United Property Trust (AURLS) - Constitution Hill Wellbeing and Respite Day Care Centre	0	0.0%

⁶ ASGC Remoteness Structure (RA) Digital Boundaries (ABS Cat. No. 1259.0.30.004)

Residential Aged Care Facility	No.	%
(Northmead NSW)		
Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)	0	0.0%
Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)	0	0.0%
Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)	0	0.0%
Karingal Care Services - Day Respite (Devonport TAS)	2	15.4%
Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)	0	0.0%
Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)	0	0.0%
Manningham Centre Association Inc - Day Guest Respite Service (Doncaster VIC)	0	0.0%
Masonic Homes Inc - MHI Respite Service (Tiwi NT)	1	7.7%
Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)	2	15.4%
Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite Service (Walcha NSW)	2	15.4%
Resthaven - Hersey Cottage Respite Service (Marion SA)	0	0.0%
Southern Cross Care SA Inc - Time Out, Myrtle Cottage Day Respite (Myrtle Bank SA)	0	0.0%
Southern Cross Care Victoria - Ave Maria All Day Respite Program (Shepparton VIC)	1	7.7%
Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)	0	0.0%
Spiritus - Bundaberg (Meilene) Day Respite Service (Bundaberg QLD)	0	0.0%
Spiritus - Wide Bay (Kirami) Day Respite Service (Point Vernon QLD)	0	0.0%
United Church Frontier Services - Pulkapulka Kari Day Respite (Tennant Creek NT)	0	0.0%
United Church Frontier Services - Rocky Ridge Day Respite (Katherine NT)	0	0.0%
Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)	0	0.0%
Warrigal Care - Day Respite (Goulburn NSW)	1	7.7%
Facility not stated	0	0.0%
Total	13	100.0%

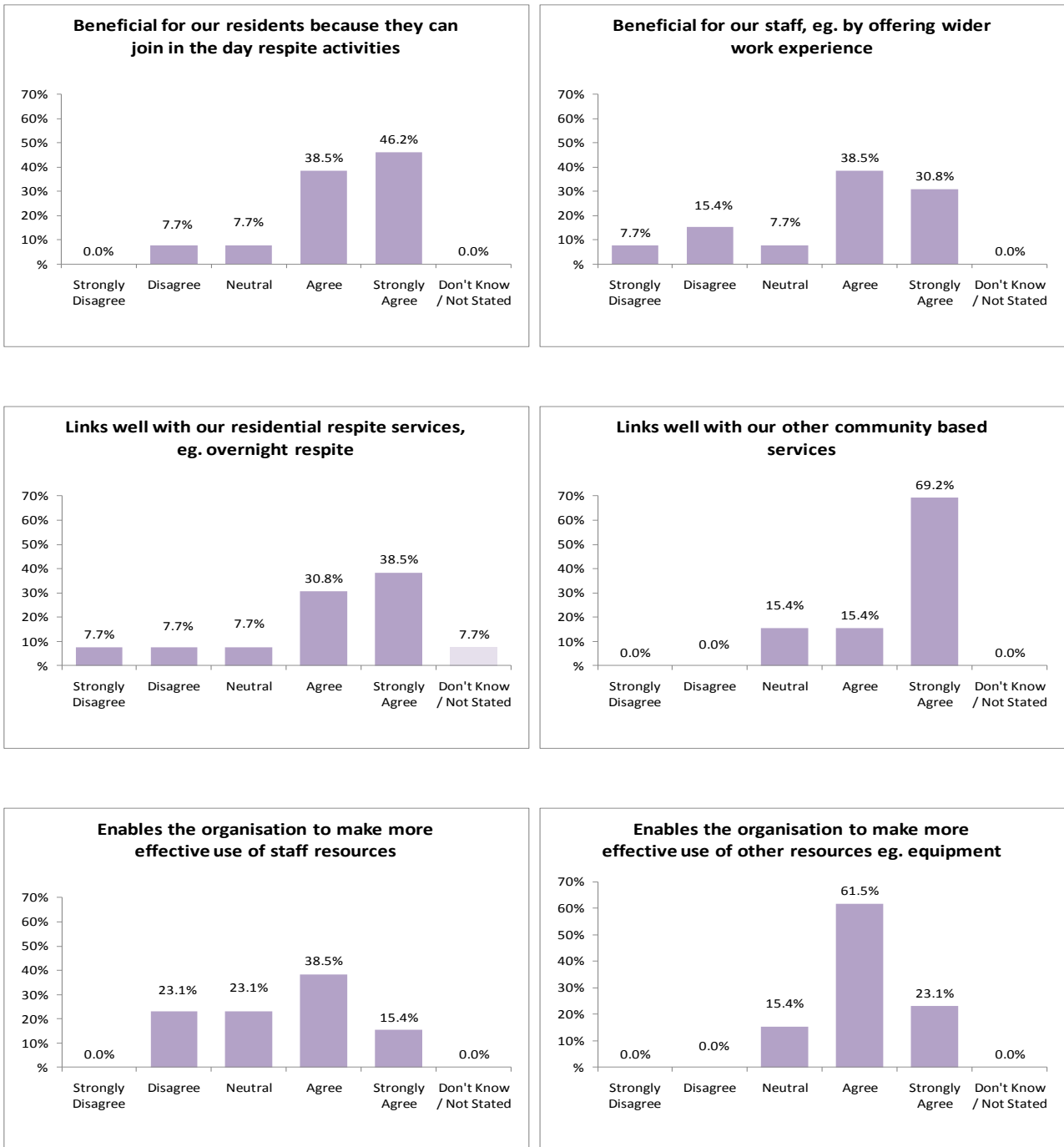
Note that some Service Directors may have multiple roles within their organisation and therefore some may have chosen to answer the survey of Day Respite Coordinators and Managers.

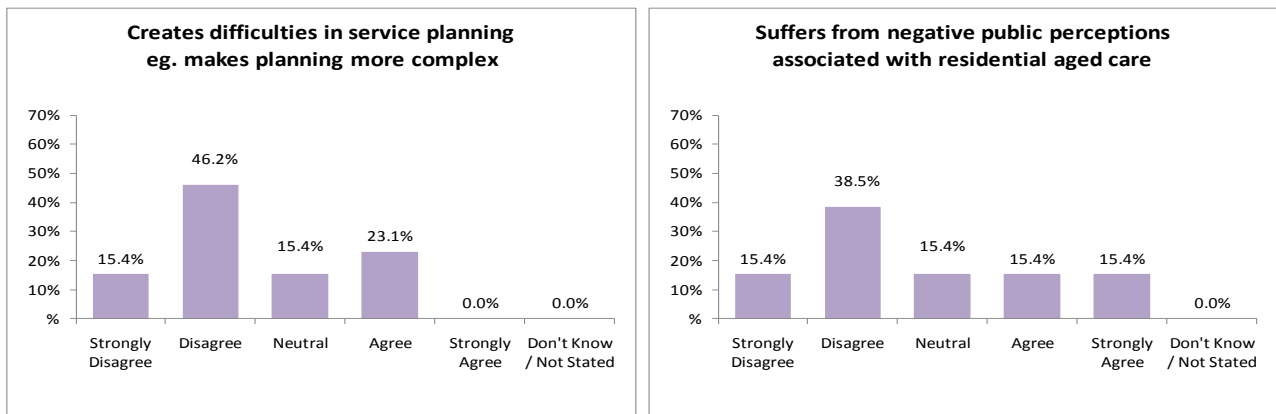
3.4.3 VIEWS OF DAY RESPITE WITHIN THE RESIDENTIAL AGED CARE SETTING

Survey participants were asked about their views on the day respite service provided by their residential aged care facility. Eight different aspects of the arrangement were covered, and respondents were asked to indicate their level of agreement with each aspect using a 5-point likert scale.

Figure 57 below shows the response distribution for each statement, and Figure 58 summarises these results by presenting the mean score for each statement.

Figure 57: CEOs' and Service Directors' views of day respite in their aged care facility – Distribution of responses



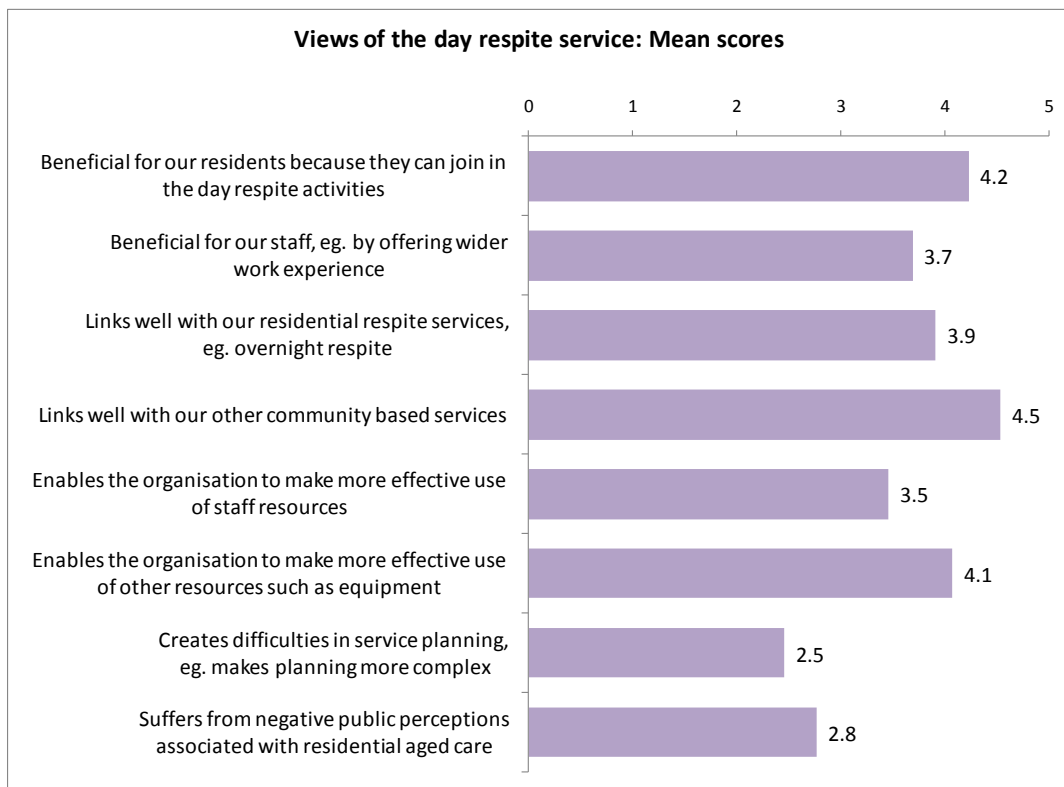


As Figure 58 indicates, CEOs and Service Directors were **most positive** about the day respite service's good linkage with their organisation's other community based services (average rating of 4.5), followed by the *benefits achieved for residents* in joining in day respite activities (4.2) and *resource effectiveness* arising from share equipment and related resources (4.1).

They were **less likely** to regard the program as making planning more complex (average score 2.5, 61.6% disagreed/strongly disagreed) and as suffering from stigmatisation due to its association with residential aged care (average score 2.8, 53.9% disagreed/strongly disagreed).

Other potential benefits received average ratings of between 3.5 and 3.9 – a less positive assessment than was provided by Coordinators/Managers and by Care Workers in response to this question.

Figure 58: CEOs' and Service Directors' views of day respite in their aged care facility – Mean scores



Additional comments on the day respite service and its relationship to the residential aged care facility (RACF) were provided by three Service Directors, one of whom could see advantages and disadvantages in locating a day respite program in a RACF, two of whom regarded the location as stigmatising for day respite users, and one who identified difficulties with residential staff and with clients with dementia arising from poor infrastructure design.

'Being attached to residential facility is a double edged sword, it either helps transition to full time care or it puts people off attending as it is perceived as the "thin edge of the wedge".'

'The difficulties are a result of the location within a residential setting. The program itself achieves terrific outcomes for carers and care recipients but the program suffers from community misconceptions due to its location in a RACF.'

'We have experienced several complexities including the negative public perceptions.... Staff within the residential facility have been largely unsupportive as they are already 'too busy' and 'don't need the bother of more clients coming in'. The program itself, the hours, and the transport are readily accepted but the 'turn off' comes when they realise the program is based in a room at ... [the facility]. It takes much cajoling to break through that barrier and many times we have been unable to break through the barrier at all. The program encountered difficulties with clients with dementia in a shared area of the residential facility as there proved to be too much stimulus aggravating distressed behaviours.'

3.4.4 TRANSPORT, FEES AND FORMAL COMPLAINTS

All CEOs and Service Directors who participated in the survey indicated that transport was provided for the day respite service.

Of the 10 demonstration day respite sites represented in the sample, most CEOs/Directors (7 sites) reported that they collect *fees but not donations* from clients of the day respite service. Fees *and* donations were collected at one site, and one site ran a *donations-only* service.

CEOs and Service Directors were asked to indicate their view on setting fees and/or collecting donations from clients of the day respite service. All commented that those who could not afford to pay fees were not charged, and that fees were set low (eg \$5 to \$10 per day for care recipients).

'Minimal fees only are charged to the carer (\$10.00 per full day) - those who cannot afford to pay are not excluded from the program and may contribute only what they can afford, sometimes a full fee waiver is granted.'

'We have a very reasonable "contribution towards the cost of the service". We did a bit of market research beforehand to ensure they were reasonable to carers and we have a fee waiver and reduction procedure in place when needed. Fees formed part of our budget planning in our original tender.'

'Fees are suitable as no-one is prevented from accessing the respite even if they are unable to pay fees.'

Several argued that some level of fee was 'appropriate' because they avoid the sense of a 'handout' and contribute towards the services provided. It was also evident that a degree of flexibility was applied to take into account varying individual circumstances.

'I think it is appropriate for carers to pay something towards the service if they can afford it. Transport, hot meals and some therapy services are provided as part of the respite and contributing to these is appropriate. We have a recommended fee however if people attend multiple days it is capped. Also if people have other significant costs these are taken into account when setting fees. Some people who attend are not charged because of their financial circumstances.'

'Fees are more transparent and fair. They can be waived or reduced for people in need. As a charity, we would not discourage giving via donations.'

'Fees are a reasonable expectation as long as the service quality is good. Standard fees paid via direct debit are the best way to ensure easy simple reliable payments and income is achieved.'

'Fees give clients a sense of "directorship" in that they are not receiving a "handout" or charity. Fees are kept as low as possible with no client being excluded based on an inability to pay. Fees are collected/invoiced by direct debit - thus allowing the staff in attendance to focus on client services rather than fee collection. Each client's situation is assessed in consultation with the client and we encourage the presence and input of an advocate.'

'Collecting fees works well in enabling us to provide extra for service users but fees are dependent on the client's ability to pay and we do not expect that all clients can pay. Occasional donations are received but not anticipated or expected.'

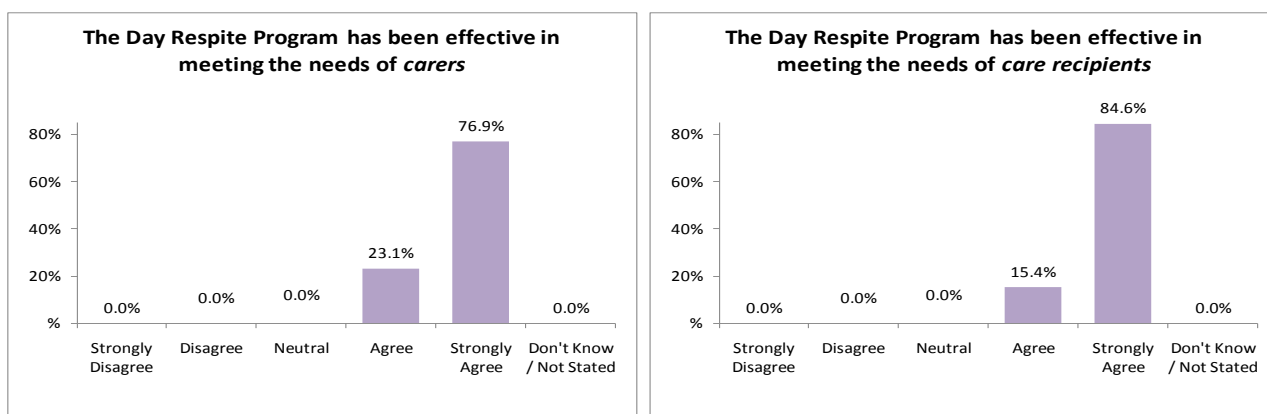
'Within this location our intended fee of \$10-00 per day plus \$6-00 transport proved to be prohibitive for some. Many carers need to utilise the service more than once per week. We reduced the cost to \$10 total for those living within or close to Devonport parameters and charged the \$6 travelling for those more rural. For some clients I have waived the fee altogether and for another I have waived the travel component and halved the daily fee. Another carer however was more than happy to pay the fee and considered it cheap for the service we provide. I don't think fees should be implemented rigidly, nor depended upon for revenue. Fees need to be assessed on individual case and situation.'

CEO/Directors from all but one of the 10 RACFs represented indicated that there was a **formal complaints** mechanism in place for their day respite service. Two formal complaints had been reported at one site; otherwise the number of formal complaints was reported to be nil.

3.4.5 EFFECTIVENESS AND IMPACT OF THE PROGRAM ON CARERS AND CARE RECIPIENTS

CEOs and Service Directors were asked to rate how **effective** they thought the day respite program had been in meeting the needs of carers and care recipients, and also to rate the **impact** of the program on those clients. *Figure 59* shows the response distribution for each statement, and *Figure 60* summarises the results by presenting the mean score for each statement.

Figure 59: CEOs' and Service Directors' opinion of the effectiveness and impact of the day respite service on carers and care recipients – Distribution of responses



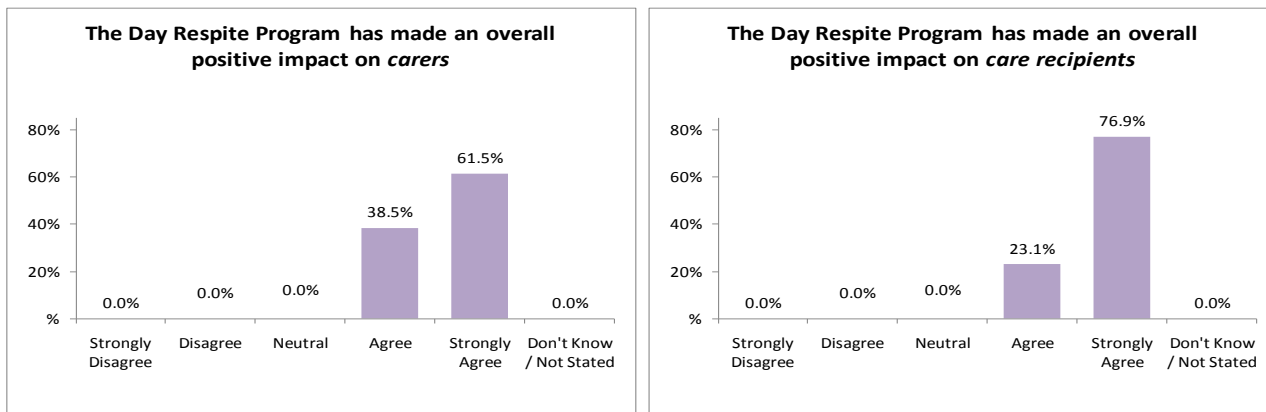
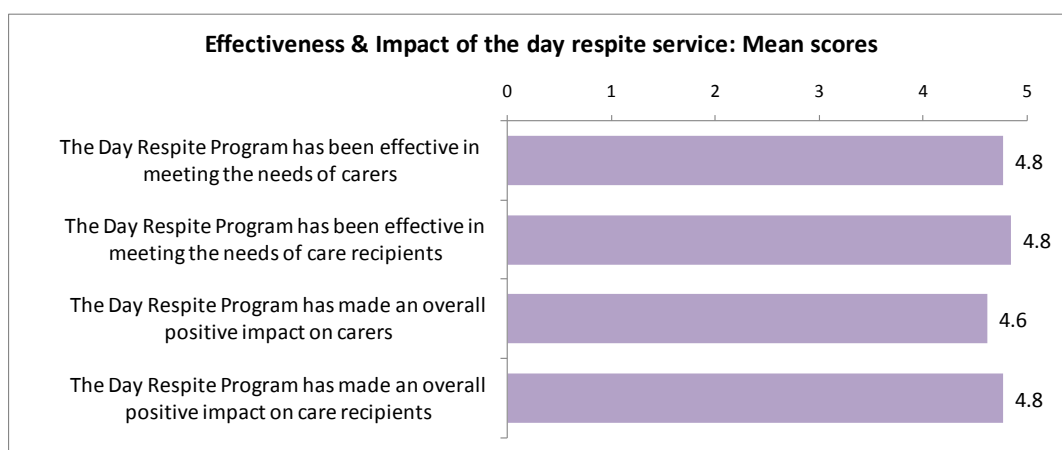


Figure 60: CEOs’ and Service Directors’ opinion of the effectiveness and impact of the day respite service on carers and care recipients – Mean scores



It can be seen from *Figure 60* that CEOs’ and Service Managers’ average ratings are very high, regarding the Program’s effectiveness in meeting the needs of both carers and care recipients (rating of 4.8 for each) and the Program’s overall impact on care recipients (average rating of 4.8) and on carers (rating of 4.6).

Additional comments were provided by eight individuals.

Effectiveness of the program

In terms of effectiveness, two respondents noted that they had independent evaluative feedback indicating that the day respite program had been effective for both carers and care recipients.

‘We have validated the effectiveness and impact for carers and for care recipients through an independent evaluation.’

‘From a recent survey, clients strongly agreed that the care recipient had a significant improvement in physical and mental health. This was due to the focus on wellness and social interactions.’

Others noted that their comments were based on feedback received from carers and care recipients.

‘We have had excellent feedback from carers and have seen improvements in the wellbeing of care recipients.’

(AISR) *Evaluation of the Demonstration Sites for Day Respite in Residential Care Facilities Initiative, Accompanying Report 4, Report of Surveys with CEOs/Service Directors, Care Coordinators/Managers, Care Workers, and Carers*

'I have met the care recipients and seen their enjoyment and heard their praise and feedback for the program.'

Two CEOs/Service Directors commented on the flexibility of the service as contributing to its effectiveness.

'As far as we know we are meeting the needs identified by carers apart from those care recipients who are determined wanderers (1 only since the start of the program). We are flexible enough to meet any carer needs within the hours of operation of the program (12 hours a day 6 days a week).'

'The program is flexible in regards to the needs of carers and recipients. Provides carers with a safe reliable alternative to leaving vulnerable people at home by themselves, or restricting the activities of the carer.'

Impact of the program

Two CEOs/Service Directors pointed to independent evaluative or assessment feedback about the positive impact of the day respite program on carers.

'The personal wellbeing scores for carers were well above that recorded in other studies of carers.'

'Recent survey results using the PWI (Personal Wellbeing Index) by an independent research company has indicated that the PWI of carers using this service is 76.4. The average PWI in a national survey of carers in 2007 was 58.5.'

Others simply commented further on the program's positive features.

'One carer reported that the program enabled them to keep the care-recipient at home until the end. Another reported that the program enabled them to keep the care recipient at home far longer due to the break afforded each day. One care recipient transitioned into the residential facility easily after participation in the day respite program due to it being a familiar environment and familiar faces.'

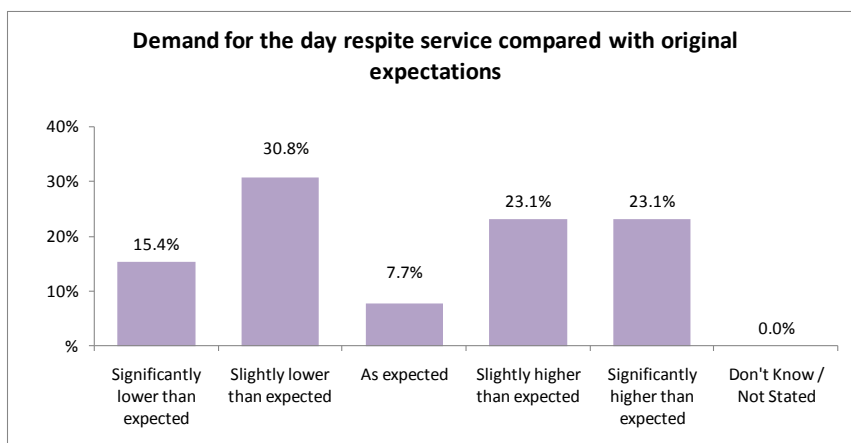
'Great for socialisation for care recipients with dementia.'

'Carers have commented on "getting their lives back".'

3.4.6 DEMAND FOR THE DAY RESPITE SERVICE

There was a range of experiences across sites in terms of anticipated and achieved level of demand for day respite, with 46.2% reporting higher than expected demand, and the same proportion reporting lower than expected demand, as shown by *Figure 61* below. Only 7.7% found that demand levels were as originally anticipated.

Figure 61: The extent to which demand for the day respite service met the original expectations of CEOs/Service Directors



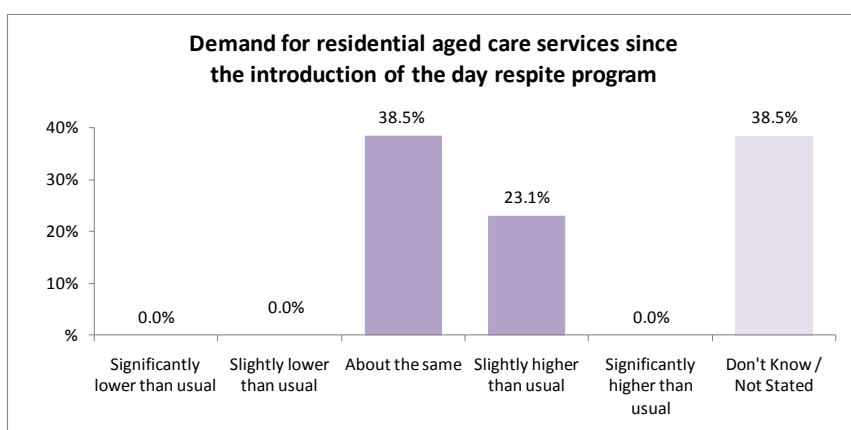
Seven people offered further comment, five relating to lower than expected levels of demand and the remaining two commenting on higher than anticipated levels of demand. Of these, three offered reasons for the difference between expectations and outcomes. Lower than anticipated demand was seen as arising from –

- Inadequate marketing and promotion of the program
- Difficulties in being able to provide transport
- Delays in completing the physical infrastructure needed for the program.

3.4.7 EFFECT ON DEMAND FOR RESIDENTIAL CARE SERVICES

Nearly 40% of respondents were unable to ascertain any influence on demand for residential care services as a result of the day respite program, a further 38.5% reported that demand was unchanged, and 23.1% believe that demand has been slightly higher than usual - as shown in *Figure 62* below.

Figure 62: Effect of introducing the day respite service on demand for the facility's residential aged care services - CEOs and Service Directors



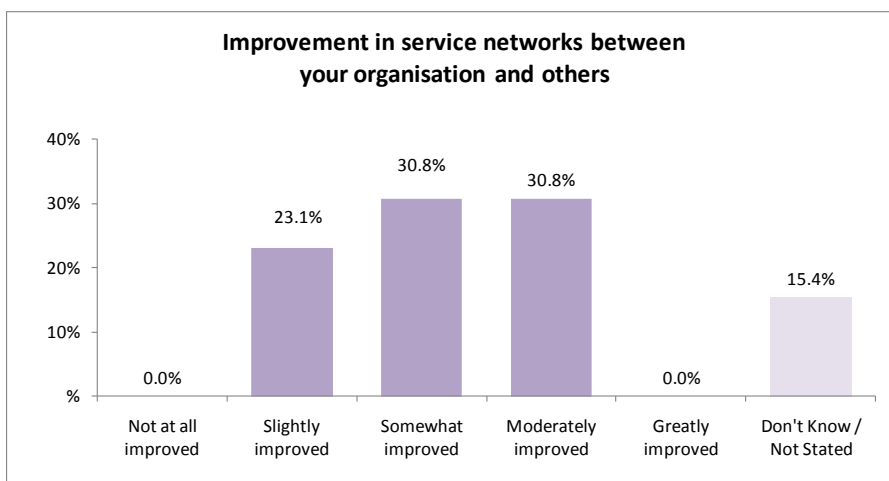
3.4.8 EFFECT ON SERVICE NETWORKS

The majority of respondents (84.7%) believed that the introduction of the day respite program had **improved** the service networks between their organisation and other organisations (either slightly, somewhat or moderately), as

(AISR) Evaluation of the Demonstration Sites for Day Respite in Residential Care Facilities Initiative, Accompanying Report 4, Report of Surveys with CEOs/Service Directors, Care Coordinators/Managers, Care Workers, and Carers

shown in *Figure 63* below. None felt that there had been no improvement – the remainder were unable to answer the question.

Figure 63: Effect of introduction of the day respite service on service networks - CEOs and Service Directors



Seven people offered additional comments – some noting that their service networks had always been sound and that the day respite program had built on, and benefitted from these.

‘We had good networks already and the service fitted in with them.’

‘We already have very good service networks established in our region and we have been able to include this service into our network meetings and links.’

‘Because we already operate a variety of services in residential and community, we already have strong relationships with other providers.’

One commented on the day respite program having enhanced the organisation’s service networks through linkage to dementia-specific service providers.

‘The day respite program has led to more frequent contact with other service providers particularly those with dementia focus.’

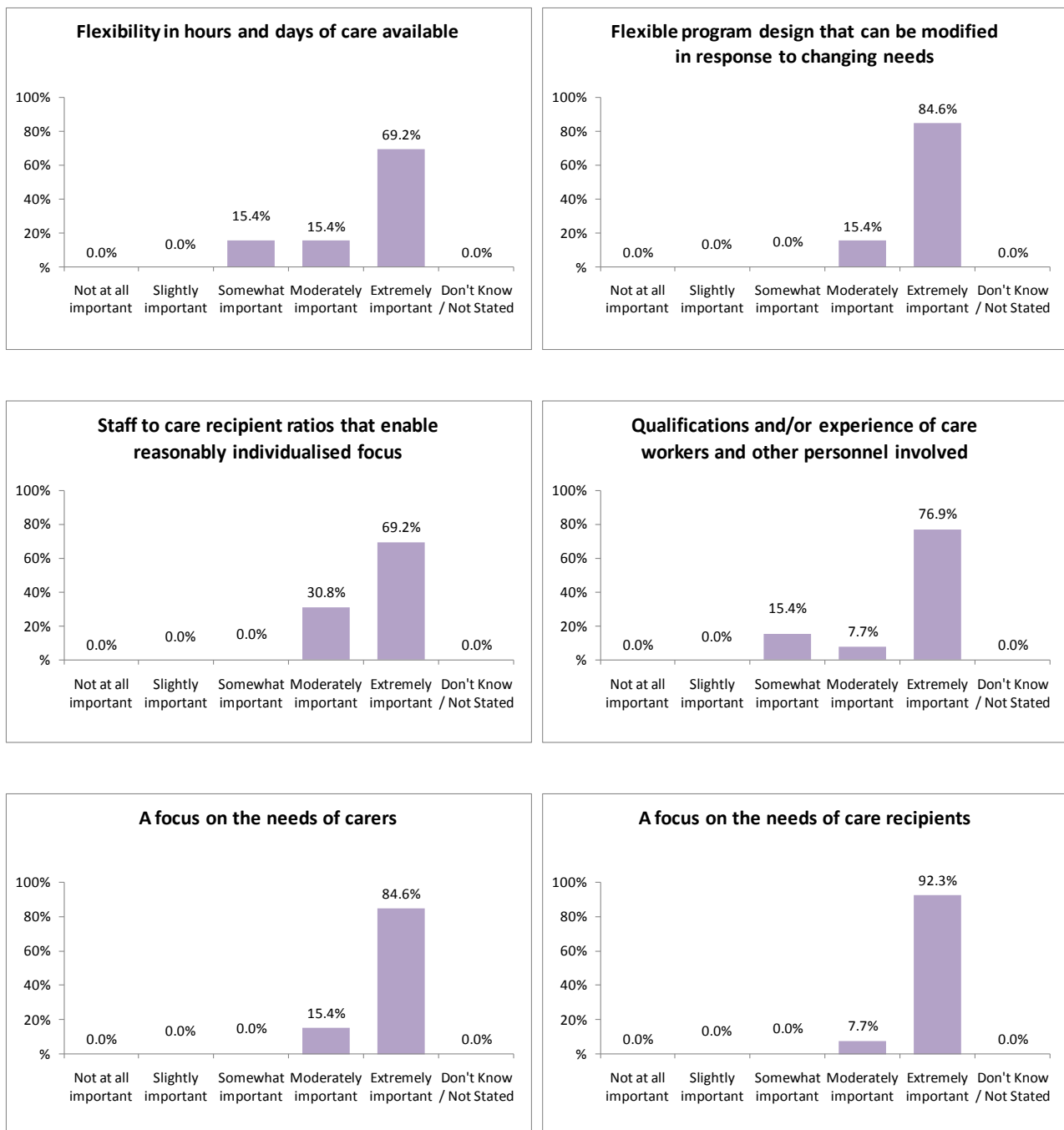
One noted that local services were initially negative about the introduction of a new service, but by sharing resources with them, this had been overcome and led to an improvement in working relationships.

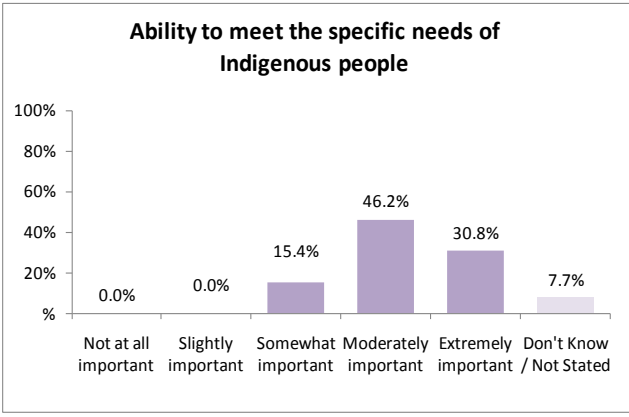
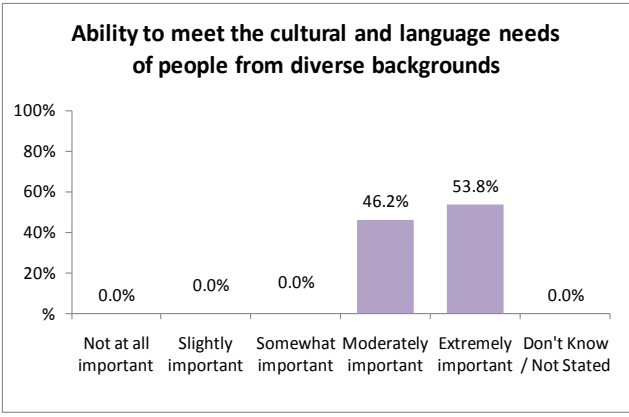
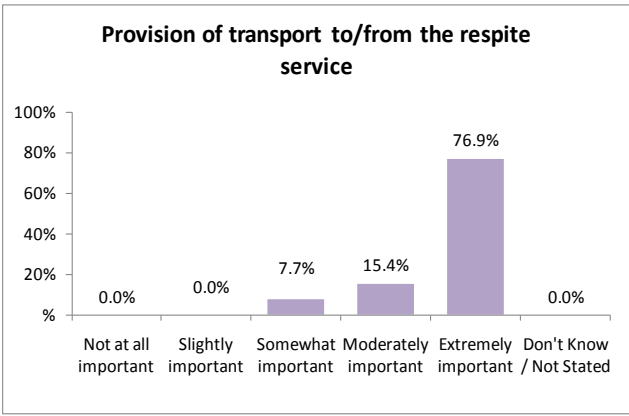
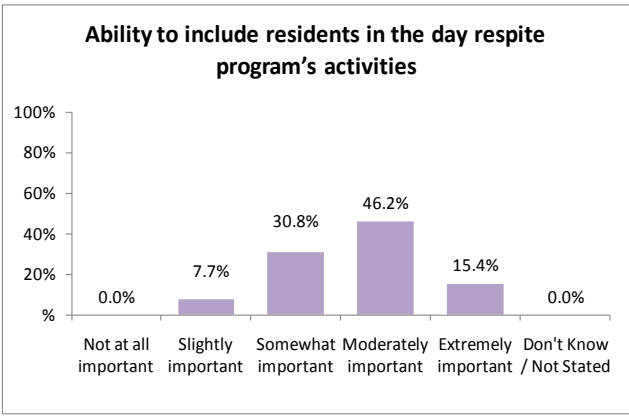
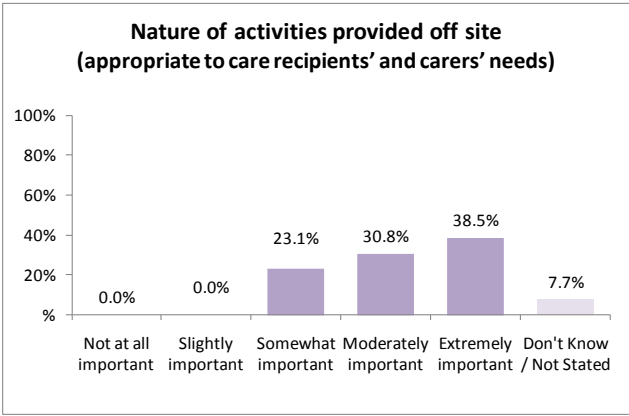
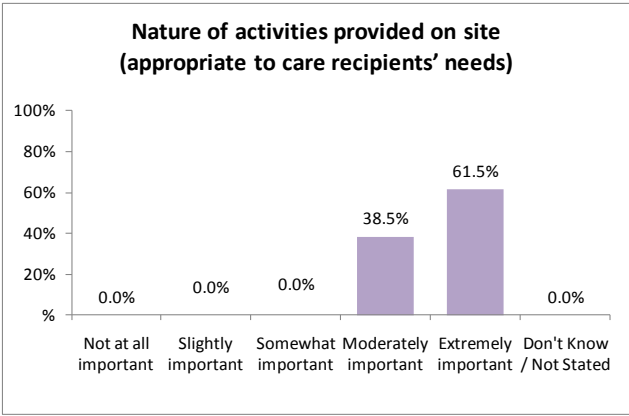
‘Initially some local services were a little disgruntled at the establishment of the new service. However since then, our working relationship has improved a lot with joint education for carers being run etc. Overall the relationships, having taken an initial setback, have improved a lot.’

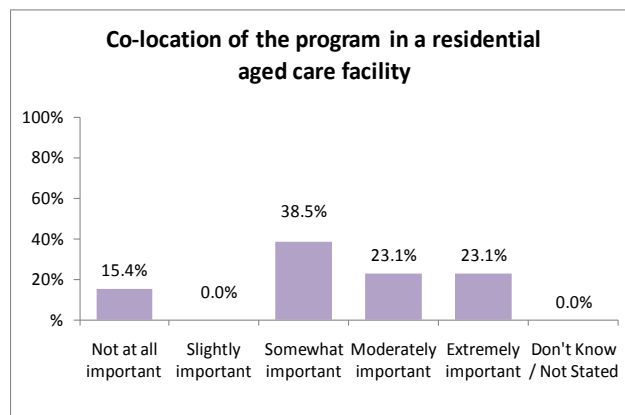
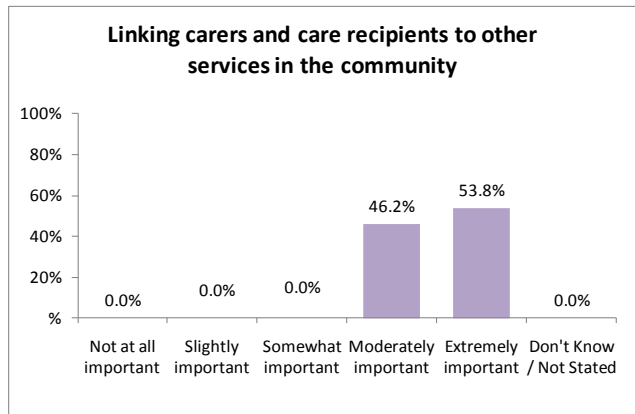
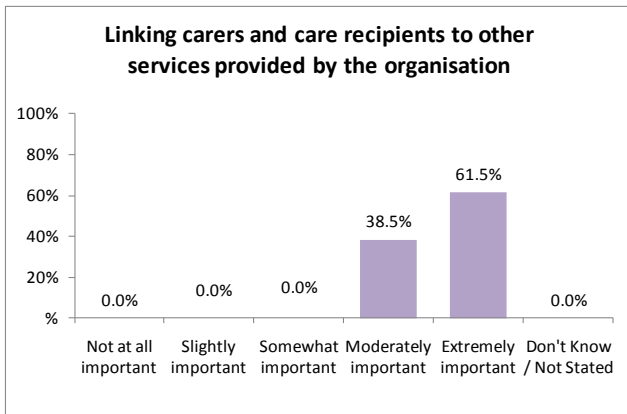
3.4.9 FACTORS IN THE EFFECTIVENESS OF DAY RESPITE IN AGED CARE FACILITIES

CEOs and Service Directors were asked to rate the importance of 15 factors in the overall success and effectiveness of day respite at aged care facilities. The results are shown in *Figure 64* and *Figure 65* below.

Figure 64: Importance of a range of factors in the overall success and effectiveness of day respite at aged care facilities, according to CEOs and Service Directors – Distribution of responses







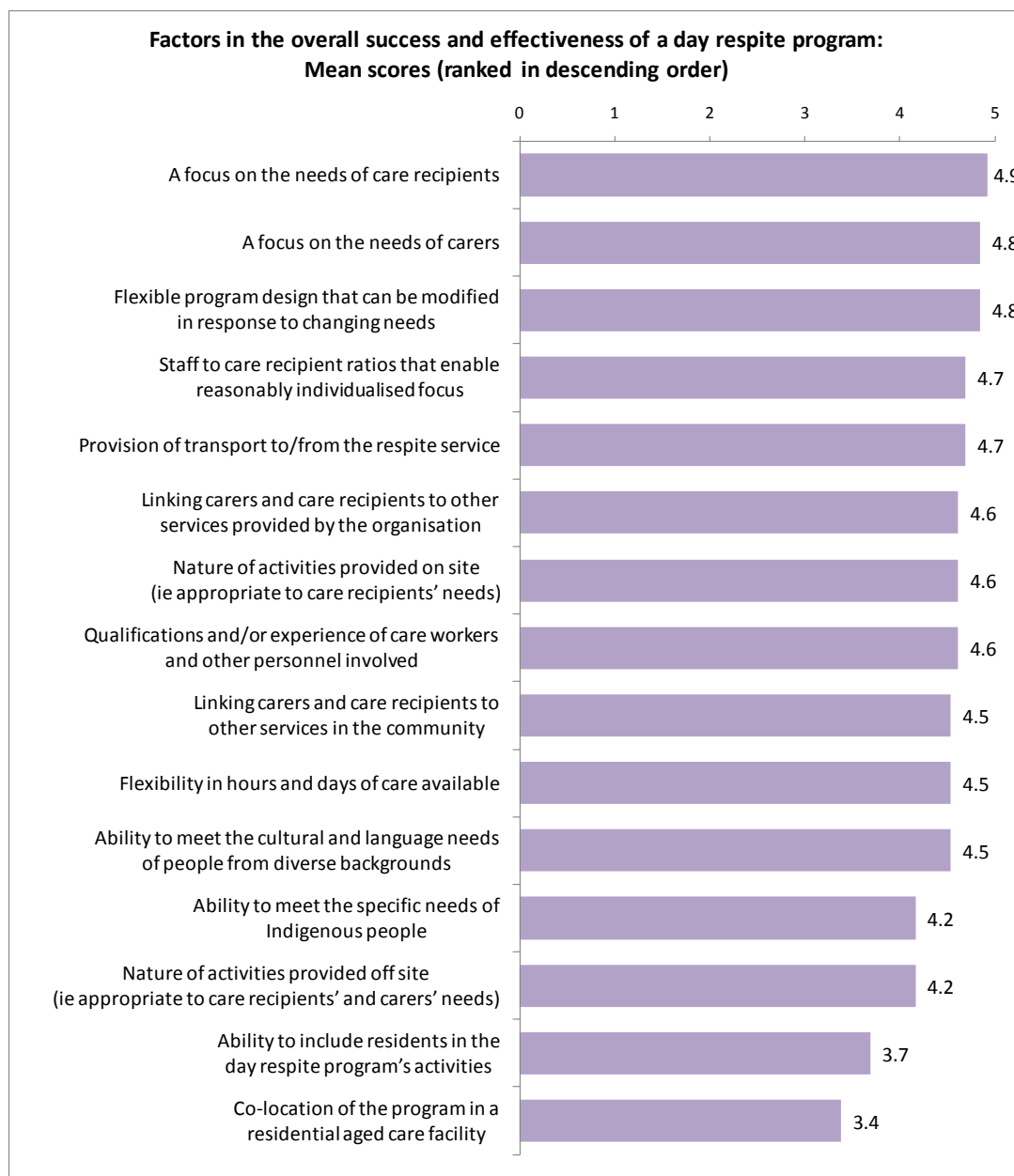
As can be seen from *Figure 65*, the factor receiving the **highest** rating (4.9) was a *focus on the needs of care recipients*, closely followed by a *focus on the needs of carers* and a *flexible program design to accommodate changing needs* (both 4.8).

Other factors rating highly as affecting the overall success and effectiveness of the day respite program were having staff to care recipient ratios that support an individualised focus, and providing transport to and from the service (both 4.7).

The **lowest** rating (3.4) was applied to co-location in a RACF, followed by the capacity to include residents in the day respite activities (3.7).

Other factors received relatively high ratings of 4.2 to 4.6, indicating that there were also considered to be important to program effectiveness.

Figure 65: Importance of a range of factors in the overall success and effectiveness of day respite at aged care facilities - CEOs and Service Directors – Mean scores



Four individuals made further comment. One noted that having the capacity to support CALD or Indigenous background clients would depend on the number of people locally with these backgrounds. Another commented on the importance of a health and fitness focus, and allowing carers to participate in day respite activities. The two remaining people identified the importance of having residential staff support and cooperate with the day respite service.

'It is essential to have the support of senior residential staff for the program which can then flow on to other staff.'

'Cooperation between staff of the residential with staff of the respite program.'

3.4.10 UNEXPECTED BENEFITS AND NEGATIVE CONSEQUENCES OF THE PROGRAM

CEOs and Service Directors were asked whether the introduction of the day respite program had brought any *unexpected benefits* and *unexpected negative consequences* to their organisation. Nine of the 13 respondents (69.2%) cited positive outcomes, and 3 respondents (23.1%) cited negative consequences.

3.4.10.1 UNEXPECTED BENEFITS CITED BY CEOS AND DIRECTORS

Unexpected benefits were identified for all key stakeholder groups –

- Care recipients (less stressful transition to full time residential care; access to enjoyable activities)

'The transition into residential care has become less stressful for new residents.'

'Attendance has made a huge difference to the participants and their carers and is sometimes the only respite they receive.'

- Carers (access to education; increased levels of support)

'That the service has been able to have a huge impact on the carers using the service. Independent surveys have indicated that the PWI on carers using the centre is significantly higher than the national average. The result is unexpected because the most frequent postcode reported lies in the first decile of disadvantage in both NSW and Australia.'

'The opportunity to offer education to carers and the broader community, eg. on falls prevention and reducing the risk of dementia, has opened up the relationship between the facility and the broader older community.'

'The day respite program has added to the range of services that we are able to provide to clients thereby increasing the level of support carers receive. For example, some clients attend our day centre through the week but also attend the day respite program one evening per week and/or on weekends. The different time slots allow the carer to engage with different pursuits due to the availability of afternoon & weekend respite.'

- Residents (benefits from joining in day respite activities)

'Several residential clients also attend and this has dramatically increased their quality of life.'

- Staff (benefits arising from a more multidisciplinary team; enhanced staff skills)

'The employment of staff from a non residential care background has brought a more multi disciplinary perspective to the team.'

'The staff selected to work on the program have excelled in the provision of holistic client-centred care - I have been able to identify additional staff strengths and build upon these.'

- The organisation as a whole (enhanced relationship with the local older community; wider profile among referring agencies; enhanced understanding of carers and the local community)

'The staff and carers have provided us with greater insight into the conditions under which some carers are battling as they strive to keep their loved ones at home.'

'Wider profile amongst referral agencies.'

'We have learnt a lot about carer wellbeing, and it has helped us to understand our community better.'

3.4.10.2 UNEXPECTED NEGATIVE CONSEQUENCES CITED BY CEOS AND DIRECTORS

Three Service Directors/CEOs identified unexpected negative consequences arising from the day respite service's implementation in their facility. Two of these related to tensions between residential and day respite staff, and the third related to the challenges associated with attracting clients to a program located in an RACF.

'A lack of respect for the value of community programs which has resulted in a segregation of day respite staff from residential staff.'

'The pressure on the facility recreation space has meant there were some unexpected tensions between managers of different client groups at the same location re cleaning, room bookings, shared transport etc.'

'The ongoing challenge of attracting community clients to a community respite program within a residential facility.'

3.4.11 OVERALL IMPACT OF THE PROGRAM ON THE ORGANISATION'S RESOURCES

Twelve of the thirteen respondents commented on the impact of the program on their organisation's resources.

Where the impact on resources has been regarded as **positive**, this was attributed to *sharing resources* and making *effective use of resources* by coordination and planning – or to the *addition of valuable resources* such as, new buildings.

'1. The day respite program has helped us to develop new capabilities among staff. 2. The program motivated our Board to allocate funds to redevelop an existing building, so we now have an excellent facility.'

'1. Resources are being shared which is a financial benefit to both parties. 2. Provides diversity for staff.'

'It has added additional resources to a small rural aged care facility and expanded the type of skills employed (e.g. OT).'

'The organisation invested significant capital resources in building the new centre, however this is a resource that can be used both by the respite program and the residents at other times. There has been greater use and shared costs of some resources such eg the bus. There is some strain on resources such as the kitchen which have required creative solutions.'

'Positive impact on financial, personnel and resources as the program is fully integrated into residential care and not operated separately.'

Two people commented that the impact was positive because the program was funded to meet its actual costs, and therefore, did not draw on the organisation's resources.

'Generally positive as the program is funded to meet the real costs of the program.'

'The respite day program operates within its own budget, personnel have been allocated specifically to the operations of the program.'

'There has not been any noticeable impact on resources, apart from having to recruit a number of times for the Respite facilitator position.'

Only one person described the program as drawing on the RACF's resources, and this was described as placing 'increased demands' on the organisation's nursing staff.

The remaining three respondents identified changing circumstances as affecting the resourcing of the day respite program. One noted that low attendance at one point had impact on other departments (catering, cleaning) from

whom synergies were sought. One commented on the need to train other community service staff to understand and support the day respite program, and one discussed the impact of their organisation's merger with another organisation and the negative impact of this on all programs.

3.4.12 CHALLENGES FACED BY THE ORGANISATION IN PROVIDING THE DAY RESPITE SERVICE

Twelve of the thirteen respondents commented on the main challenges that their organisation had faced in providing the day respite service.

As with the survey of Coordinators/Managers, **negative reaction by residential care staff** to the day respite program was identified as a key challenge, as was educating these staff about the model of service.

'Resistance from residential staff (sometimes using the day respite staff as a scapegoat for tensions).'

'Education of Residential staff re Respite program - how different the model used is, etc.'

'Educating RAC staff who also work in the NRCP program that they have equal and dual responsibilities.'

'Community care principles and knowledge, versus residential. Lack of understanding and interest.'

'Ongoing communication to all (including Residential Facility staff) that there continues to be opportunities for clients with high care needs to be supported to live in their community - with appropriate services both in and outside of the home.'

Negative perceptions and stigma regarding the residential care model and deterring day respite users were identified as another challenge.

'Negative community perceptions of residential aged care facilities (nursing homes) - prevalent stigma.'

'Attracting community clients as there is a widely held belief that this program is a transition to RAC.'

The **establishment of the day respite service**, including recruiting staff, building client numbers, establishing a data collection system, and obtaining referrals was identified by four respondents as having been a challenge, while nine respondents referred to **maintaining a flexible service** that meets care recipient and carer needs, particularly when these are exacerbated by disadvantage.

'Establishing the premises, setting up billing and database systems, getting referrals for a new service without a history and managing the competing demands on the space inside the res care home.'

'Recruiting and maintaining staff. Arranging transport for some clients, particularly those reliant on Community Transport services such as St Johns Ambulance and Mission Australia. Having the right client mix on a daily basis.'

'Ensuring (continuously) that referring services remain aware of the criteria. It seems others make a decision about type of client, location of client etc that is arbitrary, wrong and perpetuated unless we deliver regular inservice promotions. This is a particular concern with ACAT.'

'Transport has and always will be an issue! Trying to balance providing transport (which is very much in demand without making the bus trip the major part of the day!) we have started to use taxis as well as the bus and this impacts on the budget.'

'Dealing with elderly people from very deprived social situations'

'Delivering transport when people want it; maintaining flexibility.'

'Maintaining the focus of the service and delivering a very individual program to each person. Due to demographics of the area the staff also on a daily basis manage many social issues, including abusive relationships, cultural and intergenerational issues that many of our clients are struggling with.'

Some respondents also identified as challenging the need to promote the day respite service to carers in such a way that they can see its benefits and not feel guilt about their need for respite.

'Ongoing and creative promotion of the service to people who don't identify as carers but who could benefit greatly.'

'Carer guilt about needing respite - feeling that they are a failure and that they have failed the care-recipient.'

3.4.13 CHANGES/IMPROVEMENTS SOUGHT TO THE DAY RESPITE PROGRAM

Ten of the thirteen respondents suggested changes or improvements to the program. Some of these related to changes which the organisation could provide, including the provision of overnight respite, improved transport arrangements, a review of the program's location, more integration of residential and respite clients, more education of residential care staff about the benefits of the program and of collaborating with its staff, and improved promotion of the program.

The remaining five respondents identified changes for the attention of the Department of Health and Ageing that involve a continuation of funding for the program on a long term basis, streamlining of accountability requirements, increased funding for overnight and weekend respite, and provision of a specific training component.

'Increase in funding for overnight and weekend respite.'

'Creation of specific training component ... [to] enhance the level of client services and value-add to a care worker's experience/skill base.'

'Continue to fund this very individual service for carers and care recipients. To recognise the findings of this service in relation to what is respite to a carer and what really makes a difference.'

'DoHA should guarantee long-term funding for the program, as our organisation has contributed \$650,000 to build the day centre space in the ground floor of the aged care facility.'

'DoHA should streamline accountability requirements for NRCP (and other community care) programs to reduce wasted administrative time, effort and expense.'

'A long term recurrent funding agreement is necessary so that facilities can be developed that are permanent and suitable. This often requires DoHA capital funding or borrowed funds from lending institutions which need to see ongoing funding agreements for continuity.'

3.4.14 OTHER COMMENTS ABOUT THE DAY RESPITE PROGRAM

Eight respondents made additional comments about the program, most of whom reinforced previous positive feedback provided by them about the service model.

'Fantastic intent with great outcomes for service users who choose to participate.'

'Have found the program very valuable - clients appear to enjoy the varied activities offered, and carers enjoying the break from caring.'

'This program has great potential.'

'I think this is a highly beneficial program that has brought choice and access to a range of supports to a small rural community that carers and recipients would otherwise have to travel to neighbouring towns to access. This service assists with maintaining friendships between respite recipients and residents of the facility as well as creating new friendships. Continuity of care is enhanced with recipients and carers being able to be supported through transitions of overnight respite and permanent placement.'

'This is an extremely beneficial program for carers and care recipients and an excellent use of resources. The fully integrated model ensures great flexibility.'

'An excellent initiative that we fully support and are very pleased to be a part of.'

Of the remaining two respondents, one reiterated previous concerns about the negative impact of being located within an RACF and the need for targeted promotion of the program. The other expressed the belief that there is untapped potential for carers to participate with the person in their care in day respite activities.

'The concept of the actual program has been very well received by service providers and carers but the uptake has been heavily reduced due to the program being set within a residential facility. This is the single most significant point of resistance/refusal. Greater funding allocations need to be made for marketing programs in order to reach the 'silent' carers who are not engaged with the system.'

'This service has a double focus on both carer and care recipient. There is opportunity for both to attend the centre. This is especially relevant for couples where separation is an issue. This reflects the increased individual focus of this service.'

3.5 COMPARATIVE ANALYSIS

The four surveys (Carers, Care Workers, Coordinators/Managers, CEOs/Service Directors) had a number of key questions in common, allowing triangulation of the perspectives from each group. These related to –

- Appropriateness, flexibility and quality of the service provided
- Language barriers, cultural barriers and training
- Effectiveness and impact of the service - including key success factors shaping effectiveness and impact
- The service model - perceived benefits of the service for carers and care recipients
- The service model - impact of location in a residential facility
- Impact of the day respite service on demand for residential care
- Effect of the day respite service on service networks.

3.5.1 APPROPRIATENESS, FLEXIBILITY AND QUALITY OF THE DAY RESPITE SERVICE

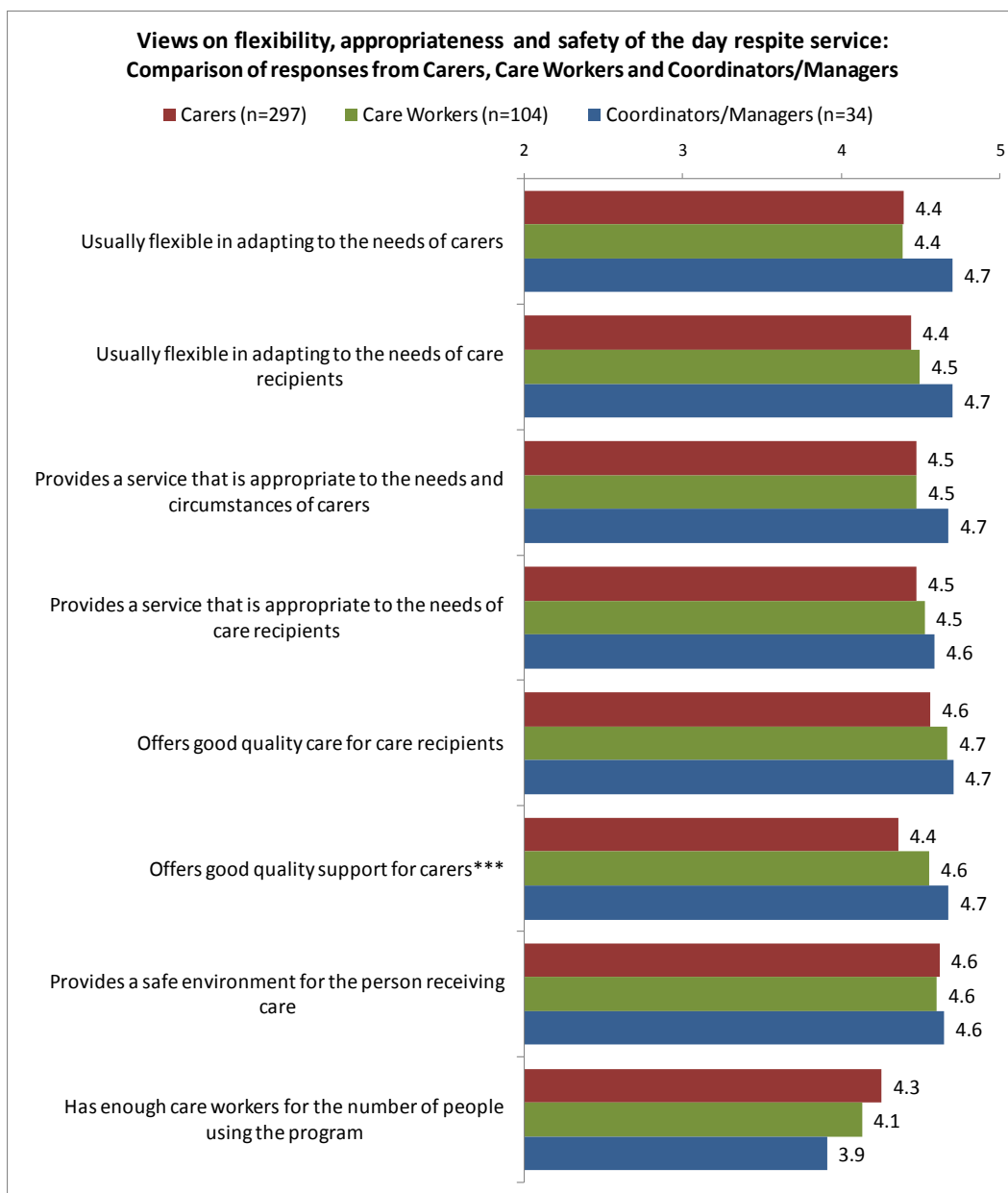
The surveys of Carers, Care Workers and Coordinators/Managers contained common questions about the features of the day respite service model. Specifically, they were asked to rate their day respite service on these eight key features –

- its *flexibility* in adapting to their needs, and to the needs of care recipients,
- the *appropriateness* of the service for the needs of carers and care recipients,
- the *quality of the care* and support provided to carers and care recipients,
- the provision of a *safe* environment for care recipients,
- the degree to which *sufficient staff* were being employed.

Comparative analysis showed that there were strong levels of agreement (expressed in ratings of 4.4 to 4.7) that all but one of these features is being achieved, (*Figure 66*) but with Coordinators having higher (but not statistically significant) average ratings than the other two stakeholder groups. The only exception to this trend related to the lowest rating given by all three groups regarding the *appropriateness of care worker to service user ratios*. Given the survey has identified from staff that individualised care, rated as a key success factor for day respite, is dependent on an appropriate care worker to care recipient ratio (see *Section 3.5.8*), this can be interpreted as an area of concern.

Carers had a significantly less positive view of the statement “*Offers good quality support for carers*” than did Care Workers and Coordinators/Managers ($p < .05$) which would also indicate an area for potential improvement in service delivery.

Figure 66: Views on flexibility, appropriateness and quality of the day respite service - Comparison of scores from Carers, Care Workers and Coordinators/Managers

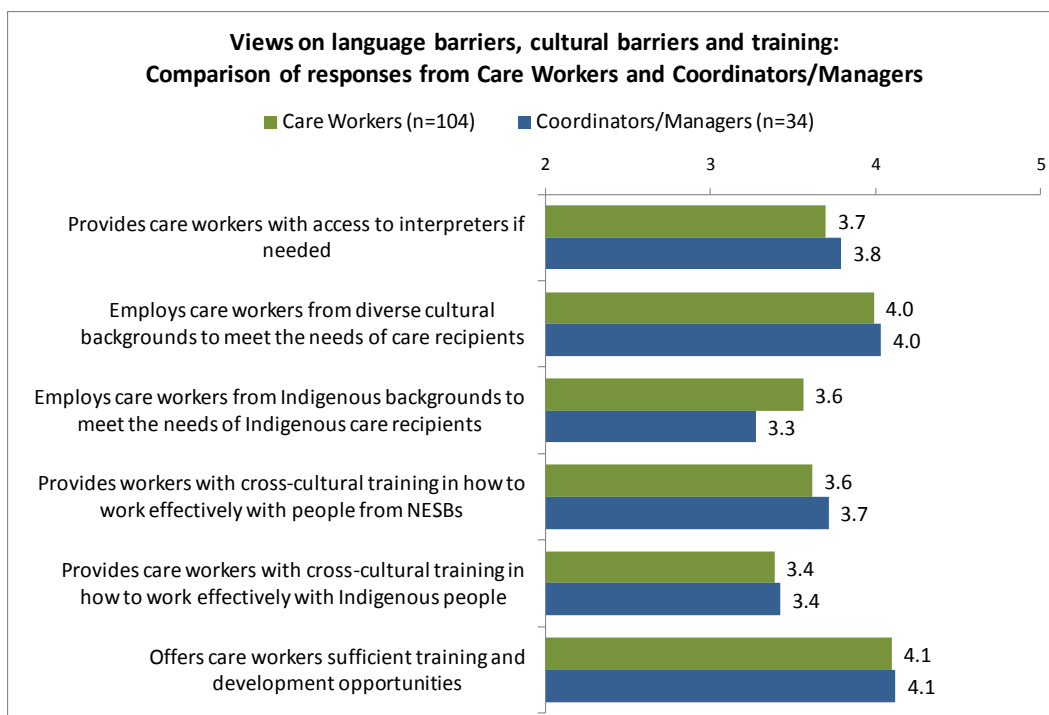


*** Carers had a significantly less positive view than Care Workers and Coordinators/Managers ($p < .05$).

3.5.2 LINGUISTIC AND CULTURAL APPROPRIATENESS OF THE DAY RESPITE SERVICE

Relatively low ratings by both Care Workers and Coordinators were applied to service features relating to capacity to provide culturally appropriate services for Indigenous and for CALD background people, and for providing sufficient training and development opportunities to care workers. There was a reasonable level of agreement between the two sets of stakeholders on these issues – see *Figure 67*. These findings also suggest areas for potential improvement by services.

Figure 67: Views on language barriers, cultural barriers and training - Comparison of scores from Care Workers and Coordinators/Managers

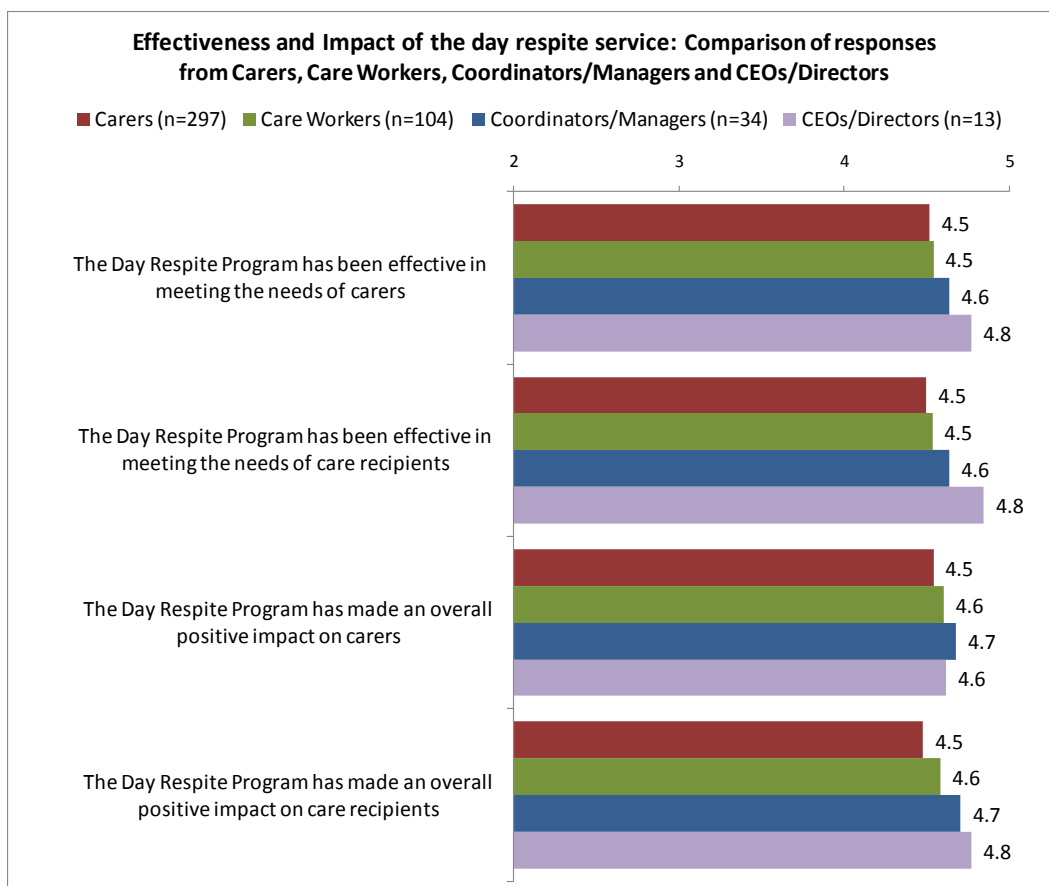


3.5.3 EFFECTIVENESS AND IMPACT ON CARERS AND CARE RECIPIENTS – VIEWS OF ALL FOUR GROUPS

The ratings given for the effectiveness and impact of the program were remarkably consistent across all four groups surveyed (see *Figure 68*), indicating strong and positively directed agreement about the Program outcomes for both carers and care recipients.

However, carers have been consistently less positive in comparison to staff in rating the benefits of the day respite service for them and for the person in their care – see *Section 3.5.4*.

Figure 68: Effectiveness and impact of the day respite program on carers and care recipients - Comparison of scores from Carers, Care Workers, Coordinators/Managers and CEOs/Directors



3.5.3.1 CARER'S VIEWS OF EFFECTIVENESS AND IMPACT – DIFFERENCES BETWEEN SITES

In order to understand how the effectiveness and impact of the services may vary across sites, Carers' responses to those questions were compared across sites.

Figure 69 and Figure 70 below show the mean scores from each day respite site for the two statements regarding the **effectiveness** of the program in meeting –

- a) the carer's needs, and
- b) the care recipient's needs.

Note that the charts include only those sites where five or more Carers responded to this question, and all means are expressed to two decimal places so that sites can be differentiated more easily.

The average ratings for the effectiveness statements were **greater than 4.0** (equivalent to the response category "Agree") for every site except for Catholic HealthCare's Warnervale Wellness Centre. This site had a greater proportion of respondents choosing the response category "Neutral" rather than "Agree" or "Strongly Agree" for these statements, which was reflected in the mean scores of 3.78 (meeting the needs of carers) and 3.89 (meeting the needs of care recipients). The highest rating for effectiveness in meeting carer needs was 4.82 (Churches of Christ in

Bribie Island, Queensland) and for meeting care recipient needs was 4.80 (Southern Cross Care in Shepparton, Victoria).

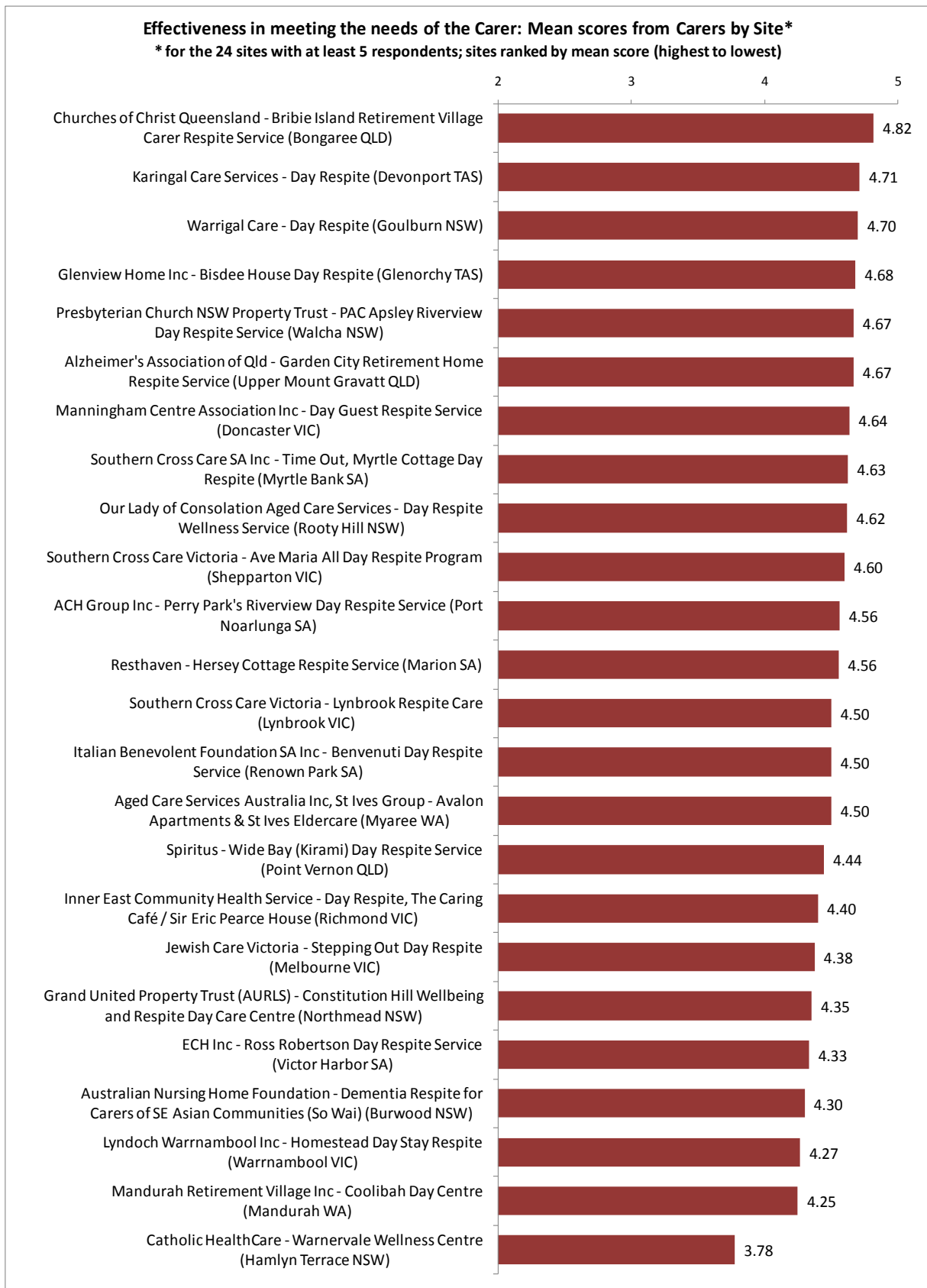
Figure 69 shows the mean scores from each day respite site for the two statements regarding the **impact** of the program in meeting –

- a) the carer's needs, and
- b) the care recipient's needs.

Mean scores regarding overall positive impact on the carer and the care recipient were greater than 4.0 at every site, with quite a number of sites scoring near the maximum possible score of 5.0 (equivalent to every respondent choosing the category "Strongly agree").

The highest mean rating for overall impact on carers was 4.80, scored by Alzheimers' Australia in Brisbane, Southern Cross Care in Shepparton Victoria, and Italian Benevolent Fund in Adelaide. The lowest mean rating was 4.11 (Catholic Health Care Warnervale Wellness Centre). In relation to care recipients, the highest average rating was 4.89 (PAC Riverview Day Respite in Walcha, NSW) while the lowest average rating was 4.08 (Mandurah Retirement Village, WA).

Figure 69: Carers' view of effectiveness in meeting their needs, by Site



(AISR) Evaluation of the Demonstration Sites for Day Respite in Residential Care Facilities Initiative, Accompanying Report 4, Report of Surveys with CEOs/Service Directors, Care Coordinators/Managers, Care Workers, and Carers

Figure 70: Carers' view of effectiveness in meeting the needs of the person in their care, by Site

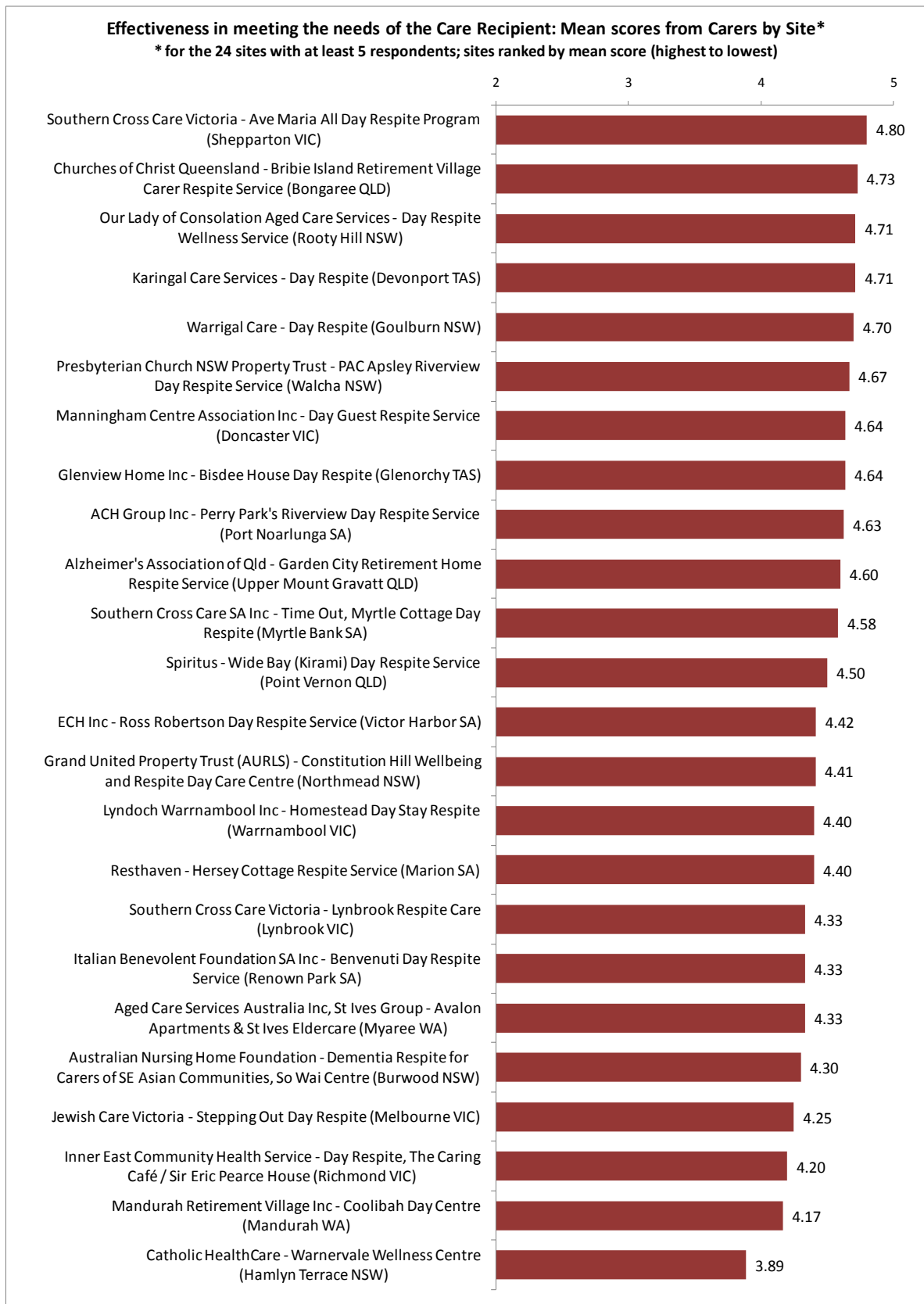


Figure 71: Carers' view of the overall positive impact of the day respite program on themselves, by Site

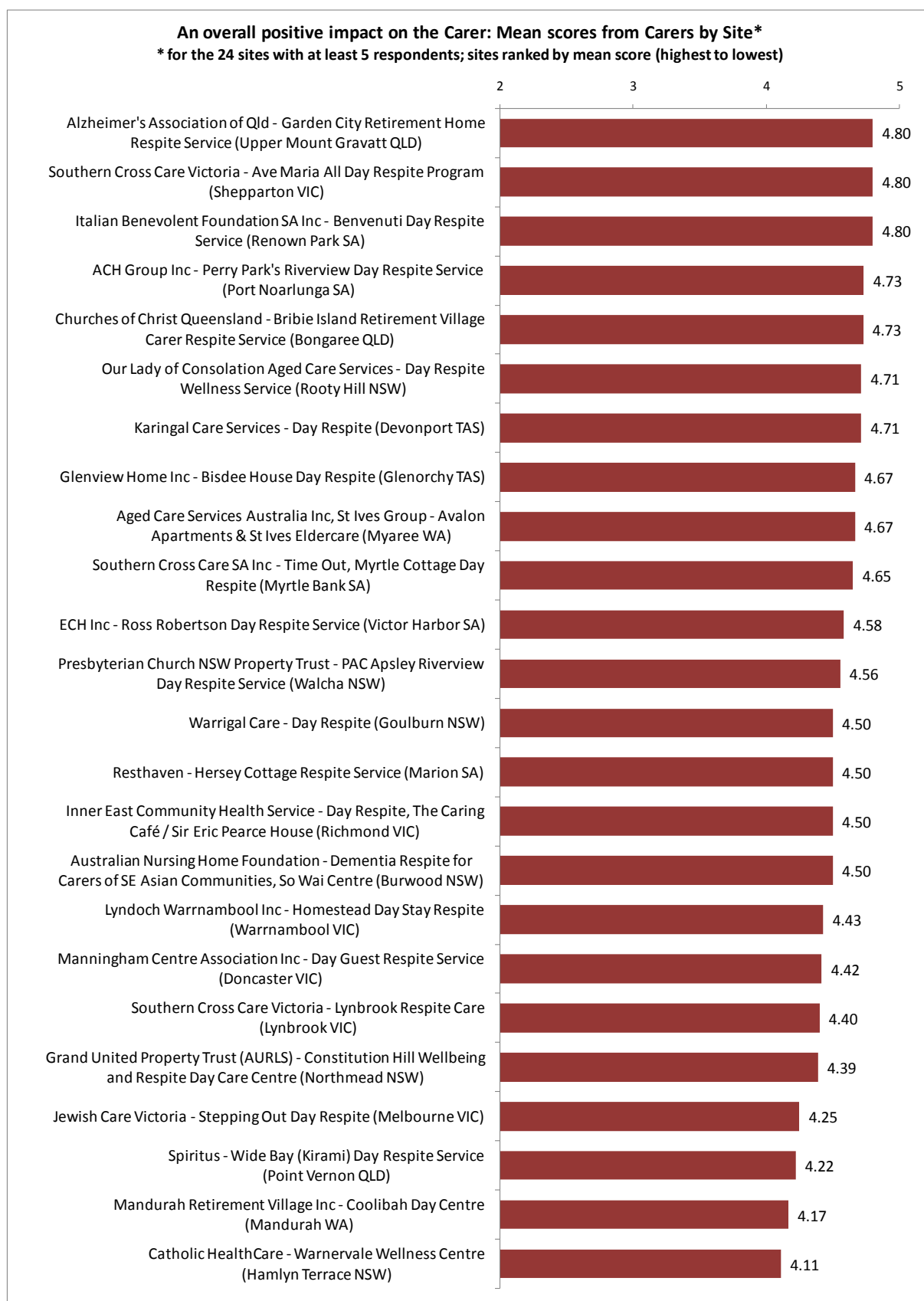
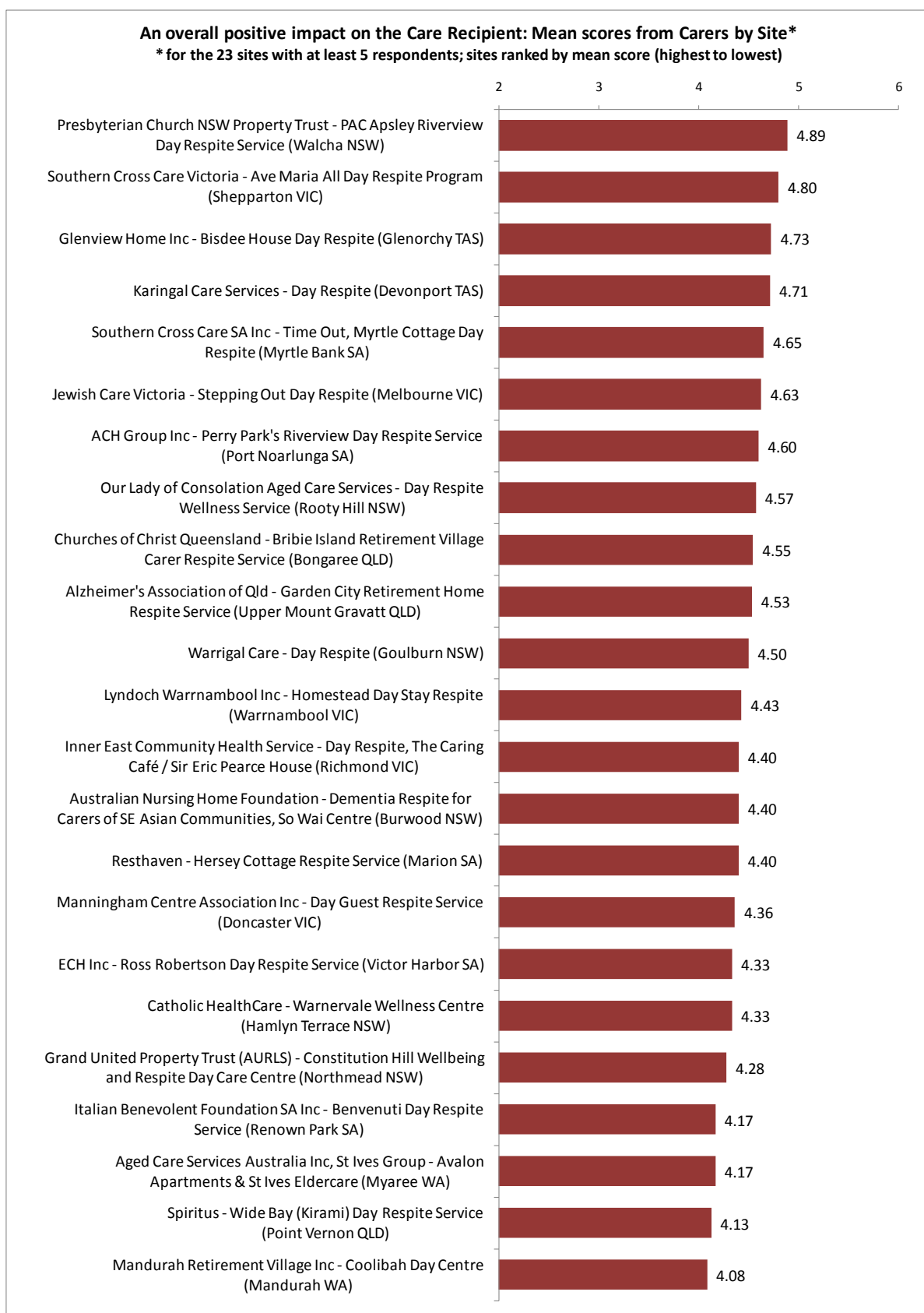


Figure 72: Carers' view of the overall positive impact of the day respite program on the person in their care, by Site

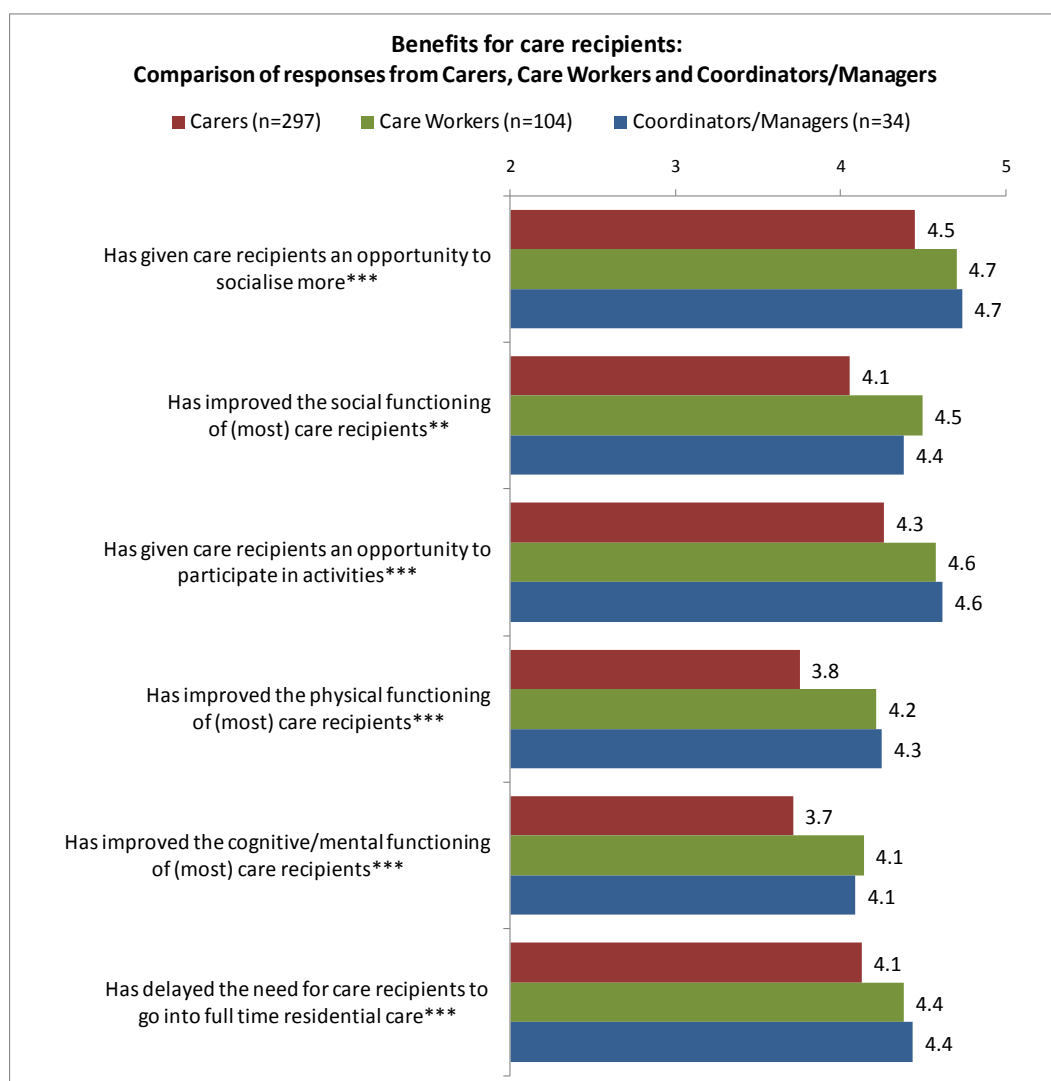


(AISR) Evaluation of the Demonstration Sites for Day Respite in Residential Care Facilities Initiative, Accompanying Report 4, Report of Surveys with CEOs/Service Directors, Care Coordinators/Managers, Care Workers, and Carers

3.5.4 SPECIFIC BENEFITS FOR CARERS AND CARE RECIPIENTS – OPINIONS OF CARERS, CARE WORKERS AND COORDINATORS/MANAGERS

A comparison of the perceptions of Carers, Care Workers and Coordinators/Managers regarding the benefits of the model underpinning the program revealed that Carers were significantly more conservative ($p < .05$) than staff in their views of all six potential benefits for care recipients (Figure 73). Carers also had a significantly less positive view of benefits to their health and wellbeing (Figure 74) and benefits involving their awareness of and engagement with related services (Figure 75).

Figure 73: Views on benefits for care recipients - Comparison of scores from Carers, Care Workers and Coordinators/Managers



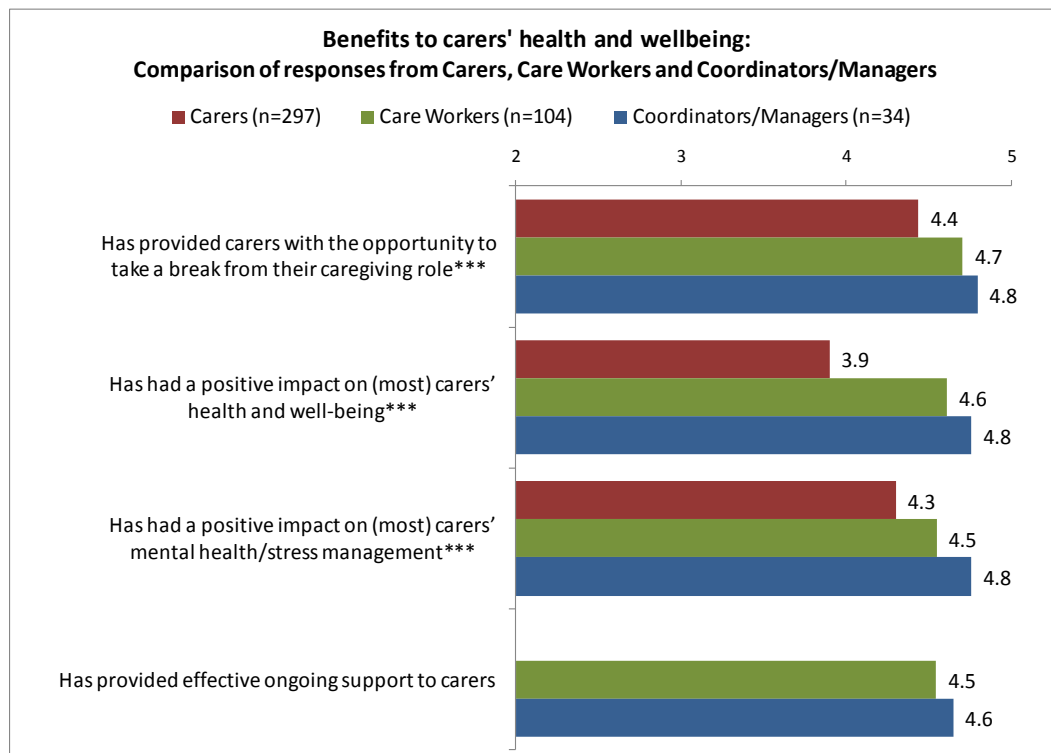
** Carers had a significantly less positive view than Care Workers ($p < .05$).

*** Carers had a significantly less positive view than both Care Workers and Coordinators/Managers ($p < .05$).

With regard to potential benefits of the service model for *care recipients*, the **highest** ratings across all stakeholder groups were applied to the *opportunity provided for increased socialisation*, while the **lowest** related to *improving the physical and cognitive functioning of care recipients*.

With regard to potential benefits of the service model for *carers*, the **highest** ratings across all stakeholder groups were applied to *the provision of a break from caregiving*.

Figure 74: Views on benefits to carers health and wellbeing - Comparison of scores from Carers, Care Workers and Coordinators/Managers

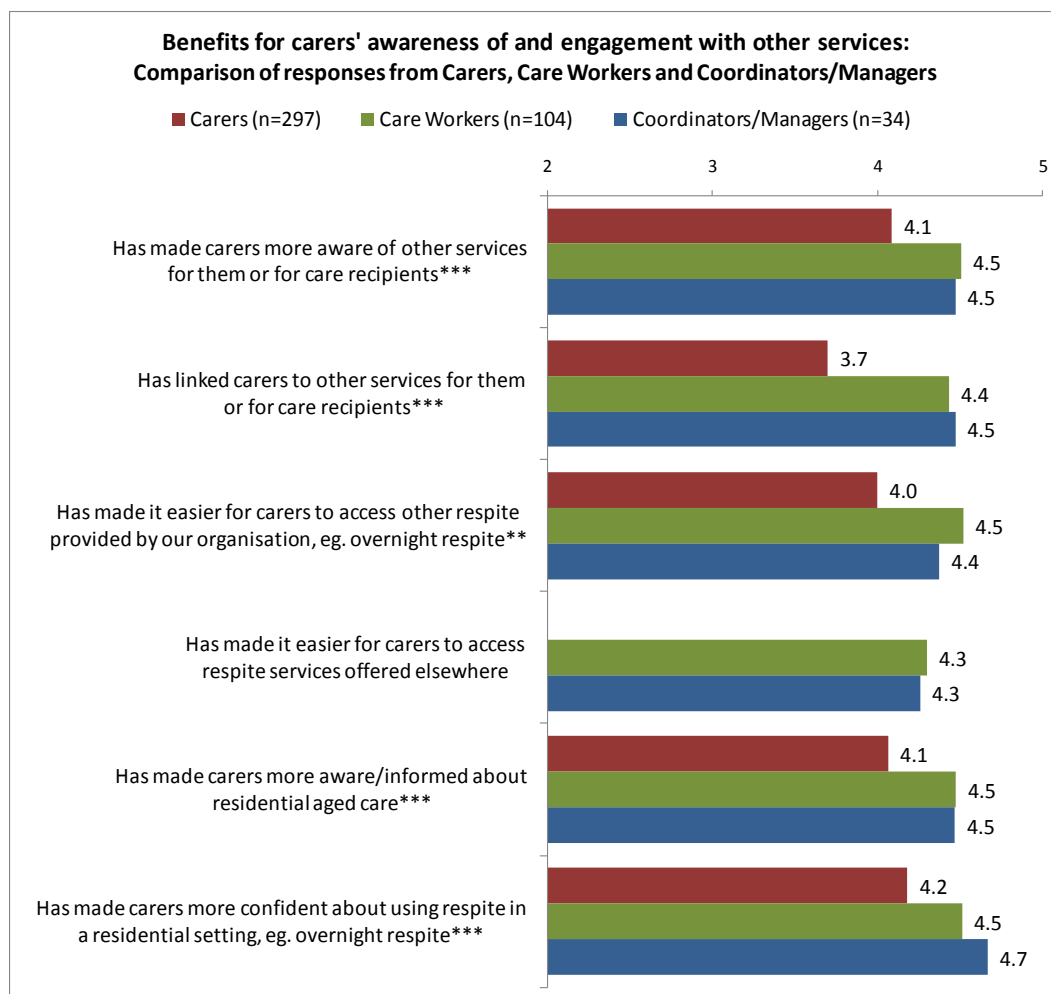


*** Carers had a significantly less positive view than both Care Workers and Coordinators/Managers ($p < .05$).

A potential benefit of the service model lies in the capacity to make carers more aware of, and more linked to other services that can support them, or the person in their care. As *Figure 75* shows, carers were less positive than the two groups of service provider stakeholders in rating the program on its potential to make them more informed about other services, and about residential aged care, and its potential to link them to other services, to access other respite services and services provided by the residential facility, as well as increasing carer confidence in using respite in a residential setting.

However, all three stakeholder groups gave their highest average rating, or at least their *equal highest* average rating, to the program's capacity to *enhance carer confidence about using residentially-based respite*, such as, overnight respite care.

Figure 75: Views on benefits for carers' awareness of and engagement with other services - Comparison of scores from Carers, Care Workers and Coordinators/Managers



** Carers had a significantly less positive view than Care Workers (p<.05).

*** Carers had a significantly less positive view than both Care Workers and Coordinators/Managers (p<.05).

3.5.5 THE SERVICE MODEL – IMPACT OF LOCATING DAY RESPITE IN A RESIDENTIAL FACILITY

Day respite has traditionally been located in a community setting and an important part of the evaluation has been to determine consumer and service provider views about the impact of this location on access, on appropriateness and effectiveness of service provision, and on efficiency in resource usage.

The four groups surveyed were generally consistent in their views regarding the provision of day respite services in residential facilities. *Figure 76* shows the mean scores for each group for the relevant statements.

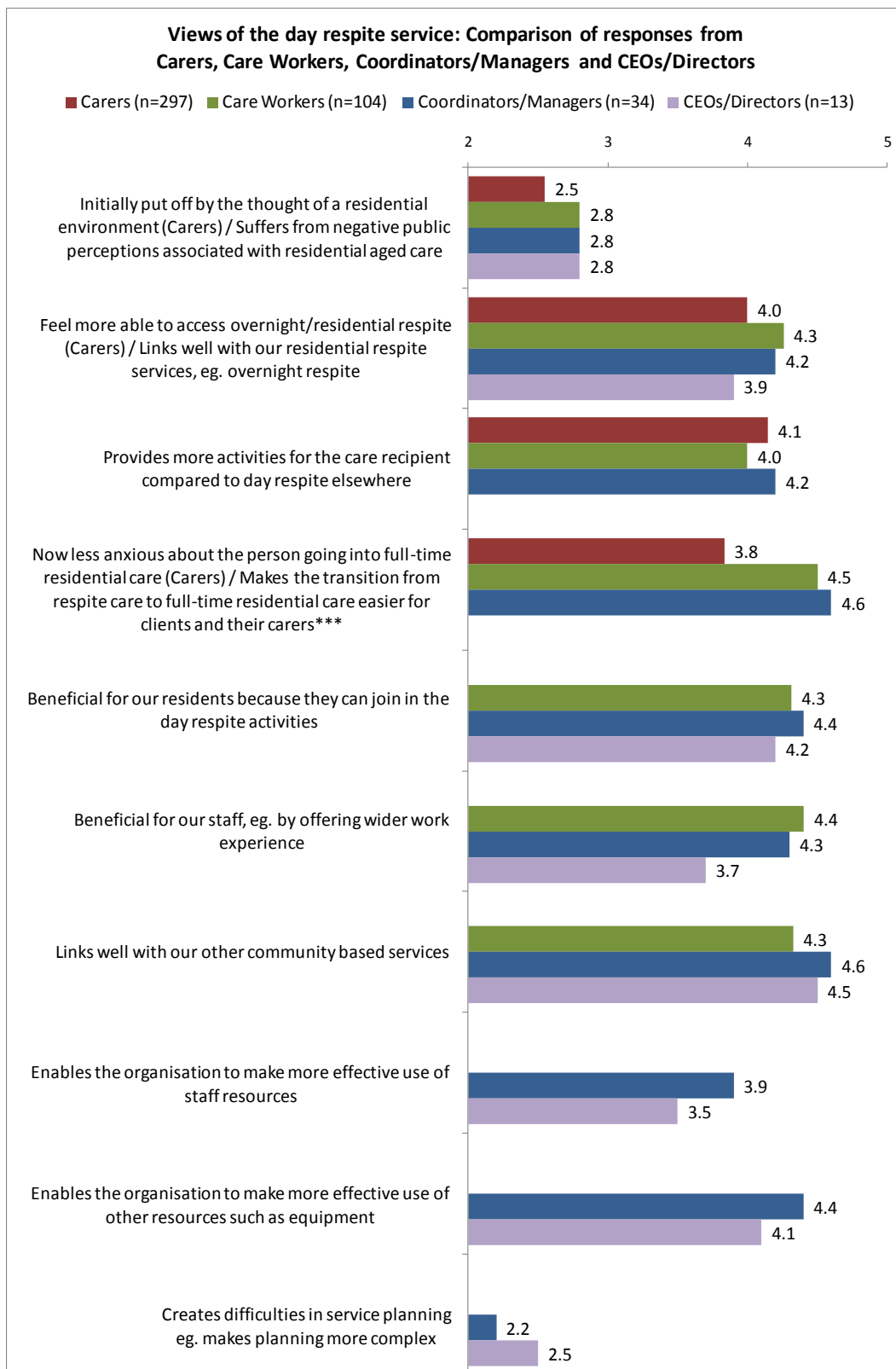
Comparative analysis revealed that only one statement showed a significant difference between groups – Carers’ had a significantly less positive response to the statement “*I am now less anxious about the person going into full-time residential care*” compared with Care Workers’ and Coordinator/Managers’ response to the equivalent statement “*It makes the transition from respite care to full time residential care easier for clients and their carers*” (p<.05). While we note that the statement in the Carers’ questionnaire was not identical to the equivalent statement for other groups - the statement for Carers focused on their own anxiety rather than other factors in the transition to full time residential care - nevertheless this result suggests that there may be a tendency for Care Workers and

Coordinators/Managers to overestimate the positive impact of the day respite service on the psychological challenges faced by Carers when placing their loved one into full time residential care.

On average, Carers, Care Workers and Coordinators have all indicated that the residential location had not acted as a deterrent to accessing the day respite service due to the stigma that exists for some regarding residential care. All three groups have expressed a reasonable degree of agreement regarding the service model's capacity to provide a *wider range of activities for care recipients* relative to most day respite services, and to *facilitate linkages to residentially based services* such as, overnight respite.

The two groups with service management responsibilities appeared to be slightly more likely to see the model as *enabling more effective use of equipment* and similar resources than they were to see it making more effective use of staff resources, and while CEOs/Directors appeared to be less likely to rate the model as offering wider work experience for staff than were Care Workers and Coordinators, this was not statistically significant.

Figure 76: Views of the day respite service - Comparison of scores from Carers, Care Workers, Coordinators/Managers and CEOs/Directors



*** Carers had a significantly less positive view than both Care Workers and Coordinators/Managers (p<.05).

3.5.6 DEMAND FOR DAY RESPITE SERVICE – VIEWS OF COORDINATORS/MANAGERS AND CEOs/SERVICE DIRECTORS

The two groups of stakeholders with management responsibilities were asked to rate the degree to which demand for the day respite service had or had not met original expectations, and the impact of the service on demand for the organisations' residential services. Overall, CEOs and Service Directors appeared to take a more conservative stance in their assessment of demand levels than did Coordinators/Managers. For example, 33.3% of CEOs/Directors versus 17.6% of Coordinators/Managers reported that demand for the day respite service had been "slightly lower than expected" (Figure 77). Demand for residential aged care services was seen as having remained "about the same" by 41.7% of CEOs/Directors versus 23.5% of Coordinators/Managers (Figure 78). However, testing revealed that these apparent differences were not statistically significant. (Note that the opinions of CEOs/Directors and Coordinators/Managers cannot be compared on a *site-by-site* basis due to the very small sample sizes.)

Figure 77: Demand for the *day respite service* compared to original expectations – Views of Coordinators/Managers and CEOs/Directors

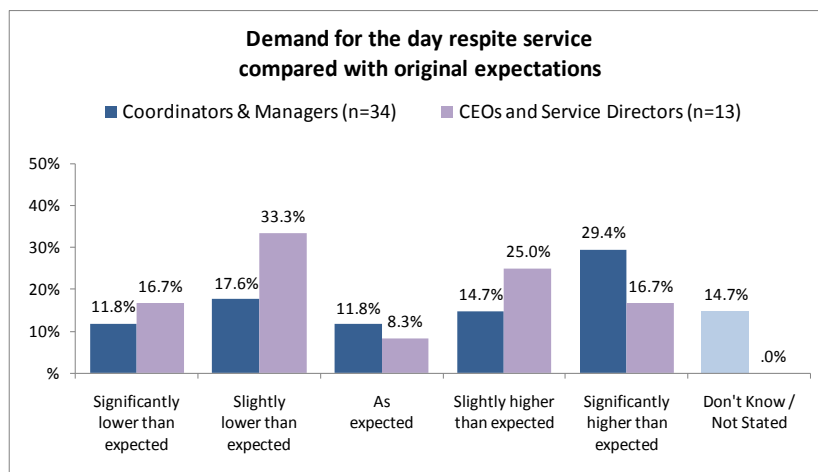
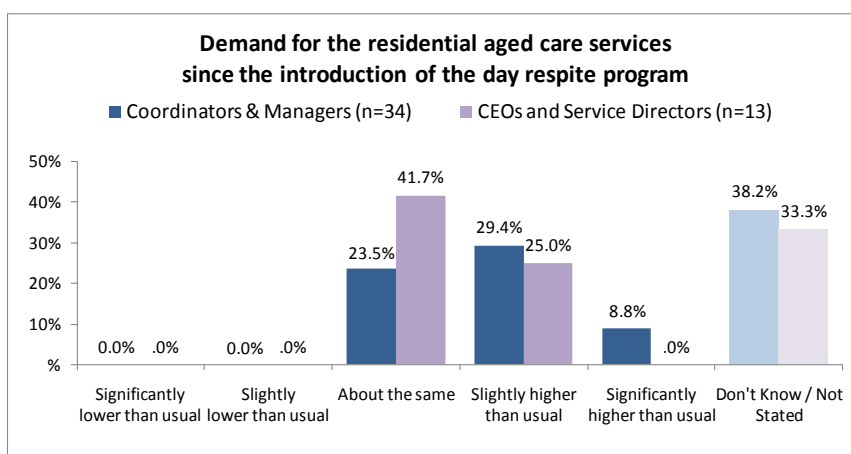


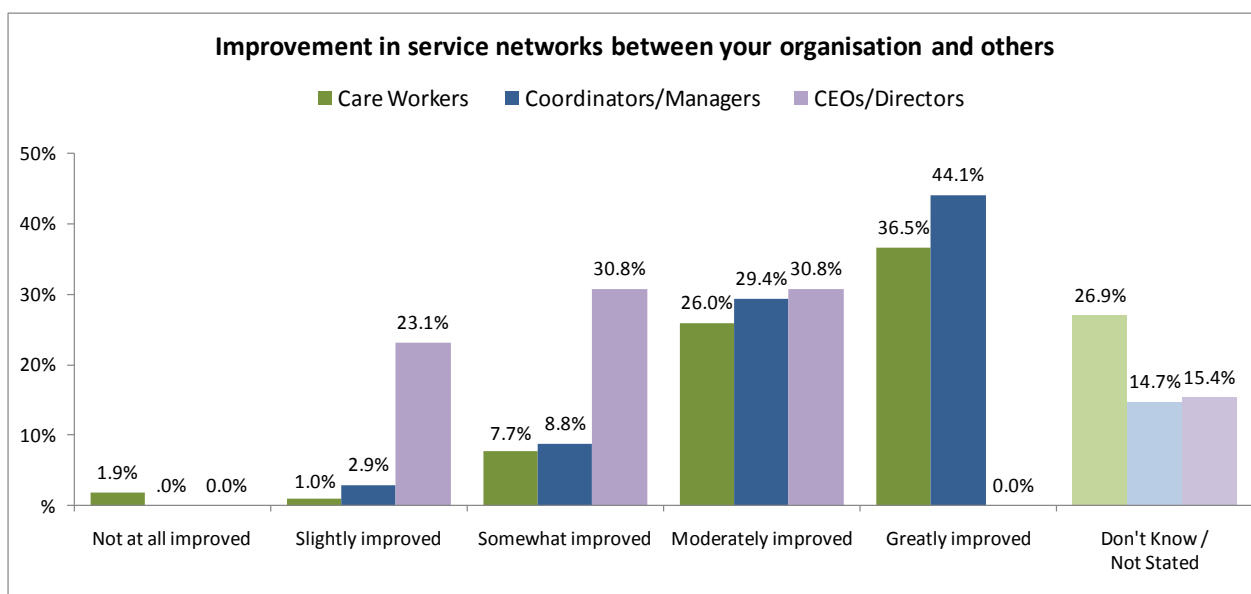
Figure 78: Demand for *residential aged care services* since the introduction of the day respite service – Views of Coordinators/Managers and CEOs/Directors



3.5.7 EFFECT ON SERVICE NETWORKS – VIEWS OF CARE WORKERS, COORDINATORS/MANAGERS AND CEOS/DIRECTORS

CEOs/Directors had a much more conservative view about the day respite program’s impact on service networks compared with the views of both Care Workers and Coordinator/Managers (*Figure 79*). This difference was statistically significant ($p < .05$).

Figure 79: Improvement in service networks between your organisation and other organisations since the introduction of the day respite program - Opinions of Care Workers, Coordinators/Managers and CEOs/Directors



3.5.8 FACTORS IN THE SUCCESS AND EFFECTIVENESS OF A DAY RESPITE PROGRAM – OPINIONS OF CARE WORKERS, COORDINATORS/MANAGERS AND CEOS/DIRECTORS

Part of the focus of this evaluation is on assessing the appropriateness and effectiveness of the model of service provided by the Program. The survey sought information from those delivering the service that was designed to elicit the key success factors associated with this model. Care Workers, Coordinators/Managers and CEO/Service Directors expressed quite similar views regarding those key factors and the relative importance of each, but with the exception of the most frequently identified factor (a care recipient focus), gave different priority to each. *Figure 80* shows the mean scores on each factor for each of the three groups.

There was consistency in the top five most important factors as rated by each of the three groups. All groups rated “*A focus on the needs of care recipients*” as the **most important** factor (see *Table 19*). *Flexibility* in hours and days of opening, and in program design were the next most important factors, followed by having *sufficient staff* to support an individualised focus, having *activities* appropriate to care recipients’ needs and a *focus on the needs of carers*. Providing transport as part of the service, and linking carers and care recipients to other services in the RACF or the community received relatively lower ratings.

Table 19: Comparison of the top five most important factors in the overall success and effectiveness of day respite in the residential aged care setting, as rated by Care Workers, Coordinators/Managers and CEOs/Directors

Factor	RANK (1 = most important)		
	Care Workers	Coordinators/ Managers*	CEOs/ Directors*
A focus on the needs of care recipients	1	1	1
Flexibility in hours and days of care available	2	5	5
Flexible program design that can be modified in response to changing needs	3	2	2
Staff to care recipient ratios that enable reasonably individualised focus	4	5	3
A focus on the needs of carers	5	4	2
Nature of activities provided on site (appropriate to care recipients' needs)		3	4
Linking carers and care recipients to other services provided by the organisation			3
Provision of transport to/from the respite service			3
Qualifications and/or experience of care workers and other personnel involved			4
Linking carers and care recipients to other services in the community			5
Ability to meet the cultural and language needs of people from diverse backgrounds			5

* Some factors were rated equally. These are shaded together.

For separate lists showing the top five factors identified by Coordinators/Managers - see

Table 20 and by CEOs/Service Directors – see Table 21.

Table 20: Ordered list of the top five most important factors identified by Coordinators/Managers

COORDINATORS/MANAGERS	
Factor	Rank*
A focus on the needs of care recipients	1
Flexible program design that can be modified in response to changing needs	2
Nature of activities provided on site (appropriate to care recipients' needs)	3
A focus on the needs of carers	4
Staff to care recipient ratios that enable reasonably individualised focus	5
Flexibility in hours and days of care available	5

* Some factors were rated equally. These are shaded together.

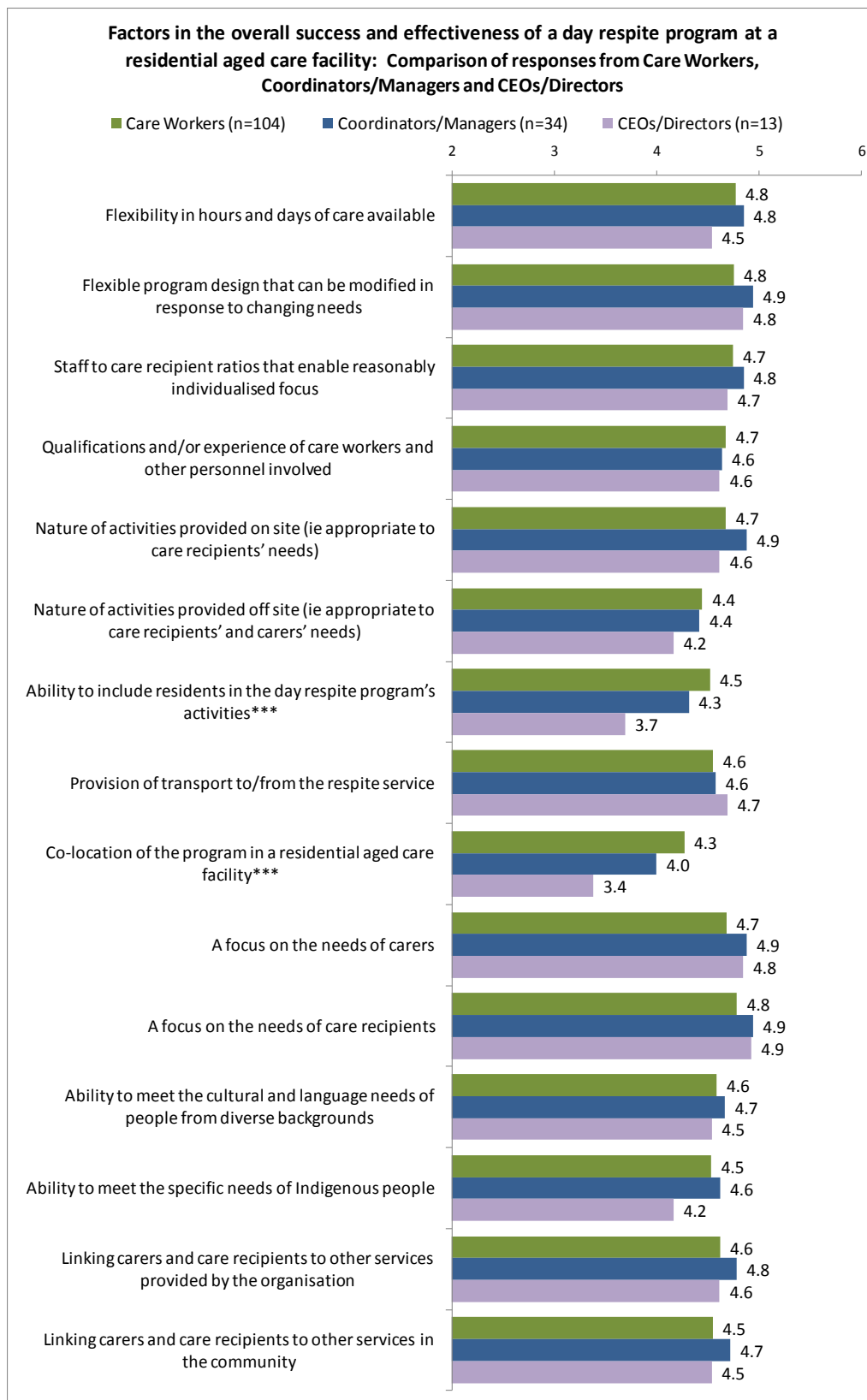
Table 21: Ordered list of the top five most important factors identified by CEOs/Directors

CEOs/DIRECTORS	
Factor	Rank*
A focus on the needs of care recipients	1
Flexible program design that can be modified in response to changing needs	2
A focus on the needs of carers	2
Staff to care recipient ratios that enable reasonably individualised focus	3
Linking carers and care recipients to other services provided by the organisation	3
Provision of transport to/from the respite service	3
Qualifications and/or experience of care workers and other personnel involved	4
Nature of activities provided on site (appropriate to care recipients' needs)	4
Linking carers and care recipients to other services in the community	5
Ability to meet the cultural and language needs of people from diverse backgrounds	5
Flexibility in hours and days of care available	5

* Some factors were rated equally. These are shaded together.

Figure 80 shows the mean scores on each factor for each of the three groups. There were two factors which CEOs/Directors rated as significantly less important ($p < .05$) than did Care Workers and Coordinators/Managers - "Ability to include residents in the day respite organisation's activities", and "Co-location of the program in a residential aged care facility".

Figure 80: Importance of 15 factors in the overall success and effectiveness of a day respite program at a residential aged care facility - Opinions of Care Workers, Coordinators/Managers and CEOs/Directors



*** CEOs/Directors rated these statements as significantly less important than did Care Workers and Coordinators/Managers (p<.05).

All three groups rated “Co-location of the program in a residential aged care facility” as the *least* important factor in the success and effectiveness of a day respite program. The factor “Ability to include residents in the day respite program’s activities” was also one of the three least important factors identified by Care Workers, Coordinators/Managers and CEOs/Directors (Table 22).

Table 22: The three *least* important factors identified by Care Workers, Coordinators/Managers and CEOs/Directors

Factor	Rank (1 = <i>least</i> important)
CARE WORKERS	
Co-location of the program in a residential aged care facility	1
Nature of activities provided off site (appropriate to care recipients’ & carers’ needs)	2
Ability to include residents in the day respite program’s activities	3
COORDINATORS/MANAGERS	
Co-location of the program in a residential aged care facility	1
Ability to include residents in the day respite program’s activities	2
Nature of activities provided off site (appropriate to care recipients’ & carers’ needs)	3
CEOs/DIRECTORS	
Co-location of the program in a residential aged care facility	1
Ability to include residents in the day respite program’s activities	2
Ability to meet the specific needs of Indigenous people	3

In conclusion, the factors which survey feedback identify as making a difference to providing appropriate and effective day respite care in a RACF setting are:

- A focus on the needs of care recipients
- A focus on the needs of carers
- Staff to care recipient ratios that enable a reasonably individualised focus
- Flexibility of program design in order to accommodate changing need
- Flexibility in the provision of times of opening to meet diversity of carer need
- Provision of appropriate activities on site to meet care recipient needs

And to a lesser extent:

- Having appropriately skilled and qualified staff to deliver individualised and flexible care
- The provision of transport as part of the service, reducing carer burden in the process
- Having services that are linguistically and culturally appropriate for carers and care recipients
- Having services that specifically meet the needs of Indigenous carers and care recipients
- The capacity to link carers and care recipients to other services provided by the RACF and outside of the facility.

The following factors are considered least important, relative to the foregoing factors:

- Provision of appropriate activities off site to meet care recipient and carer needs
- Being able to include RACF residents in day respite activities.

4 CONCLUSIONS

4.1 APPROPRIATENESS AND EFFECTIVENESS OF THE SERVICE MODEL

The surveys of Carers, Care Workers and Coordinators/Managers contained common questions about features of the day respite service model and its appropriateness. The four groups were generally consistent in their views regarding the provision of day respite services in residential facilities, rating the model as very appropriate, effective and safety-focused, and as having a positive impact on carers, care recipients and the organisation itself.

The only exception to this trend related to the lowest rating given by all three groups regarding the appropriateness of care worker to service user ratios. *Given the survey has identified from staff that individualised care, rated as a key success factor for day respite, is dependent on an appropriate care worker to care recipient ratio, this can be interpreted as an area of concern.*

Unexpected benefits have also been identified for RACF residents in being able to participate in day respite activities. Unexpected challenges for the organisation have involved tensions between residential and day respite staff in the early stages of implementation, but these need to be balanced against the gains identified by some in increased staff opportunity for learning and development, and for working in a more multidisciplinary environment.

The importance of providing *transport* as part of the day respite service has been evident in carers' positive feedback about this, and the burden placed on them when transport is not provided, or in a way that is considered appropriate by them.

4.1.1 CULTURAL AND LINGUISTIC APPROPRIATENESS

Although carers surveyed gave very positive ratings (average 4.6) about their day respite service's ability to meet their language and cultural needs, day respite staff were much less positive. Relatively low ratings by both Care Workers and Coordinators were applied to service features relating to capacity to provide culturally appropriate services for Indigenous and for CALD background people, and for providing sufficient training and development opportunities to care workers. There was a reasonable level of agreement between the two sets of stakeholders on these issues. *These findings suggest areas for potential improvement by services.*

It is important to place these findings in context. Some of the day respite services are designed for specific cultural groups – some are Indigenous-focused, some are targeting particular linguistic and cultural groups, for example, South East Asian people. Those services need to be excluded from the lower ratings applied by staff to their service's cultural capacity, and reflect the challenges faced by culturally generic services. These relate to the need for resources for staff cross cultural training and awareness raising, and for access to accredited interpreters, as well as to the need for recruiting staff with specific language and cultural skills which reflect local need. The evaluators understand the pressures faced by day respite services in stretching finite resources, but note that investment in cross cultural awareness raising and the management of cultural diversity brings expertise that has generic relevance in service delivery - for example, an enhanced capacity to individualise care according to specific need.

4.2 DAY RESPITE LOCATION AND USE OF RESIDENTIAL SERVICES

None of the four groups surveyed regarded the location of the day respite service as being a powerful deterrent to access due to stigmatisation by association. The program has also been assessed by stakeholders as easing the transition of care recipients into full time residential care by breaking down barriers based on stigmatisation and fear of this form of care. Interaction with residents and the experiencing by day respite users of residential respite care and

(AISR) Evaluation of the Demonstration Sites for Day Respite in Residential Care Facilities Initiative, Accompanying Report 4, Report of Surveys with CEOs/Service Directors, Care Coordinators/Managers, Care Workers, and Carers

other services provided by the RACF are two key activities which remove those barriers. At the same time, survey findings do not identify that this service model is encouraging premature entry to residential care, which would be difficult in any case because entry relies on independent aged care assessment processes. While some carers and care recipients may have had initial reservations about accessing a facility based day respite program, these concerns appear to have been ameliorated by the positive experiences reported by the majority.

4.3 IMPACT ON RESIDENTIAL AGED CARE FACILITIES

It appears that service networks have improved for participating RACFs, and that cross-fertilisation of some resources is also made possible by this service model. However, its early implementation has brought challenges, particularly in relation to lack of understanding on the part of some residential care staff about community care services and the day respite program in particular. The tensions reported by some appear, however, to have abated over time and as understanding has increased. The unexpected benefits, including those that affect residents, would also be contributing to greater acceptance, as would the design of communication and other operational processes which some organisations have implemented.

4.4 IMPACT ON CARERS AND CARE RECIPIENTS

All four stakeholder groups have given extremely positive ratings about the day respite's impact and effectiveness for carers and care recipients.

Carers have been positive in their assessment of the day respite's service provision with average ratings of 4.2 to 4.7 against 18 key features of service delivery. The **highest** average rating (4.7) was given to the *caring and kind staff* of the day respite service, closely followed by the provision of *quality care for care recipients*, provision of a *safe environment for care recipients*, staffing with *competent workers*, and provision of a *linguistically and culturally accessible service* (all with average ratings of 4.6). The **lowest** rating (3.7) was applied to the program's *linkage to other services that carer would not have otherwise known about*, followed by (average ratings of 4.2 each) *receiving enough respite*, and *receiving adequate transport assistance*.

Negative feedback, or feedback suggesting dissatisfaction with a particular dimension of the service, was not clustered around specific organisations but was spread across different facilities, and outweighed by a majority view that was positive. However, this is not to discount the dissatisfaction experienced by some carers, most of whom expressed the belief that insufficient attention was being paid to the needs of the care recipient.

A comparison of the perceptions of Carers, Care Workers and Coordinators/Managers regarding the benefits of the model underpinning the program revealed that Carers were significantly less positive ($p < .05$) than staff in regarding all potential benefits identified for care recipients, for their own health and wellbeing and their awareness of and engagement with related services.

Carers had a significantly less positive view of the statement "*Offers good quality support for carers*" than did Care Workers and Coordinators/Managers ($p < .05$) which would also indicate an area for potential improvement in service delivery.

With regard to potential benefits of the service model for *care recipients*, the **highest** ratings across all stakeholder groups were applied to the *opportunity provided for increased socialisation*, while the **lowest** related to *improving the physical and cognitive functioning of care recipients*.

With regard to potential benefits of the service model for *carers*, the **highest** ratings across all stakeholder groups were applied to *the provision of a break from caregiving*.

A potential benefit of the service model lies in the capacity to make carers more aware of, and more linked to other services that can support them, or the person in their care. Carers were less positive than the two groups of service provider stakeholders in rating the program on its potential to make them more informed about other services, and about residential aged care, and its potential to link them to other services, to access other respite services and services provided by the residential facility, as well as increasing carer confidence in using respite in a residential setting.

However, Carers, Care Workers and Care Coordinators gave their highest average rating, or at least their *equal highest* average rating, to the program's capacity to *enhance carer confidence about using residentially-based respite*, such as, overnight respite care.

4.5 KEY SUCCESS FACTORS IN PROVIDING DAY RESPITE IN A RACF

The factors which survey feedback identified as making a difference to providing appropriate and effective day respite care in a RACF setting are:

- A focus on the needs of care recipients
- A focus on the needs of carers
- Staff to care recipient ratios that enable a reasonably individualised focus
- Flexibility of program design in order to accommodate changing need
- Flexibility in the provision of times of opening to meet diversity of carer need
- Provision of appropriate activities on site to meet care recipient needs

And to a lesser extent:

- Having appropriately skilled and qualified staff to deliver individualised and flexible care
- The provision of transport as part of the service, reducing carer burden in the process
- Having services that are linguistically and culturally appropriate for carers and care recipients
- Having services that specifically meet the needs of Indigenous carers and care recipients
- The capacity to link carers and care recipients to other services provided by the RACF and outside of the facility.

The following factors are considered least important, relative to the foregoing factors:

- Provision of appropriate activities off site to meet care recipient and carer needs
- Being able to include RACF residents in day respite activities.

Given feedback provided by carers, the evaluators would rank the provision of transport more highly than staff have done, but acknowledge that all of these factors need to be taken into account in applying the day respite in RACFs model of service.

5 ATTACHMENTS

The four questionnaires, as they appeared on paper, are provided in *Accompanying Report 11*.