THE UNIVERSITY OF ADELAIDE AUSTRALIA

AUSTRALIAN INSTITUTE FOR SOCIAL RESEARCH

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

ACCOMPANYING REPORT 3: CASE STUDY OVERVIEW REPORT AND ACCOMPANYING INDIVIDUAL CASE STUDY REPORTS

REPORT PREPARED FOR:

THE DEPARTMENT OF HEALTH AND AGEING
RESPITE FOR CARERS SECTION, OFFICE FOR AN AGEING AUSTRALIA,
AGEING AND AGED CARE DIVISION

PREPARED BY DR KATE BARNETT, ANNE MARKIEWICZ AND ASSOCIATES, EVOLUTION RESEARCH PTY LTD (DANIEL COX AND RICHARD GILES)

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1 INTRODUCTION

The Australian Institute for Social Research (AISR) at The University of Adelaide was selected by the Department of Health and Ageing to provide the evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* (DDR) Initiative. The team led by the Australian Institute for Social Research has the following members, *those asterisked undertook the case studies*:

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

The evaluation of the *Demonstration Sites for Day Respite in Residential Aged Care Facilities* Initiative commenced in February 2009 and will be completed by the end of 2010**.** During this 20 month period the intention is to develop, implement, collect and analyse both performance (monitoring) data and outcome and impact (evaluative) data to provide an assessment of the efficiency, effectiveness and appropriateness of the Initiative. The evaluation is structured into a number of stages, as follows.

Stage 1: Project Inception: Contact with the 31 sites to introduce team members and to establish baseline for monitoring data currently collected by Providers and the format in which it is collected.

Stage 2: **Literature Review and Benchmarking:** Production of "Lessons Learned from the Research" Discussion Paper and Analysis of Survey administered to the 31 sites to identify data being collected by providers.

Stage 3: **Evaluation Framework**: Developed and presented to a national workshop of DoHA and Providers and subsequently revised as a final document.

Stage 4: **Initial Data Collection and Analysis:** Collection of monitoring data showing the profile of carers and care recipients, profile of service provision and financial activity by each site, and for the program as a whole.

Stage 5: **Ongoing Data Collection and Analysis:** Data are being collected and analysed from surveys administered to all 31 sites, and from a proforma designed by the evaluators to capture service and client related data.

This includes collection and analysis of evaluative data from stakeholder interviews and site visits to a sample of 13 sites from the total of 31 sites, and presented in the form of Case Studies. This report presents those findings. (The original and agreed plan was to visit 12 sites, but an additional site was included by the evaluators in response to the high level of enthusiasm by some sites to be included as case studies.)

Stage 6: Analysis and Findings: at a service level and program level bringing together findings from all sites.

Stage 7: Reporting: Final Reporting will be structured to give specific attention to -

- The appropriateness, effectiveness and efficiency of day respite in residential aged care facilities; and
- Appropriate options for future funding of this type of respite.

2 CASE STUDY STRUCTURE AND METHOD

2.1 METHOD

Case study site visits had these major components:

- Service Interviews – Service Manager/CEO or similar; Finance Manager (if appropriate); Director/Manager of Day Respite Care service; other Respite Care staff; some residential aged care facility staff, including DON where possible; others as appropriate to the individual site.
- Key Stakeholder Interviews-external agencies referring clients to the service or to which clients are referred, collaborating services within the broader service system who could comment on the service and its model.
- Collection of any supporting documentation.
- Documentation of individual case studies of care recipient/carer experiences (positive and less than positive).
- Direct observation– both the day respite and auspicing residential aged care facility and of their physical relationship to each other.

2.2 STRUCTURE

The 13 sites were selected in part to illustrate their diversity and to explore different interpretations of the day respite model in residential aged care facilities. However, to enable comparison across sites, a case study framework was designed and this sought information about the following:

1. Background

⇒ History and context of each DDR service and its auspicing organisation, including how demand for the service was established.

⇒ Any changes in the service model since its inception including reasons for these.

2. Demand

⇒ Overall demand for the service and if this has this changed over time.

⇒ Lower levels of demand than anticipated and possible explanations for this.

⇒ Promotional strategies used and their effectiveness.

⇒ General pattern of cancellations of bookings and the impact of these on the operation of the service.

⇒ Exploration of the level of flexibility and adaptability of the service.

⇒ Average length of stay in the service.

3. Support provided

⇒ Transport arrangements provided – what has worked and what has not.

⇒ Kinds of activities have been organised for care recipients – including ratio of on-site to off-site activities.

⇒ Kinds of support have been provided to care recipients, and to carers.

⇒ Service's capacity to match activities provided to care recipient and carer preferences.
⇒ Most common referrals made.
⇒ Service's perception of the effectiveness of the activities provided and support delivered – including lessons learned.

4. Standards and quality

⇒ Overview of findings from services' own feedback from care recipients and carers on the quality of service delivery and care planning.
⇒ Internal quality measures and performance measures used and the service's performance against these measures.
⇒ Patterns of usage of service's internal complaints mechanism.

5. Impact of the service on the residential care facility

⇒ Perceived impact of the day respite program on residents.
⇒ Identification of any benefits for residential staff in the service model.
⇒ Service Integration – including the degree of vertical integration and internal referral.

6. Financial issues

⇒ Overall costs of the delivery of the service, including financial *impacts* of combining residential care and respite care; any cross-subsidisation between services/programs; any nett impact on the organisation financially; and viable options for future ongoing funding.
⇒ Impact of the demographic profile of care recipients on costs (eg need for intensive support).
⇒ Policies regarding charging of fees, donations and policies – including means testing (formal or negotiated).
⇒ Views on the fee for service component and how it should be administered.
⇒ The extent to which the contribution of fees does/should support the operational costs.
⇒ The impact financially of partial occupancy due to 'no shows'.

7. Exit patterns and use of other services

⇒ The most common reasons for exit (including destination)/
⇒ Any impact on the use of residential respite by the care recipients.
⇒ Any impact on the admission to residential aged care, including to the auspicing organisation.

8. Individual case studies of service users

⇒ Providers were asked, prior to the site visit, if they could describe 1-2 individual cases where they believed successful outcomes have been achieved – in order to illustrate potential achievements from the service model.
⇒ Providers were asked, prior to the site visit, if they could describe 1-2 individual cases where they believed less than optimal outcomes have been achieved – in order to illustrate lessons learned from the service model.

9. **Relevant documentation** – including site plan showing location and layout of service.

3 CASE STUDY FINDINGS

Complete reports for each of the 13 sites visited are provided in the Appendix section of this Case Study Report.

3.1 SUMMARY OF DISTINGUISHING FEATURES OF EACH SITE STUDIED

In overviewing the findings of the 13 individual reports, it is evident that the day respite in residential aged care facilities (DDR) model is being tailored to individual site and client needs, and this provides valuable lessons in assessing the appropriateness, effectiveness and efficiency of the model. This overview report discusses those lessons and trends and differences across the sites studied. This section compares the key features of the model as it has been applied at each site.

3.1.1 THE CARING CAFÉ, INNER EAST COMMUNITY HEALTH SERVICE, MELBOURNE

The Caring Café provides a unique co-location of the day respite service with a residential aged care facility (RACF), primary health, allied health and community support services. The day respite service is on the ground floor of Inner East Community Health Service in Richmond, and has its own entrance at the rear of the complex which facilitates taxis delivering care recipients attending the service. Residents live in the stories above.

The *Caring Cafe* serves the multicultural community of an inner-city suburb where there has been a general decline in the number of residential aged care facilities due to the costs involved in rebuilding existing facilities to meet prevailing compliancy requirements. Consequently, care recipients have been opting to remain at home rather than move to a residential care facility located away from their own neighbourhood and consequently demand for day respite care had been increasing.

Capacity for servicing approximately 40 additional day care recipients per annum was developed. It was estimated that approximately one third of all day respite care recipients attending *The Caring Café* participated in the service for five days per week. Some day respite care recipients also utilised day respite programs offered at the City of Yarra Day Centre in Collingwood or the St Georges day respite care in Kew on other days of the week to complement the care provided through *The Caring Café.*

The environment of the day respite service has been designed to resemble a café like environment and key stakeholder interviews indicate that this has been important in reducing

any fears held by carers or care recipients about a program in an institutional environment (the issue of stigma by association with a RACF is discussed further in **Section 3.5.1.)**

The model provided by the auspicing agency is that of a one stop shop providing seamless linkage to a range of services and day respite users are able to benefit from these. For example, being able to visit a GP while in day respite is of enormous benefit to carers (avoiding the need to make time to take the person in their care to appointments) and having direct access to primary and allied health services is of benefit to recipients and their carers.

The Caring Café also offers a longer day of care than most day respite services and is seen by key stakeholders as meeting a service gap in doing so.

3.1.2 BRIBIE ISLAND RETIREMENT VILLAGE DAY RESPITE, BRISBANE

Bribie Island Retirement Village Day Respite service is located in Bribie Island Retirement Village and auspiced by the Churches of Christ (CARE), one of the largest providers of aged care in Queensland. Bribie Island has slightly more than half of its community living in retirement and the Retirement Village offers a continuum of services that includes CACP packages and Independent Living Units. The RACF includes a 121 bed facility of which 20 are dementia specific and 4 are respite beds. The planned activity group, *The Golden Age*, operates simultaneously through another provider and there were initial concerns about duplication and overlap of service delivery between Bribie Island and *The Golden Age* program.

The day respite service has moved location within the RACF complex on three occasions and staff agree that the physical environment is still not ideal because of a failure to cater for people with wandering dementia, and those needing private space. Extensive refurbishment and DDR funding for this appears not to have best met the needs of care recipients. For most of 2008 the day respite service was delivered in a large lounge room within the RACF, then it was moved to the library area which was open to the hallway with no doors, and following refurbishment to a room created by partitioning off a large hall area. There is no access to a secure outdoor area which is disappointing given the suitability of the Bribie Island climate for this. Compared with other sites visited, there appears to have been insufficient thought given to the physical environment of the day respite service, yet conventional wisdom makes it clear that this will be a critical success factor in the effectiveness of such a service. At the time of visiting, the day respite service still lacked an identifying name, and although it has its own entrance, it will be strongly linked as part of the RACF. Some stakeholders interviewed believe that this will be affecting the willingness of potential clients to join the service.

3.1.3 GARDEN CITY RESPITE CENTRE, MT GRAVATT, BRISBANE

Garden City Respite Centre, a dementia-specific service, is auspiced by the Alzheimer's Association of Queensland which is also a provider of high and low level residential aged care, as well as a provider of information, education, training and support for people with dementia and their carers.

The day respite service is located in two houses in a residential street of Mt Gravatt, as is Garden City Retirement Home– a 57 bed residential aged care facility offering a continuum of care from low to high levels and including independent living units. Established in January 2008, the day respite service has met its target of 42 places per week for care recipients. It offers overnight respite care and some 30% of care recipients have used this on a regular basis.

The model of care provided reflects the higher care needs of care recipients in providing a ratio of 1 care worker per 4 care recipients, reducing when challenging behaviours are present. The auspice's expertise in supporting carers and people with dementia links service users to a wide range of services. The day respite service has had a higher admission rate of care recipients to residential aged care than other models in the sample of site visits, attributable to the higher care needs of recipients when they enter the service.

3.1.4 BISDEE HOUSE, HOBART

Bisdee House is located in the northern suburbs of Hobart and is a stand-alone building located in the grounds of its auspice, Glenview Community Services – a large charitable organisation that delivers residential low and high care, CACP and EACH packages, Transitional Care Program packages, and two HACC Planned Activity Groups (one operating during the day and the other at evenings). It has also provided culturally specific services for the Polish community in Hobart.

Of all 31 sites forming part of the Demonstration Sites for Day Respite in Residential Care Facilities (DDR), *Bisdee House* has the largest capacity, having been designed to accommodate up to 40 care recipients daily.

As Glenview has shifted from a predominantly residential to more of a community focus, a spare building became available and this was renovated to provide *Bisdee House* day respite. The facility has several living and activity rooms, four bedrooms and a secure dementia specific area for both indoor and outdoor activity.

Oversubscription to the day time Planned Activity Group was seen as an indication of unmet need for day respite care in Hobart. However, at the time of our visit, this demand had not been matched by participation. *Bisdee House* has experienced significant difficulty in attracting larger numbers, despite changing its identity from a 'day respite' facility to a 'club' which offers a

gardening and lifestyle club, a fitness club, a craft and chat club, a music and sing a long club, and a Saturday 'out and about' club. A Men's Shed is also provided.

In its first six months of operation, *Bisdee House* averaged 6 care recipients daily but since the shift to a clubs focus has averaged 13 care recipients a day, most attending for between 2 and 3 days. However, this remains well below capacity while the two Planned Activity Groups continue to be well attended, if not over-subscribed. Staff are also working to promote the service more accurately, for example, by meeting with referral sources and active promotion of the service is being continued. It is possible that the initial estimate of need for day respite was over-estimated and that this will require review.

3.1.5 STEPPING OUT, JEWISH CARE VICTORIA

The pilot *Stepping Out* day respite service sits within a suite of aged care programs offered by Jewish Care Victoria, including CACP, EACH and EACHD packages, NRCP funded flexible respite for carers of people with dementia, Planned Activity Groups, a Day Therapy Centre, in-home care services, a Healthy Ageing Program and a range of social supports for older people and Holocaust Survivors. Jewish Care Victoria is also a large provider of a range of human services that includes housing support, disability services, financial and employment services, and services for children and families.

Stepping Out is a culturally and spiritually specific service that is located in the organisation's low care residential facility and on the same floor as the craft, physiotherapy and manicurist services. The need for the day respite service was identified as responding to a gap in culturally specific day respite for carers of frail older people without dementia, and in particular for working carers. A unique feature of the service is the degree of interchange between residents and day respite users which build on their pre-existing relationships within the Jewish community. (A similar trend is evident in the Indigenous *Rocky Ridge* service, see below.)

3.1.6 ROCKY RIDGE, KATHERINE

Frontier Services is an agency of the Uniting Church and the major provider of aged care services in the Northern Territory (NT) as well as a major provider of health care and community services to people in Outback Australia. In Central Australia, it is the auspice for Commonwealth Carelink and the Carer Respite Centre.

Frontier Services took over the management of Katherine's *Rocky Ridge* Nursing Home from the Red Cross and has been its auspice since 1993. *Rocky Ridge* provides a 27 place Nursing Home, of which 5 places are classified as low care and 22 are high care. It also operates a Transitional Care Unit with a capacity of 8 beds. Two beds are available for overnight respite care.

The *Rocky Ridge* day respite service is distinguished by its Indigenous focus (98% of service users are Indigenous) and by the highly flexible and culturally appropriate model of delivery that has been applied. This model is believed to be successful in attracting Indigenous care recipients and providing them with holistic services addressing their health and well being, as well as supporting carers and families.

3.1.7 SO WAI, BURWOOD, NSW

The *So Wai* day respite service is in Inner West metropolitan Sydney, on a site adjacent to the Bernard Chan Nursing Home (BCNH) which comprises 45 residential places. The local area surrounding *So Wai* has a high number of ageing people from a Chinese background, many of whom have dementia.

There was a need for a dementia-specific centre-based day respite in the region, as well as for a service designed to meet the needs of the Chinese community. This included employing Chinese speaking workers, culturally appropriate food, and an environment that mirrors Chinese cultural norms. The So Wai day respite service has been designed to address this need, being both Chinese-specific and dementia-specific in its focus.

To date, a total of 38 care recipients have used the service, (6 care recipients use the service 4 days per week, 2 attending 3 days and 2 attending 2 days).At the time of our site visit, *So Wai* was exploring opportunities to work with the local Korean community to enable local people of Korean background to access the day respite service. A potential 'twilight' program was also being considered.

So Wai has a unique collaboration with another specialist service provider. On Tuesdays (when the day respite service is closed), the facility is made available to *Co-As-It*, a local Italian support service for older people. In addition, facilities are made available on Thursday for Dementia Network meetings. This arrangement ensures that the physical asset is fully utilised in a way that enhances inter-agency collaboration and service access for special need groups.

3.1.8 COOINDA HOSTEL DAY RESPITE, SINGLETON, NSW

Cooinda Hostel is a 34 bed facility in Singleton, 205km north of Sydney. Its auspice, Catholic Care, has a significant service presence in the Hunter/New England region of NSW, operating 9 residential aged care facilities, as well as Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and EACH Dementia packages.

The Day Respite Service operates as a fully integrated activity program involving residents and respite care recipients. In total, 19 care recipients have accessed the service since it commenced operation. Care recipients usually participate for 2-3 full days per week.

The *Cooinda* day respite service illustrates the challenges associated with a very small size service located in a rural setting.

3.1.9 CENTRE FOR HEALTHY AGEING, ROOTY HILL, NSW

The model underpinning the *Centre for Healthy Ageing* was developed in consultation with carers, and provides services for both carers and care recipients that promote healthy ageing and wellness. The service is based on a renovated building within the grounds of Our Lady of Consolation (OLOC) aged care services, which occupy a very large site in Rooty Hill, on the western fringe of Sydney.

The site has a range of residential aged care buildings (including 2 specialist dementia units) comprising some 303 beds and has been established on the current site for approximately 50 years. OLOC also provides a range of community services, incorporating 90 CACP, 58 EACH/EACHD packages and some 2000 HACC clients.

The *Centre for Healthy Ageing* Day Respite service provided support to **46** registered carers at the time of the visit, with 12-15 recognised as being employed. The majority of carers are spouses of the care recipient, and people generally attend the service between 1-4 days per week.

3.1.10 HOMESTEAD DAY STAY RESPITE, WARRNAMBOOL

Lyndoch is a large and established aged care provider within the South Western region of Victoria. It is a community owned organisation that delivers residential care to over 200 residents in both high and low care settings. The organisation delivers CACPs, EACH, Linkages, ABI case management, and ACAS and NRCP respite programs. Lyndoch also provides an innovative overnight respite care program.

Lyndoch Homestead is used as the site for the respite care programs. It is adjacent to the Hostel and Nursing Home but with a quite separate identity and entrance. The Homestead site includes the overnight respite care program, the Host Family respite program, and is where the Community Respite Coordinator is situated. Unique to this service is its continuum of respite care options through co-location of programs and its high profile as a deliverer of aged care in regional Victoria

The Homestead offers a home like environment for care recipients in smaller social groupings. The day respite service accepts **4-6** care recipients per day and is able to meet the needs of individuals. The service operates 5 days a week and can thus accommodate up to 30 care recipients per week.

No significant changes had been made to the program model but an increased focus on the needs of carers has been occurring, and is reflected in the creation of the Carer Liaison Coordinator position to service a number of carer focused programs at Lyndoch. The Coordinator undertakes carer assessment, follow up of needs and requirements and referrals to other support services.

3.1.11 CLUB ROSS ROBBIE, VICTOR HARBOR, SOUTH AUSTRALIA

Club Ross Robbie is located within the Ross Robertson Memorial Residential Care Centre in Victor Harbor on the Southern Fleurieu Peninsula of South Australia. The Southern Fleurieu region is characterised by its rapidly growing population of older people and the popular retirement town of Victor Harbor has the second highest ageing population in South Australia (Adelaide having the highest).

The service's auspice, ECH, is one of the largest integrated, charitable providers of aged care services in South Australia. The co-location of residential care, day respite, Victor Harbor Community Therapy Services and ECH's community programs such as CACP, EACH and EACHD packages helps provide a seamless network of services for both carer and care recipient.

The use of the word 'club' in the name of the day respite service is believed to address any negative perceptions held about residential. Demand for the service continues to grow as the wider community becomes aware of it. While not yet at capacity, the service has experienced steady growth and at the time of site visit, was catering for 3-4 carers daily.

3.1.12 MYRTLE COTTAGE, MYRTLE BANK, ADELAIDE

The *Myrtle Cottage* Respite House is a collaboration between Southern Cross Care (SA) Inc (SCC) – a major not for profit provider of aged care services - and Alzheimer's Australia South Australia (AASA) to trial an innovative model of respite provision for carers of people with dementia. The service is offered in a day respite setting on the campus of a SCC residential facility site in metropolitan Adelaide.

Myrtle Cottage provides expertise from two complementary organisations that specialise in dementia services, community programs, therapy programs and residential services. Day respite services are based on the *Montessori Dementia* model which is an innovative method of working with older adults with cognitive and/or physical impairments developed from the method and philosophy of educator, Maria Montessori. Montessori activities, in the context of activities programming, enable people with dementia to function at a higher level of competence because these activities access 'spared ability' while providing ways to circumvent memory deficits.

Demand for the service has grown rapidly with a consistent rate of referrals being received each month. *Myrtle Cottage* currently assists 42 carers on a weekly basis and in addition supports

another 18 carers on a casual or emergency basis. Feedback from participants has been extremely positive. While initial was to have a mix of clients including those in the early stages of dementia, care recipients have largely had moderate to more advanced dementia. The impact of this has affected the number of care recipients able to be safely and effectively assisted on a day to day basis.

3.1.13 HAMERSLEY HOUSE, MIDLAND, WESTERN AUSTRALIA

Morrison Lodge is a cluster style low level residential aged care facility comprised of five houses, one of which is for specialist dementia care. The site includes an Amenities hall and Administration block which supports the Day Respite activities. The day respite service at *Hamersley House* commenced operation in January 2008 and is located within the main facility of Morrison Lodge but with its own lounge, dining and recreational facilities. The space represents that of a living room environment, where service users can choose from the many activities on offer.

Prior to the introduction of the day respite service, Morrison Lodge was offering emergency respite to the community on an as required basis. The introduction of the day respite service has enabled them to formalise and resource such an activity appropriately. Morrison Lodge utilises its expertise in dementia care to provide care to those with associated dementia-specific needs as well as providing a high level of support and service to families from a culturally and linguistically diverse background.

Due to existing demand the day respite service has been well attended from the opening day and has not had a day without attendance. The initial number of daily care recipients was between 6 and 8 per day. However, *Hamersley House* is currently providing for 12-15 care recipients daily due to the high level of need in the community. Thus, the number of clients currently exceeds that proposed.

3.2 DISTINGUISHING FEATURES OF SERVICE MODELS ADOPTED

Table 1 summarises the key distinguishing feature(s) of each of the 13 case study sites, their hours of opening and the number of places funded by the DDR Program.

Table 1: Distinguishing features of each of the 13 case study sites

SITE	KEY DISTINGUISHING FEATURE/S	Hours	Places
Homestead Day Stay Respite, Warrnambool	**Purpose built** facility, with a **dual focus** on carer and care recipients needs, **regionally** located, and providing a **continuum of respite care** options.	Weekdays 8am-6pm	8/day
Centre for Healthy Ageing, Rooty Hill	**Purpose built** facility, focused on **health and wellbeing** of **both** carers and care recipients	Weekdays 8.30am-5.30pm	15/day
Cooinda Hostel Day Respite, Singleton	Very **small** service integrated within the RACF. **Rurally** located.	Weekdays 9am-4pm	5/day
So Wai, Burwood	**Chinese-specific** and **dementia-specific** service in a **purpose-built** facility adjacent to the RACF.	3 weekdays+ Sat 8.30am-5.30pm	15/day
Rocky Ridge, Katherine	**Indigenous-specific** service that is tailored to individual need and this flexibility extends to the transport service. **Regional** centre, **remotely** located.	Weekdays 7am-7pm	10/day
Stepping Out, Jewish Care Victoria	**Culturally and spiritually-specific** service for Jewish older people	2 weekdays 8.30am-4.30pm	12/week
Bisdee House, Hobart	**Purpose built**, stand alone facility now operating through a **'clubs'** rather than 'day respite' concept. It can also provide **dementia-specific** support. **Largest** capacity of all 31 DDR sites.	Mon-Sat 8am-8pm	40/day
Garden City, Alzheimer's Aust, Brisbane	**Dementia-specific** service	7 days 7am-8pm	42/week
Bribie Island Retirement Village	Located in a **retirement community** with the majority of care recipients being male. **Regionally** located.	Weekdays, 7am-7pm	10/day
The Caring Café, IECHS, Melbourne	The only service **auspiced by a community health service** that includes 1 RACF which is co-located with health, allied health and community support services. Although not a designated multicultural service, its location draws local Greek, Italian and German speaking recipients to its client group.	Weekdays 7.30am-6.30pm	25/p.a.
Club Ross Robbie, Victor Harbor	**Regionally** located in a town that has the 2nd highest number of older people in SA outside of Adelaide. Designed to be **dementia-specific**.	Tues to Sat 8am-6pm	8/day
Myrtle Cottage, Adelaide	**Dementia specific**, based on **Montessori** principles.	Weekdays	40/week
Hamersley House, Midland WA	**Dementia- specific.**	Mon to Sat 7am-7pm	15/day

It can be seen that the services studied ranged in size from 5 clients a day (*Cooinda*, Singleton) to 40 clients a day[1] (*Bisdee House*, Hobart) and that –

- 4 sites were purpose-built as day respite centres.
- 5 sites have a dementia specific focus (*Club Ross Robbie, So-Wai, Bisdee House, Garden City*, and *Hamersley House* which uses Montessori dementia care principles).
- 2 sites are culturally specific (*So-Wai, Burwood* and *Stepping Out,* Melbourne) while a third (*The Caring Café)* has a significant multicultural client base.
- 1 site is Indigenous specific (*Rocky Ridge*).
- 2 sites are in regional centres (*Club Ross Robbie* in Victor Harbor, *Homestead Day Stay* in Warrnambool)
- 1 sites in a rural location (*Cooinda* in Singleton)
- 1 site is in a regional centre in a remote location (*Rocky Ridge*, Katherine)
- 1 site is auspiced by a community health service (*The Caring Café* in Melbourne)
- 2 sites have a declared dual focus on carer and care recipient needs (*Homestead Day Stay* and *Centre for Healthy Ageing*).
- 1 site uses a healthy ageing model (*Centre for Healthy Ageing*, Rooty Hill).
- 2 sites promote themselves as recreational 'clubs' (*Club Ross Robbie* and *Bisdee House*).
- 1 site is located within a retirement community (*Bribie Island*).

This diversity has enabled the evaluators to explore different interpretations of the day respite in residential care model, and how it has been adapted to address specific needs.

3.3 PHYSICAL INTEGRATION AND SEPARATION OF THE DAY RESPITE SERVICE IN RELATION TO THE AUSPICING AGED CARE FACILITY

The sites visited span a continuum of physical separation and integration ranging from purpose built, separate day respite services to services provided within the main aged care facility. Between these two extremes are those that are in a separate wing, usually with their own entrance, but identifiable as part of the main facility. **Table 2** summarises these differences, showing that the most popular approach involves a specially designed entity with links to the main facility and its programs but not involving full integration.

[1] Although that number has not been achieved at this stage

Table 2: Model of integration or separation pursued

SITE	COMPLETE SEPARATION	⇦_____⇨	FULL INTEGRATION
Homestead Day Stay Respite, Warrnambool		✓	
Centre for Healthy Ageing, Rooty Hill		✓	
Cooinda Hostel Day Respite, Singleton			✓
So Wai, Burwood	✓		
Rocky Ridge, Katherine		✓	
Stepping Out, Jewish Care Victoria			✓
Bisdee House, Hobart		✓	
Garden City, Alzheimer's Aust, Brisbane	✓		
Bribie Island Retirement Village			✓
The Caring Café, IECHS, Melbourne		✓	
Club Ross Robbie, Victor Harbor			✓
Myrtle Cottage, Adelaide		✓	
Hamersley House, Midland WA			✓
TOTAL	**2**	**6**	**5**

It was clear from interviews conducted as part of the case study process that the infrastructure and its design of the day respite services can be a critical success factor to the effectiveness of service provision and to access to the service.

In terms of access, the issue of perceived stigma associated with location in a residential aged care facility (RACF) was seen by some services as providing a deterrent to service use, and held responsible for under-usage. The two sites standing out in this respect are *Bisdee House* in Hobart (which despite being purpose built and physically separate from the RACF has had low client numbers) and *Club Ross Robbie* in Victor Harbor. Both have re-badged as social clubs rather than respite services. However, other sites – whether physically separate or integrated into the RACF building – have easily met their expected targets, and the issue of relationship to a

RACF cannot therefore be regarded as an independent variable. The three culturally specific services (*So-Wai, Rocky Ridge* and *Stepping Out*) are all located within a RACF campus but their auspicing body has previously established trust with the communities concerned, and the day respite service has benefitted accordingly. A similar trend is evident in rural and regional locations where small community size means that residents and day respite participants tend to know each other, and this facilitates interchange.

Physical design can enhance or constrain the program of activities able to offered, and in most sites visited, supported a range of activities (although the extent of this range varies across sites). The exception is the *Bribie Island* site where the day respite service has been moved within the RACF complex on three occasions and is unable to cater for people with wandering dementia, and those needing private space. There is no access to a secure outdoor area.

The degree of integration or separation can also be activity based, and in most sites visited residents and day respite users can participate in each other's programs of activities and services (eg allied health, primary health). This enables effective use of resources (staff, equipment and so on) because of the synergies that can be achieved *(see Section 3.4.1).*

Those that are **dementia-specific**, however, find that their clients' needs are better served through separate activities. A minority of sites reported initial disquiet on the part of RACF residents, and sometimes staff, about sharing resources but in most cases, this reduced over time and the trend was for RACF residents to welcome the new faces and variety brought by the day respite service. The sites offering **culturally specific** services reported no adjustment being needed because residents and day respite users usually knew each other (due to the small size and close nature of their communities) and actually welcomed the opportunity to re-acquaint.

3.4 ADVANTAGES AND DISADVANTAGES OF LOCATING DAY RESPITE IN A RACF

3.4.1 SYNERGIES ACHIEVED

Across the 13 sites it was common for day respite service providers to report a significant achievement of economies of scale due to sharing and consolidating resources with their auspicing RACF. These usually related to sharing staff, staff training, equipment, purchasing of goods and stores, meals preparation, laundry services, transport services - and application of policies and practices, such as, medication management. In many of the sites visited, the day respite pilot funding had enabled organisations to increase care staff and specialist staff (eg Lifestyle Coordinators) levels from part time to full time, or to employ specialist staff for the benefit of both the day respite and RACF services.

Such vertical integration is described as bringing financial benefits from resource sharing, and service delivery benefits arising from shared staffing, rostering and training arrangements and

the development of common social and recreational programs. This was usually regarded as **adding value** – for both the RACF and the day respite service and clients of both programs.

Although resources were usually combined in relation to the purchase of food, it was often the case that RACF residents and day respite users ate their food separately mainly because the preparation of food constituted a key activity involving day respite care recipients. This was particularly so for the dementia-specific services.

In dementia-specific services, such as *Garden City* and *So-Wai*, there was a trend to retain activities within the day respite service in order to promote stability and continuity for care recipients. Similarly, the *Centre for Healthy Ageing* provides a wide range of health promoting activities within its facility and residents of the auspice's aged care services utilise these as well.

The *Rocky Ridge* service achieves significant synergy from its co-location with the RACF and Transitional Care Unit (TCU). Apart from economies of scale achieved from sharing resources, the collaboration between staff of the different programs, including in planning activities, has meant a broader range of expertise which brings benefits for service users. Both residents and day care participants are described as benefitting from the interchange and access to each other's services. Day respite service staff report that RACF residents benefit from the more stimulating environment of the day respite service, which is described as having a 'different atmosphere' that is attributed to the higher level of independence of day respite participants. Co-location of the day respite service, Transitional Care Unit and RACF also means that a greater number of friends and families visit, while the TCU and RACF enable the provision of longer hours of care for those day respite users who need this.

Similarly, *The Caring Café* day care recipients and carers benefit from its auspicing organisation's links not only to an RACF, but to a range of primary and allied health services, while those at the *Homestead Day Stay Respite* benefit from being able to access a suite of respite services. Co-location of different services not only benefits service users but enables staff to experience different types of care provision and achieves economies of scale in their training and deployment. For example, *Myrtle Cottage*'s auspicing residential care staff benefit from learning the application of Montessori techniques in the provision of dementia care, while day respite staff have benefitted from training programs offered to residential staff.

Residents from the residential services on the campus visit the *Centre for Healthy Ageing* from time to time (eg to use gym equipment, participate in special events/activities). Similarly, respite participants access services and activities in the residential care setting, such as computer classes, al fresco dining and the café. This is considered to be mutually beneficial for both client groups.

Several services indicated that their model involved a separation financially, with the day respite operating as a discrete financial entity while service delivery drew on a sharing of program resources.

Some services noted synergies achieved through collaboration with external services. For example, *Club Ross Robbie* receives full fees for its services from EACH and EACHD package providers referring clients to day respite and *So-Wai* makes its facility available to *Co-As-It*, a local Italian support service for older people on the Tuesdays when it does not operate. This collaboration maximises the use of physical resources while promoting inter-agency collaboration at the local level.

3.4.2 DISADVANTAGES

The trend across sites visited was to see the location of day respite services in RACFs as bringing a range of advantages and only two disadvantages were identified by those consulted. The major disadvantage relates to negative perceptions held by many carers and care recipients about residential care, with the day respite service being 'contaminated' by this perception. However, once the services were used, and familiarisation with the RACF increased, stigma was reported to decrease steadily over time. See *Section 3.5.1* for further discussion on this issue.

The only other disadvantage identified concerns the need to close co-located day respite services when contagious illnesses occur in the RACF.

3.4.3 IMPACT ON CARERS AND CARE RECIPIENTS

Across the sites case-studied, most staff reported that the day respite service has had a positive impact on carers and care recipients.

There was a trend across the sites for most care recipients to benefit from having access to activities offered in the RACF, and in other programs offered by the auspicing organisation. There were several instances identified of carers benefitting from the day respite service's capacity to link care recipients to services of the auspicing organisation (for example, being transported to medical and allied health appointments).

3.4.4 IMPACT ON RACF STAFF

Some sites reported initial resistance by RACF staff to the presence of the day respite service, particularly when co-location and sharing of resources was involved. However, over time, and as communication and other processes were streamlined, there was also a trend for increasing acceptance. Many sites reported a smooth transition from implementation of the day respite service to ongoing collaboration between RACF and respite staff.

The sharing of staff between the respite and residential services was often reported as leading to healthy cross-fertilisation and exchange of ideas across program areas. Staff were also exposed to a variety of environments and given opportunities to work with a wider range of service users and to benefit from broader learning opportunities (for example, through shared training programs) and less formally, through interaction with the day respite service and its users.

3.5 IMPACT OF THE DAY RESPITE MODEL ON ENTRY TO RESIDENTIAL AGED CARE

It was common for sites to report that the day respite service increased its users' familiarity with the RACF and made for a smoother and less stressful transition to residential aged care if and when this was needed. Participation also increased awareness and usage of residential respite care, often as an extension of day respite with overnight stay achieved through a respite bed if this was available and needed. Many day respite services commented that having overnight and residential respite options available and co-located increased the flexibility of their service and enabled them to meet a wider range of carer needs.

None of the sites indicated that involvement in the day respite service had increased the likelihood of participants' entry to full time residential care. Instead, most saw the service as delaying entry into residential care for many participants by improving/maintaining their functional abilities and by enhancing the carer's capacity to continue in their role. One site (*Myrtle Cottage*) reported that their service had reduced carer burden and delayed or reduced the need for care recipients to enter residential care. Another (*Club Ross Robbie*) noted that it has provided an interim solution for carers when the primary need of the care recipient is residential care but there have been no beds available.

3.5.1 DESTIGMATISING RESIDENTIAL CARE

It was common for day respite service staff to report that the stigma held by many service users about residential aged care, while initially acting as a deterrent for some to access the day respite service, was reduced through familiarisation when using the day respite service. This was seen by some as making residential care a choice when once it would not have been considered. Carers were described by some providers as being better prepared for any transition to residential care by the person in their care.

It was also evident that the issue of stigmatisation was less apparent when the service was culturally-specific and regarded as a trusted and culturally-relevant form of support – regardless of co-location in a RACF. This was evident in relation to the Jewish *Stepping Out* service, the *So-Wai* service and the Indigenous *Rocky Ridge* service – all of which are auspiced by organisations

that have designed their programs to meet the needs of their communities and have earned trust in the process.

3.5.2 DELAYING ENTRY INTO RESIDENTIAL CARE

There was a trend across sites for the day respite service to be seen as delaying entry into residential care because of the support provided to carers, enabling them to continue in their caregiving role. Several site representatives commented that day respite care recipients' level of need for care is often greater than that of those in a RACF, indicating that the service is preventing their entry to residential care.

Most services reported that co-location of the day respite service with a RACF had made care recipients more open to the use of residential care services, including overnight respite. When admissions had occurred, they were usually described by staff as reflecting the declining health of the care recipients involved. This was particularly the case where dementia was involved.

Some sites (for example, *The Caring Café* and *Stepping Out*) also identified the DDR funded day respite service as also reducing entry into hospital care because of the support provided to care recipients.

3.5.3 PATTERNS OF EXIT FROM THE DAY RESPITE SERVICE

There was significant variation across sites in turnover rates. Those services with a dementia-specific focus tended to have higher rates of entry to residential care, which was attributed to the deterioration in care recipient health and high levels of need.

3.6 DEMAND FOR THE DAY RESPITE SERVICE

3.6.1 ANTICIPATED AGAINST CURRENT DEMAND LEVELS

There was a trend across sites for demand for the day respite services to be based on responses to existing day respite programs, including HACC Planned Activity Groups, or in other cases to be measured by gaps in respite services.

Prior to the DDR funding of *The Caring Café* the Inner East Community Health Service had noted an increasing demand for day respite care, based on its own NRCP funded program which had been operating since early 2006. DDR funding enabled *The Caring Café* to operate for 5 days a week instead of 3, to employ a full time rather than part time Respite Care Coordinator and additional personal care and catering staff, and for refurbishment of the facility. This also exemplifies a trend for the DDR funding to build on existing services and enable their extension – for example, by increasing the number of days of respite staff from part time to full time or to

enable the employment of a Coordinator to work across different programs, including the day respite service.

Table *3* summarises the trends in demand for the services and how this is being met by the 13 sites studied. It can be seen that 10 of the sites have met their anticipated targets while 3 are still attempting to build user numbers.

Table 3: Demand across services

SITE	Average daily use	Comment
Homestead Day Stay	8/day	Meeting target
Centre for Healthy Ageing	15/day	Demand strong, meeting target
Cooinda, Singleton	>5/day	Meeting target
So Wai, Burwood	10/day	Demand strong, meeting target
Rocky Ridge, Katherine	10/day	Demand increasing, meeting target
Stepping Out, Jewish Care Victoria	8/day	Demand increasing, meeting target
Bisdee House, Hobart	13/day	Unmet capacity for >40 care recipients a day
Garden City, Alzheimers, Brisbane	15/day	Target of 42/week met
Bribie Island Retirement Village	>10 /day	Attempting to increase its numbers
The Caring Café, Melbourne	>18/day	Demand strong, meeting target
Club Ross Robbie, Victor Harbor	>4/day	Unmet capacity, but growing
Myrtle Cottage, Adelaide	>15day	Demand strong, meeting target
Hamersley House, Midland WA	>15	Target met and numbers exceed original plan

3.6.2 CURRENT WAITING LISTS

At the time of site visit, none of the day respite services reported that they had waiting lists.

3.6.3 PRIORITY SETTING

Many services have set priorities, with preference being given to a range of caregiving situations and for carers who –

- are full time
- are working
- have multiple caring roles
- have limited alternative supports
- are financially disadvantaged
- from specified CALD backgrounds
- from an Indigenous background
- are not accessing other services or are on waiting lists
- are highly stressed by their caregiving role
- are living in rural or remote settings.

3.6.4 FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

Most services regard their delivery of care as being extremely flexible and able to adapt to different needs and circumstances. Some believe that the DDR funding has assisted their capacity to be more responsive because of the additional resources provided through staff, increased hours or building modification.

The service which stands out as being extremely flexible is the *Rocky Ridge* day respite for Indigenous people. Activities are varied from one day to the next, depending on which care recipients participate in the service and their needs and interests. The transport service is also extremely flexible, being prepared to search out care recipients across a range of locations *(see Section 3.7.2*), as well as collecting them from their homes.

Stepping Out is designed to address the range of need in the Jewish community which is diverse in terms of country of original, extent of religious observance and language spoken (for example, main languages spoken by carers include English, Polish, Russian, Hebrew and Yiddish). Similarly, the *So-Wai* service was being delivered with great flexibility to meet both cultural and dementia based needs. The service makes use of volunteers to extend the choice of activities available at the centre.

Those day respite services that can draw on the resources of other co-located programs, such as, overnight respite, access to primary health and allied health services, activities offered by RACFs, and so on, are also capable of greater adaptability to individual need than those without this backup. Being able to share staff resources across program areas also offers enhanced flexibility and this is a key advantage of offering day respite services as part of a suite of other

services. *The Caring Café* exemplifies this with its links to a wide range of aged care, community and primary health services, as do *Rocky Ridge* and *Stepping Out.*

The *Centre for Healthy Ageing* has many flexible service features that relate to the amount of time participants may attend each day, the diverse range of activities available and attention to specific needs (for example, women only and men only groups) and a choice of transport arrangements.

The physical infrastructure of a day respite site was also found to affect participant choice and access to diverse activities. This was evident with the *Centre for Healthy Ageing* which provides access to 4 separate activity areas within the Centre and is close to other facilities and activities on the campus of its auspice. The *Rocky Ridge* service has a significant amount of space which enhances capacity for the service to be flexible and *The Caring Café's* co-location with a range of primary health and aged care services increases the choices available to its participants. By contrast, some of the sites visited were limited by their infrastructure in the choices they could offer. This was evident when lack of security prevented the acceptance of participants with wandering behaviours, and in relation to the *Bribie Island* site whose physical design presents a number of restrictions.

Cancellation of bookings was generally not identified as having significant impact, and when this did occur it was usually due to the care recipient being unwell or attending appointments, and was not a frequent occurrence. The capacity to easily manage cancellations of bookings can be seen as another indicator of service flexibility. Some (for example, *So-Wai*) allow RACF residents to fill the places of day respite clients who cancel their bookings.

Several offer long day programs (eg *Bisdee House* operates from 8am to 8pm over 6 days in order to provide flexibility for carers). A number of services have offered weekend hours, with the needs of working carers in mind, but in most cases, the uptake has been slow and services have either abandoned this offering or are considering other ways of promoting its availability.

3.6.5 PROMOTING THE SERVICE

The typical promotion strategy across sites is multi dimensional, involving a combination of brochures, advertising in the local press, letter drops, Open Days, information provision to other services especially those likely to be referring to the day respite service, and word of mouth. Intensity of initial promotion was also found to have reduced the need for further active promotion in some instances (for example, the *Centre for Healthy Ageing*).

Professional networks have also been utilised, often bringing the advantage of being sources of referral to the services, or sources to which day respite service users can be referred thereby broadening the scope of support offered. These include aged care assessment teams, Divisions of General Practice, Carer Respite Centres, Local Government Authorities, Alzheimer's Australia,

Carers Australia, and local professional networks. Accurate promotion to service networks usually resulted in few inappropriate referrals because other agencies have a clear understanding of the focus of the service.

For some sites, promotion based on word of mouth through trusted networks was critical. This was most evident in relation to small rural communities, CALD and Indigenous communities.

3.7 ACTIVITIES AND SUPPORTS PROVIDED BY THE DAY RESPITE SERVICES

3.7.1 TYPICAL ACTIVITIES AND SUPPORTS

Across the sites there is a core set of activities that can be considered to be 'standard' for a day respite service. For example, art, craft, music, board and card games, meals (and sometimes their preparation), access to hairdressing and hand care services, access to allied health services, and outings. Most perceived their program of activities and support as being very effective and complementing the care plans prepared for care recipients (eg *Cooinda, Hamersely House*).

Co-location often means that activities are designed with the support of the auspice's Recreation or Lifestyle Coordinators (eg *Stepping Out). Homestead Day Respite*'s program receives input from the facility's Activities Officer who provides guidance and direction about all day programs.

The proportion of on-site to off-site activities was usually heavily balanced towards **on-site,** with dementia-specific and culturally specific services tending to favour centre-based involvement. For example, *Garden City*'s program is focused on recreating everyday activities like gardening, meal preparation and shopping, together with recreational, musical, physical and social activities as well as attending events organised at the RACF. *Bisdee House* and *Club Ross Robbie* offer a wide range of activities provided in a 'club' format. *Bisdee House's* program includes arts and crafts, physical exercise, gardening, cooking, singing and concerts, carpentry and handy work in the Men's Shed, reminiscing and oral histories, games, movies, hand and nail care and massages, guest speakers. Saturdays are entirely off-site involving outings and day trips.

Most sites reported that certain activities reflected **gender-based** preferences and so offered specific activities for men (eg Men's Shed which was consistently popular) and for women (eg arts and crafts). The majority of the *Bribie Island* day respite service's participants (90%) are male, reflecting the fact that most of the carers are spouses who are generally in better health and want to participate in the many retirement activities offered by Bribie Island while their partners are in respite care. Therefore, activities are designed to meet their needs.

In some sites, the program of activities is quite unique. A few (for example, the *Centre for Healthy Ageing* and *The Caring Café*) offer fitness, exercise and health promotion activities. The

Centre for Healthy Ageing has a distinct range of activities, not usually found in day respite services, that are focused on health promotion and can be divided into three major kinds –

a) Physical Activities (swimming/water aerobics; interactive computer games such as, Wii and PlayStation; a walking group; exercise classes; fishing; Dance, music and drumming; and Tai Chi).
b) Art and Craft Activities (scrapbooking; model making; and DIY/handyman activities).
c) Social and Educational Activities (quizzes and games; computer classes; cooking classes; shopping; snooker; and eating out).

When activities are designed to be **culturally specific** (*Stepping Out*, So Wai and Rocky Ridge) the program is significantly different from other day respite services.

- *Rocky Ridge* – the site itself was described as being very appealing to Indigenous users, with its large physical space including the large verandah area which is enjoyed as a place of meeting and talking. However, off-site outings are also offered, and unlike most/all other services studied, the bus transport service was reported as being an integral part of activities because it involves driving through the town and to roadside locations where people known to the participants can be seen. Many of the activities are oriented to Indigenous community interests, for example, fishing, storytelling, music therapy, campfires and traditional painting. Cooking activities are popular and the service includes meals, washing of clothes and personal care – with staff reporting that care recipients are more amenable to receiving these services at *Rocky Ridge* than in their own homes. The program has been designed in collaboration with carers and care recipients, who are reported as being confident about expressing their preferences. Co-location with the Transitional Care Unit and RACF has also meant that activities can be planned with the input of a range of staff, and not only those from respite care.

- *So-Wai* activities include provision of Chinese newspapers and television, horticultural therapy, exercise and physical activity, sensory exploration including Chinese artefacts, bubble column, water features, aromatherapy and a culturally inspired, professionally designed sensory garden, and craft activities that include Chinese art and calligraphy.

Myrtle House – has one of the most diverse activity programs of the 13 sites studied. These include most of the activities expected in a day respite service, as well as Montessori Based Activity Planning and a number of activities with a dementia-specific focus, including behaviour management, sensory stimulation, memory bingo, reminiscence and structuring of activities to link to the person's home setting.

Most services also provide direct access to allied health services (*The Caring Café, Bisdee House*, *Hamersley House*) and some do washing for care recipients (*Bisdee House*, *Rocky Ridge*). One

provider (*Bisdee House*) commented that they work with care package providers to coordinate service provision and maximise resource usage.

Many of the services provide **carer support** groups (*Bisdee House, Garden City, Stepping Out, Rocky Ridge, So-Wai*) and other forms of support to carers, either by themselves or in partnership with a major carer-focused organisation (eg Alzheimer's Australia, Carers Tasmania). Some provide individual counselling for carers needing this (eg *Stepping Out). So-Wai* also provides 'carer pampering' including aromatherapy, massage and day trips. Staff also offer support, information and advice, referral to other services and care planning for the care recipient. The *Centre for Healthy Ageing*, which has a dual focus on the needs of carers and care recipients, offers a range of carer-specific supports, including carer-only outings, counselling, pamper sessions and 1:1 personal fitness programs.

3.7.2 TRANSPORT PROVISIONS

Most sites studied were providing transport assistance either through a mini bus owned by the service (with a set service radius being set in most instances) or its auspice, or taxis. If taxis were used, it was common for a protocol to have been developed with a taxi company to ensure that clients' needs were able to be met. Transport costs tended to be subsidised by the day respite service to minimise any financial burden on clients. Fees charged for transport services were heavily subsidised.

The different approaches to transport, illustrated below, show that services are tailoring their transport to user need, and to local conditions. It is also evident that transport is a critical success factor for day respite service.

⇒ *The Caring Café* faced the challenge of using taxis for short distances in a congested inner city location and addressed this issue by providing direct transport using their own staff, especially for care recipients with high level need, and developing a protocol with a taxi service that includes some pre-booking arrangements.

⇒ *Bribie Island* uses a mini bus that collects and delivers care recipients at fixed times. The bus trip takes one hour each way and users are charged $2 return or $4 for those on the mainland. The bus being used does not have wheel chair access and those needing this are provided with taxis or private transport. Care recipients were reported by staff as enjoying the trip, which contrasts with many other services who reported that lengthy bus trips were tiring and not enjoyable, leading them to offer taxis as an alternative.

⇒ *Stepping Out* was initially funded to purchase a mini bus but care recipients expressed a wish for flexibility in the times they would be transported to and from their homes, and were not willing to sit in the bus while others were being transported. To address the

need for a more tailored transport service, *Stepping Out* has used taxis, including maxi taxis for those with restricted mobility. A protocol was developed with one taxi company and drivers were given additional training in working with older and disabled people, and were police checked. Working carers who transport care recipients on their way to work are able to bring the person in their care dressed in their pyjamas to reduce the amount of time involved for them.

⇒ In direct contrast, the *Rocky Ridge* bus service for day respite participants was reported to be an enjoyable experience, with care recipients relishing the opportunity to see people they knew as the bus includes on its route both homes and sites where people are likely to be found. In this sense, it is proactive in seeking out care recipients, including in the 'long grass' by road sides. A highly flexible service, it is a central part of all activities offered, and integral to the day respite service's success.

⇒ The *Centre for Healthy Ageing* - has 2 dedicated vehicles available for use by participants. An 11-seat and a 25-seat bus are available, and pool or private vehicles may also be used to transport participants. When moving around the campus to attend on-site activities (such as computer classes in St Helen's, concerts in the residential facility or al fresco dining) a 'buggy' (modified golf cart) is available.

⇒ *Myrtle Cottage* - provides individualised transport arrangements. Clients are transported to the facility in a number of different ways including by their carer, through transport incorporated in Community Care Packages, use of a private hire and the organisation's volunteers. The service does not have a mini bus and so differs from most of those case-studied by the evaluators.

⇒ *Garden City* only provides transport when the carer is unable to do so, or community transport options are not available. The Day Respite service has one dedicated vehicle and another that is shared with the RACF. Taxis are also used, and carers are asked to use the Taxi Subsidy Scheme for payment.

⇒ *Bisdee House* provides a bus pick up and drop off service within a 25 km radius. Some care recipients have reported that they enjoy the 1-2 hour bus trip while others report the opposite and when this occurs, a taxi service is provided. Staff estimate that the blend of bus and taxi transport is fairly evenly balanced. The charge for either form of transport is $5 for a round trip.

⇒ *So-Wai* – transport is offered to all care recipients within a 10km radius of the facility.

⇒ *Cooinda* - Generally, care recipients make their own transport arrangements to attend the day respite service. If required, they can receive transport assistance but there has been limited demand. Often, care recipients who receive a CACP support package are provided with transport to attend the service. Off site activities are facilitated by utilising existing transport resources (either the Catholic Care or Community Bus).

⇒ *Homestead Day Respite* - transport is provided through a shared vehicle or taxis and this is free of charge. However, there is a limit to the transport service catchment area.

⇒ *Club Ross Robbie* - provides bus pick up and drop off to both carers and care recipients.

⇒ *Hamersely House* - the transport arrangement at Morrison Lodge is seen to be integral to the success of the day respite service. Morrison Lodge provides individual pick up and drop home service using cars driven by qualified aged care staff. On occasion, the pickup service may result in some home help/personal care activities (e.g. to assist with dressing) to help the care recipient prepare to attend the service. This usually happens where the primary carer has left for work prior to the pickup. Two staff members have designated pickup and drop off routes. The transportation of care recipients to and from *Hamersley House* requires approximately five hours per day per staff member, making it a significant investment for the service.

3.8 FINANCIAL ISSUES

3.8.1 OVERALL IMPACT OF DAY RESPITE SERVICE ON AUSPICING ORGANISATION

Most services reported that the day respite service and other services offered by the auspicing organization were able to benefit from a sharing of resources that supported enhanced economies of scale. This included both staff resources, buildings and related infrastructure, and service costs (eg food, linen).

3.8.2 FEES POLICIES AND PRACTICES

It was typical for day respite service providers to describe their client group as financially disadvantaged, with most care recipients relying on pensions or benefits, making it difficult to charge full fees. For all sites, fees can be waivered on a negotiated basis. Two sites are not charging fees.

Some of those interviewed commented that there was considerable administrative work involved in the collection and receipt of fees and the cost to the organization almost cancelled out the income generated. One service suggested using a debit card strategy wherein carers or

care recipients present a card with credit on it that would be debited at each visit to the service. This would reduce administrative costs associated with the collection of small daily amounts of money. **Table 4** summarises the fees being charged.

Table 4: Fees charged by services

SITE	Respite fee	Comment
Homestead Day Respite	$10 per day	Fee can be waived in the event of financial disadvantage
Centre for Healthy Ageing	$5/day	Fee can be waived in the event of financial disadvantage
Cooinda, Singleton	Flat fee $20 per day	Fee can be waived in the event of financial disadvantage
So Wai, Burwood	$6/half day and $10/day ($9 and $15 on Sat)	Fees policies mirror those within the National Respite for Carers Program
Rocky Ridge, Katherine	$6/day	Fee is negotiable
Stepping Out, Jewish Care Victoria	$20/full day $10/half day	Reduced fees negotiated as needed
Bisdee House, Hobart	$8 per 4 hour session $16 per 8 hour session	Capped at $20/day for 8 hours + care
Garden City, Alzheimers Australia, Brisbane	Average $10/day	$5 - $25 per day on a sliding scale
Bribie Island Retirement Village	No fee charged	Considering the introduction of a fee of $5 per day
The Caring Café, Melbourne	$10.90/day full fees $6.20/day reduced fees	Reflecting HACC Fees Policy
Club Ross Robbie, Victor Harbor	$25 per day	Fees can be waived or reduced. Only 2 out of 15 clients pay the full fee
Myrtle Cottage, Adelaide	$6.00/day for >6 hours and $8.00 - $10.00/day for 6 +hours	Fees can be waived or reduced
Hamersley House, Midland WA	No compulsory fee	Some pay a donation

3.8.3 VIABLE OPTIONS FOR ONGOING FUNDING

All services reported that ongoing funding would be necessary to ensure the continuation of their day respite programs, and that a user pays model was unlikely to succeed due to the low income levels of most service users. Some raised concerns about the lack of indexation built into DDR funding over the three year period.

3.9 STANDARDS AND QUALITY

All services and their auspicing organisations have quality assurance policies and procedures in place, with the auspice's processes usually being applied to the day respite service. It was typical for RACFs to be well versed in continuous improvement programs, and with processes required to ensure compliance with relevant regulations, legislation, standards and guidelines. *So-Wai* staff reported that their service benchmarks against other day care centres.

Complaints mechanisms were standard with a trend for few or no complaints to have been received in relation to the DDR day respite service. There was also a distinct trend for feedback and complaints to be informal and verbal rather than making use of formal processes. Most services reported that feedback from carers and care recipients is generally very positive. Some (eg *So-Wai)* had conducted formal satisfaction surveys.

4 SUMMARY AND CONCLUSIONS

4.1 SUMMARISING THE FEATURES OF SERVICE OPERATION

In overviewing the findings of the 13 case study reports, it is evident that the day respite in residential aged care facilities (DDR) model is being tailored to individual site and client needs, and this provides valuable lessons in assessing the appropriateness, effectiveness and efficiency of the model. The diversity evident across sites has enabled the evaluators to explore different interpretations of the day respite in residential care model, and how it has been adapted to address specific needs.

4.1.1 PHYSICAL DESIGN FEATURES

The sites visited span a continuum of physical separation and integration ranging from purpose built, separate day respite services to services located within the main aged care facility. Between these two extremes are those that are in a separate wing, usually with their own entrance, but identifiable as part of the main facility. The most popular approach involves a

specially designed entity with links to the main facility and its programs but not involving full integration.

Physical design can enhance or constrain the program of activities able to offered, and in most sites visited, supports a range of activities (although the extent of this range varies across sites). The degree of integration or separation is also activity based, and in most sites residents and day respite users can participate in each other's programs of activities and services (eg allied health, primary health). This enables effective use of resources (staff, equipment and so on) because of the synergies that can be achieved.

4.1.2 QUALITY ASSURANCE FEATURES

All services and their auspicing organisations have quality assurance policies and procedures in place, with the auspice's processes usually being applied to the day respite service. Complaints mechanisms are standard with a trend for few or no complaints to have been received in relation to the DDR day respite service. There was also a distinct trend for feedback and complaints to be informal and verbal rather than making use of formal processes.

4.1.3 FEES

All day respite service providers describe their client group as financially disadvantaged, with most care recipients relying on pensions or benefits, making it difficult to charge full fees. For all sites, fees can be waivered on a negotiated basis. Two sites are not charging fees. All services report that ongoing funding would be necessary to ensure the continuation of their day respite programs, and that a user pays model is unlikely to succeed due to the low income levels of most service users.

4.1.4 TURNOVER RATES

There is significant variation across sites in turnover rates. Those services with a dementia-specific focus tend to have higher rates of entry to residential care, which is attributed to the deterioration in care recipient health and high levels of need.

4.1.5 DEMAND LEVELS

There is a trend across sites for demand for the day respite services to have been determined initially from existing day respite programs, including HACC Planned Activity Groups, or in other cases to have been measured by gaps in respite services. 10 of the sites have met their anticipated targets while 3 are still attempting to build user numbers. At the time of site visit, none of the day respite services report that they have waiting lists.

4.1.6 FLEXIBILITY OF SERVICE DELIVERY

Most services regard their delivery of care as being extremely flexible and able to adapt to different needs and circumstances. Some believe that the DDR funding has assisted their capacity to be more responsive because of the additional resources provided through staff, increased hours or building modification.

Several offer long day programs and a number of services have offered weekend hours, with the needs of working carers in mind, but in most cases, the response from carers has not matched expected demand. The reasons for this are not clear.

Across the sites there is a core set of activities that can be considered to be 'standard' for a day respite service. In some sites, the program of activities is quite unique – especially those with a dementia-specific, culturally-specific or health promotion focus.

Most perceive their program of activities and support as being very effective. The proportion of on-site to off-site activities is usually heavily balanced towards on-site, with dementia-specific and culturally specific services tending to favour centre-based involvement.

4.1.7 TRANSPORT PROVISIONS

Most sites studied are providing transport assistance either through a mini bus owned by the service (with a set service radius being set in most instances) or its auspice, or taxis. Transport costs tend to be subsidised by the day respite service to minimise any financial burden on clients. Transport provisions are extremely flexible, being tailored to different client needs and local factors.

4.1.8 ECONOMIES OF SCALE

Across the 13 sites it is common for day respite service providers to report significant economies of scale due to sharing and consolidating resources with their auspicing RACF. These usually relate to sharing staff, staff training, equipment, purchasing of goods and stores, meals preparation, laundry services, transport services - and application of policies and practices, such as, medication management. In many of the sites visited, the day respite pilot funding has enabled organisations to increase care staff and specialist staff (eg Lifestyle Coordinators) levels from part time to full time, or to employ specialist staff for the benefit of both the day respite and RACF services. This was usually regarded as adding value – for both the RACF and the day respite service and clients of both programs.

4.2 CONCLUSIONS DRAWN FROM THE CASE STUDY FINDINGS

These conclusions are based on the 13 sites case-studied only.

Conclusion 1: The day respite in residential aged care facilities model is meeting the needs of carers and care recipients.

Across the sites case-studied, most staff report that the day respite service has had a positive impact on carers and care recipients.

Conclusion 2: Locating day respite services with a residential aged care facility offers significant scope for achieving effective resource usage, bring benefits for service users and staff.

Most services report that the day respite service and other services offered by their auspicing organisation benefit from a sharing of resources that supports enhanced economies of scale. There is a trend across the sites for most care recipients to benefit from having access to activities and other programs offered by the RACF. There are several instances identified of carers benefiting from the day respite service's capacity to link care recipients to services of the auspicing organisation (for example, being transported to medical and allied health appointments). The sharing of staff between the respite and residential services is usually seen as leading to healthy cross-fertilisation and exchange of ideas across program areas. Staff are exposed to a variety of environments and given opportunities to work with a wider range of service users, and to benefit from broader learning opportunities (for example, through shared training programs).

Those day respite services that can draw on the resources of other co-located programs, such as, overnight respite, primary health and allied health services, activities offered by RACFs, and so on, are also capable of greater adaptability to individual need than those without this backup. Being able to share staff resources across program areas offers enhanced flexibility and this is a key advantage of offering day respite services as part of a suite of other services.

Conclusion 3: Regardless of whether the day respite service is physically separate from or integrated within the residential aged care facility, its design and infrastructure critically affects access to and participation in the service.

It is clear from interviews conducted as part of the case study process that the infrastructure and design of the day respite service is a critical success factor to the effectiveness of service provision and to access to the service. However, this is not an independent variable because it is also affected by the range of activities and supports offered, and their effectiveness. Services that are dementia-specific find that their clients' needs are better served through purpose designed facilities and activities.

Conclusion 4: There can be stigma associated with a day respite service that is linked to a residential aged care facility, but much depends on the trust and credibility associated with the auspicing organisation. Stigma reduces as familiarity increases with the residential care facility and its services, but removing its influence on initial access is often a challenge.

In terms of access, the issue of perceived stigma associated with location in a residential aged care facility is seen by some services as providing a deterrent to service use, and held responsible for under-usage. For this reason, two sites have re-badged as social clubs rather than respite services. However, other sites – whether physically separate or integrated into the RACF building – have easily met their expected targets, and the issue of relationship to a RACF cannot therefore be regarded as an independent variable. The three culturally specific services are all located within a RACF that has an established relationship with the communities concerned, and the day respite service has benefitted accordingly.

Conclusion 5: Residential aged care residents and day respite users can share activities and interact, but need to be gradually introduced to these, unless a pre-existing relationship exists – as occurs in small rural communities and culturally specific communities. Effective communication processes between staff in both programs is also important.

A minority of sites report initial disquiet on the part of RACF residents, and sometimes staff, about sharing resources but in most cases, this was found to reduce over time and the trend was for RACF residents to welcome the new faces and variety brought by the day respite service. Staff benefitted from having effective communication processes in place between residential and day respite services, and where initial difficulties existed in RACF staff acceptance of the day respite service, the lack of such communication systems was evident. The sites offering culturally specific services or in rural and remote locations report no adjustment being needed because residents and day respite users usually know each other and welcome the opportunity to re-acquaint. In dementia-specific services there is a trend to retain activities within the day respite service in order to promote stability and continuity for care recipients.

Conclusion 6: The service model is seen as bringing a range of advantages and few disadvantages.

The trend evident across sites is for the location of day respite services in RACFs to be seen as bringing a range of advantages and few disadvantages. The major disadvantage relates to negative perceptions held by many carers and care recipients about residential care, and the only other disadvantage identified concerns the need to close co-located day respite services when contagious illnesses occur in the RACF.

Conclusion 7: Day respite users' familiarity with the residential care setting supports a smoother transition to residential care when this is needed, and enhanced access to residential respite.

It is common for sites to report that the day respite service has increased its users' familiarity with the RACF and made for a smoother and less stressful transition to residential aged care if and when this is needed. Participation has also been found to increase awareness and usage of residential respite care, often as an extension of day respite, with overnight stay achieved through a respite bed if this is available and needed. Many day respite services comment that having overnight and residential respite options available and co-located increases the flexibility of their service and enables them to meet a wider range of carer needs.

Conclusion 8: The service model does not increase the likelihood of day respite users entering residential care. Instead it is seen as delaying entry into residential care by improving functional abilities and enabling carers to continue in their role.

None of the sites indicated that involvement in the day respite service had increased the likelihood of participants' entry to full time residential care. Instead, most saw the service as delaying entry into residential care for many participants by improving/maintaining their functional abilities and by enhancing the carer's capacity to continue in their role. When admissions had occurred, they were usually described by staff as reflecting the declining health of the care recipients involved. This was particularly the case where dementia was involved. Some sites reported that the service was delaying or preventing entry into hospital care because of the on-site health monitoring and support provided.

Conclusion: Transport is a critical success factor for day respite services but requires significant tailoring to meet the needs of service users and to reflect local conditions.

5 APPENDIX 1: BISDEE HOUSE CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Auspice: Glenview Community Services

Program: Bisdee House

Location: Hobart

Amount of Funding Provided: $525,000 PA plus $75,000 for purchase of bus

Commencement of Service: February 2008

Specific Focus: none

Number of DDR funded Respite Places: 40 care recipients per day; 120 per week

Days of Operation: Weekdays and Saturdays 8 am to 8 pm

Date of Site Visit: 14th August 2009

Staff interviewed:

- Angela McKenzie (Director of Client Services)
- Holly Montana (*Acting Community Program Manager)*
- Christine Dibley (CEO)
- Richard Lette (Director of Corporate Services)

Key Stakeholders Interviewed:

- Barbara Watson, The District Nurses, Director of Nursing
- Alison Keleher, The District Nurses, Private Service Manager
- Tamika Holten , Co-ordinator, Commonwealth Carer Respite Centre
- Christine Priest, Manager, ACA

5.1 BACKGROUND

5.1.1 HISTORY AND CONTEXT

Glenview is a charitable organisation affiliated with the Anglican Church that has been operating in Southern Tasmania since 1948. Glenview currently provides 97 permanent residential care places plus 2 residential respite places for a mix of low and high aged care residents. There was a strategic decision taken by Glenview to undertake more community focussed aged care work which in 2007 saw a change of name from 'Glenview Home' to 'Glenview Community Services'. Glenview had previously operated with 120 residential aged care places but in 2006/7 had reduced its capacity by 22 beds to 99 places. This resulted in an empty building on the Glenview site that was potentially available to accommodate a new community based program. When the opportunity came to tender for the provision of day respite, this was seen as consistent with Glenview's increasing emphasis on community based care. The former residential premises were renovated to be suitable for a day respite centre with costs met by Glenview. This refurbishment resuLted in the creation of *'Bisdee House'*.

Glenview's history of community based service delivery began in 1995 with Community Aged Care Packages (CACPs) provided to support the Polish community living in their homes. Glenview now provides 39 CACPs, 27 EACH packages, a Transitional Care Program with 20 packages and 2 HACC Planned Activity Groups (*Banksia Day Centre* and *Night Owls* - providing an evening program for socially isolated aged people living in the Northern Suburbs of Hobart). In 2001, the *Banksia Day Centre* became operational and in 2003 the *Night Owls* program began providing respite services funded through HACC in a house located across the road from Glenview. Both programs cater for about 15 clients per day.

Bisdee House commenced operating in February 2008. It can be described as a large, attractive and freshly updated stand alone day centre located in the Glenview grounds but accessed separately from the residential aged care facility. *Bisdee House* is spacious with several lounge and activity rooms, four bedrooms for sleeping or resting and a secure dementia specific area including safe and secure outdoor areas. It has been designed to accommodate up to 40 care recipients per day, and as such, has the **largest capacity** of the 31 demonstration sites currently funded across Australia.

5.1.2 NEED FOR THE SERVICE

The over-subscription of frail older people wanting to attend the Banksia Day Centre was an indication to Glenview of unmet need for day respite care in Hobart. Banksia Day Centre had been contracted in 2006 to provide respite over four Saturdays for 9 carers each day and

subsequently secured ongoing funding from HACC for a monthly Saturday day respite program which commenced operating in 2007. The Banksia program thus led the way in identifying the need for day respite care in the community, including care on a Saturday.

The *Bisdee House* service was initially targeted to carers who were employed or who were older and frail and needed longer hours of care than Banksia Day Centre could provide. It was thus designed to operate from Mondays to Saturdays inclusive, from 8am to 8pm, with capacity for caring for up to 40 care recipients per day. However, to date the anticipated need for extended day respite care has not been matched by the actual demand from the community and *Bisdee House* has experienced difficulties in attracting the expected larger numbers of care recipients to the program. Staff indicate that further consideration is required to establish the real extent of the community need for longer day respite care and it is anticipated that by the end of the funding period the demand will be clearer and guide forward planning.

5.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The most significant change made to the model since its inception in early 2008 has been the decision to run the service as a series of 'clubs'. This decision was made to reduce the potential stigma associated with being 'in need of respite care'. The 'clubs' concept was developed in response to the recommendations of an external evaluation that was commissioned by Glenview in September 2008 to examine the reasons for the under-utilisation of *Bisdee House*. The clubs now operate from 10am to 2pm and offer the following range of programs:

- Monday: Gardening and Lifestyle Club and Men's Shed
- Tuesday: Fun and Fitness Club
- Wednesday: Craft and Chat Club
- Thursday: Social Club and Men's Shed
- Friday: Music and Sing-a-long Club
- Saturday: Out and About Club.

While *Bisdee House* was averaging 6 care recipients per day during the first six months of its operation, since the evaluation and the adoption of a clubs focus, the service has been averaging 13 care recipients per day. The majority attend for more than one day, with 2-3 days being the typical number of days of use. The other major change to the service model has been the decision to call care recipients 'club members' where previously they had been called 'guests'.

5.3 DEMAND

5.3.1 OVERALL DEMAND FOR THE SERVICE

Bisdee House has been operating at 12% of its capacity (approximately 6 care recipients per day). In September 2008 an external evaluation was undertaken to establish why this was so. The three potentially contributing factors identified through the evaluation were the use of the term 'respite care' in marketing, the perception among the community that the service was dementia specific, and the perceived stigma associated with its location as part of a residential aged care facility. It was recommended by the consultant that a change in focus take place from promoting 'care provision' to offering lifestyle activities in order to attract higher functioning care recipients and to achieve a higher level of ownership of the program by its users. The *Night Owls* and *Banksia* programs, by contrast, were over-subscribed and this was seen to indicate that promotion of social clubs rather than the provision of a care environment would be more palatable to carers and care recipients alike.

In addition to adopting the social clubs focus that the evaluation recommended, the day respite service has also been actively marketed in the press and on a specifically developed and funded television advertisement. Promotional strategies have attempted to emphasise the social aspects of the service rather than the provision of respite care.

Another unexplored explanation for the low demand experienced is the number of competing day respite programs available. It is difficult to ascertain how much the low demand can be attributed to factors within the control of Glenview and how much the low demand is attributable to the nature of the ageing community and the range of options available to them.

Staffing issues and turnover were also identified as a potential factor in the low demand experienced by *Bisdee House* and a new staffing group has been in place at *Bisdee House* since the clubs concept was introduced in late 2008. The program staff suggest that there have been some recent successes in attracting service users due to the combination of adopting a new image for *Bisdee House* that reduces the emphasis on caring and active promotion of the service in the community through public advertisements. The numbers of referrals to *Bisdee House* are considered by staff to be slowly increasing as a result of these changes. In addition, further work has been undertaken to meet with referral sources to ensure that the focus of *Bisdee House* is correctly understood and relayed accurately to potential carers and care recipients.

Staff indicate that it is still unlikely that the target of 40 care recipients per day will be reached during the pilot period, but that the service will continue its active marketing until a realistic estimate of demand can be achieved. It is expected that this will involve 30 (not 40) care recipients per day.

One of the fundamental challenges identified by staff is the location of *Bisdee House* in Glenview, which is well known in the Hobart community as a residential aged care facility. The extent to which the 'stigma' of location is a central factor in the under-utilisation of *Bisdee House* is yet to be determined. The evaluators note, however, that this has not affected other sites participating in the DDR pilot.

5.4 MOST COMMON REFERRAL SOURCES

Nursing staff undertake an assessment of the care recipient and liaise with the general practitioner and/or carer as needed. Case managers have usually been assigned to the care recipient through their community aged care packages and take responsibility for allied health and other health needs. Visiting allied health workers at Glenview include podiatrists and physiotherapists.

5.5 PROMOTIONAL STRATEGIES

The service was initially promoted to the community and to professionals as having the capacity to provide a service for frail older people with dementia and challenging behaviours. This resulted in a predominance of care recipients with challenging behaviours using the service and may have resulted in other care recipients without dementia deciding not to continue attending *Bisdee House*. There has been a concerted effort made by *Bisdee House* staff to alter this perception of the service as dementia specific but this has proved to be difficult to change immediately. There has also been a specific strategy to remove the term 'respite care' from marketing in favour of promoting a social club – as discussed above.

The service has been very actively promoted in the community. In addition to sponsoring television and newspaper advertisements, there have been pamphlets produced and circulated among potential referral sources and paper drops to homes in surrounding streets. The *Glenorchy Gazette* has been used as a means for promotion. There was an Open Day held and official launch of the service. Visits to professional meetings and forums have been undertaken to promote the availability of the service. *Bisdee House* has also been marketed to carers in rural and remote areas of Tasmania as well as Hobart as the long stay option could potentially enable carers to visit the city for shopping and appointments. Promotion is identified by staff as an ongoing challenge and it is hoped that word of mouth recommendation will eventually infiltrate the Hobart community.

5.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

There has been a degree of turnover of care recipients in the service since its inception in February 2008. Over the past 12 months, 10 care recipients have moved into residential aged care facilities and 12 care recipients have passed away. In addition, when *Bisdee House* was providing care predominantly to people with dementia, some care recipients without dementia left for this reason. It is believed by staff that there will be a greater level of stability now that it caters to a broader mix of abilities and capacities and now that previous staffing issues have been overcome.

5.7 SUPPORT PROVIDED

5.7.1 TRANSPORT ARRANGEMENTS

Bisdee House provides a bus pick up and drop off service that services a 25 kilometre radius. A 12 seater bus was purchased as part of the establishment grant for the day respite service. The transport arrangements have created some challenges as some care recipients enjoy the 1-2 hour bus trip while others dislike spending this amount of time on the bus. *Bisdee House* responded to the latter group by providing a taxi service, and the current balance of bus and taxi use is estimated to be 50/50. A few carers provide the transport for care recipients. The charge for the pick up and drop off bus service is set at $5 for the round trip. The same charge is used if a taxi service is substituted.

5.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

The themes of the clubs provide for a number of activities including:

- Arts and crafts as part of the Craft Club
- Physical movement, stretching and hydrotherapy as part of the Fun and Fitness Club
- Gardening and cooking as part of Gardening and Lifestyle Club
- Singing and concerts as part of the Music Club
- Handy work and carpentry as part of the Men's Shed.

Other activities include:

- Reminiscing, oral histories and chair based activities
- Games such as snooker, carpet bowls, bingo, darts etc.
- Movies, BBQs
- Hand and nail care and massages, pamper activities

- Reading room
- Guest speakers.

Staff note that some care recipients use the bedrooms to have a rest, or spend the day there if they are not feeling well or are tired, and some choose to spend time watching movies or sitting quietly on their own in the smaller rooms.

Bisdee House care recipients are able to access the activities available at the Glenview residential facility. Church services are held and care recipients are welcome to attend these. A popular activity is themed events such as the Christmas in July celebration.

Christmas in July Celebration at Bisdee House

Bisdee House can assist care recipients with personal care needs and simple medical dressings, as well as the administration of their medication. It can also provide services such as hairdressing on site and arrange a visit from a podiatrist or physiotherapist. *Bisdee House* staff report that they also do personal washing on site for some care recipients. They comment that care packages are usually used to ensure that care recipients attend their medical and allied health appointments. *Bisdee House* staff work with care package providers in order to maximise resources and coordinate support to care recipients. *Bisdee House* also provides meals for care recipients including breakfast, lunch and dinner. Morning tea and supper are also provided with snacks available throughout the day.

5.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Saturdays are dedicated to holding outings and these have included visits to parks and reserves, visits to the beach and picnics, meals out, visits to museums and galleries, and larger trips to

locations around Tasmania such as Bruny Island. Staff employed in the service are responsible for planning the on site and off site activities as a team and each staff member is responsible for one or two of the clubs.

5.7.4 SUPPORT PROVIDED TO CARERS

Carer support groups have not been established due to lack of expressed demand from carers. Carers Tasmania provides a range of support groups and carers have often accessed these. Carers receive telephone support from staff as needed and some carers have attended certain events organised through *Bisdee House* - such as, the Saturday outings and the Christmas in July celebration.

5.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The *Bisdee House* model was initially designed with flexibility in offering morning, afternoon and evening shifts (8-12, 12-4 and 4-8 as well as 8-8). These time intervals were intended to provide for a mix of short stay and longer stay care recipients. The time intervals were examples of the options available for care recipients and could be modified or altered according to need. The service remains available during the time periods of 8am to 8pm over Monday to Saturday. However, the time period of 10am to 4pm has been found to be the busiest and most frequently used. The service operates a long day and over 6 days per week and this provides flexibility for carers.

The program staff believe *Bisdee House* is able to accommodate most carer and care recipient needs. Activities offered are described as less structured in format than the day time Planned Activity Group and with more flexibility. There are four rooms that could potentially be used for sleeping over if necessary and if the care recipient did not need direct supervision. Staff comment that if they had a Cottage Respite program this would increase the flexibility of the service as offering overnight care would be supported by the physical structure of the premises at *Bisdee House*.

5.8.1 CANCELLATIONS OF BOOKINGS

The cancellation of bookings is not identified as a difficulty, mainly because of the under-utilisation of the service. Cancellations are only an issue for the Saturday Out and About program due to the limitation of having a 12 seater bus.

5.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

Despite the thematic organisation of the daily program, and the clubs structure, staff report that care recipients have considerable choice regarding activities. There is no compulsion for any care recipient to participate in the theme organised for the day and alternate activities are constructed on an individual basis. Some care recipients are reported to want quiet times with less overall stimulation than others. There is reported to be a high level of capacity to match the activities according to the interests and needs of the particular care recipient. There are few care recipients who speak languages other than English, with some care recipients having Italian, Polish or Greek cultural backgrounds, and these people are identified as fitting in very well to the general programming.

5.8.3 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

There has been positive feedback in relation to the quality of the activities provided at *Bisdee House*. The Men's Shed has been a particularly popular activity that has successfully engaged a number of male care recipients. The Shed is a well equipped supervised workshop that enables participants to pursue carpentry related social activities. A craft room is also available and this tends to attract the female care recipients. Staff report that activities provided have been well received with thank you cards and positive feedback from carers and care recipients.

5.9 STANDARDS AND QUALITY

5.9.1 FEEDBACK AND COMPLAINTS PROCESSES

Formal processes for feedback exist within Glenview with an 'I want to complain' brochure and 'My Thoughts' suggestion forms located at reception. Informal feedback processes are the most commonly used means of feedback reported by staff. These are also highlighted in the information booklet.

Glenview has a formal complaints system in place and adopts complaints audits at a Board level. Formal complaints mechanisms are not reported to have been used much by carers or care recipients. Where complaints have been made, these concerned the taxi service and the behaviour of taxi drivers.

5.9.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

Glenview Home was fully accredited in 2005 and re-accredited in 2008. Quality reporting for

Outreach was successfully completed in 2006 and Bisdee House quality reporting was scheduled to take place in 2009.

5.10 IMPACT ON RESIDENTIAL CARE FACILITY

5.10.1 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

There has not been a discernable impact on demand for residential respite from the care recipients attending Bisdee House.

5.10.2 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

Most of the admissions to residential aged care are identified by staff as being due to the declining health of the care recipient.

5.10.3 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

While *Bisdee House* is a separate entity to the residential aged care facility at Glenview, with no shared facilities, there are shared social functions such as concerts and activities. Thus aged care residents are unlikely to interact with *Bisdee House* participants on an everyday basis. There was thus considered to be limited impact of the Day Respite service on Glenview residents.

5.10.4 BENEFITS FOR RESIDENTIAL STAFF

Staff are shared in times of shortfall but staff report that this is more likely to involve *Bisdee House* staff assisting with the residential aged care facility. The residents have access to many of the activities at *Bisdee House* including the Men's Shed and musical activities that provided general enrichment for the residential care environment. In addition, staff note that *Bisdee House* has contributed significantly to the move away from a medical model of aged care to a social model of aged care which is reported as providing significant wider benefits to Glenview as a whole.

5.10.5 DEGREE OF VERTICAL INTEGRATION

Staff identify a degree of internal integration identified between *Bisdee House* and *Banksia House* with care recipients attending one or the other service depending on the hours of care needed and whether there is a carer in place. There are areas of integration identified with the RACF, with access to staffing if longer hours of care are needed or access to registered nurses if a medical issue emerges for care recipients at *Bisdee House*. Shared planning and activities are

identified as another example of integration between residential aged care services and day respite care at Glenview.

5.10.6 FINANCIAL IMPACTS OF INTEGRATION

The value of having a large refurbished building available for the provision of day respite is considered by staff to be of immense financial value that would not have been achieved without combining the residential and respite care models on one site. This substantial physical infrastructure is considered to have provided an opportunity to provide day respite at minimal cost to government. There are additional financial benefits of co-location identified in the economies of scale achieved in the ordering of supplies, equipment and catering.

5.11 FINANCIAL MATTERS

5.11.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

Glenview has been under-spending the allocation due to the lower than expected number of care recipients. It is difficult to estimate the full costs of operating the day respite service while the numbers have been running at between 10-35% of capacity.

5.11.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

Economies of scale in ordering stores and providing catering are identified as the main areas for cross-subsidisation.

5.11.3 VIABLE OPTIONS FOR ONGOING FUNDING

Carers and care recipients are identified as having a lower socio-economic profile with most care recipients being Age Pensioners. Thus there is limited capacity identified for a user pays model of day respite care. There are also not the numbers of working carers using the service as initially anticipated which further reduces capacity to pay. Consequently, the user pays model is believed to have little merit for funding a service that is located in a low socio-economic area with the majority of care recipients being Age Pensioners.

5.11.4 FEES POLICIES AND PRACTICES

Fees are charged at $8 per four hour session, $16 for a four to an eight hour session, capped to a maximum of $20 per day for over eight hours and capped to a maximum of $50 per week. The

bus service is charged at $5 for the round trip. Taxis arranged to transport care recipients are charged out at the same rate as the bus service. Fee waivers are negotiated on agreed criteria. However, very few requests have actually been made for the waiver of fees set and most people are paying the fees.

5.11.5 FINANCIAL IMPACT OF CANCELLATIONS

This has not been identified as an area of concern to *Bisdee House*. The biggest financial impact has been the under utilisation of the service, with government funding being underspent.

5.12 EXIT/ USE OF OTHER SERVICES

5.12.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Over the past 12 months 10 care recipients have moved into residential aged care facilities and 12 have passed away. There has also been some turnover of care recipients attributed to the initial over representation of care recipients with dementia that may have acted as a deterrent to more highly functioning older people accessing the service.

5.13 KEY STAKEHOLDER INTERVIEWS

Stakeholders interviewed generally believe that the *Bisdee House* service offers a good model in providing more flexible, longer day care for carers and care recipients and is considered to have great merit in offering transport and flexible hours of care. It was described by one stakeholder as a very positive and interactive establishment. The premises are considered to be attractive and inviting and the service to be well located in the northern suburbs of Hobart where a significant proportion of the Hobart population reside. The independent, stand alone location of *Bisdee House* on the site of Glenview is believed to be a good feature of the service.

Stakeholders interviewed suggested that *Bisdee House* had been well promoted in the community and was well known among service providers. Very good relationships are reported to have developed with the service with the opportunity available to call staff directly if there are any concerns or information is needed. The referral sources interviewed suggested that they had actively promoted *Bisdee House* to a range of carers but that the carers had not often acted on the suggestion, despite their level of stress. This was considered in part to be attributable to the reluctance of care recipients to attend a day care program. One stakeholder commented that some carers and care recipients associate day respite with dementia specific services and are concerned about being located with people who have dementia.

The location of *Bisdee House* at Glenview is not considered by the stakeholders interviewed to pose a major barrier to accessing the service. One stakeholder commented that being attached to an aged care facility makes it more marketable as it can provide the backup of care workers if needed for extended stays and nursing staff if needed for medical issues. Rather, low utilisation of *Bisdee House* is believed to be attributable to a combination of factors including the range of other day respite and in home respite care programs available in the community and the general reluctance of carers to take the first step of trying out the program at *Bisdee House*.

One stakeholder commented that over the past 12 months a number of day respite programs in Hobart had been under-subscribed. Another commented that many carers have preferred in home respite as a model as there are difficulties experienced in getting the care recipient dressed and ready for a day program. There were also barriers identified in melding together care recipients from different socio-economic backgrounds who may not want to spend time together in the same program. Despite these barriers, stakeholders agreed that there is a large ageing population present in Hobart who are likely to need a service such as *Bisdee House* in the future and that the demand may in fact increase over time.

Where carers have used the service, the results were believed to be very positive with good feedback received and no complaints made. Despite its under-utilisation, *Bisdee House* was still believed to fill a gap in Hobart service provision.

5.14 CASE STUDIES OF INDIVIDUALS

1. A male in his late 70s was being cared for by his wife. She was concerned about her well being as her husband was getting up each night and wandering around the house, disturbing the peace. This was not due to his dementia but a level of restlessness associated with possible anxiety and depression. The carer was barely coping with the lack of sleep she was experiencing and was having difficulty managing her husband's sleeping difficulties. Since coming to Bisdee House for three days per week, the sleeping problems have improved substantially. The care recipient is receiving greater social contact and stimulation and this has possibly reduced his anxiety and alleviated his level of depression. The carer is now able to sleep through the nights and getting the rest she needs. She has commented to staff that the Bisdee House program has made a big difference to her overall well being and that it has also had a positive impact of the happiness and well being of her husband.

2. A woman in her early 70s is being cared for by her son in his 40s. The family are from a culturally and linguistically diverse background. The carer works full time and has been looking after his mother as he resides with her. He now drops his mother at Bisdee House and picks her up at night over five days a week. The carer also drops his mother to Bisdee House on Saturdays so he can have some respite time that is not work related. This care has

enabled the son to continue working and to know that his mother is safe while he does so. It has also enabled him to have some recreational time on the weekends.

3. A male who is 100 has been cared for by his daughter. He attends the Men's Shed program and has enjoyed being in the company of other males. He attended Bisdee House one day per week to go to the Men's Shed and has also attended the Saturday outings on occasions as well. He recently increased his attendance from one to two weekdays. The carer had previously been exhausted by his care needs as she is elderly herself.

4. A man in his mid 80s had severe dementia and was being cared for by his daughter. He attended Bisdee House but had significant urges to escape the premises. He was attending the Boronia Program which has dementia specific indoor and outdoor areas. One day the care recipient managed to scale the high fence, over a steep embankment. DMAS was consulted about the care recipient to provide strategies for Bisdee House staff in order to contain him. Despite this support, Bisdee House staff formed the view that they could not guarantee containment of the care recipient and thus his safety. The care recipient had escaped from the program premises on three occasions before the program conceded defeat. This care recipient was considered by the program to have required one on one intensive support to manage his behaviours. The program had to then advise his carer and other family members that he could no longer attend the day respite program. The family were reportedly upset about this decision but the program assessed the care recipient as a determined wanderer whose behaviours could not be contained even in a dementia secure area. The family were concerned that the program could not guarantee the safety of this care recipient in day respite and have recently asked if he could become a resident at Glenview.

6 APPENDIX 2: BRIBIE ISLAND RETIREMENT VILLAGE DAY RESPITE PROGRAM CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Auspice: Churches of Christ Care (CARE)

Program: Bribie Island Retirement Village Day Respite Program

Location: Bribie Island Queensland

Amount of Funding Provided: $315,000 PA plus One Off establishment expenses $6,700

Commencement of Service: February 2008

Specific Focus: Community of Bribie Island, predominantly retirees, and surrounds

Number of DDR funded Respite Places: 10 care recipients per day

Days of Operation: Monday to Friday 7am to 7pm

Date of Site Visit: 21st September 2009

Staff Interviewed

- Shirley Watson DONACS
- William Feez Co-ordinator Day Respite Program

Key Stakeholders Interviewed

- Golden Age Day Respite Program Centre Co-ordinator, Ann Batty
- Community Options, Adrienne Clark, Program Manager
- Commonwealth Respite and Carelink Centre**,** Caboolture Office Centre Coordinator**,** Natasha Prior

6.1 BACKGROUND

6.1.1 HISTORY AND CONTEXT

The auspice for the day respite service at Bribie Island Retirement Village is the Churches of Christ (CARE). CARE is one of the largest providers of aged care in Queensland and operates services in 26 sites across Queensland. The auspice was established 75 years ago and the RACF in Bribie Island was established 35 years ago. The RACF at Bribie Island includes a 121 bed facility with 62 high care, 54 low care and 4 respite beds, with one palliative care bed. Of these beds, 20 are dementia specific. The service also includes on the same site 150 Independent Living Units and delivers 30 CAPS packages.

6.1.2 NEED FOR THE SERVICE

The community of Bribie Island comprises approximately 16,000 people and is characterised by the extent of its retired community members (54% of the population). As Bribie Island Retirement Village offers a continuum of services including CACP packages and Independent Living Units, the day respite service is believed by staff to contribute to the continuum of care for frail aged members of the community of Bribie Island. The day respite service is also believed to add value to *Golden Age* - the Planned Activity Group operating at Bribie Island which has been well established for some time and demonstrates the demand for this sort of program in the community. It is believed that the day respite service at Bribie Island Retirement Village can augment that which was available through *Golden Age*, particularly in providing a longer day of care.

6.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The service is intended to offer 10 places per day supporting approximately 25 carers and care recipients per week. The hours of operation were originally planned to be 7am to 7pm for 3 weekdays (Monday, Wednesday and Friday) and 2-7pm two days a week (Tuesdays and Thursdays) plus 6 hours over a weekend. These hours of operation were identified as appropriate in order to augment rather than duplicate the hours available at the *Golden Age* Planned Activity Group. As the demands for weekend care were not great, and there was demand for care on Tuesdays and Thursdays as full days, the hours of operation were extended to 7am to 7pm 5 weekdays with infrequent demand for weekend care. The most common time slots for care are identified as being 8.30 am to 4.30 pm weekdays.

The day respite service has also moved location within the RACF complex on three occasions since commencing its operation in February 2008. For most of 2008, the service was delivered from a large lounge room that formed part of the RACF. It then moved to the current library area for a short period of time, which was open to the hallway with no doors. Following substantial internal refurbishment of the entire premises at the RACF, the service now operates from a room that has been created by partitioning off a large hall area. The room, however, is not secure as it has no doors and is an open plan space within a larger hall area. There is also noise intrusion from the adjacent hall when events are held there, though the service tends to plan its off-site activities and outings to coincide with these events.

The view of the day respite service staff is that despite the move out of the RACF lounge, the space is still not ideal as it does not assist with the management of people with wandering dementia nor does it allow for a sense of privacy and personal space for participants. Staff comment that the decision to locate the day respite service within the larger building is unlikely to change in the short term. Staff also note that access to a secure outdoor garden area would have been ideal given the weather conditions of Bribie Island where outdoor use is more frequent during the whole year.

6.3 DEMAND

6.3.1 OVERALL DEMAND FOR THE SERVICE

The demand for the service has reached just under 10 people per day, with some days attracting 12 care recipients, and others 6-8 care recipients. Over a week, approximately 50 care recipients and 51 carers had been supported up to July 2009. The day respite service is still trying to increase its numbers and has no waiting list.

6.3.2 MOST COMMON REFERRAL SOURCES

The RACF offers physiotherapy, podiatry, dietetics and OT for access by care recipients on a bookings and fee paying basis. The services of the RN at the RACF are commonly used for check ups and management of medications and conditions.

6.3.3 PROMOTIONAL STRATEGIES

Promotional strategies have included an advertisement placed in the local paper, letter drops, an open day and networking through the inter-agency meetings. Word of mouth has apparently accounted for approximately 50% of the attendees. Bribie Island is a small community and therefore personal recommendation has been important to the referral process. The staff comment that the response to the original promotional drive was positive and that another promotional drive is needed.

Though there is a separate entrance to the day respite service room in its new premises within the building, and it has been located here for the past 2 months, the service does not have a specific name. This is identified by staff as an area for potential future development.

6.4 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

The turnover rate for care recipients attending the service is estimated at 60% as the care recipients have either moved into residential aged care or were deceased. It is estimated that of the people who had left the service, half had moved into a RACF and the other half were now deceased. Seven care recipients had entered care at the Bribie Island Retirement Village.

It is considered by staff that an explanation for the turnover of care recipients is their level of high needs with 50% having early signs of dementia. Care recipients are thus more likely to transition into a RACF, with day respite slowing the process and providing for a more planned entry process. The day respite service is described as a stepping stone process into RACF for care recipients with early signs of dementia and staff consider that it has provided a pathway for what seemed to be a natural progression for many care recipients.

6.5 SUPPORT PROVIDED

6.5.1 TRANSPORT ARRANGEMENTS

A bus is available to transport care recipients at two time intervals, 8.30am and 4.30pm. The bus round takes about one hour each way as it crosses the bridge to collect care recipients on the

mainland as well as on Bribie Island itself. Staff report that care recipients generally enjoy the journey and it is not stressful for them. The bus trip is charged at $2 return for the Bribie Island residents and $4 return for mainland care recipients.

It was suggested that as most carers do not drive, bus transport is an important feature of the service operations and essential to its effective delivery. However, the one off establishment grant that had been requested had not included the purchase of a bus, providing only for smaller items associated in supporting the operation of the bus service - such as, mobile phones for the bus drivers. The original proposal intended to use the RACF bus, but as there was a limiting factor encountered in its availability, an older bus from another CARE facility has been leased as a temporary solution. The bus driver is employed as a care worker and so is a full time member of the day respite service staff. There is no wheelchair access to the bus and if this is required for care recipients who are not ambulant either maxi taxis or private transport are used. It was suggested by staff that future funding submissions should include the cost of purchasing a bus for the service as an essential component to its effective operation.

6.5.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

Most of the care recipients are male (90%) and the programming has being designed to accommodate their needs. The gender balance is described as a reflection of the fact that the female spouses who are generally in better health want to participate in the many retirement activities available on Bribie Island, for example, golf and therefore are seeking day respite for their partners in order to pursue these interests.

Due to the gender balance of care recipients, some activities are not popular and this makes art and craft activities as well as Montessori methods of aged care delivery less palatable and attractive to them. The exception to this is food preparation - such as sandwich making for picnics and BBQs - which are both popular among male care recipients. Care recipients also enjoy activities that involve outdoor trips and excursions and enjoy games and sporting related activities. Croquet is a popular sport. A social club atmosphere is fostered where care recipients feel ownership and enjoy the routine of attending. The program co-ordinator is also a lifestyle therapist and this has added to the programming approach adopted. Staff describe the adoption of the *Sunshine Club* model where people with dementia can participate in a social group setting and this approach has been used as part of the day respite service. Care recipients with dementia can also participate in the programs operating in the secure unit within the RACF.

Comment was made by staff that given the male profile of care recipients, it would be good to have a Men's Shed program operating closer to the day respite area. Some of the more able men are able to participate in the RACF Men's Shed program (currently a toy making project) located some distance away from the day respite service. However, there is not a readily available site close to the day respite service and within a secured area for this to take place and

this was considered to be a possible goal for the future development of the service.

Most care recipients are aged around 80 years of age with a range from 70 to 98 years of age. The well being and health of care recipients are assessed and monitored by Registered Nurses employed in the RACF. There is also capacity for involvement of allied health staff. Staff comment that many of the men have experienced a new lease of life after attending the service and are less depressed and more engaged, resulting in less anxiety and better sleep patterns. The staff note that the activity levels of care recipients have been re-activated and they are more positive about life as a result.

6.5.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

It is estimated by staff that one full day excursion occurs each week in addition to other shorter excursions. Fridays are a popular day for outings. The service is described as fairly outdoors oriented as this is what the male care recipients enjoy. Outdoor activities are particularly popular in the afternoons after the post lunch rest period. Quieter activities on site, such as, personal history and story telling projects run in conjunction with the local primary school are also included in the range of activities provided.

6.5.4 SUPPORT PROVIDED TO CARERS

Formal carer support groups are being considered by the service as an area for future development. In the interim, carers are informally supported and invited to participate in activities such as BBQs and bus outings. Carers can also be referred for further areas of support should they require this.

6.6 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The service is described by staff as highly adaptive to individual needs within the parameters of the program hours. There is not the capacity to accommodate overnight care unless a bed becomes available in the RACF. Care recipients can remain at the RACF for longer hours if this is needed, as long as a bed was not required. Most of the carers are described as spouses rather than children and thus the extent of demand for overnight care or extended care is less than may have been the case if children were the primary carers. The service is thus not catering so much for working carers but rather for spouses who needed support and a break from the care responsibilities of their partners.

6.6.1 CANCELLATIONS OF BOOKINGS

Cancellations of bookings are not identified a source of concern to the service as most

cancellations are planned ahead due to medical appointments and similar events. More difficult to manage are the requests for unplanned care required at short notice.

6.6.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

The approach adopted to the delivery of the service has been to engage care recipients in ownership of the 'Club' model of day respite care. This approach has meant that care recipients are actively involved in determining what they are involved in and the activities available for them. There has thus been an emphasis placed on matching activities to the needs of care recipients who participate in the service. There has also been an emphasis on matching the availability of the day care to the needs of the carer in terms of hours and days of availability.

6.7 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

The activities are believed by staff to be effective in meeting the needs of care recipients and are designed and tailored around their needs, interests and capabilities. This is considered to have been achieved despite the changing location of the service and the challenges faced in having a less than ideal room and a non secure outdoor area. For the period that the service had operated out of the common lounge area of the RACF, shared with the residents, the care recipients were described as being less settled than they are now in their own space within the building. Areas for improvement to the service and its effectiveness are identified in having access to a more secure private room and dedicated area to operate within, having access to a secure outdoor garden area, and having access to male oriented activities areas such as a Men's Shed.

6.8 STANDARDS AND QUALITY

6.8.1 FEEDBACK AND COMPLAINTS PROCESSES

Carers are described as generally appreciative of the service. Carers complete a stress assessment tool upon admission and every 6 months following admission to determine their coping on the care burden scale. There has been a neutral effect from this measurement and it is believed that this is due to the reduction in stress achieved by using day respite being offset by the increasing demands from the care recipient over time. Carers are advised of the complaints procedure. There had been no formal complaints made and it is considered by staff that carers are well aware of the process that is in place for them.

6.8.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

The service has a quality management system (QMS) in place and uses an internal audit system. The day respite service had recently been reviewed by DoHA and was ranked 2/3 with limitations identified in the level of clerical system that required further development.

6.9 IMPACT ON RESIDENTIAL CARE FACILITY

6.9.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

During the period when the day respite service operated from the lounge room of the RACF, residents were described as having benefited from this experience, while the day respite recipients were described as less settled. Residential care staff were described as less supportive of the sharing of the lounge room and found the integration process to be problematic. Since the separation of programs the day care recipients only visit the RACF for special events and occasions and there is thus less contact between the two groups. Staff suggest that care recipients prefer to have their own space.

6.9.2 BENEFITS FOR RESIDENTIAL STAFF

Residential staff were described as having been initially not as supportive of the day respite service as they could have been. This response was attributed to inadequate time to consult and prepare for the integration of the day respite service within the RACF. However, over time residential staff were described as increasingly accepting of the day respite service. There are now shared activities which bring residential and day respite staff in contact and this is described as now working well.

6.9.3 DEGREE OF VERTICAL INTEGRATION

Staff resources are on occasion shared between the RACF and the Day Respite service with some degree of cross sharing of staff in either site dependent on needs. There is a plan for increased sharing of the staff working in residential aged care and day respite both for skills diversification and flexibility in the workforce. There has been integration of programming particularly for the dementia areas where day residents with dementia can participate.

6.9.4 FINANCIAL IMPACTS OF INTEGRATION

The financial advantages of combining RACF and Day Respite Care were identified in areas of staffing where the RN can provide support to the Day Respite service, in the sharing of stores,

supplies and food supply and preparation and in the sharing of activities that are sometimes commonly organised.

6.10 FINANCIAL MATTERS

6.10.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

The day respite service employs one person to undertake the role of program co-ordinator for 25 hours per week and acts as the lifestyle therapist for 10 hours per week. There are 6 respite care workers who provide 140 hours of care per week, 2 bus drivers (one of whom is full time as he is a respite care worker as well) and an administrative support for 6.5 hours per week. Staff comment that the budget has not provided sufficiently for the real cost of wages and that the service runs over on the salary component. It is considered that this over-run is attributable to the fact that indexation was not built into the original funding submission. There are concerns expressed by staff that if they needed to provide day respite over the weekends this would add considerably to the over-run on salaries.

6.10.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

Areas of cross subsidisation are identified in staffing, stores, supplies, shared equipment and the operation of the kitchen, as well as the use of the building space. The provision of nursing care and clinical support for vital observations and treatment are identified as areas of subsidisation from the RACF to support the operation of the day respite service. There are also areas of subsidisation identified in the provision of administrative support to the day respite service in the provision of a reception facility.

6.10.3 VIABLE OPTIONS FOR ONGOING FUNDING

It is estimated by staff that 70% of care recipients are Age Pensioners, and for this reason it is considered by the service that full cost recovery is not an option.

6.10.4 FEES POLICIES AND PRACTICES

The service has not charged fees to date since its commencement. The service is considering the introduction of a fee of $5 per day which is felt to be manageable for most service users. Fees are charged for the use of the bus.

6.10.5 FINANCIAL IMPACT OF CANCELLATIONS

This is not considered to have significant impact on the operation of the are charged.

6.11 EXIT/ USE OF OTHER SERVICES

6.11.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Care recipients have predominantly exited they are charged to enter the RACF or due to their death. Seven care recipients had entered the RACF at Bribie Island Retirement Village.

6.11.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

Care recipients have used the residential respite beds if they are available. The RACF has four beds available but is in the process of considering reducing them to two. The minimum stay in the residential respite beds is one week and so the beds are not used for one off short term crisis situations.

6.11.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

There has been a higher level of transition from the day respite are charged to a RACF than occurs in other sites visited. This is attributed to the fact that 50% of care recipients had symptoms of early dementia upon arrival and their deterioration has led them to require a higher level of care than the day respite are charged can provide (especially given its physical infrastructure). Staff comment that exposure to the RACF through attending the day respite service has reduced the stigma associated with residential care and helped to introduce both carers and care recipients to the RACF.

6.12 KEY STAKEHOLDER INTERVIEWS

There were concerns expressed by a number of stakeholders that the day respite service at Bribie Island had been instigated without adequate prior consultation or scoping of need. The service system was described by one stakeholder as cohesive and collaborative and the way the Bribie Island day respite service was introduced did not follow the usual consultative processes that had been developed by the service system. This apparently caused some friction for the day respite service as it was initially viewed as a pilot program imposed on the existing service system.

One stakeholder commented that the demand for day respite programs may not have been

sufficient to warrant the establishment of the Bribie Island Retirement Village day respite pilot given the existence of the *Golden Age* and *Eden* programs that were offering a similar service. It was suggested that demand would have been greater in Brisbane North and regional suburbs such as Redcliffe and Caboolture. The program at *Golden Age* operated from 9am-3pm and had approximately 30 people attending each day. One stakeholder commented that it was good to have an alternate model of day respite available at Bribie Island that could provide a longer day of care than the *Golden Age* program was able to provide.

There were further concerns expressed by one stakeholder that the service commenced at a time of major renovations at the RACF which then caused significant disruption to its implementation, resulting in it having to move a number of times.

Stakeholders generally viewed it to be positive that the service could manage the more difficult behaviours due to the back up available from the RACF in terms of equipment training and use and clinical assessment and management. One service provider commented that the service was responsive to referrals from even severe cases of dementia. Although the target group for the day respite service at Bribie Island was considered to involve care recipients at the higher end of need, one stakeholder commented that the service was also accepting residents from the Independent Living Units within the RACF. Another commented that many of the care recipients currently attending the *Golden Age* program would not utilise a day respite program with an institutional location.

One stakeholder expressed the belief that they had found benefit from the co-location of the service as a starting point for carers and care recipients in accepting respite and becoming more familiar with the facility, breaking down the fears and misconceptions in regard to the RACF environment. One stakeholder noted that it was good for care recipients to have continuity of care between day respite and the RACF. Another commented that the Bribie Island Retirement Village has a long history on the Island and is a well regarded and accepted facility. It was seen to be a positive feature of the day respite model that attendance at the day respite program had enabled many carers and care recipients to be exposed to the RACF environment to break down the barriers of stigma and misperception. One stakeholder expressed concern that some carers were using the day respite service in order to facilitate entry for the care recipient to the RACF. The availability of transport options was also identified as a strength of the program model.

6.13 CASE STUDIES OF INDIVIDUALS

A male aged in his mid 80s and his wife live on Bribie Island. The male care recipient has been attending the day respite program for 5 days per week and commenced attending at the beginning of the program's operation in 2008. He has enjoyed attending the program over the past 18 months and has appreciated the structure and routine. He considers it to be 'the Club' and has a sense of ownership of it and its operation. His wife was diagnosed with a serious and

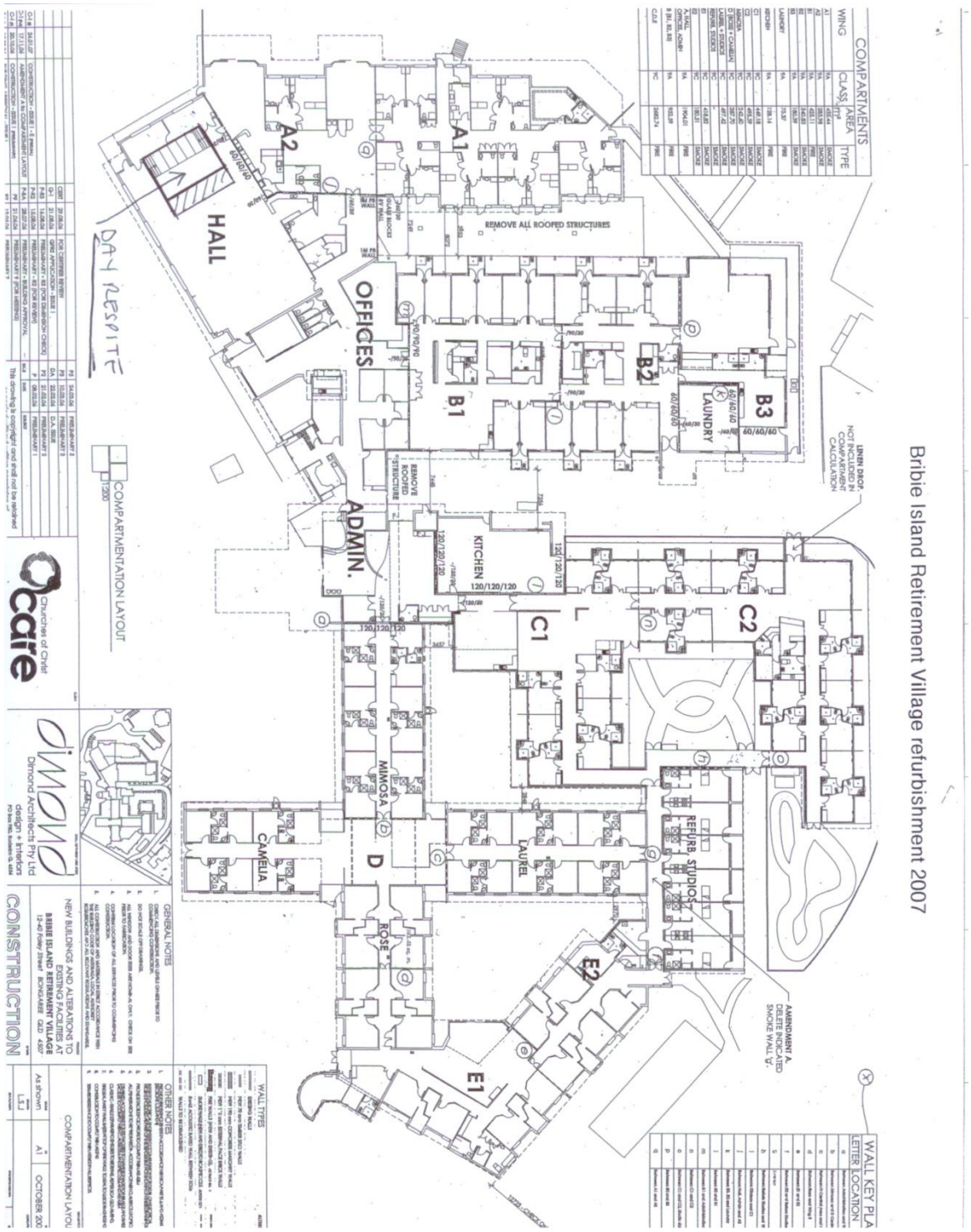
life threatening health condition and has been attending medical treatment in Brisbane for some time. The availability of the day respite program has assisted her in managing her own treatment regime as she doesn't have to leave her husband alone in the home while she travels to Brisbane for treatment. The relationship at home between the couple has reportedly improved due to the support the couple have received from the day respite program.

A male in his early 70s and his wife both have serious health conditions. The care recipient commenced attending the day respite program close to its commencement in 2008 and he has generally attended for two days per week. He comes on additional days when his wife has to pursue her treatment regime. The care recipient hasn't settled in as well as he could but knows he needs to attend the program in order to allow his wife the time she needs to receive her treatment. The care recipient is also described as slightly awkward with the other day care recipients as he considers himself to be from a different social background to many of the attendees and thus feels he has less in common with them.

A male is in the second stage of dementia. He is in his mid 80s and has been attending the program since late 2008 for an average of two days per week. He experiences wandering behaviour and his behaviour is demanding and challenging to manage. He has a routine auto nomism which is unsettling to be around for long periods of time. He also has limited verbal communication capacity. His wife and carer has a serious medical issue and attends Brisbane for treatment twice a week. The care recipient's behaviours are also challenging for his wife particularly at night time when he has difficulty sleeping. The nature of the care recipients challenging behaviours are being managed by the program which is able to provide the continued respite that his wife and carer needs.

A female aged in her early 70s has been attending the program since late 2008. She is being cared for by her son and daughter in law who don't live in the vicinity but come and stay at Bribie Island on the weekends. The care recipients is immobilised by a health condition. She attends the program for two days per week officially but often attends for three days per week. The son and daughter in law are pleased that their mother is safe and being looked after during the week days when they are working in the city and they can't be there to assist her.

6.14 OTHER DOCUMENTATION - SITE MAP



7 APPENDIX 3: COOINDA HOSTEL DAY RESPITE CASE STUDY REPORT

Author: Daniel Cox

Editor: Kate Barnett

Auspice: Catholic Care

Program: Cooinda Hostel Day Respite

Location: Singleton, NSW

Amount of Funding Provided: $167,420 per annum plus $52,495 one-off vehicle lease and equipment purchase

Commencement of Service: April 2008

Specific Focus: Low care, non secure facility

Number of DDR funded Respite Places: 5 care recipients per day

Days of Operation: Weekdays 9am to 4pm (negotiable)

Date of Site Visit: 4th August 2009

Staff interviewed:

- Sharon Sheen, Hostel Manager and Day Respite Coordinator
- Cathy, Program Assistant/Admin Officer
- Carmel Weston, Director, Residential Services (Catholic Care)
- Gwenda, Recreation/ Activities Officer

Stakeholders Interviewed:

- Kathleen Ballard, CACP Provider, UnitingCare Wesley (major referral source for the program)
- 1 care recipient was interviewed with their carer present
- 3 carers were interviewed

7.1 BACKGROUND

7.1.1 HISTORY AND CONTEXT

Catholic Care has a significant service presence in the Hunter/New England region of NSW, operating 9 residential aged care facilities, as well as Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and EACH Dementia packages.

Cooinda Hostel is a 34 bed facility in Singleton, 205km north of Sydney. The facility had a large activity room (see site plan attached) which was earmarked for the Day Respite Service to operate as a fully integrated activity program involving residents and respite care recipients.

Originally, Cooinda was considering the development of a 15 place per day service. However, this would have represented difficulties relating to the physical environment and may have detracted from the homelike environment that had been created for residents in the facility.

In total, 19 care recipients have accessed the service since it commenced operation. Care recipients usually participate for 2-3 full days per week, and while 5 places/day have been filled, at the time of the site visit there tended to be 2 or 3 care recipients per day. This is due to the recent exit of a number of care recipients.

7.2 NEED FOR THE SERVICE

A need for alternative respite care options was clear in Singleton, as there was limited choice available for older people and their carers. In particular, existing respite services offered only short term (eg 2 hours at a time) and occasional (eg weekly or fortnightly) service, limiting the impact for carers who require a longer break. Extended periods of respite enable carers to participate in recreation activities or attend appointments, which often require significant travel to other towns or regional centres. A further rationale for the service was to enable care recipients to experience the hostel environment, with the hope of providing a seamless transition to residential care for those who need it.

7.3 CHANGES IN THE PROGRAM MODEL OVER TIME

The Cooinda Day Respite Service has largely developed as anticipated. One slight deviation from the original proposal is that a vehicle was not purchased/leased as there was limited demand for transport to/from the service.

From an operational perspective, the service has demonstrated significant flexibility by offering one-off, ad hoc and emergency respite to people, for example when a carer is ill/hospitalised.

7.4 DEMAND

7.4.1 OVERALL DEMAND FOR THE SERVICE

Although it is understood that there is significant underlying demand for the service in the community, care recipient numbers have been limited. On most days, 2-3 care recipients attend the service and there is capacity for additional care recipients. Very few care recipients have used the program for all five days of the week, with the majority attending between one and three days per week.

Demand for the service has fluctuated over time and the small number of available places makes it sensitive to small numbers of discharges, which are usually due to admission to residential care or death. For example, a loss of 2 clients in a short space of time represents a significant change in the care recipient group.

The small capacity of the service presents a challenge from a demand management perspective. A waiting list for a 5 place/day service has not been deemed appropriate – it has been considered that any significant increase in demand would be managed via rationing places (eg limiting the number of days that a care recipient can attend), combined with an assessment of relative priority.

7.5 MOST COMMON REFERRALS FOR ALLIED HEALTH AND OTHER SUPPORT

A number of care recipients are clients of the local CACP program and as such have the majority of their support needs met by that service. The remainder of the care recipients are supported solely by informal and other mainstream support services. Care recipients are able to access the visiting podiatrist. The local CACP provider (UnitingCare Wesley) is the most significant referrer to the service.

7.6 PROMOTIONAL STRATEGIES

Upon her appointment, the dedicated Day Respite Activities Officer developed a range of information resources for potential referrers, including health and aged care providers, as well as local carers. Initial referrals were generated via local marketing in various media and by networking with local service providers and community agencies.

Advertising and promotion within local media and word of mouth within the community have been the principal modes of promoting the service.

7.6.1 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

Respite care recipients tend to stay in the program for an extended period, with a couple of participants in the program having been involved since commencement. Of these who have left the program to access a residential care service, they still have the opportunity to be engaged in the program.

7.7 SUPPORT PROVIDED

7.7.1 TRANSPORT ARRANGEMENTS

Generally, care recipients make their own transport arrangements to attend the day respite service. If required, care recipients can receive transport assistance to and from Cooinda but there has been limited demand.

Often, care recipients who receive a CACP support package are provided with transport to attend the service.

Off site activities are facilitated by utilising existing transport resources (either the Catholic Care or Community Bus).

7.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

A range of activities are arranged for care recipients, including a mix of on-site activities and excursions, such as:

- Concerts and entertainment
- Lunch outings
- Country drives
- Special events (eg Christmas in July)
- Shuffle board (including 'tournaments' held with other local residential care facilities)
- Shopping excursions
- Board/card games and puzzles
- Appointments with the visiting hairdresser.

Care recipients have a care plan developed that indicates their preferences and goals for the program. While recreational activities are the focus of the Day Respite service, some personal

care services are offered from time to time.

7.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Off-site activities are planned approximately weekly. The range and frequency of off-site activities/excursions is dependent on the availability of transport.

7.7.4 SUPPORT PROVIDED TO CARERS

Care recipients are able to participate in many of the activities, although the service tends to focus on 'giving carers a break'. Carers are most likely to participate in special events (eg luncheons, excursions) rather than on-site activities.

7.7.5 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The service offers a high degree of flexibility in terms of accessibility. At the time of the site visit, there was the capacity to accept new referrals and provide short term or emergency support, as well as offering choice of day(s) to attend. Hours of attendance may also be negotiated and care recipients may arrive earlier or stay later than the scheduled hours of operation if required. Some personal care (eg showering assistance) may also be provided.

The physical setting limits flexibility in terms of the number and profile of clients. Because the Day Respite service utilises existing space, the Activity Room is the primary venue for on-site activities and there is limited scope for 'spreading out' or retiring for a rest or to be alone. In addition, the hostel does not offer a secure environment and as such, is not suitable for people with dementia who have a tendency to wander.

By integrating and pooling the resources of the hostel and the Day Respite service, 2 Activities Officers are available for to support residents and care recipients, which allows for intensive support and occasional 1:1 assistance as required. This also enhances the range of on-site activities, allowing choice for those attending the recreation/respite program.

7.7.6 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

The formal care/activities plan for each carer and care recipient records the preferences and goals for those using the Day Respite service. A range of on-site and off-site activities are offered and the availability of 2 Activities Officers enables the group to exercise choice.

7.8 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

Since the service commenced, six Day Respite care recipients have been admitted to residential aged care. It was commented by both staff and carers of former day respite participants that their participation in the service made the transition to permanent care much less traumatic for the older person.

The social benefits of the service were most consistently acknowledged during the site visit. When participating in activities on-site, care recipients not only interact with each other, but also with the hostel residents. Off-site activities provide an even broader range of social interactions and a reconnection to the community for people who have often been socially isolated for some time prior to attending the service.

The retention of skills – social, cognitive and physical skills – was also considered by staff to constitute further positive outcomes for the care recipients.

7.9 STANDARDS AND QUALITY

7.9.1 FEEDBACK AND COMPLAINTS PROCESSES

Letters from care recipients were reviewed during the site visit. Verbal feedback is welcomed and formal satisfaction surveys are administered for all Cooinda residents. The small size of the Day Respite service has meant that a personal approach to feedback is considered most suitable. Carers and care recipients are able to utilise the complaints mechanisms available to hostel residents. There is printed information regarding complaints processes at various points around the site.

In consultation with 4 carers and 1 care recipient, support for the Day Respite program was very high. The quality of the staff, range of activities and connection with the community were most highly regarded. The service was considered flexible and interesting for care recipients, while offering carers the opportunity to take a break from their caring role, with confidence that the care recipient would be well cared for. The only opportunity for improvement that was cited was that some care recipients get tired during the day and are unable to retire to a ‘quiet room’ to rest. This was not considered to be a significant issue.

7.9.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

The Hostel Manager regularly liaises directly with carers and care recipients. She also meets frequently with the Activities Officers to monitor the service and the progress of care recipients.

7.10 IMPACT ON RESIDENTIAL CARE FACILITY

7.10.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

The integrated service model builds on the existing capacity of the hostel in a way that benefits the respite care recipients, hostel residents and staff. Care recipients and residents are able to choose from a wider range of activities given the pooled resources of both residential and respite activity programs. Similarly, Activities Officers from both the respite and residential care services have additional capacity to share resources and focus individual attention on those who need it.

7.10.2 BENEFITS FOR RESIDENTIAL STAFF

The ability for residents to join in the day respite service activities and the pooling of resources by staff across residential and day respite programs is a benefit for both groups of staff.

7.10.3 DEGREE OF VERTICAL INTEGRATION

Given that Catholic Care does not operate other services in Singleton, the Day Respite service is effectively a 'stand-alone' initiative that is co-located with the hostel.

Cost sharing arrangements for meals services and transport, as well as administrative and management functions are evident as a result of the integrated service model.

Other synergies are achieved externally. Catholic Care does not offer community support packages (ie CACP, EACH or EACHD) in Singleton, and Cooinda has developed a positive and close relationship with the local CACP provider that enhances accessibility to the Day Respite service. For example, the CACP provider is not only a significant source of referral but provides transport for care recipients who use the service.

7.10.4 FINANCIAL IMPACTS OF INTEGRATION

The Day Respite service operates with a discrete program budget, although economies of scale are realised by the co-location and integration of the Day Respite and residential care activities programs.

7.11 FINANCIAL MATTERS

7.11.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

The financial impact of the Day Respite program has been neutral for the organisation. A guaranteed level of funding has made the service viable and ensured that staffing costs are met regardless of how many care recipients use the service on a daily basis.

The fixed budget therefore allows for any unexpended resources to be applied by the service to offer greater flexibility, such as emergency/crisis support and extended hours as required.

7.11.2 VIABLE OPTIONS FOR ONGOING FUNDING

As the service stands, it is considered viable. The majority of the service costs are associated with staffing and as such, are relatively stable.

7.11.3 FEES POLICIES AND PRACTICES

A flat daily fee of $20 per day is charged, which can be waived in the event of financial disadvantage. Fees are not charged if a care recipient fails to attend due to illness, for example.

7.11.4 FINANCIAL IMPACT OF CANCELLATIONS

While care recipients are not charged if they do not attend, the Activities Officer is still paid. However, the service is “fully funded” and fees serve as a supplement rather than a core income stream, minimising the impact of ‘no-shows’.

7.12 EXIT/ USE OF OTHER SERVICES

7.12.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Since commencement, eight care recipients have exited the day respite service – 6 have been admitted to a residential aged care facility and 2 have deceased.

7.12.2 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

Of the 6 care recipients admitted to residential aged care, 3 were admitted to Cooinda (see also

Individual Case Study 1). In these cases, their experience of the Day Respite service was considered to have been an important factor in making the transition as “smooth as it could be”.

7.13 KEY STAKEHOLDER INTERVIEWS

The feedback from other stakeholders (including carers) has been incorporated in other sections of this report. All comments regarding the service were extremely positive. Carers were not able to identify any significant opportunities for improvement and the local service provider that was consulted holds the program in very high regard.

7.14 CASE STUDIES OF INDIVIDUALS

Case Study 1 – Joan

Joan was a client of the Day Respite service for more than 12 months, prior to gaining a permanent place in the Cooinda Hostel. She was cared for by her 3 children and was growing increasingly anxious living alone. Joan decided to place her name on the waiting list for residential care, but saw the Day Respite service as an ideal way to “see how things worked” and to “get a feel for things”.

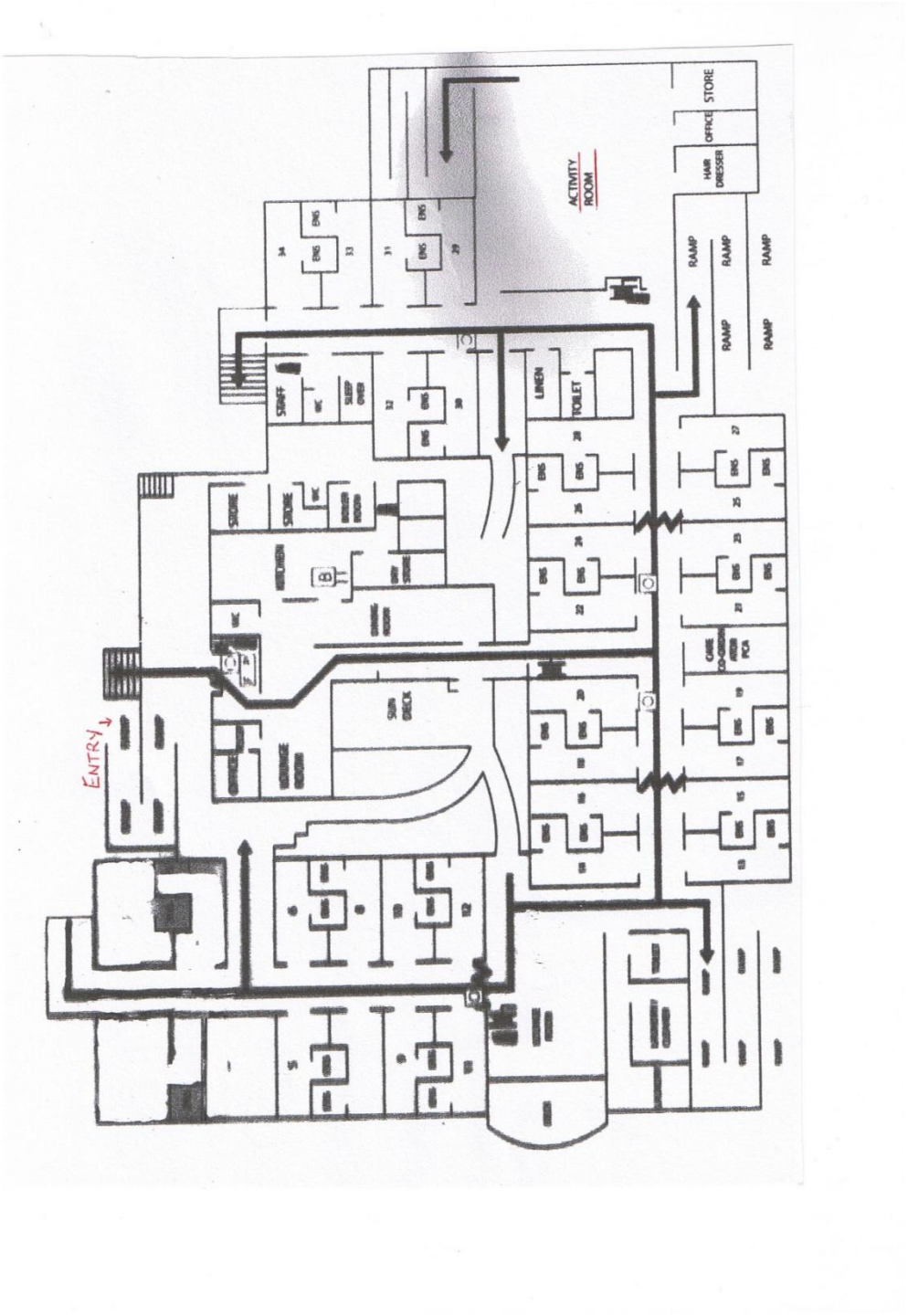
Joan’s time in the Day Respite service gave her carers “time for quality interaction, rather than just meeting at mum’s place to work”. Joan was also able to interact and reconnect with the community and without relying on her carers, became more independent in doing so. Joan’s carers were highly complimentary of the Day Respite service and reported that the transition to permanent care was made much smoother as a result of her involvement with the service. Joan remains an active participant in the majority of activities and now enjoys the option of retiring to her room when she needs a little rest.

Case Study 2 – Mary

Mary lives with her son and family and has dementia with associated anxiety. Mary’s daughter in-law is her primary carer, who also has school-aged children. Mary has been attending the Day Respite service 3 days per week for approximately 12 months, after the carer saw an advertisement in the local paper.

Although the Cooinda Day Respite service is not equipped as a secure facility for people with a tendency to wander, Mary’s needs have been accommodated by the integration of respite and residential services. Mary’s capacity to mix with other people has improved and the size of the group is appropriate for her needs. Mary enjoys the frequent outings and uses the hairdresser when she is on-site. Mary’s carer reported that her capacity to provide ongoing care has been enhanced, and that the Day Respite service has enabled her to work and care for her own family.

7.15 OTHER DOCUMENTATION - SITE MAP



8 APPENDIX 4: CENTRE FOR HEALTHY AGEING CASE STUDY REPORT

Author: Daniel Cox

Editor: Kate Barnett

Auspice: Our Lady of Consolation

Service: Centre for Healthy Ageing

Location: Rooty Hill, NSW

Amount of Funding Provided: $361,705 PA plus $75,000 One Off Contribution to Site Construction and Purchase of Equipment

Commencement of Service: June 2008

Specific Focus: Carers as participants in the service. Focus on wellness & healthy ageing.

Number of DDR funded Respite Places: 15 care recipients and up to 8 carers per day.

Days of Operation: Weekdays, 8am-4.30pm

Date of Site Visit: 3rd August 2009

Staff interviewed:

- Helen
- CEO, Barry Wiggins
- Quality Systems Coordinator, Peter Squire
- Co-ordinator, Day Respite Program – Kylie Tonks
- Exercise Physiologist – Andrea
- Masseur/aromatherapist – Joanne
- Leisure and Lifestyle worker, Leah
- Community Care worker, Belinda

Key stakeholders interviewed:

- Local EACH/EACHD coordinator
- Local ACAT representative

8.1 BACKGROUND

8.1.1 HISTORY AND CONTEXT

Our Lady of Consolation (OLOC) aged care services occupy a very large site in Rooty Hill, on the western fringe of Sydney. The site has a range of residential aged care buildings (including 2 specialist dementia units) comprising some 303 beds and has been established on the current site for approximately 50 years.

OLOC also provides a range of community services, incorporating 90 CACP, 58 EACH/EACHD packages and some 2000 HACC clients. The organisation has a strong local profile, with clients using OLOC services from up to 25km away.

The Centre for Healthy Ageing Day Respite service provided support to 46 registered carers at the time of the visit, with 12-15 recognised as being employed. The majority of carers are spouses of the care recipient, and people generally attend the service between 1-4 days per week.

8.1.2 NEED FOR THE SERVICE

When considering options to re-develop an existing building, it was identified that there was a need to develop a respite service to focus on the needs of carers, rather than a 'drop and run' service where care recipients are 'looked after' while the carer has time out from their caring role.

In consultation with carers, a service model with a wellness focus was developed, utilising a disused building on the OLOC Rooty Hill campus.

Given the relatively large geographic catchment area for existing OLOC services, a relatively large service was offered, whereby activities for both carers and care recipients could be offered concurrently, at the same location.

8.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The service has been implemented largely as proposed, with staff very satisfied with the model and its acceptability within the target population. The principal changes to actual service delivery have incorporated the physical setup of the Centre. For example, the site has been re-configured so that the exercise room is more appropriately located.

While not technically a change to the service, there has been a review of the targets and indicators by which the service is measured. It has become clear that 75 'places' does not equate to 75 'people' receiving a service. The focus of the Centre for Healthy Ageing on carers as participants is also not accurately reflected in the established statistical measures of the service.

8.3 DEMAND

8.3.1 OVERALL DEMAND FOR THE SERVICE

The geographical location of the service and the relative lack of alternative respite options in the area have resulted in significant demand, which has been stronger than expected.

While a number of care recipients (approx n=10) are in receipt of another OLOC service (eg HACC or Aged Care Package), priority is given to those without other formal services involved.

8.3.2 MOST COMMON REFERRAL SOURCES

Referrals to other services (either within OLOC or to external providers) are made as required. Links with relevant ACATs are strong, particularly for those requiring assessment for formal care packages (eg CACP, EACH) or residential care.

There are strong links with Alzheimer's Australia, with referrals to and from the Centre. A podiatrist is available on-site – at cost unless part of an Enhanced Primary Care service.

8.4 PROMOTIONAL STRATEGIES

Upon confirmation of the service, local aged care agencies, ACATs and community services were given significant amounts of information regarding the Centre for Healthy Ageing. As a result of the initial promotion campaign, there has been little need to actively promote the service further, as demand has been strong. Very few referrals are considered to be inappropriate, which indicates that other agencies have a clear understanding of the focus of the service.

8.5 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

Many people have been involved with the service since it commenced in June 2008. Turnover is relatively low given the number of people using the service and exits usually relate to admission into residential care.

8.6 SUPPORT PROVIDED

8.6.1 TRANSPORT ARRANGEMENTS

There are 2 dedicated vehicles available for use by the Centre for Healthy Ageing. An 11-seat and a 25-seat bus are available, and pool or private vehicles may also be used to transport participants. When moving around the OLOC campus to attend on-site activities (such as computer classes in St Helen's, concerts in the residential facility or al fresco dining) the 'buggy' (modified golf cart) is available.

Not all participants use the transport facility offered as they attend with their carer and the carer drives. Transport is occasionally difficult for those who live some distance from the Centre (some participants live up to 25km away).

8.6.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

The Healthy Ageing focus of the service means that many activities are aimed at improving physical, social and cognitive wellbeing.

- Physical Activities
- Swimming/water aerobics;
- Interactive computer games (Eg Wii, PlayStation);
- Walking group;
- Exercise classes;
- Fishing;
- Tai Chi.
- Art and Craft Activities
- Dance, music and drumming;
- Scrapbooking;
- Model making;
- DIY/handyman activities.
- Social and Educational Activities
- Quizzes and games;
- Computer classes;
- Cooking classes;
- Shopping;
- Snooker;
- Eating out.

8.6.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Activities are predominantly on-site, as the Centre for Healthy Ageing incorporates separate activity areas that offer a range of options for participants.

Off-site and intra-campus activities are also held. It is common for the Day Respite group to visit the café, attend concerts held at the residential care facilities and for occasional off-site excursions. A group bus trip is offered approximately weekly, with smaller off-site excursions for those with particular interests (eg Bunnings DIY classes, RSL for snooker etc).

8.6.4 SUPPORT PROVIDED TO CARE RECIPIENTS

The focus of the service is on wellness and meaningful activity rather than the provision of personal care services. 4 staff members are currently studying for a Certificate III in Leisure and Lifestyle.

There are generally 4 staff and a coordinator on-site during Day Respite sessions. Staff are from a range of backgrounds, including Leisure and Lifestyle, Exercise Physiology, Community Care work and Child Care. The staff mix is considered valuable in initiating new ideas and options to develop the service. Additional specialist resources are also brought in from time to time (eg massage/aromatherapy, podiatrist etc).

8.6.5 SUPPORT PROVIDED TO CARERS

Services and activities for the carer are a focus of the service. In particular, carer activities and supports relate to health and wellness. These services include exercise programs, massage, aromatherapy and counselling, as well as the recreational activities available to care recipients (listed at Section 8.6.2 above).

Some of the services/activities are designed for carers only. For example, carer-only outings, counselling, pamper sessions and 1:1 personal fitness programs, offering the carer an opportunity to “look after themselves for a while”.

8.6.6 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

There are many aspects of the service that demonstrate flexibility. For example:

- Duration – participants may attend from between 3-8 hours per day (as preferred).
- Activities – there is a diverse range of activities available given the large Centre, discrete program and varied schedule of events/activities.
- Specific needs – there are activities scheduled for women only, men only and groups, as

well as individual activities (eg massage, aromatherapy).

- Transport – a variety of transport arrangements are available to those attending the Centre.

8.6.7 CANCELLATIONS OF BOOKINGS

There are very few cancellations and the impact on the service is minimal. Any cancellations allow even greater flexibility and more options for those attending, as staffing levels are fixed.

8.6.8 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

Varied options are available to participants as a result of the physical layout of the site. It provides access to 4 separate activity areas within the Centre and its proximity to other facilities and activities on the OLOC campus enables additional choices and diversifies the service offerings. Participants are also offered the opportunity to provide input into the Activity Schedule.

8.6.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

While there is no uniform assessment of effectiveness, those undertaking structured exercise programs with the Exercise Physiologist have a range of data collected in order to monitor their progress. This assists in the design of programs that increase functional ability, reduce pain, attain weight loss or other goals held by participants.

The retention of participants in the day respite service over an extended period is seen as strong evidence of the effectiveness of the activities offered, as is the ongoing demand for the service and the satisfaction and confidence of referral sources.

8.7 STANDARDS AND QUALITY

8.7.1 FEEDBACK AND COMPLAINTS PROCESSES

A formal, structured participant feedback process had not been conducted at the time of the site visit, although regular informal consultation takes place individually and in a group setting. Complaints mechanisms sit within the established quality framework that is in place for all OLOC services. The complaints process is explained to new participants upon referral to the service.

8.7.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

Carer and care recipient feedback is considered the ultimate mode of performance measurement in terms of service quality.

Reporting processes for the Department are considered important but are yet to accurately portray the service in terms of activity and quality. In particular, the distinction between a carer, care recipient, place or session has not been adequately clarified. The Centre for Healthy Ageing's focus on carers as program participants makes this distinction important from a performance measurement perspective.

8.8 IMPACT ON RESIDENTIAL CARE FACILITY

8.8.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

OLOC residents from the residential services on the campus visit the Centre for Healthy Ageing from time to time (eg to use gym equipment, participate in special events/activities). Similarly, respite participants access services and activities in the residential care setting, such as computer classes, al fresco dining and the cafe. This is considered to be mutually beneficial for both client groups.

8.8.2 BENEFITS FOR RESIDENTIAL STAFF

Staff noted that the Day Respite program has had a significant benefit for the residential care service. A number of staff are employed in both the Day Respite and Residential Care settings. In particular, this 'sharing' of staff between the respite and residential services had resulted in the adoption of ideas and activities in the residential facilities that had proven popular and successful in the Centre for Healthy Ageing.

8.8.3 DEGREE OF VERTICAL INTEGRATION

Internal referral to the Centre for Healthy Ageing is common, given OLOC's extensive range of community based aged care services. Feedback from one of the more prolific internal referral sources suggested that there is a level of comfort and confidence that prospective Day Respite participants have in knowing that the service is part of the same organisation from which they already receive a service.

There have been very few instances of referral from the Centre for Healthy Ageing to OLOC residential services.

8.8.4 FINANCIAL IMPACTS OF INTEGRATION

There were considerable benefits to the Day Respite service associated with the co-location of services in its establishment – most notably, access to the site and existing building that was able to be refurbished. In terms of ongoing operation, the Centre for Healthy Ageing operates as a discrete entity which, if anything, has closer administrative and management ties to OLOC's Community Services than Residential Care operations.

8.9 FINANCIAL MATTERS

8.9.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

There were significant refurbishment costs associated with the re-development of the site. In all, costs of approximately $350,000 were incurred to develop the purpose-built Centre for Healthy Ageing. The $75,000 establishment grant was used as a contribution toward these costs.

Since commencing, the Centre for Healthy Ageing has been self-sufficient in terms of its financial operations. This is largely due to the guaranteed nature of grant funding that has enabled accurate costings to be applied, secure employment arrangements to be negotiated and confident financial forecasts to be made regarding the service.

8.9.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

There has not been any need for subsidising the respite service since its establishment.

8.9.3 VIABLE OPTIONS FOR ONGOING FUNDING

The Centre for Healthy Ageing Day Respite service is considered viable in its current form. It is able to offer an affordable service to a large number of people without requiring significant supplementary funding.

8.9.4 FEES POLICIES AND PRACTICES

The Centre for Healthy Ageing is located in a relatively low socio-economic area, in which some 30% of the population live in public housing. This has had a direct impact on the fees policy.

Fees are set at $5/day for care recipients, with carers contributing $2 for a meal should they choose to stay for a meal. Fees are waived for those in significant financial hardship.

Transport and outings generally do not incur additional fees, although the visiting podiatry service is provided at cost ($35 per session) unless another subsidy is in place (eg Commonwealth Enhanced Primary Care).

8.9.5 FINANCIAL IMPACT OF CANCELLATIONS

The impact of cancellations is minimal due to the assured funding (and consequently, staffing) that is applied to the day respite service. The impact of fees forgone for those who do not attend is negligible.

8.10 EXIT/ USE OF OTHER SERVICES

8.10.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Of the 16 care recipients to leave the service since commencement, 9 have been admitted to residential care, 4 have deceased and 3 have left for other reasons, including moving out of the local area.

8.10.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

There is limited use of residential respite services for care recipients using the Day Respite service – 1 accesses a high care residential respite bed and 4 access low care.

8.10.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

For the small number of care recipients who have moved into residential aged care, it was reported that the process was more streamlined and less stressful given their experience with the Centre for Healthy Ageing. A number of current care recipients have been assessed by an ACAT for residential care and have their names on a waiting list.

It was considered that participation in the Day Respite service has delayed entry into residential care for many participants by improving/maintaining their functional abilities and by enhancing the carer's capacity to continue in their role.

8.11 KEY STAKEHOLDER INTERVIEWS

Interviews were conducted with two common referrers to the service, who reported great confidence in directing potential clients to the Centre for Healthy Ageing. Their feedback indicated a high level of satisfaction with the service and strong support for the model of care

provided. One respondent stated that "*it's a God's send for our clients*".

A key strength of the service was identified as the strong focus on health and wellbeing for the carer, rather than just a 'drop and run' service. The fact that the day respite service offers more than just "*a break so they can do the shopping*" is also highly regarded.

Apart from the social and health benefits (for both carers and care recipients) associated with the program, those interviewed agreed that the service "*de-mystified*" residential aged care and while it is not clear whether entry into residential care has been promoted or prevented, it has certainly been made less traumatic for all involved.

No negative comments regarding the Centre for Healthy Ageing were reported. The only opportunities for improvement that were cited related to capacity ("*there should be more services like this*") and clarification of the criteria for accessing the service, particularly for those receiving an EACH/EACHD package. It was considered that the service makes packages for those with high care needs (including dementia) more sustainable.

8.12 CASE STUDIES OF INDIVIDUALS

Case Study 1 – Mrs H

Mr H (carer) and Mrs H (care recipient) have a degree of co-dependency - both require support. Before attending the centre both Mr and Mrs H were eating from takeaway outlets seven days a week as Mr H had never learned to cook and Mrs H was no longer capable of doing so.

On assessment/commencement Mr H appeared emotionally and physically drained after his wife (care recipient) had been assessed as needing high level dementia specific care. Mrs H would become very agitated when not able to see her husband. Mrs H would have panic attacks and had also been aggressive towards her husband.

Mr H was emotional and was unsure of whether he was still able to care for Mrs H at home but did not wish to place Mrs H in residential care unless he was able to go with her (however, his relatively low support needs precluded this).

Mr and Mrs H have both participated in the service for more than 12 months. They both joined the exercise and healthy eating programs, and have steadily lost excess weight with a good balanced diet and regular exercise. Mrs H now also receives a Dementia EACH Program in her home (also operated by OLOC) and the Dementia EACH Program and the centre have communicated to provide the best possible support network to both Mr and Mrs H.

Mr H advises he feels much better and feels he has more options when things become more difficult at home with the support of both staff and other clients.

Case Study 2 – Mr D

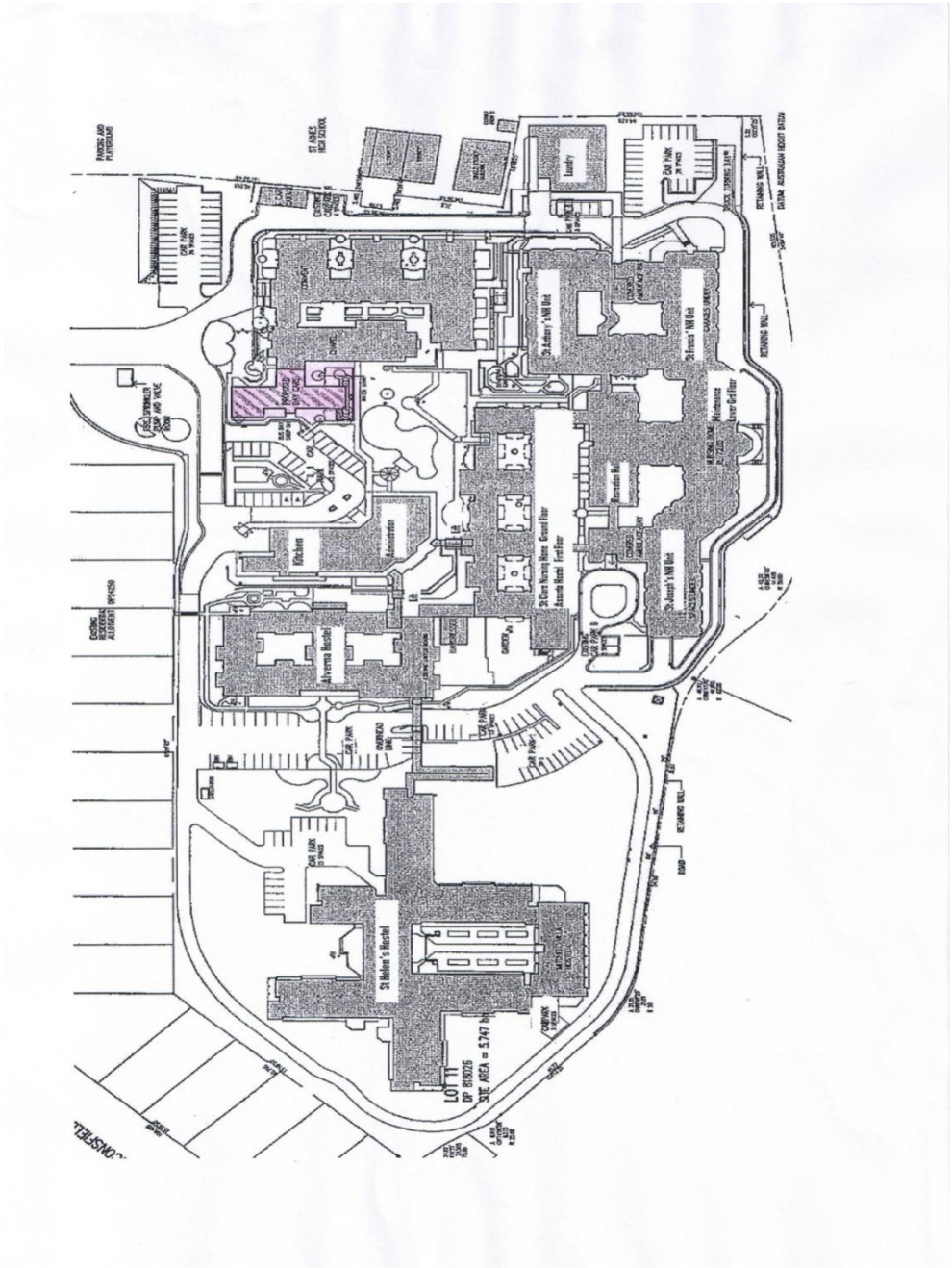
On assessment, Mrs D (carer) was very interested in attending the centre. Mrs D was considerably younger than Mr D (care recipient) who had recently had a car accident which decreased his mobility.

Mr D was initially interested in getting assistance from the centre with regaining his mobility. After just one visit to the centre, Mr D decided he was not prepared to socialise with other clients.

Despite negotiation by telephone about how Mr D's reluctance could be overcome, Mrs D eventually advised the centre that it was Mr D's decision not to attend/participate. Telephone contact with the centre is still available to Mrs D who requires further support.

8.13 OTHER DOCUMENTATION - SITE MAP

The attached site plan indicates the scale of the Rooty Hill campus, occupying a very large parcel of land and accommodating some 300+ residential aged care beds.



9 APPENDIX 5: THE CARING CAFÉ CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Auspice: Inner East Community Health Service

Service: The Caring Café

Location: Richmond, Melbourne

Amount of Funding Provided: $334,047 PA plus One off Establishment Costs $68,550

Commencement of Service: April 2008

Specific Focus: Inner City and CLD

Number of DDR funded Respite Places: 25 per annum

Days of Operation: Mon-Fri 7.30am – 6.30pm

Date of Site Visit: 18th June 2009

Staff interviewed:

- Sharelle Rowe, Manager, Residential Aged Care
- Debra Coddington, Coordinator, The Caring Café
- Rod Wilson, CEO, Inner East Community Health Service
- John Elliot, Finance Manager
- Chris Love, General Manager, Finance
- Staff from the Caring Café

Key Stakeholders interviewed:

- Jeannie McKenzie, Linkages Case Manager, City of Yarra
- Bev Farrugia, Salvation Army Community Aged Care Program
- Nicole Hili, Care Manager, Brotherhood of St Laurence
- Trang Dang, City of Yarra Aged and Disability Services Assessment Officer
- Leonie Hickie, Willowview Activity Centre for Seniors

9.1 BACKGROUND

9.1.1 HISTORY AND CONTEXT

Inner East Community Health Service (IECHS) incorporates three community health services (in the local government areas of Yarra, Boroondara and Stonnington) and one residential aged care facility located in Richmond, in the City of Yarra. It is overseen by a Board of Management drawn from the local community. The service model is unique in providing co-location of a residential aged care facility with health, allied health and community support services available through the adjacent community health centre, Yarra Health Services. IECHS is only one of two community health services in Victoria that has a residential aged care facility as part of its suite of services.

The 30 bed residential unit, Sir Eric Pearce House, was established in Richmond in 1994. One bed is reserved for residential respite. The residential facility has been approved for 74 additional beds and is intending to develop a larger facility on a new site within the City of Yarra, continuing to collocate with the community health centre. IECHS provides a range of community based programs and have had HACC funding for some time and funded for day respite under the NRCP Program since 2006. IECHS ideally would like to be able to deliver CAAPS and EACH packages as well which they see as complementary to their continuum of care options for the frail aged.

The day respite care service, 'The Caring Café', located on the ground floor of Inner East Community Health Service has its own entrance at the rear of the complex where taxis usually delivered care recipients attending the service. Permanent residents occupy the first and second floors of the building. The Caring Café contains a large lounge room, an adjoining kitchen and toilet facilities. The lounge room is set up with café tables and a coffee machine to provide a café like environment for care recipients. See picture below:

9.1.2 NEED FOR THE SERVICE

In a suburb like inner city Richmond, there has been a general decline in the number of Residential Aged Care facilities available given the costs involved in rebuilding existing facilities to meet prevailing compliancy requirements. Consequently, care recipients may have been opting to remain at home rather than move to a residential care facility that was located in an outer suburb of Melbourne. Staff report that the demand for day respite care has been increasing and so IECHS identified the need for additional funding to provide extra capacity for the provision of day respite care. The service had already been funded for The Caring Café since 2006, through the NRCP Program, and was hoping to build on and extend further this existing funding to meet the increasing demand.

Capacity for servicing approximately 40 additional day care recipients per annum was developed. It was estimated by staff that approximately one third of the total day respite care recipients attending The Caring Café participate in the service for five days per week. Some day respite care recipients also utilise day respite programs offered at the City of Yarra Day Centre in Collingwood or the St Georges Day respite care program in Kew on other days of the week to complement the care provided through The Caring Café.

9.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The additional funding provided enabled The Caring Café to operate for 5 days a week rather than 3 days a week and thus accommodated approximately 40 additional care recipients per annum. Funding provided also refurbished the facility. It provided for an extension from part time to full time appointment for the Respite Care Coordinator and funded additional personal care and catering staff.

One modification made to the service design was the separation of dining options between residential aged care and day respite care recipients. Initially, day respite care recipients joined

residents for meals, whereas day respite care recipients now dine in The Caring Café. This change to operations was introduced in response to feedback from residents who initially found it challenging to share the dining room with day respite care recipients.

9.3 DEMAND

9.3.1 OVERALL DEMAND FOR THE SERVICE

The Caring Café service has been provided to residents of the inner eastern and inner northern Melbourne local government areas of Yarra and Boroondara since February 2006. The target group are the frail aged and their carers. Prior to the receipt of additional funding in 2008, The Caring Café had about half of its current capacity and was operating for only three days per week. Its capacity has now been extended by approximately 40 carers and care recipients per annum and it is now operational for five days per week. The general attendance at the Caring Café at the time of the site visit was between 12-18 care recipients on any one day, with support provided for about 50 carers and care recipients annually in total. There were no waiting lists in operation at the time of the site visit. Care recipients attending The Caring Café reflected the multicultural nature of the community with a proportion of Greek, Italian and German speaking recipients attending the program.

9.4 MOST COMMON REFERRAL SOURCES

The Yarra Health Service is adjacent to The Caring Café and offers access to GPs, nursing services, occupational therapy, physiotherapy, podiatry, speech pathology, audiology, dental services, diabetes education and counselling services. There is a covered walkway that links the Yarra Health Service with the Caring Café facility. Staff indicated that access to allied health services freed the carer of responsibilities of meeting these appointments. This is a unique feature of this Demonstration Site that is auspiced by a Community Health Service and can add value in co-locating different service types in a central hub.

9.5 PROMOTIONAL STRATEGIES

The Caring Café produced a brochure that promoted a flexible day respite service for people living in the community with a carer. The emphasis in the brochure is on the provision of a break for the carer, by giving responsibility of care to The Caring Café staff for that period. The Caring Café receives referrals from case managers from services and facilities such as Willowview Activity Centre for Seniors, Brotherhood of St Laurence, Southern Cross Care, Salvation Army, Baptcare, Freemasons and St Vincent's Hospitals. Promotion of the service also takes place with

ACAS, other day respite programs (Willowview and St Georges), St Vincent's Hospital and IECHS staff. Few referrals had been received from the Carer Respite Service at the time of the site visit.

9.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

The service indicated that there had not been a great deal of turnover in care recipients, attending with only a small number leaving The Caring Café due to death or placement in residential care.

9.7 SUPPORT PROVIDED

9.7.1 TRANSPORT ARRANGEMENTS

The Caring Café utilises either the taxi service, or for closer to access locations, transports recipients in a car or minibus to and from their homes. The difficulty of using taxis for short distance travel in a congested inner city area was identified as a challenge for the service that had been responded to through the provision of direct transfer arrangements undertaken by staff. Staff also transport care recipients with high care needs who may have experienced difficulty in using the taxi service. Protocols have been developed with the taxi service and they are pre-booked. Some taxi fares are paid directly by carers or care recipients, and some are paid for by the service. This payment is negotiated with the carer on a needs basis.

9.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

The services of a Diversional Therapist are available to both the Residential Facility and the Caring Café service and provided planned programs. A printed program of activities is produced each month. The Caring Café generally offers 3-4 concurrent activities in the large lounge room including art and craft, music, board and card games, movies and exercise related activities. There are different activities available for men and women according to their interests. Happy Hour occurs on a Friday afternoon. Outings are planned to include community excursions and bus excursions. For the more active, a walking group runs every morning and people are invited to participate in the Yarra Health Service morning exercise program. A few reclining chairs are available for those wanting a rest or a sleep. There are plans to convert a small office located off the main lounge area into a quiet space for sleeping, though this was not available at the time of the site visit. Residents also participate in The Caring Café activities if they choose to do so.

Care recipients are provided with a range of social and leisure activities managed by The Caring Café staff, as well as meals that are prepared on site. Care recipients are encouraged to access the allied health supports available through the IECHS. Many care recipients are already

connected with the community health service and have pre-existing appointments there which they attend when they are participating in the day respite at The Caring Café. Many care recipients attend Yarra Health Services to see a GP and GP care planning was identified as an important element to the support available for care recipients. The co-location of the day respite service with community health is believed to offer a continuum of care and a synergy between respite day care and primary health services. Care recipients can also access hairdressing and hand care services.

9.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Most experiences for care recipients are based on site at the Caring Café with approximately 10% taking place as outings. The comment was made by staff that a day spent at The Caring Café is an outing in itself for many care recipients. Bus outings are organised every Monday and alternate Tuesdays and include excursions to parks and beaches, shopping at local stores, attendance at concerts and other community events.

9.7.4 SUPPORT PROVIDED TO CARERS

The Caring Café defines a carer as a person who provides regular care, support and assistance to a person living in the community without payment other than a pension or benefit. The primary carer does not need to live with the care recipient to utilise respite care. Priority is given to full time carers, working carers and carers with other caring roles. In addition, priority is given to financially disadvantaged and culturally and linguistically diverse people, and carers of people with challenging behaviours or memory loss, as well as carers with limited alternate supports.

Carers are initially met in their homes and assessed for their requirements and needs. Carers are provided with ongoing support by The Caring Café co-ordinator and invited to planned information events held, such as, managing dementia and continence care, though staff report that these sessions have not been very well attended in the past. Carers are also encouraged to access the allied health supports that are available through the IECHS.

9.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The service provided by The Caring Cafe is described by staff as highly responsive and adaptive to different circumstances. Flexibility of The Caring Café overall has increased since the additional funding allowed the service to operate over five days per week. In addition, the co-location of The Caring Café with Sir Eric Pearce House and the adjoining Yarra Health Service creates opportunities to provide a suite of service responses to suit individual circumstances and needs.

9.8.1 CANCELLATIONS OF BOOKINGS

Cancellations of bookings made was not identified as an area of significant impact for The Caring Café, and non attendance by care recipients was described as usually due to them being unwell or having medical appointments.

9.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

In addition to the activities provided on a planned basis, an additional support to care recipients attending The Caring Café is available through a collaboration that allows for the placement of international students from a nearby educational college to work on a more one to one basis with some of the care recipients who require more individualised attention.

9.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

The activities provided through The Caring Café are believed by staff to be well regarded by carers and well received by care recipients, and generally customised to meet individual needs. Staff report that care recipients feel cared for and supported in the environment created for them at The Caring Café. As there are a number of concurrent activities taking place, there are choices available for care recipients about what activities they participate in. Staff also believe they offer a level of care, attention and support that could respond to care recipients who are less able to participate in structured activities and require more individual attention.

9.10 STANDARDS AND QUALITY

9.10.1 FEEDBACK PROCESSES FROM CARE RECIPIENTS AND CARERS

Mechanisms are in place for carers to provide feedback on the service. Staff commented that feedback received has generally been very positive and The Caring Café service has been appreciated for both offering a break to carers and providing a rewarding and safe program for care recipients. A statement of rights and responsibilities has been produced for The Caring Café attendees and distributed to carers and recipients.

The newsletters produced and circulated to carers on a monthly basis highlight the complaints mechanisms that are in place. There is a Corrective Action form in place to identify issues that require improvement. Residents and care recipients are made aware that they can complete the form, and ask for assistance from staff to do so if needed, and place the form in the Suggestion Box. This form indicates how to make a complaint, both internally to IECHS and using external

advocacy channels. To date, only one formal complaint has been received from a carer using this process. That complaint involved a complex issue of guardianship arrangements for a particular care recipient. Informal complaints are also made to staff, usually around issues of taxis not arriving when booked and expected.

9.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

IECHS had policies and procedures in place for quality assurance. Similar processes were applied to the day respite service as applied to the residential facility. The Manager of Residential Services identified that she is well versed in the development and implementation of Continuous Improvement Programs, having put systems in place to identify and ensure compliance with all relevant regulations, standards and guidelines.

9.11 IMPACT ON RESIDENTIAL CARE FACILITY

9.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

It was reported by staff that some residents initially found it challenging to share the dining room with day respite care recipients. However, on balance the day respite staff indicate that many residents have now formed friendships with day respite care recipients as they have become more familiar with the model over time. The residents are now apparently more at ease in sharing the recreation room and participating in the range of programs delivered there.

About 70% of residents were assessed as low care and mobile and so they are in a position to actively participate in programs available. It was suggested that residents have been exposed to a greater variety of activities available as a result of the presence of the day respite care model, and that there have been social benefits for them. They have also been exposed to a richer and more diverse environment that was stimulating in itself.

9.11.2 BENEFITS FOR RESIDENTIAL STAFF

The respite care service was believed to have benefited the residential service by increasing the overall staffing available in the complex and particularly increasing the number of catering staff. Comment was made by staff that residential care workers have become more skilled as they work across both residential and day respite care settings.

Staff commented that IECHS is not interested in delivering a residential aged care facility in isolation from other service responses and supports the model of a continuum of care through the delivery of community based services in addition to residential care services. The comment was made by staff that IECHS is attempting to deliver a one stop shop model where allied health

and medical supports are integrated with community based and residential aged care service delivery.

The model operating within IECHS has a greater number of day respite care recipients attending the day respite care service than are resident in the aged care facility. This means that the day respite care facility is not the minor player in a larger residential setting, but acts as a significant program in its own right.

9.11.3 DEGREE OF VERTICAL INTEGRATION

Staff report that there have been a number of different areas where cross fertilisation occurs between residential and day respite care. There has been consolidation in areas such as purchasing of goods and stores. Policies and practices, such as medication management, have been applied from the residential program to the day respite service. Comment was made by staff that as the scope of the business has expanded, communication processes have had to be developed to ensure that channels of exchange work well between residential and day respite care.

9.11.4 FINANCIAL IMPACTS OF INTEGRATION

Staff indicate that there has been a range of efficiencies achieved in providing day respite care services alongside the provision of residential aged care services. Staff report value in having additional staff and resources available through the day respite care service to complement that provided through residential aged care. In particular, there are synergies identified in the shared staffing arrangements and the development of common recreational and social programs. Furthermore, efficiencies were identified in the simultaneous preparation of meals across programs.

9.12 FINANCIAL MATTERS

9.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON ORGANISATION

Staff suggest that the additional level of staffing and resources made available through the day respite service has added value to the residential care arm of the organisation. It has provided a greater level of resources for the rostering process and staff are able to share rosters across the organisation. The larger staffing units has resulted in the more effective management of human resources.

9.12.2 CROSS-SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

The expertise available from the residential care service in areas of infrastructure, backup and support, was identified by staff as a positive outcome of cross subsidisation taking place between the two programs operating at Sir Eric Pearce House and The Caring Café.

9.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

Staff indicate that as most of the care recipients are in receipt of pensions or benefits, there is little scope for an increased rate of self funding or reliance on a user pays policy for this service. Many care recipients are living in public housing or own a home which is their only asset. Staff commented that it is a struggle already to collect the low fees that are set. The concept of full cost recovery would thus not stand alone. Care packages are estimated to provide for the fees set for just over half the group of care recipients.

A concern was raised by the service in relation to the lack of indexation built into the funding provided by the Commonwealth. The budget is set at the same amount over a 3 year period where it should have allowed for an annual escalation.

9.12.4 FEES POLICIES AND PRACTICES

Fees for attendance at The Caring Café are set in line with the HACC Fees Policy of $10.90 a day for full fees and $6.20 per day for reduced fees. An arrangement is often brokered with the carer or care recipient that if they pay for the taxi fares, the fees for the Program will be wavered. Otherwise, fees are waivered on a negotiated basis based on an informal assessment process.

Comment was made by staff that there is considerable administrative work involved in the the collection and receipt of fees and that fees collected are just about cancelled out by the administrative costs involved in the collection process. The suggestion was made of using a debit card arrangement so that carers or care recipients could present a card with credit that could be debited upon each visit to the service. This method was seen as reducing the administrative costs associated with the collection of small amounts of money each day.

9.12.5 FINANCIAL IMPACT OF CANCELLATIONS

There were not many cancellations received by the service and so this was not a major financial consideration.

9.13 EXIT/ USE OF OTHER SERVICES

9.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Of the 50 or so care recipients who had been supported by the service over a year, approximately 5 had made the transition to residential aged care. Two had passed away and two had made the decision to no longer use the day respite service. In cases where the care recipients had moved to residential care, this was primarily considered by staff to be due to deterioration in their health and functioning with the consequence that the carer could no longer manage their needs in a community setting.

9.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENT

Day respite care recipients are considered by staff to be more likely to access residential respite care as a result of their participation in The Caring Café service. This is seen as a consequence of the familiarisation with the residential care model and the breaking down of barriers and stigma associated with it. If care recipients access residential respite care at Sir Eric Pearce House, they can still attend the day respite care service and this creates greater continuity and less confusion for them.

9.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

Staff indicated their view that The Caring Café had delayed or averted placement in residential care in many instances. Further, staff consider there to have been potential savings made in the number of hospital beds that had not been required as a result of the support provided to care recipients through the service. It was considered that carers had become more aware of the ACAS assessment process and that some carers had initiated a process of ACAS assessment in case it was needed. This was seen as an indication that participation in the service was better preparing carers for any transitions to residential care that may be required in the future.

9.14 KEY STAKEHOLDER INTERVIEW FINDINGS

Stakeholders indicated that The Caring Café was meeting a service gap in offering a longer day of care that would suit many carers. This compared with the planned activity groups that operate in the mornings only. The Caring Café is able to link in with other PAG groups to provide care recipients with a full week of care if needed. Some care recipients are attending a PAG and the Caring Café programs during different days of the week. The Caring Café was described as

having the added benefit of higher staffing ratios that enabled them to respond to care recipients with higher needs.

The location of the Caring Café adjacent to the community health service was identified as a strength, particularly in relation to access to general practitioners. There is no stigma identified with The Caring Café being located in the same building as Sir Eric Pearce House. Comment was made by one stakeholder that 'you don't associate The Caring Café with a residential facility'. The atmosphere created at The Caring Café was believed to compensate for any fears held by carers or care recipients that it may be an institutional environment. Stakeholders described how some carers and care recipients were hesitant about using the service, but had responded positively when the co-ordinator had made contact with them and they visited The Caring Café for the first time. The service is seen to engage with clients well.

The quality of the activities provided at The Caring Café are considered to be excellent with substantial benefits for the care recipients participating in the service. Many of the care recipients are described as having high needs and could be living in residential care instead of the community. The opportunity for care recipients to access overnight respite is also identified by stakeholders as a strength of the model of co-location. The care recipients are generally considered to have received a high level of support from staff at The Caring Café. The following quote illustrates these benefits for care recipients:

> *The Caring Café provides a great atmosphere where clients get good support and enjoy the activities that are offered. Clients may have higher needs for care and these are accommodated and managed well in the program.*

The care available through The Caring Café is believed to have contributed to the reduction in carer stress and provided rewarding activities and stimulation for the care recipients. Positive feedback has been received from carers that they had a new lease of life as a result of the support they had received through The Caring Café and have been able to resume activities they had disbanded due to the onerous demands of caring.

Some stakeholders suggested that The Caring Café had averted placement in residential aged care for some of their clients. For other clients, it had eased their way into using residential respite where they had been hesitant to do so previously. Some care recipients who require higher levels of care and may require residential care in the near future, are being gently familiarised with the process should they require this service later on. In this way, the service is seen to enable transitions to take place that otherwise may have been traumatic.

9.15 CASE STUDIES OF INDIVIDUAL CLIENTS

1. A female care recipient of Italian heritage in her early 80s was living on her own and being cared for by her daughter. The daughter, though providing considerable support to her mother, lived a distance away from her mother, about 30 minutes drive time away. She was worn out by the caring responsibilities and had booked her mother into residential respite so she could have a break and go for a holiday. The care recipient had signs of dementia. She had participated in a Planned Activity Group (PAG) for one day per week and was referred from the PAG to the Caring Café Program in January 2009. She has since attended the Caring Café for 4 days a week and the PAG for one day per week. Female staff at the Caring Café have been picking her up in the mornings and completing her dressing. While at the Caring Café she has accessed a podiatrist and has had her medications reviewed by her GP on a regular basis. The carer has expressed her views that she has been grateful for the level of support provided to her mother by the Caring Café as she had been worried about her mother wandering and potentially putting herself at risk. While at the Caring Café, the care recipient has formed friendships and stopped wandering. The anxiety of the carer has been reduced.

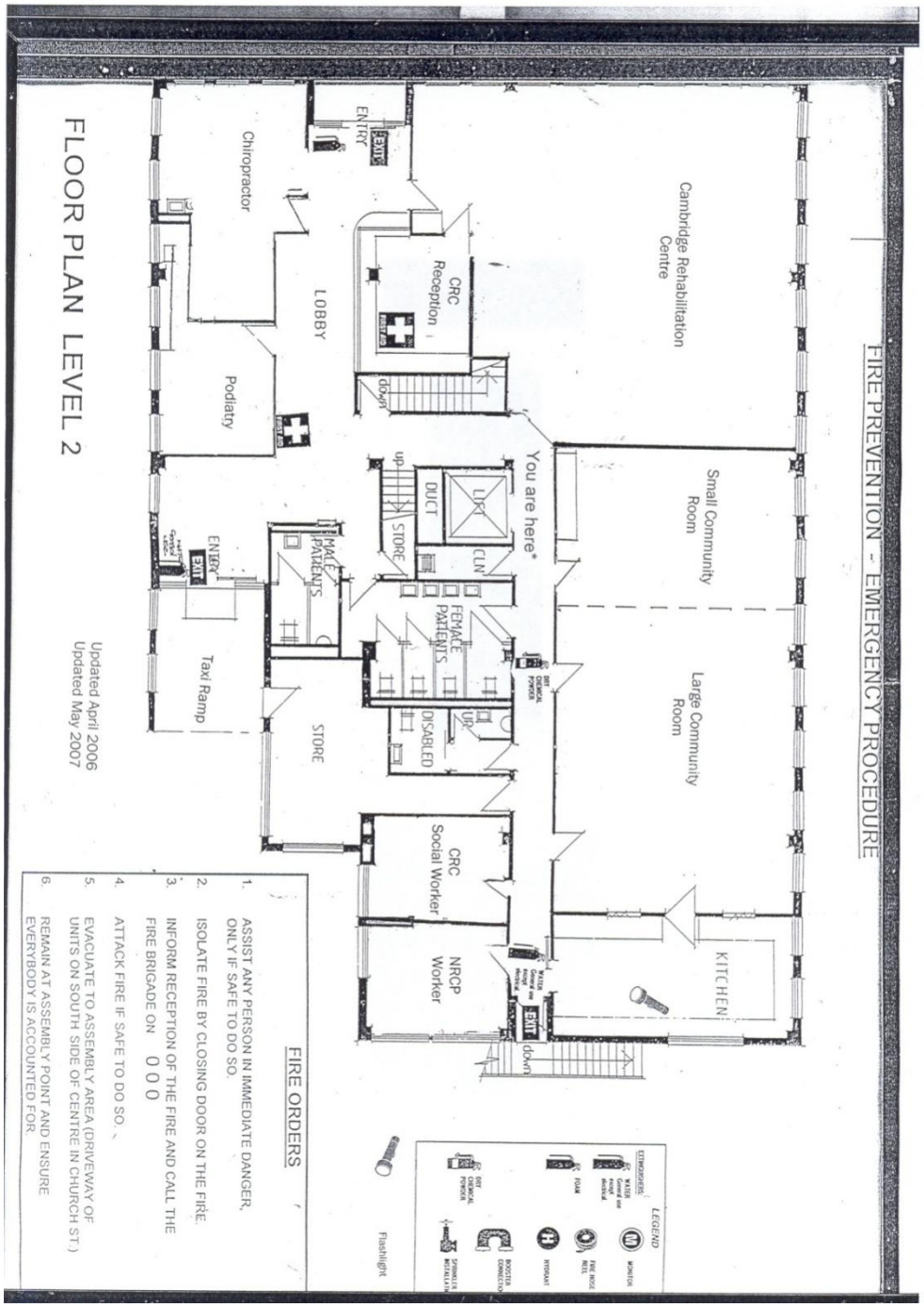
2. A male care recipient, aged in his mid 80s, has been attending the Caring Café. He has three sons, one living at home but affected by substance abuse issues and not offering a great deal of support to his father. The care recipient has advanced dementia and Parkinson's disease. One of his others sons was acting in the role of primary carer and looking in on his father daily though he lived a distance away, approximately a one hour long drive. The care recipient had refused in home care and was generally resistant to using services that had been offered to him. He started coming to the Caring Café for one day per week and then gradually increased this to 5 days per week this year. He has now adjusted to attending day respite and the GP visits him at the Caring Café on a fortnightly basis.

3. A female care recipient of Greek heritage in her early 90s had advanced dementia. She also had complex behaviours and little command of the English language. Her husband was also frail and her carer was her son. She had been aggressive to carers providing in home care. When accepted by the Caring Café for day respite, the care recipient had difficulty getting into the car as she didn't understand what was happening to her and resisted the process of transporting her to the Caring Café. She also had continence issues and was aggressive when being toileted. The care recipient was considered to be in a highly anxious state and the carer was not able to manage her behaviours either. She attended the Caring Café for a few weeks and then went into emergency respite care due to her level of violence and difficult behaviours. The care recipient has now returned home and accepted an EACH D package with a high level of in home support. The difficulties experienced in managing this care

recipient were attributed to the level of her aggression, violence, the transporting difficulties experienced and her loss of English language speaking skills.

4. A female care recipient in her early 70s had early dementia. Her carer, her husband, was 12 years her senior with health issues of his own. The care recipient was described as being aggressive with little insight into the progression of her illness. She knew she could not remember things but was aggressive in response to her loss of abilities. The care recipient could not understand why she had to leave her home to attend day respite. When attending the Caring Café she presented as anxious and eventually decided not to return. The Program maintained contact with the carer to provide him with support and to encourage him to obtain appropriate medication for his wife in order to manage her behaviours. It is possible the care recipient may return to the Program once her behaviour settles and her anxiety is reduced.

9.16 SITE MAP


FIRE PREVENTION - EMERGENCY PROCEDURE
FLOOR PLAN LEVEL 2
Updated April 2006
Updated May 2007
Cambridge Rehabilitation Centre
Small Community Room
Large Community Room
KITCHEN
CRC Reception
LOBBY
Chiropractor
Podiatry
Taxi Ramp
ENTRY
EXIT
CRC Social Worker
NRCP Worker
STORE
DUCT
LIFT
CLN
MALE PATIENTS
FEMALE PATIENTS
DISABLED
You are here*
FIRE ORDERS
1. ASSIST ANY PERSON IN IMMEDIATE DANGER, ONLY IF SAFE TO DO SO.
2. ISOLATE FIRE BY CLOSING DOOR ON THE FIRE.
3. INFORM RECEPTION OF THE FIRE AND CALL THE FIRE BRIGADE ON 000
4. ATTACK FIRE IF SAFE TO DO SO.
5. EVACUATE TO ASSEMBLY AREA (DRIVEWAY OF UNITS ON SOUTH SIDE OF CENTRE IN CHURCH ST.)
6. REMAIN AT ASSEMBLY POINT AND ENSURE EVERYBODY IS ACCOUNTED FOR.
LEGEND
Flashlight

10 APPENDIX 6: GARDEN CITY RESPITE CENTRE CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Service: Garden City Respite Centre

Auspice: Alzheimer's Association Queensland

Location: Mt Gravatt Brisbane

Amount of Funding Provided: $627,300.00 plus one off establishment costs $73,695

Commencement of Service: January 2008

Specific Focus: Alzheimer's specific

Number of Respite Places: 42 care recipients per week

Days of Operation: 7 days per week 7.00 am- 8.00 PM

Date of Site Visit: 18th September 2009

Staff Interviewed:

- Joanna Mollison, State Manager, Community Services Alzheimer's Association Queensland
- Jenny Schroor, Director of Care, Residential Services
- Simone Watson, HR Manager
- Emma Willmott, Project Manager

Key Stakeholders Interviewed:

- Sarah Davis, Coordinator Carer Respite Centre Brisbane South Respite and Carelink
- Judy Clark, Wesley Mission
- Glenda Phillips, Spiritus
- Marion Vreke, Acting COP State Wide Manager Diversicare

10.1 BACKGROUND

10.1.1 HISTORY AND CONTEXT

The Alzheimer's Association of Queensland Inc (AAQ) was established in 1983 and supports people with dementia and their caregivers in Queensland. AAQ delivers services in the Brisbane North and South, Ipswich, West Moreton and Darling Downs HACC regions. It provides high level residential aged care at Rosalie and Upper Mt Gravatt and low level residential aged care and ILUs at Upper Mt Gravatt. AAQ has a resource centre located in Brisbane and provides a state-wide information, education, training and support services to people with dementia and their carers. It also provides a state-wide 24 hour dementia helpline and carer support and counselling, as well as community education and awareness, advocacy, a library website, carer education and information, professional education and training.

Garden City Retirement Home is located in Mt Gravatt and has been operating since 2004. It is situated adjacent to the Garden City Respite Centre which lies between two residential houses in the same street as the RACF. Garden City Retirement Home is a 57 bed RACF that comprises ILUs, low and high care beds. Garden City Retirement Home and the Respite Centre are sited in a residential area with very little visual intrusion on the streetscape, being not discernable as aged care facilities.

10.1.2 NEED FOR THE SERVICE

AAQ had already offered a continuum of aged care in the provision of ILUs and low and high care beds in the RACF at Mt Gravatt and the provision of a Respite Centre that provided for the delivery of day respite care and emergency respite care for working carers. AAQ had previously purchased two houses in the same residential street as the Garden City RACF and made the decision to utilise the double storey house as a secure cottage for the provision of day respite and emergency respite care for employed carers.

The program funded through NCRP provided a day respite service targeted to approximately 15 employed carers.

The need for additional day respite care was identified in the Brisbane South HACC region and so AAQ saw the opportunity to extend their existing suite of respite services by refurbishing the single storey cottage as a respite unit for people who did not require a secure environment. Now the two storey cottage has the capacity to provide care for up to 15 care recipients per day in a secure environment and the one storey non secure unit has the capacity to provide care for up to 10 care recipients per day.

The target reach was extending the existing day respite service capacity to provide support to up to 57 carers per week between the NRCP programs for day respite. The service was further expanded through funding from the NRCP to deliver an overnight respite service to working or non-working carers from both cottages.

Double Storey Cottage

10.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The day respite service commenced operating in January 2008. It is offered 7 days a week from 7am to 8pm and has retained these hours of availability since its commencement. The only changes to the program model identified by staff are the increased level of integration and shared resources with the RACF which has built up over time.

10.3 DEMAND

10.3.1 OVERALL DEMAND FOR THE SERVICE

Since its inception, the day respite service has been offered 7 days a week from 7am to 8pm. The demand for weekend care has been as great as weekday care as other service providers are not available for the provision of respite care over the weekends. The two storey cottage also provides overnight respite care and approximately 30% of care recipients are estimated to have regularly used the overnight respite care option in addition to the day respite care option. The

day respite service has met its targets of offering 42 places per week for care recipients. The average demand for care on a daily basis has been approximately 15 care recipients per day with more demand for care in the secure care unit than the unsecure unit. There is no waiting list in operation for the service and it is meeting current demand. Staff consider that if the level of demand keeps increasing over time without additional funding then measures will need to be put in place to limit the amount of care available per care recipient per week.

10.4 MOST COMMON REFERRAL SOURCES

Staff comment that most care recipients had their allied health providers already organised and did not need to access these through the day respite service. Referrals are made following assessments of care recipients and utilise the strong referral network developed by AAQ. AAQ operates an extensive database of aged care service providers and accesses state government services when needed. Within the parameters of the RACF, care recipients have access to allied health professionals such as physiotherapists, occupational therapists, dieticians, podiatrists and speech pathologists, as well as to the services of diversional therapists and lifestyle co-ordinators.

10.5 PROMOTIONAL STRATEGIES

There is a brochure available advertising the Garden City Respite Centre that promotes the availability of 24 hour carer support. Advertisements have been placed in newspapers to promote the service which is considered to be well known among the service system as it is recognised as a provider of dementia specific care. General Practitioners refer carers to the service as do the Carer Respite Centre, HACC and ACAT. There is a residential liaison support officer position based at the RACF and this staff member also makes referrals, particularly for carers where the care recipient is on the waiting list for a RACF and under stress while awaiting a placement. The Dementia Help Line is also identified by staff as a source for referrals to the Respite Centre when carers make contact with the Help Line in stress and seeking support.

10.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

There is a higher than usual degree of turnover of care recipients in this service due to the level of dementia of care recipients which means that placement in a RACF is more likely. Over a 12 month period it is estimated that 18 care recipients have left the service, 12 moving into a RACF. Of the 12 care recipients who had moved into a RACF, 3 had moved into the Garden City dementia unit and 2 into the Rosalie Secure Facility at Paddington.

Other care recipients not entering a RACF had either moved location or decided to take up in home respite care because of difficulties experienced in getting the care recipient to leave the home. Staff comment that many carers have begun to look for a RACF placement when they enter the day respite service, due to the level and complexity of needs of the care recipients. The service has thus effectively supported carers in the community while they await a placement in a RACF. The staff comment that the admissions to RACFs that had taken place were all appropriate and that the service had in effect extended and prolonged the period of living in the community for the care recipient.

10.7 SUPPORT PROVIDED

10.7.1 TRANSPORT ARRANGEMENTS

Most carers are relied upon to transport the care recipient to and from the Respite Centre. It is estimated by staff that 80-90% of carers are able to drop off and pick up the care recipient. Up to 4 care recipients can be transported by the service at any one time, or taxis are used with carers being asked to use the taxi subsidy scheme for payment.

Transport is only provided when the carer cannot provide the transport or community transport options are not available. There is one dedicated vehicle available for the Respite Centre and a vehicle is shared with the RACF. This means that the availability of these additional vehicles cannot be relied upon. The transport arrangements are considered by staff to be one of the limitations of the day respite service.

10.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

The focus of the service reflects the AAQ's philosophy of care, social role valorisation, where care recipients are involved in everyday activities such as shopping and food preparation to maintain their previous roles and independence. Meals are not provided by the RACF kitchen and the day respite service is responsible for shopping, food preparation and cooking. Care recipients are also involved in gardening and other routine domestic tasks. There is a leisure officer available from the RACF for planning musical, recreational, physical and social activities and this is used for the more formal activities such as musical entertainment, usually taking place at the RACF.

Care recipients attend activities and events provided at the RACF depending on their interests and capabilities. It is estimated that care recipients attend the RACF daily, or every alternate day, to participate in events and activities. Care recipients are assessed upon admission and attention paid to their personal care needs, need for social interaction and need for medical support and medication. The model of care involves a ratio of approximately 1 respite carer and

4 care recipients. The approach is thus to work in small groupings where the respite carer can provide for the needs of some 4 care recipients at a time. This approach is believed by staff to be appropriate given the level of dementia and the care needs of the care recipients. On occasion a care recipient with challenging behaviours requires a 1:1 staff to care recipient ratio.

10.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

The service is based at the Respite Centre with activities taking place either in the community (such as shopping) or at the adjoining RACF. Formal excursions as such take place on a routine basis but are limited to the vehicle from the RACF being available. Due to these transport constraints, the emphasis is on participation by care recipients in everyday events through the creation of a home like atmosphere.

10.7.4 SUPPORT PROVIDED TO CARERS

The carers are well supported in having access to the range of carer support services available through AAQ, such as, the Help Line and support groups. Carers can access the resource library and website for information and participate in on-line chat rooms or attend support groups. Staff indicate that many carers use the support available through AAQ, and that many carers had come to the day respite service as a consequence of receiving support.

10.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The service is described by staff as highly flexible and adaptable as it supports a combination of day and overnight respite. The amount of care provided is based on carer need and the service attempts to accommodate this as much as possible. The ability of the service to customise the availability of hours of care and activities to the needs of the carer and the care recipient is described by staff as a real strength of the program model.

It is not uncommon for care recipients to stay for 2 or 3 nights a week, attending the day respite service during the day and the overnight respite program in the evenings. This provides the opportunity for short periods of respite care that give the carers a good break. The Respite Centre operates in effect as a shorter term residential respite care program with greater availability and flexibility of access than is available within the RACF.

10.8.1 CANCELLATIONS OF BOOKINGS

Cancellations of bookings are not considered by staff to pose significant difficulties for the service due to the high number of recipients. Cancellations of bookings are considered to pose more of a challenge for the management of the overnight respite care program than for the day

respite service. In addition, the slight overfilling of places on any one day is described as accommodating any absences that occur.

10.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

Due to the staff : care recipient ratio, activities provided can be matched to the needs and capabilities of individual care recipients. Staff comment that the service works well in small group clusters where the high care needs of care recipients can be individually managed. There are challenges identified by staff in engaging many care recipients with high levels of dementia in activities.

10.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

The activities provided to care recipients are believed by staff to be effective and customised to the individual needs and capabilities of care recipients with input sought from the care recipient wherever possible. Individualised programs of activities are developed and based on the functional and cognitive capacities, interests and habits of care recipients. Staff comment that there are challenges in providing activities for care recipients who are passive in their functioning. Having the beds available in the cottage also means that care recipients can rest and sleep during the day.

10.10 STANDARDS AND QUALITY

10.10.1 FEEDBACK AND COMPLAINTS PROCESSES

AAQ states that it has a consumer oriented philosophy with processes in place for staff, resident and client feedback. Client feedback is encouraged and an annual carer survey is completed. The service has also introduced a suggestion box at the entrance to the cottage to provide carers with have an additional structure for providing feedback.

Carers are provided with written and verbal information regarding AAQ's responsibilities as an NRCP provider and informed of advocacy services available to assist with the complaints process. A complaints procedure is in place and carers are made fully aware of this. Records of compliments and complaints were kept, with staff indicating that compliments were far outweighing the complaints.

10.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

AAQ has a continuous improvement cycle and quality assurance procedures in place with scheduled internal quality assurance audits and regular management reviews. Each of the Association's sites is externally audited by NCS International against the ISO standards. In February 2009 Garden City was reaccredited for 3 years.

10.11 IMPACT ON RESIDENTIAL CARE FACILITY

10.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

Staff comment that residents have enjoyed the participation of day respite service recipients in the programs operating at the RACF, including the Ladies and Men's clubs. Visits are made by care recipients to the RACF on a regular basis to participate in activities and residents are described as being happy to see new faces and appreciative of the visitors. Although day care recipients are depicted as not as cognitively well functioning as the residents in the low care facility, there do not appear to be problems experienced in running joint activities across both program areas. Day care recipients and residents do not dine together due to meal preparation being identified as a valuable activity for day respite recipients.

10.11.2 BENEFITS FOR RESIDENTIAL STAFF

There are approximately 52 staff employed in the RACF and the day respite service is believed to offer opportunities for diversification of skills with benefits for RACF staff in their exposure to working in a different setting.

10.11.3 DEGREE OF VERTICAL INTEGRATION

Staffing at the day respite service comprises 11.25 EFT involving 18 staff and including 7 direct care staff. There is reported to be some degree of sharing of staff where extra hours are needed in the day respite program or when staff from the RACF seek new experiences. There is little cross over with the operations of the dementia specific unit in order to provide stability there for the residents. There is also sharing of common specialist staffing, such as, the clinical nurse co-ordinator, the lifestyle coordinator and allied health staff.

10.11.4 FINANCIAL IMPACTS OF INTEGRATION

The financial benefits of combining day respite and the RACF are identified in areas such as access to professional staff. Prior to the Demonstration Day Respite funding, the availability of

the services of an RN was probably not feasible. Co-location has also assisted with sharing equipment and activities, laundry services and undertaking joint staff training. Use of the vehicle is also shared between the RACF and the day respite service. Over time there has been more integration developing between the operations of the RACF and the Respite Centre and this is believed to create increasing opportunities for economies of scale in staffing and operations.

10.12 FINANCIAL MATTERS

10.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

The service is believed to be operating within its budget. The additional funding provided has allowed for the expansion and extension of the Respite Centre program that already existed to provide a limited day respite service to working carers with the later addition of an overnight respite care component in 2008-9.

10.12.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

Cross subsidisation is identified in areas of shared personnel and staffing, equipment and stores, programming, staff training and development and shared transport. Staff believe there to be considerable cost savings through this cross subsidisation.

10.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

The client group are described as generally unable to pay full fees but able to manage a subsidised fee structure. Staff suggest that carers and care recipients would not be able to pay fees on a full cost recovery basis and that government assistance would be required to deliver the service on an ongoing basis.

10.12.4 FEES POLICIES AND PRACTICES

Fees are charged at $5-$25 day on a sliding scale with the average daily fee being $10. Services are not refused on the basis of inability to pay the daily fee and fee reductions are negotiated on a case by case basis.

10.12.5 FINANCIAL IMPACT OF CANCELLATIONS

There are no significant concerns about the impact of cancellations.

10.13 EXIT/ USE OF OTHER SERVICES

10.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Exit from the service has been largely attributable to entry to a RACF. This is considered to be an expected pattern given the level of dementia of the care recipients. Of the 72 people who had been cared for over a 12 month period in the Respite Centre, 12 had entered a RACF. These placements were all viewed by staff as appropriate given the level of dementia experienced by the care recipients concerned.

10.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

There is one respite bed available in the RACF but as it is not in a secure facility it is rarely in demand by the carers and day care recipients, nor is the respite bed in the dementia unit available frequently. Therefore many carers and care recipients use the overnight respite service available at the Respite Centre instead.

10.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

The admissions that have taken place to a RACF are believed by staff to have been appropriate to the level of need of the care recipient and the carer's capacity to manage their behaviours. The view of staff is that participation in the day respite service has prolonged admission to a RACF but not prevented it in many circumstances.

10.14 KEY STAKEHOLDER INTERVIEWS

Stakeholders commented on the overall shortage of day respite care options available in Brisbane for people with dementia. They generally viewed the day respite service operating at Garden City as one of the few day respite programs that could accommodate people with significant behavioural and management difficulties associated with their level of dementia. One key referrer commented that the service would try to accept any client referred to it and configure the staffing and programming responses accordingly.

The service was depicted as highly responsive and accommodating to demand and need. It was also depicted as being known for accepting clients who other services would not accept and as targeting the more difficult end of the aged care spectrum. One stakeholder commented: 'The service is known for having a high threshold to cope with difficult behaviours'.

Other stakeholders commented on the quality of the services provided and the fact that the service operated to a high standards of delivery. One stakeholder commented: 'Our staff were impressed with the level of commitment and will keep referring clients when appropriate for families to have this break'.

Key stakeholders generally viewed the co-location of the day respite service with the RACF as a strength of the model. It was seen to offer access to RNs and ENs that made assistance with medication management possible. Examples were provided by stakeholders of clients who were insulin dependent or had other medical conditions that could be accommodated in the Garden City program but possibly not in other programs without the nursing support available for clinical assessment and management of their health conditions. Access to programming available in the Dementia specific unit by day care recipients was also identified as a strength of the model of co-location. Another strength identified by stakeholders was the capacity of the service to offer a safe and secure environment for care recipients with wandering behaviours.

Stakeholders commented that carers had provided positive feedback on the service stating that the care recipient had enjoyed their participation and found it to be a stimulating environment. Transport was not identified as a concern by stakeholders as either carers would transport clients directly or community agencies would do so if the carer was unable. The flexibility of the service was highlighted in its capacity to provide overnight care as well as day care if this was needed by the carer.

The service was believed by stakeholders to have staff working in it with considerable expertise in managing dementia. Staff were described as respectful, responsive, helpful and skilled. The service was depicted as very carer focussed with a good understanding displayed of care recipient needs.

One stakeholder commented that there was often a transition for care recipients with dementia between in-home respite, day respite and placement in a RACF. The day respite service was believed to have a position mid way between these care options, and in this sense was able to delay placement by offering an intermediate step.

10.15 CASE STUDIES OF INDIVIDUALS

1. A female aged in her late 80s has dementia and also has diabetes and insulin dependent. She is being cared for by her daughter who lives with her mother. The carer and care recipient have used the program for overnight care as well as day care. The care recipient attends for a full day from 8am to 4pm and has fitted in well with the program and the activities available at the Respite Centre. The daughter has benefited considerably from having the break. The co-location with the RACF has enabled an RN to monitor the medication and meet the care recipients medical needs and requirements. The daughter

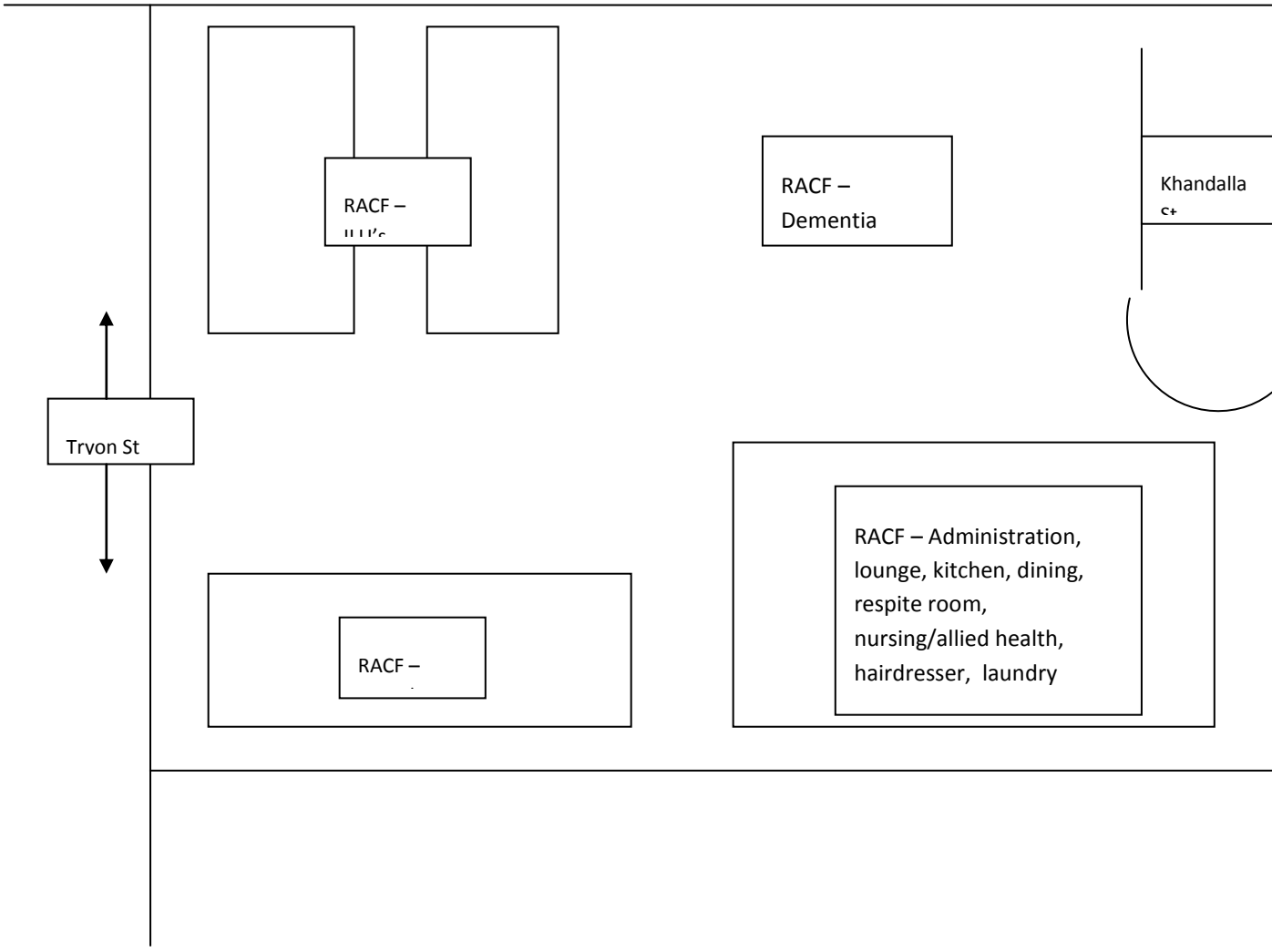
would like her mother to gradually get used to a residential care setting and would like to see her placed there eventually.

2. A female from a culturally and linguistically diverse background aged in her late 80s lives with her daughter who works full time. The daughter has commented on the benefits of the respite care for her mother who has mild to moderate dementia. The care recipient attends the program for 5 days per week and sometimes attends on the weekends as well. She has been attending the program for 5 months now and has settled in well. The daughter has been very pleased with the level of enjoyment of the program by her mother.

3. A male aged in his late 70s is being cared for by his daughter who works part-time. He has extreme sexually inappropriate behaviours associated with his advanced dementia and is on hormone therapy to settle these behaviours. Staff in the program have managed his behaviour well by placing him in smaller group settings and managing his contact with females through close supervision. The care recipient participates in the Men's Club activities at the RACF. He comes to the program 2 days per week and has been attending the program for a few months. The daughter has found the program of great benefit to her in giving her a break from caring of her father with such difficult to manage and challenging symptoms of dementia.

4. A female from a culturally and linguistically diverse background in her 80s has been participating in the program for 5 days per week since the beginning of this year. Her carer is her daughter in law who lives with her. She has enjoyed the range of activities available and the environment at the Respite Centre and her family have reported a marked improvement in her confidence and she seems happier and more alert since attending the centre. Her English proficiency is limited and this has posed problems when over in a large and noisy group at the RACF. The care recipient has indicated that she does not want to participate in the activities that are delivered from the RACF and frequently stays behind with staff in the Respite Centre when others go across to the RACF to participate in programs or activities that are delivered.

10.16 OTHER DOCUMENTATION - SITE MAP



11 APPENDIX 7: HAMMERSLEY HOUSE CASE STUDY REPORT

Author: Richard Giles

Editor: Kate Barnett

Auspice: City of Swan Aged Persons Homes Trust Incorporated

Service: Hamersley House

Location: Midland, Western Australia

Amount of Funding Provided: $445,504 + $75,000 establishment cost

Commencement of Service: January 2008

Specific Focus: Dementia, CALD specific

Number of DDR funded Respite Places: 12 -15 care recipients per day

Days of Operation: Monday to Saturday 7.00 am- 7.00pm including public holidays

Date of Site Visit: 16th June 2009

Staff interviewed:

- Liz Petitt
- Rebecca Cant
- Gloria Oliver
- Pat Celima
- Residential care manager

Stakeholders Interviewed:

- ACAT Swan District Hospital
- Carer Forum – 10 carers

11.1 BACKGROUND

11.1.1 HISTORY AND CONTEXT

Morrison Lodge is a cluster style low level residential aged care facility comprised of five houses, one of which is for specialist dementia care. The site includes an Amenities hall and Administration block which supports the Day Respite activities. At the time of the site visit there were 70 residents with medical dependence, 21 persons classified as multi care residents with diverse needs and 24 high care dementia residents.

Prior to the introduction of the day respite service, Morrison Lodge was offering emergency respite to the community on an as required basis. The introduction of the day respite service has enabled them to formalise and resource such an activity appropriately.

Morrison Lodge utilises its expertise in dementia care to provide care to those with associated dementia-specific needs as well as providing a high level of support and service to families from a culturally and linguistically diverse background.

The pilot program at *Hamersley House* commenced operation in January 2008. It is located within the main facility of Morrison Lodge but has its own lounge, dining and recreational facilities. The space represents that of a living room environment, where service users can choose from the many activities on offer.

Due to the services Morrison Lodge has historically been providing to the community, the introduction of the pilot program at *Hamersley House* has been well patronised and demand is exceeding that initially anticipated. The day respite service has enabled Morrison Lodge to provide a wide variety activities that are accessible to both residents and day respite users. Average duration of stay is between 8.30am and 5pm aligned to work and school hours.

11.1.2 NEED FOR THE SERVICE

Prior to the introduction of the day respite service, Morrison Lodge had been providing emergency day and overnight respite to the community and saw the need to expand its existing respite services to include day respite.

11.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The Initial proposal for the day respite service designated the location of the centre to be in a house separate from the residential care facility. However, council approval delayed the

development of *Hamersley House* and the decision was made to move the day respite service into the main lodge. Initial infrastructure funding was used to extend and develop an undercover outdoor area for physical exercise and outdoor activities.

Although there were a few initial issues associated with remodelling needed to the physical environment, program management report that the integration into the existing facility has assisted in making the service extremely successful by enabling residents and day respite users to interact during activities to their mutual benefit.

11.3 DEMAND

11.3.1 OVERALL DEMAND FOR THE SERVICE

Due to existing demand the day respite service has been well attended from the opening day and has not had a day without attendance. The initial number of daily care recipients was between 6 and 8 per day. However, *Hamersley House* is currently providing for 12-15 care recipients daily due to the high level of need in the community. Thus, the number of clients currently exceeds that proposed.

At present the highest demand is on Monday, Thursday and Friday. During these days the care recipients usually attend for a full day. The high rate of attendance has been attributed to the flexibility of the service and the availability of transport. There are minimal restrictions on when and for how long someone can attend the service. On occasion, care recipients are accommodated in the main facilities outside the operational hours of the day respite service.

Attendance on Saturdays and public holidays is building, with two or three regular participants and approximately 50% of the program's regular users attending on public holidays. Carers reported that on the weekend, overnight respite would be popular as often the social activities of the carers take place on weekend evenings. Carers are restricted in being able to attend short notice outings as existing overnight respite is booked ahead up to 6 months in advance.

11.4 MOST COMMON REFERRAL SOURCES

The main source of referral has come from Swan District ACAT, and through general residential care enquiries. A small number of referrals have come by word of mouth through the local community.

11.5 PROMOTIONAL STRATEGIES

Program promotion included advertising in the local paper, distribution of service pamphlets to local health clinics, doctors' surgeries, Huntington's and Parkinson associations, Red Cross, Swan District ACAT team and letter box drops.

11.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

Since commencement the service has assisted with the transition of 7 people into the Morrison Lodge residential care facility. It is reported that all seven were in need of residential care and the day respite service did not accelerate entry, but did enhance the transition.

There have been two care recipients who have withdrawn from the service as they indicated that this style of respite was not for them. This is outlined in the consumer case studies.

11.7 SUPPORT PROVIDED

11.7.1 TRANSPORT ARRANGEMENTS

The transport arrangement at Morrison Lodge is seen to be integral to the success of the day respite service. Morrison Lodge provides individual pick up and drop home service using cars driven by qualified aged care staff. On occasion, the pickup service may result in some home help/personal care activities (e.g. to assist with dressing) to help the care recipient prepare to attend the service. This usually happens where the primary carer has left for work prior to the pickup.

Two staff members have designated pickup and drop off routes. The transportation of care recipients to and from *Hamersley House* requires approximately five hours per day per staff member, making it a significant investment for the service.

11.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

The indicative duration of stay for care recipient is between 8.30am and 5.00pm with clients usually averaging 2 to 3 days per week attendance.

Activities are organised using a weekly timetable. Depending on the type and nature of activity these can be both integrated with residents or specifically for day respite users. Integrated activities occur in both the residential area and day respite area of the facility.

Individual care plans are developed for each individual care recipient. *Hamersley House* offers the opportunity for service users to be assessed and to access allied health treatment as required. Carers have reported that the activities undertaken by the care recipient have had a restorative effect on cognitive functioning, alertness and social interactions.

11.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Approximately 60% of the day respite activities are facilitated on site, with off-site activities incorporating a variety of alternative respite options. These activities include scenic drives, a trip to a concert or a walk to the park.

11.7.4 SUPPORT PROVIDED TO CARERS

Carers are offered a range of supports depending on individual need, and are encouraged to take control of their own health and social well being, which they consider to be the highest order outcome of the service for them.

11.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The flexibility and adaptability of the *Hamersley House* service underpins its reported success. The ability to provide individualised transport service and generous operating hours are described as key success factors.

The availability of a wide range of activities attended by both residents and day respite users offers both groups choice and autonomy.

Carers reported that the program staff are a reliable source of advice and information. They appear to have established a very good rapport with staff members and feel very comfortable utilising the service.

11.8.1 CANCELLATIONS OF BOOKINGS

Cancellations are usually received with notice via text messaging or phone call in advance of allocated day. As the service is currently exceeding its planned number of care recipients the cancellation of one or two attendees has minimal effect on the day to day running of the program.

Cancellations are usually due to illness as staff and carers are very aware of the importance of ensuring that the risk of transmitting illness to residents within the facility is closely monitored.

11.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

This was identified as positive aspect of the program and the staff described how some activities were better suited to some care recipients than others. For example, the day respite room offers a variety of options including a table set up for art and craft, two lounge recliners for people wanting a rest, a couch and a TV for those wanting to watch a television program or movie. Outside the day respite care room is an open computer area, a library of books and areas for people to play board games. The attached photograph is taken in this area.

11.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

Hamersley House staff and carers have indicated many benefits to care recipients as a result of the activities provided. In particular, areas of mobility, balance and general wellbeing have been identified as areas in which care recipient functioning has improved. Carers report that their resilience and capacity to continue in their caring role are also positively impacted by the service.

A number of carers commented on being worried/scared about utilising the day respite service at first, however they now embrace the freedom it provides.

In the initial weeks of accessing day respite, carers reported that they found it difficult to fill in the time as they were not used to being alone. The staff at Morrison Lodge offered assistance with this through counselling and providing community options.

Carers overwhelmingly stated that the program provides “more than they ever expected”, however, the availability of an overnight stay would enhance the service. Those interviewed believe the greatest issue for carers is finding out what assistance is available in the community. Many carers did not know this type of service existed and discovered it by chance.

11.10 STANDARDS AND QUALITY

11.10.1 FEEDBACK AND COMPLAINTS PROCESSES

Morrison Lodge has developed satisfaction surveys for the carers, care recipients and facility residents. These are provided on a regular basis and are used to improve and adapt the service as required. Results to date have been largely positive.

11.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

The service utilises the quality and performance measures developed by its auspice.

11.11 IMPACT ON RESIDENTIAL CARE FACILITY

11.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

Questionnaires have been used to evaluate the impact that the day respite service is having on residents in the aged care facility, with feedback reporting a positive impact. The number of activities available to the residents and care recipients has increased and both groups use and attend these interchangeably. However, during the remodelling of the site, some residents were upset about losing the dining room. This has now been rectified with the establishment of a new dining room.

Another positive outcome is the development of friendships between the residents and care recipients, which has had a positive impact on the lives of residents and those attending the day respite service.

11.11.2 DEGREE OF VERTICAL INTEGRATION

The day respite service has become embedded in the suite of services offered by Morrison Lodge. Tours/visits incorporate the day respite lounge and activities that are available. A benefit of having the day respite service as part of the facility is that potential residents and their carers are exposed to a program they were previously unaware of – a small number of carers have utilised the day respite service as a result of their initial enquiry into residential care.

Hamersely House utilises staff from the residential care facility as well as a dedicated trained aged care staff member. This is especially beneficial during the Saturday session where there is usually only one or two care recipients and staff time can be spread between residential and respite care recipients.

11.11.3 FINANCIAL IMPACTS OF INTEGRATION

The current funding level supports *Hamersely House* being a viable stand alone service. However, there are cost sharing benefits with the residential care facility. The principal financial benefits include cross utilisation of staff and the ability to provide staff additional hours of employment and greater job security, cost share of administration and cost share of catering.

11.12 FINANCIAL MATTERS

11.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

Hamersely House staff considered their service to be fully viable under the current funding provided by the Commonwealth which was seen as providing an appropriate level of resourcing.

11.12.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

There were economies of scale associated with co-location identified in areas such as food, linen, programming staff, use of vehicles and shared used of equipment. However, neither the residential care facility nor the day respite centre is reliant on cash contributions from the other.

11.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

The service is seen to be viable under the current funding arrangements. It is believed that it has the ability to expand using the existing funding model and could offer carers additional benefits if it were to incorporate overnight respite. However, the low socio-economic profile of its location precludes a full fee service.

11.12.4 FEES POLICIES AND PRACTICES

Hamersely House does not have a compulsory fee to attend day respite. It was the original intent of the service to gain sufficient funding from the Commonwealth to not have to charge a fee given the socio-demographic profile of its location. Some day respite users pay a donation and this is used to improve activities for both care recipients and carers.

11.12.5 FINANCIAL IMPACT OF CANCELLATIONS

Limited impact was identified due to low rates of cancellations and due to the fact that the service is currently exceeding its proposed level of service.

11.13 EXIT/ USE OF OTHER SERVICES

11.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

There have been seven care recipients who transitioned to the residential facility because of

their level of need. One or two care recipients have passed away. Only two recipients have chosen not to return as they felt they were not ready for this environment.

11.13.2 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

As noted above, 7 day respite clients have moved into the residential care facility. The Residential Care Manager indicated that the transition for individuals into residential care has been made smoother as a result of their attendance at the Day Respite centre. Further, it is believed that the transition to residential care facility by those 7 day respite users has been a result of the identification of previously unmet need. Management believes that the day respite service has not accelerated the move to residential care, but has assisted to facilitate an appropriate placement.

11.14 KEY STAKEHOLDER INTERVIEWS

The introduction of *Hamersley House* Day Respite Service is described by stakeholders as an important initiative in the Swan district which is an area with socio economic challenges and poor public transport. People who live in this area without transport are often isolated and find it difficult to access health services.

The introduction of the *Hamersley House* Day Respite Service and its provision of transport has been very well received. The service is seen to have assisted many carers and care recipients in getting access to health services and treatment that had previously been overlooked.

Feedback from family and carers who have utilised the service has been positive. Stakeholders report that the quality of life of carers appears to have increased as a result of being able to access respite.

Stakeholders also reported that *Hamersley House* has assisted in de-mystifying residential care and the services that are offered. In particular *Hamersley House* is able to offer a comprehensive services incorporating allied health that is not offered by other respite services.

Stakeholders believe that carers utilising *Hamersley House* will be less likely to suffer carer burnout and that care recipients are experiencing a level of restoration in daily living. The setting is ideal for people with dementia and offers a level of social interaction not available when in-home care is used.

11.15 CASE STUDIES OF INDIVIDUALS

Care Recipient A: This gentleman has attended *Hamersley House* since early 2008. Initially he

was not happy about participating. He would tell others that he believed his wife was using her respite time to meet men. Staff would change the subject, but he would always go back to it. His wife found it too difficult to deal with and decided that she wouldn't bring him anymore. She asked to be contacted when the woodwork group started, as he has always had an interest in this.

When the woodwork group recommenced in July, the gentleman started attending again, but after several weeks he informed the coordinator that he was no longer interested in the woodwork session. This resulted in a more diverse range of activities being offered. He continues to attend *Hamersley House* on Thursdays each week, but he now tells other clients that this wife needs and deserves to have a break.

He is transported by staff and is always happy to see both staff and other clients. He is very caring towards others and always in a jovial mood, therefore lifting everyone's spirits, just by being himself. He has made a great group of friends and they look forward to seeing each other every week. Care Recipient A currently participates in Carpet Bowls, Table games , Quoits , Golf, Word Sleuths , Quizzes , Group outings , seniors concert, drives and picnics.

Due to her husband's acceptance and willingness to continue attending *Hamersley House*, his wife now knows she can have at least one day a week where she is able to plan a social activity for herself and be comfortable with the knowledge that her husband is happy and his needs are being met. She has been involved in the questionnaires and stress survey sent out by *Hamersley House,* each time reporting very positive feedback. Staff who transport her husband communicate with her on a weekly basis and there has never been any negative feedback from her– she always stresses how much she appreciates what *Hamersley House* does for them both.

Care Recipient B: This woman started attending *Hamersley House* in its first week of operation in January 2008. Her husband (primary carer) was still working full-time and coping with the stress of caring for his wife and attending to the home duties, which he had never done before. Care Recipient B attended from 7.30 am to 6.00 pm daily. She participated in most activities, but needed one on one help with most tasks due to short term memory loss and with this she was also displaying verbal/physical aggression.

In June, staff offered respite in Morrison Lodge to the husband as they could see he was very stressed with caring for his wife and attending to day to day necessities, but he declined until staff suggested he really needed respite and on checking found there were two weeks available. Care Recipient B also had respite in August at Morrison Lodge as her husband was still not coping very well as his wife was having more "bad" days than good.

At the start of September 2008, staff, Care Recipient B's husband and family noted a steady decline in her condition, prompting staff to suggest that she needed full time care. Her husband

was initially reluctant, but after input from *Hamersley House* staff, realised it would be the most appropriate course of action.

The transition into permanent care was not smooth at first, due to Care Recipient B needing adjustments in her medical care. Once in Morrison Lodge this was rectified and both husband and wife were more content and accepting of their life change. The husband has since retired, but is still working casually at his former employment. He visits his wife daily, often taking her out and he looks a new man, due to a more stress free life.

Care Recipient C: This carer had seen *Hamersley House* advertised in local paper and inquired about Day Respite for her mother, who was to arrive from New Zealand in May.

The carer has 3 children, one only 8 months old, as well as 2 older children aged 8 and 12 who are home schooled. The carer also supports her husband with running their own business. The Care Recipient C had a CVA-left side 2 years earlier, which left her wheelchair bound and she had been living in nursing care in N.Z. Care Recipient C's son passed away 5 years ago, leaving 3 young children. Despite having these 3 grand children that she loves in N.Z, she still wanted to come to Australia to her daughter and family.

Care Recipient C's daughter arranged for her mother to attend *Hamersley House* once a week, as well as a carer every fortnight for 3 hours, while she went out. An occupational therapist visited their home to assist with setting up bathroom and bedroom wheelchair ramps.

Care Recipient C attended from late May until mid July 2008, only attending 8 times, as she would make life very difficult for daughter. *Hamersley House* offered transport, but Care Recipient C refused. Whilst attending *Hamersley House* she was demanding of staff, wanting attention all the time. For example, she wanted staff to take her out for a cigarette frequently throughout the day, disregarding whether other attendees needed attention from staff. Care Recipient C's behaviour escalated over the 8 times that she attended *Hamersley House*. She became verbally aggressive, creating a very unpleasant day for all concerned.

The Coordinator spoke with Care Recipient C's daughter regarding her mother's inappropriate behaviour at day respite. The daughter was very understanding, as she was acutely aware of her mother's behaviour. A decision was made to cease attendance at the program. Since Care Recipient C has stopped attending day respite, contact has been made by phone and in-person at the local shopping centre by staff from *Hamersley House*. Both Care Recipient C and her daughter are happy with their present situation.

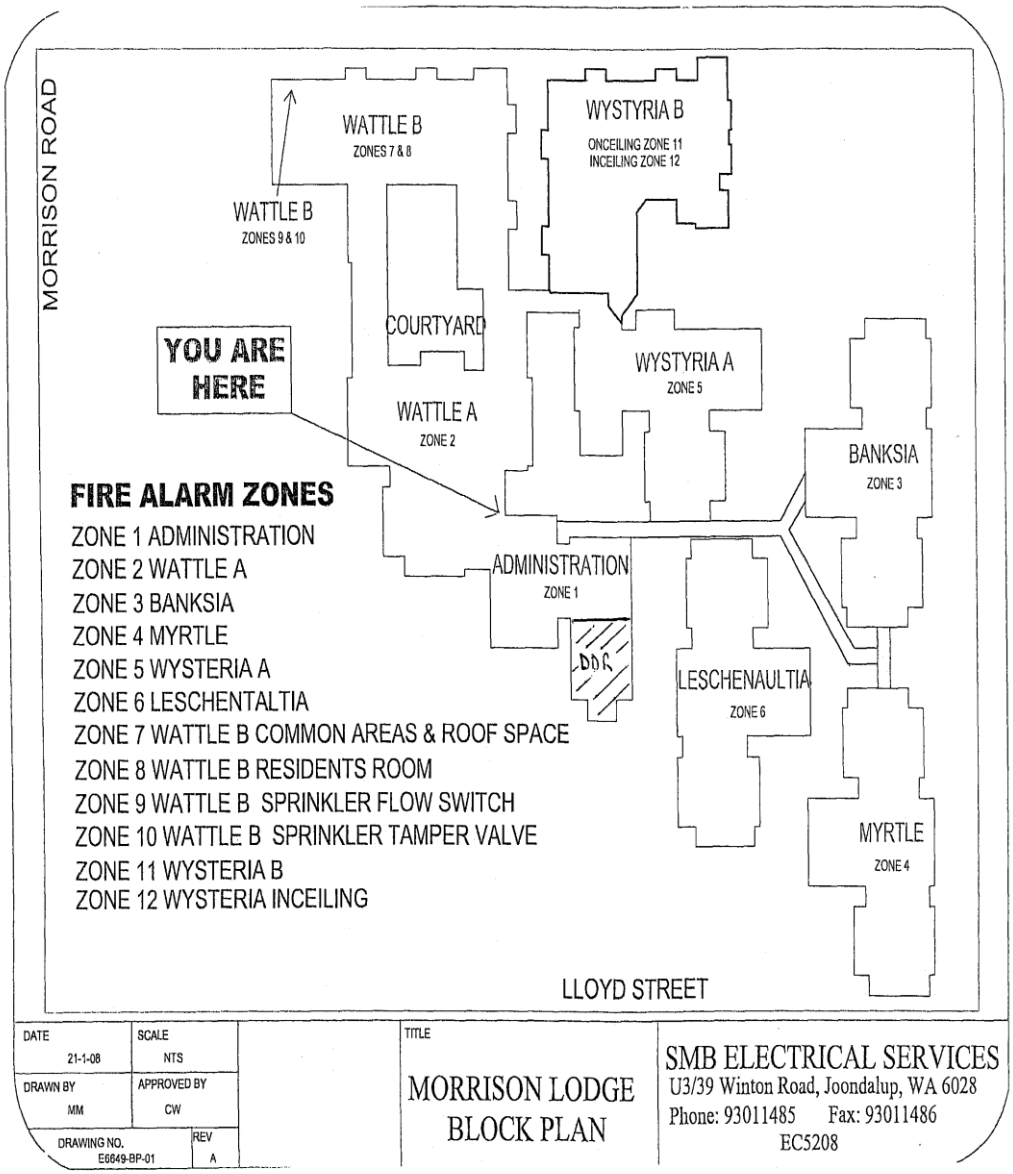
Care Recipient D: Care Recipient D lived in his own home with his mother until she died 2 years

ago. He was a taxi driver but was diagnosed with dementia which affected his speech. Care Recipient D then lived with his brother who is a bachelor. Amana Living provided him with domestic assistance and daily showering. A carer was also provided twice a week to stay in the house with Care Recipient D for half a day. He attended *Hamersley House* once a week, after being referred by a staff member from Amana Living. *Hamersley House* was happy to offer a trial of one day with the view to extend once he settled in.

Care Recipient D required one-on-one care, briefly sitting still to play the occasional game of dominoes, which he excelled at. Most of the time Care Recipient D was looking for a way out, grabbing staff members by the hand, squeezing them tightly when staff had opened a door. He also scaled the walls of the outdoor area by moving furniture – luckily he was found in the secure dementia area each time.

Care Recipient D went into Respite at Brightwater - Inglewood for a week. Whilst he was there Hamersley House staff spoke to Amana Living regarding his behaviour. Care Recipient D was then admitted as a permanent resident at Brightwater. Staff have spoken to Care Recipient D's brother since and he reports that Care Recipient D was settling in at the nursing home, and he was starting to get on with his own life. Care Recipient D's brother said he appreciated the effort that *Hamersley House* had put into caring for him.

11.16 OTHER DOCUMENTATION - SITE MAP



12 APPENDIX 8: HOMESTEAD DAY STAY RESPITE CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Auspice: Lyndoch Warrnambool

Service: Homestead Day Stay Respite

Location: Warrnambool

Amount of Funding Provided: $219,000 pa

Commencement of Service: 2008

Specific Focus: Regional

Number of DDR funded Respite Places: 8 care recipients per day.

Days of Operation: Weekdays 8am-6pm

Date of Site Visit: 15th June 2009

Staff interviewed:

- David Keilar, Director of Community Services Lyndoch
- Vicki Williams, Manager Respite Services
- Helen Schack ,Intake Officer Residential and non- Residential Respite
- Helen Bacon, Business Manager
- Terry Kenny, Finance Manager

Stakeholders Interviewed:

- Dodo Burrows, South West Health Care Post Discharge Planning
- Maree McCosh, Community Options Lyndoch
- Gail Blackwood, Barwon Health Carer Respite and Carelink Services
- Rhonda Carlin, Community Rehabilitation Centre Lyndoch

12.1 BACKGROUND

12.1.1 HISTORY AND CONTEXT

Lyndoch is a large and established aged care provider within the South Western region of Victoria. It is a community owned organisation overseen by a Board of Management. The organisation delivers residential care to over 200 residents in both high and low care settings. The Community Services section supports approximately 700 aged and disabled people and their carers. The organisation delivers CACPs, EACH, Linkages, ABI case management, and ACAS and NRCP respite programs. Lyndoch also provides an innovative overnight respite care program.

Lyndoch Homestead is used as the site for the respite care programs. It is adjacent to the Hostel and Nursing Home but with a quite separate identity and entrance (see Site Plan presented in *Section 6.14*). The Homestead site includes the overnight respite care program, the Host Family respite program, and is where the Community Respite Co-ordinator is situated.

12.1.2 NEED FOR THE SERVICE

The service was already offering overnight respite care in the Homestead building which is a separate, older wing of a large residential complex. The service thus saw the opportunity to

extend the respite overnight program through offering day respite care. Lyndoch also provides a day centre program from 10am-3pm but this was considered by Lyndoch to be a large, structured program that was not suitable for all care recipients, especially those with chronic illness, disability or social anxiety in group settings. The day program is also dementia specific and this focus also results in some people not wanting to access it.

The Homestead, by contrast, offers a more home like environment for care recipients in smaller social groupings. The day respite service accepts 4-6 care recipients per day and this setting was seen to better meet the needs of individuals. The service operates 5 days a week and can thus accommodate up to 30 care recipients per week.

12.2 CHANGES IN THE PROGRAM MODEL OVER TIME

No significant changes had been made to the program model at the time of the site visit, although a newly enhanced component of carer liaison had been recently developed. This was reflected in the employment of a Carer Liaison Co-ordinator position to service a number of carer focussed programs at Lyndoch. The position was intended to undertake functions of carer assessment, follow up of needs and requirements and referrals to other support services. The new position was created to enable a greater focus to be placed on the carer in addition to the focus placed on the care recipient.

12.3 DEMAND

12.3.1 OVERALL DEMAND FOR THE SERVICE

The service was developed to target carers of frail older people and people living with dementia, with priority given to financially disadvantaged people and people living in rural and remote locations. The service reported that it was meeting the demand from carers for the service.

In addition, the offering of both overnight respite and day respite was considered by the service to provide a good option for many care recipients who may need both supports at some stage. It was estimated that approximately 25% of care recipients stayed overnight, particularly over the weekends.

12.4 MOST COMMON REFERRAL SOURCES

The main referral points for day respite were internal to Lyndoch through the community packages. The EACH, EACH D, HACC and ABI Case Management programs fed in referrals. In addition, the Commonwealth Carer Respite and Carelink Service and the ACAS were important

referral sources. The co-location of the service with other like programs was identified as an enabler to the referral process.

12.5 PROMOTIONAL STRATEGIES

The service has not needed to use specific promotional strategies as the referral process has worked well. It was suggested that there was little competition from other providers for the provision of the respite care service and so the current level of demand was likely to continue. The service was in the process of producing a DVD to provide information about the services available at Lyndoch. There was no waiting list for the respite service at the time of the site visit.

12.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

There had not been many transitions to residential care that were identified at the time of the site visit. Many of the care recipients had remained living at home. There was a low waiting list for dementia specific residential care beds and this was attributed in part to the support available from the community care packages.

12.7 SUPPORT PROVIDED

12.7.1 TRANSPORT ARRANGEMENTS

Transport is provided through a shared vehicle or taxis and this is free of charge. However, there is a limit to the transport service catchment area. Care recipients come from surrounding small towns such as Port Fairy and Koroit which are about half an hour drive from the regional centre by taxi. Care recipients living further afield need to be transported by their carers. This suits some carers who liked to shop in the regional centre of Warrnambool and drop the care recipient off for a day stay while they shop, and then collect them at the end of the day.

12.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

Initially personal care workers developed the activities program but now the Activities Officer performs these roles and provides guidance and direction about all day programs. Main activities provided in day respite care include art and craft, music, BBQs and outings. Males are reported as appreciating the gardening and general maintenance activities while females tend to prefer visiting op shops and nurseries. Staff consider that there is significant capacity within the service to customise activities to meet individual preferences and needs.

Day care recipients can also participate in live music events, movies and theatre, and other bigger activities delivered by the residential care programs.

Carer recipients are assessed by the service, including for their diagnosis and medications. They are then linked in with allied health services such as physiotherapy, occupational therapy, podiatrists, dieticians, rehabilitation workers, speech pathologists, as required. The Community Rehabilitation Centre on site provides for most of the allied health support requirements of care recipients. Care recipients can also access hairdressing on site.

12.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Staff reported that approximately 50% of activities were provided on site and 50% off site through excursions and outings. Groups for the off site visits and activities are generally formed in numbers of four, or three if some of the care recipients participating have dementia.

12.7.4 SUPPORT PROVIDED TO CARERS

The carer and their needs are also assessed by the service. Carers can participate in a carer support group operating at Lyndoch. The Carer Liaison worker facilitates these groups as well as offering additional programs like pampering days and carer weekends away. Recently group of 16 carers across a range of Lyndoch programs spent 3 days in the Daylesford region visiting a lavender farm, a historic home, an art gallery, the Hepburn Spa centre, and taking a stream train trip from Maldon to Castlemaine. Comment was made in the Lyndoch Newsletter that 'Our carers play an important part in aged care and Lyndoch was pleased to be able to offer this holiday as a way of recognising their efforts'.

Life Books are developed with the care recipient for the carer to keep. There is a process under consideration for Advanced Care Planning to discuss with the carer end of life issues.

12.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

12.8.1 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

Day respite staff believe there to be a high capacity to match activities against the interests and capacities of care recipients due to the smaller groups, and due to the services of the Activities Officer.

12.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

Activities provided are considered by staff to be very effective and targeted to individual interests. The higher staff ratio in the service was seen to enable a more customised response to be developed for the care recipient when compared with the larger group activities model. The service was designed to support closer planning to take place against individual interests.

12.10 STANDARDS AND QUALITY

12.10.1 FEEDBACK AND COMPLAINTS PROCESSES

A survey was administered to carers during 2008 to obtain feedback on the day respite service. Nine responses were received from the 15 that were sent out. From the 9 responses, all reported satisfaction with the quality of care provided and the meals. Six carers reported that the service had provided them with valuable time out. Some carers indicated they would have liked additional days of respite to be made available, and one carer had concerns about the capacity of the service to respond to high level care needs. There was also a Brag Book in place where letters of appreciation were kept. Positive comments from carers were also included in the minutes of departmental meetings.

There was a suggestion box available for care recipients and carers to use. However this has not been used much by carers or recipients to date.

12.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

Processes were in place within Lyndoch for the monitoring of performance, performance feedback and quality assurance. The community services division had been accredited and received positive outcomes from the audit of the HACC program and the Commonwealth Quality Review in 2007. There is an internal audit system in place across community services and each month an area is selected for focus. The area of Intake had been internally audited with positive results.

12.11 IMPACT ON RESIDENTIAL CARE FACILITY

12.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

Residents in low care and high care residential settings are fairly separate from the day respite service being co-located on the same campus but in different buildings. The only area for

overlap is in the shared use of the sun room within the Homestead building. It was reported that residents in low care residential settings are able to join in the activities in day respite and vice versa. But given the physical separation of the day respite service from the residential facilities, the impact of the day respite service is likely to be minimal on the day to day activities of the residents.

12.11.2 BENEFITS FOR RESIDENTIAL STAFF

The residential care component at Lyndoch employs some 200 staff so it provided a much bigger bank of staff when compared to the day respite service's 3 staff. Some areas of sharing of personnel were identified, particularly for back filling when vacancies occur within the day respite service.

This opportunity for sharing personnel was seen to offer staff in residential care a different work experience and environment that could be enriching for them. There were examples provided of a small number of staff who work in both the residential care and day respite care programs.

12.11.3 DEGREE OF VERTICAL INTEGRATION

There is a high level of internal integration within Lyndoch. Programs work together and cross fertilise their knowledge and resources wherever possible.

12.11.4 FINANCIAL IMPACTS OF INTEGRATION

Economies of scale were the biggest financial impacts identified in areas such as staffing, stores, catering and laundry. In addition there were economies of scale identified in areas such as management, cleaning and security.

12.12 FINANCIAL MATTERS

12.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

The additional funding provided for the day respite service has enabled the establishment of a Respite Division within Community Services at Lyndoch, and a respite manager was appointed to oversee the range of respite care programs provided. This was evidence of the efficiency of co-locating like programs and the ability to strengthen the infrastructure of the respite care model.

There was a mixed response from the community in their ability to pay fees with most on pensions but some wealthier. Many care recipients and carers expect the service to be free or

low cost as they believe they have paid taxes for many years and regard access to the service as their right to social support.

12.12.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

Cross subsidisation was identified in areas of food and stores and all central areas. Food is prepared on site and there were economies of scale identified in sharing this resource. The co-location of programs enables flexible use of funds. The co-location of programs also enables the provision of co-ordination and liaison positions that otherwise would not be possible in a smaller program model.

12.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

It was suggested that a user pays model would not be appropriate, and that the day respite service requires government support and ongoing funding to remain viable. It was further suggested that the day respite service is providing a high profile model of service provision in the region that has saved the government money by averting or delaying premature admission to residential care.

12.12.4 FEES POLICIES AND PRACTICES

Fees for the service are charged at $10 per day but this is considered to be a flexible contribution and waived if not able to be paid. The process for fee reduction is not officially assessed but informally negotiated. There was considered to be some capacity to be more diligent in the charging of fees but it was considered that this would not increase the amount of fees collected significantly. It was also considered that if fees were increased considerably, people may not use the service. The user pays model was thus not considered viable or appropriate for the respite care service. It was estimated that about 60% of fees paid for respite care come from care packages.

12.12.5 FINANCIAL IMPACT OF CANCELLATIONS

The impact of cancellations is not great as there generally was not a high cancellation rate.

12.13 EXIT/ USE OF OTHER SERVICES

12.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

There had not been many transitions to residential care that were identified at the time of the site visit. Many of the care recipients had remained living at home. There was a low waiting list

for dementia specific residential care beds and this was attributed in part to the support available from the community care packages.

12.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

There has been greater use of residential respite partly due to the fact that when there is a cancellation in a booking in residential respite, an approach is made to the day respite service to see if anyone wants to fill that vacancy. As waiting lists for residential respite are generally long, this provides quicker access to the option of residential respite care.

It was considered that the day care recipients have become more familiar and more comfortable with the residential respite model. It could be viewed as a stepping stone and part of the continuum of care. The general view was that the combination of day respite and residential respite can work to keep care recipients at home longer with the support of their carers.

12.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

It was suggested by staff that carers have generally been supported sufficiently to sustain the care at home for longer and avert premature placement in residential care. Where placement in residential care has taken place, this was attributed to the care recipient moving to a state of higher needs and requiring more support than the carer could provide. It was reported that more carers completed the paperwork for residential care waiting lists, but this did not necessarily mean they were going to accept a place if it was offered. They rather became more aware of the need to plan for the next stage and more familiar with the facility and the processes involved.

12.14 KEY STAKEHOLDER INTERVIEWS

The Day Respite service was identified as a valuable addition to the repertoire of options available for carers. The service was described as flexible and responsive, able to provide options at short notice, without the need for an ACAS assessment, and able to accept the majority of referrals made. The model was seen by stakeholders as effective in meeting carer needs, mainly attributable to its smaller group size, higher staff ratios and greater scope for flexibility.

The separate identity of the building was identified as a strength, particularly for carers who were concerned about the stigma of using the Lyndoch service, which has a particular resonance in the community of Warrnambool as the place to go for residential placement. The comment was made by some stakeholders that once the carer became more familiar with the service, the stigma was easily overcome. One stakeholder commented that Lyndoch had a good ability to win over clients who were initially fearful about using the service.

The day respite service was seen to be effective in promoting support for carers who may not otherwise access services or supports. The flexibility of the hours and days of stay and the ability to meet individual needs were identified as significant aspects to the service's success. One stakeholder made the comment:

> *The program fills a massive gap between day centre programs and residential care. Some clients can't fit into the larger and more structured day centre programs and need a higher staff complement to respond to their complex care needs. They need a more flexible program and environment and the day respite care program at Lyndoch fills this gap well.*

The advantages and value added in Lyndoch offering overnight respite care in the same building were highlighted by stakeholders. This model was identified as offering a great resource for the community to access above and beyond that which was available through the more structured, and more difficult to access, residential respite care option.

One stakeholder commented on the value of the day respite service in reducing the length of hospital stays for care recipients who came into hospital in a crisis and didn't have a current ACAS assessment but where the carer required urgent support. This stakeholder commented that the Day Respite service had made a 'huge difference in prevention of unnecessary hospital admissions and stays'.

Some stakeholders identified the limitations of the service in its geographical coverage, and hoped that it could be extended to cover a greater number of the small towns in the district.

12.15 CASE STUDIES OF INDIVIDUALS

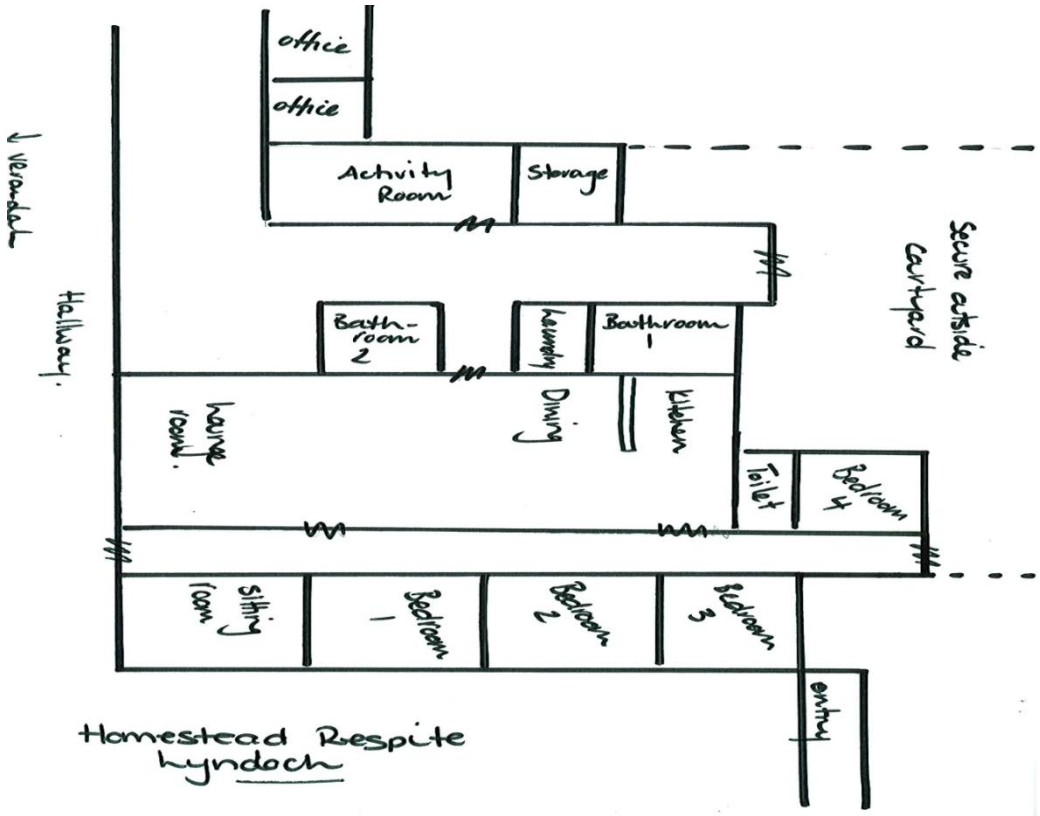
1. Female care recipient in her early 70s has a son in his late 50s who requires dialysis 3 days per week. The care recipient's husband is deceased. The care recipient has accessed the day program for about 4-5 months and utilised the overnight stay option as well. The program has enabled the son to access his medical treatment and allowed the care recipient to establish friendships. The success of the program has been for the carer in having peace of mind while he accesses treatment and for the care recipient maintaining her community living.

2. A female care recipient aged in her mid 80s has a carer who is her nephew and his wife in their 50s. She had been attending the day respite program for over 12 months. She was not ambulant and was admitted to hospital awaiting permanent placement and waited there for over 6 months. During this period in hospital the care recipient continued her attendance at the day respite program. This enabled her to maintain her social well being and mental health while in a hospital setting.

3. A male in his late 80s has been with the day respite program since it began. He has high level and complex needs and was at high risk of falls as he had Parkinson's disease. The carer, his wife, was adamant that he was not to be admitted to residential care. The care recipient held a different view that he wanted to go to residential care. The carer would not accept care in the home and was not amenable to suggestions of other forms of additional support. The care recipient was becoming difficult for the program to manage as he couldn't participate in many of the programs and required a high level of staff time. The carer liaison worker is working closely with the carer and case manager to find a solution.

4. A male in his early 80s with dementia has been accessing the program since its commencement. The carer is an extended family member in her early 70s. The care recipient has placed a strain on the program due to the level of his care needs. The program maintained his care for over 18 months as he was not suitable for attendance at the day centre. During this period the care recipient's behaviour and care needs were difficult to manage and his carer was demanding more days of care for him. The risks of increasing his days of care were considered to be too high. The care recipient would not accept offers of residential respite care. The care recipient had a fall and went into hospital. He has just been placed permanently in residential care due to his rapid deterioration.

12.16 OTHER DOCUMENTATION - SITE MAP



13 APPENDIX 9: MYRTLE COTTAGE CASE STUDY REPORT

Author: Richard Giles

Editor: Kate Barnett

Auspice: Southern Cross Care Inc

Service: Myrtle Cottage

Location: Myrtle Bank SA

Amount of Funding Provided: $502,188 per annum

Commencement of Service: February 2008; Client services from August 2008

Specific Focus: Dementia Specific Respite using Montessori model

Number of DDR funded Respite Places: 8 care recipients per day; 40 per week

Days of Operation: Weekdays

Date of Site Visit: 24th August 2009

Staff interviewed:

- Penny Hickman
- Renee
- Support Staff

Stakeholders Interviewed:

- Alzheimer's Australia (SA)
- Norman House – (Respite Centre)

13.1 BACKGROUND

13.1.1 HISTORY AND CONTEXT

The *Myrtle Cottage* Respite House is a collaboration between Southern Cross Care (SA) Inc (SCC) and Alzheimer's Australia South Australia (AASA) to trial an innovative model of respite provision for carers of people with dementia. The service is offered in a day respite setting on the campus of a SCC residential facility site in metropolitan Adelaide.

Myrtle Cottage provides expertise from two complementary organisations that specialise in dementia services, community programs, therapy programs and residential services. This partnership has jointly developed a blended model of innovative day respite care that is enriching and meets all the needs of the carer and care recipient within the scope of a day respite service.

The *Montessori Based Dementia* model is an innovative method of working with older adults with cognitive and/or physical impairments based on the method and philosophy of educator, Maria Montessori. Montessori activities, in the context of activities programming, enable people with dementia to function at a higher level of competence because these activities access spared ability while providing ways to circumvent memory deficits.

The *Myrtle Cottage* service offers day respite to carers is underpinned by person-centred values and provides flexible responsive respite for the carer and an innovative day respite program for the care recipient. It is individualised and delivered within a restorative framework that is engaging, stimulating and encourages accomplishment.

The Myrtle Cottage program objectives include:

- the provision of flexible day respite that is responsive and meets individual carer needs;
- the provision of respite for carers of people with dementia and other cognitive deficits, challenging behaviours and/or complex care needs;
- the implementation of an innovative model of respite care based on the *Montessori-Dementia Programming* and *Spaced Retrieval* techniques that will encourage engagement and accomplishment;
- trained staff who facilitate self management capabilities and restorative strategies that will be able to be implemented within the home;
- linking carers to Commonwealth Respite Centres and other aged care providers for ongoing and seamless respite options, services and support;
- working in close partnership with other community services and networks to ensure that carers' needs are met and services appropriately co-ordinated;
- contributing to enhanced outcomes for carers, care recipients and residents by providing day respite in collaboration with a residential aged care facility setting on site.

13.1.2 NEED FOR THE SERVICE

Demand for the service has grown rapidly with a consistent rate of referrals being received each month. *Myrtle Cottage* currently assists 42 carers on a weekly basis and in addition supports another 18 carers on a casual or emergency basis.

Myrtle Cottage staff believe that the demand for the service and continued growth and positive support from carers is due to a number of factors including:

- Carers are reporting that carer recipients are happy and more engaged after a session at the cottage.
- The environment at the cottage is extremely home like and carers and care recipients are encouraged to view it in this way .
- The home like environment encourages attendees to spend their time in the cottage in a flexible and relaxed way, as they would do in their own home.
- The model utilised stimulates engagement throughout the session.
- The partnership between AASA and SCC has been very positive on a number of levels including maximising the networking and promotional capability of the service, and increasing referrals as the peak body for dementia is involved on a day to day basis.
- Training capability has been enhanced as the 2 organisations involved bring different skills to the service.
- Carers have taken the opportunity to meet with the residential staff regarding possible respite options and care for the future as they are now comfortable and familiar with the organisation.

13.2 CHANGES IN THE PROGRAM MODEL OVER TIME

While the expectation for the respite service was to have a mix of clients including those in the early stages of dementia, care recipients have largely had moderate to more advanced dementia. The impact of this has affected the number of care recipients able to be safely and effectively assisted on a day to day basis. Clients with moderate to significant dementia have therefore required more one to one input. This has meant numbers have not been achieved as per the original agreement.

At this stage, carers have not requested respite between the hours of 8:00am to 9:00am or from 5:00pm – 6:00pm which has also made an impact on the expected number of clients.

13.3 DEMAND

13.3.1 OVERALL DEMAND FOR THE SERVICE

Referrals continue for people with moderate to severe memory loss, in addition to a significant number of people with challenging behaviours. The demand for a more personalised one on one respite service continues to grow. *Myrtle Cottage* now has a full number of staff and is now able to advertise specific days with vacancies.

13.4 MOST COMMON REFERRAL SOURCES

While referrals have been received from a number of agencies, Alzheimer's Association SA has been the most significant referrer. This involves a range of programs – counselling, Carer Education, Carer Support Groups, and The Dementia Behaviour Management Advisory Service (DBMAS).

13.5 PROMOTIONAL STRATEGIES

Myrtle Cottage posts regular notification of vacancies to organisations such as Alzheimer's Australia (SA), the Carer Support & Respite Centre, Southern Cross Care, Aged Care Assessment Team (ACAT), Southern Services Reform Group and uses ongoing advertisement in the local *Messenger* Newspaper.

13.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

Myrtle Cottage has been quite fortunate to retain many clients referred at the opening of the service. In fact, many clients have shown great improvements in their health and wellbeing since being involved within *Myrtle Cottage*, therefore delaying the need for permanent care. The few clients who have left this service and entered permanent care as a result of a dramatic decline in health were with the program for approximately 6 months.

13.7 SUPPORT PROVIDED

13.7.1 TRANSPORT ARRANGEMENTS

Myrtle Cottage provides individualised transport arrangements. Clients are transported to the

facility in a number of different ways including by their carer, through transport incorporated in Community Care Packages, use of a private hire and the organisation's volunteers.

13.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

Activities at *Myrtle Cottage* are not time tabled. All activities are facilitated at the request or agreement of the care recipient. Often a number of different activities will be in progress at any one time. These include:

- Memory bingo
- Flower arranging
- Vegetable garden
- Reading jokes to the group
- Reading poems to the group
- Charcoal sketching
- Re potting garden cuttings
- Water colour painting
- Mosaics
- Reminiscing about past travels, childhood memories etc.
- Singing group
- Balloon volleyball
- Cooking
- Preparing lunch
- Planning special events (e.g. Melbourne cup)
- Board games
- Knitting group
- Men's shed activities
- Discussion groups (world events).

The *Myrtle Cottage* respite service provides the care recipient with services which incorporate:

- Montessori Based Activity Planning
- behaviour management
- enhance capacity to complete daily tasks through strategy utilisation
- meaningful, engaging, stimulating activities
- culturally sensitive activities
- achievable activities which encourage accomplishment
- sensory stimulation
- reminiscence
- link activities to home setting
- encourage social interaction
- Provide meaningful engagement

- Increase wellbeing
- Assist in restoring / maintaining capacity
- Reduce care recipient stress
- Meals
- Transport (as required).

Residential ancillary services are also available to respite service participants, such as hairdressing, beauty therapy, concerts etc

Rehabilitation services are also provided: physiotherapy, occupational therapy, podiatry and structured exercise programs.

13.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

The majority of activities are based within the cottage as the service does not have a bus available for outings. Activities are offered in the following (approximate) ratio:

- 90% on site activities
- 5% Walks through the grounds of Lourdes Valley Nursing Home
- 5% Allied Health consultations/activities.

13.7.4 SUPPORT PROVIDED TO CARERS

The *Myrtle Cottage* respite service supports the carer to continue in the caring role through:

- Providing a service which meets the carers need whilst providing an experience which is positive and meaningful for the care recipient
- Providing a comprehensive assessment
- Providing information and referral onto other appropriate services
- Acknowledging common feelings of carer guilt and stress when utilising respite services and supporting the carer to manage these
- Assisting the carer in the preparation of accessing the respite services to ensure the care recipient journey between respite and home is as seamless as possible.

13.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

Myrtle Cottage is able to offer a highly responsive and accessible service. The program is able to take bookings on the same day as respite is required when a vacancy exists. Transport is available with an hour's notice.

13.8.1 CANCELLATIONS OF BOOKINGS

Cancellations have been most prominent during winter and in particular Mondays and Fridays.

13.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

At the point of assessment a great deal of information is received about the past and present life experience of the person with dementia, thus enabling the Activity Assistants to design an activity program that is specific to the care recipient.

As *Myrtle Cottage* now has a full complement of staff they now have the capacity, time and background information to create a meaningful and personal space of time for a client visiting the service.

13.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

There are many different stages that a person with Alzheimer's or dementia will go through. Therefore, activities in the early, middle or late stages will differ accordingly. In order to improve the quality of time spent at *Myrtle Cottage*, the focus is on what the person can do, instead of what they cannot. Planning activities is a process of trial and error involving continuous exploration, experimentation and adjustment. If the planned activity is not engaging the person with dementia it is common practise to quickly move from that activity onto something else.

Myrtle Cottage places a high level of importance on ensuring that the person is involved in an activity that is personal, purposeful and enjoyable to them in order to promote a sense of fulfilment and achievement. At the time of Assessment the Coordinator inquires about what the person with dementia enjoyed in the past and present. In addition, attention is paid to their employment history, any special skills they possess and the types of situations to avoid. This information and ongoing communication is critical to the provision of person-centred activities for *Myrtle Cottage* participants.

13.10 STANDARDS AND QUALITY

13.10.1 FEEDBACK AND COMPLAINTS PROCESSES

Routine informal client feedback is obtained via regular conversations with carers and care recipients.

A compliments and complaints system is in place for more formal feedback, in addition to an Annual Client satisfaction survey and annual carer focus group.

13.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

Myrtle Cottage has a number of systems in place to record quality and performance. These include:

- Activity Engagement Assessment
- Client Progress Notes (taken at the end of each visit)
- Feedback from Carers and other staff engaged in care
- Client feedback, engagement and enjoyment.

13.11 IMPACT ON RESIDENTIAL CARE FACILITY

13.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

There has been minimal contact between the respite service and full time residents to date. However, *Myrtle Cottage* has linked carers who utilise the service to the management of the residential facility to discuss future residential options, and it is reported that this has been a very positive experience.

13.11.2 BENEFITS FOR RESIDENTIAL STAFF

One of the key benefits of the integration of respite and residential services has been staff education that enables the application of Montessori and *Space Retrieval* techniques to residents. This has been reported as having enhanced the skills of residential care staff and is considered a great benefit.

13.11.3 DEGREE OF VERTICAL INTEGRATION

Infrastructure costs have been minimised in a number of areas. For example, management is overseen by the Rehabilitation Manager who also manages allied health staff for residential care.

Accreditation of the organisation is largely supported financially through the residential sites. However, the respite service enjoys full access to the benefits (quality, risk, policy and procedure assistance).

Cleaning staff are employed from residential care. This has enabled small shifts to clean the cottage each week, which has been successful. A SCC contractor for maintenance is utilised to care for the garden, which capitalises on the price reduction for a large contract.

RNs are available if required from SCC residential care for medication management and advice at no cost to program.

13.11.4 FINANCIAL IMPACTS OF INTEGRATION

Myrtle Cottage stands alone with its own budget, however, there has been formal and informal sharing as a result of the service through training opportunities across the residential and respite services. This has increased the capability and capacity of both residential staff and respite staff. For example, a specialist medical educator spent a day training 50 SCC staff, paid for by SCC for residential staff and accessed by the *Myrtle Cottage* staff.

Utilisation of existing administration and senior management (General Manager and Executive Manager) functions within SCC assisted in containing these costs for the 08/09 and 09/10 financial year. SCC provided significant "in kind" support for the project in senior management in the development and roll out phase as the model was an innovative model with AASA and required significant collaboration. This additional cost, absorbed by SCC rather than the service, is not ongoing and has been viewed by SCC as extremely worthwhile for the success of the day respite service.

13.12 FINANCIAL MATTERS

13.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

Expenses associated with the service to date have been lower than anticipated, particularly in regard to staffing, for the following reasons:

- The service has been building up to capacity and staff were not recruited until they were required. As client numbers grew, the full complement of staff has been recruited - as such, the budgeted funds for staff salaries will be as estimated into the future.

- Promotion of the service prior to all staff coming on board was in part "in kind" from SCC in the initial stages, capitalising on existing networks and pathways, thus reducing promotional costs. In addition, the strong pathway from AASA has maintained a steady referral base.

- Training expenses have not yet reached anticipated levels as a direct result of staggered recruitment. The service expects to “ramp up” the training now that all staff are on board. This training will also increase as volunteer numbers rise.

Client transport to and from the cottage has been reviewed, as the method of travel initially utilised looked to be too costly. Due to the need for people with experience in dementia and frailty to drive the clients (moderate to advanced dementia) the service has been very selective with mode of transport and now has in place a range of modes that will be utilised to ensure that transport budgets are met, whilst delivering efficient and safe transport options.

Capital establishment costs for the service, additional to the $75 000 capital funds received from DoHA, were funded by SCC (approx $150 000 additional). These were one off costs to remodel the cottage for disability and dementia friendly environs and other legislative compliance. SCC was aware that these costs were required when applying for the Demonstration project and was prepared to fund the service so as to have the unique opportunity to develop and implement the model with AASA. It is also a resource to SCC residential facilities with residential staff planning to take part on a rotational basis so as to integrate aspects of the model throughout the residential services.

13.12.2 VIABLE OPTIONS FOR ONGOING FUNDING

Transport costs are potentially expensive due to the distance travelled by some clients. This is closely monitored to ensure equity for all clients and managing this within budgetary constraints.

13.12.3 FEES POLICIES AND PRACTICES

The client contribution for service is:

- $6.00 per day for less than or equal to 6 hours of service
- $8.00 - $10.00 per day for greater than 6 hours of service

The client contribution for lunch is $3.50 for Lunch which may be a sandwich, hot meal and desert.

Standard fees also apply to extra existing services e.g.:

- $17.00 for hairdressing
- $5.00 - $15.00 for SCC Rehabilitation Service programs.

The SCC fee waiver or reduction policy is applied to ensure that the service is accessible for people who are financially disadvantaged.

13.12.4 FINANCIAL IMPACT OF CANCELLATIONS

During the flu season the financial impact of cancellations was an anticipated occurrence. On a positive note, many existing carers were able to booking additional days with the service to help them through an illness, to attend appointments or to have an unplanned rest to help re-energise and provide better care for the person in their care.

13.13 EXIT/ USE OF OTHER SERVICES

13.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

To date 3 care recipients have exited the service for a variety of reasons. Of these, 1 person moved into permanent care; 1 person withdrew due to a decline in health and 1 person resumed In Home Respite.

13.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

Carers involved in the *Myrtle Cottage* service have reported to staff that they have not required residential respite at the level they have in the past. This is due to the impact of their scheduled respite with *Myrtle Cottage*. Knowing they have 1 – 2 days to use for appointments, errands and time to explore their own pursuits has been a welcomed relief for them.

When vacancies exist, *Myrtle Cottage* has also assisted carers with up to 2 weeks daily (Monday – Friday) respite for carers struggling to care for their loved one. This has enabled the carer to take some extended time to better take care of themselves and avoid the need for overnight respite.

13.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

To date there has been 3 care recipients moved into Residential Care. In all cases it is believed that this was the best outcome for both carer and care recipient.

13.14 KEY STAKEHOLDER INTERVIEWS

Stakeholder feedback reports that *Myrtle Cottage* is providing a unique level of care and respite for people with dementia, and is described as filling a gap for those carers who are caring for someone who requires high level one on one care.

The joint initiative of Southern Cross Care and Alzheimer's SA has created a ready made referral base. Alzheimer's SA support staff provide a link for carers who are caring for someone with Alzheimer's. The introduction of *Myrtle Cottage* has been particularly important to those people requiring high level care.

All stakeholders believe that the Montessori program offered by *Myrtle Cottage* is achieving excellent outcomes for both carer and care recipients. Carers have reported that the person they are caring for are easier to manage and relaxed after returning from *Myrtle Cottage*. The service is believed to be truly catering for the needs of the individual.

Transport was also identified as an important service offered by *Myrtle Cottage*. The individualised service was said to be greatly appreciated by carers.

The flexibility to accept care recipients at short notice in emergency situations has also benefitted carers as they have a reliable place for the person they are caring for to go without the stress of burdening friends or relatives.

Myrtle Cottage is seen as providing a valuable service to carers who have a person with dementia or related illness. It offers a unique level of individualised service that empowers both the carer and care recipient to make positive health choices.

13.15 CASE STUDIES OF INDIVIDUALS

Client Peter

Referral to Myrtle Cottage from Alzheimer's Australia (SA) through one of their support groups.

Client Background Peter was diagnosed with Alzheimer's in 2003 and lives in a supportive household with his wife Barbara. Peter had not accessed any respite out of the home before Myrtle Cottage. Peter and Barbara have a HACC package that provides 2 hours of respite in the home every week and fortnightly cleaning.

At Assessment (March 2009) Barbara expressed her guilt in accessing respite but also stated that she was feeling very tired and stressed. She indicated that she would only book Peter into the cottage when she had appointments or a meeting to attend. *Myrtle Cottage* staff advised her that the service was available if she would just like some *Myrtle Cottage* from her caring role. Barbara said she would keep this in mind and work towards a regular weekly booking when she felt comfortable.

Currently (July 2009) Peter now visits the cottage on a weekly basis and appears to thoroughly enjoy himself. Due to the staff:client ratio (1 staff member to 2 clients where there are

challenging behaviours), *Myrtle Cottage* is able to give him the attention and focus that he requires. As the staff developed a better understanding of Peter's needs and preferences, they have been able to offer many activities appropriate to his level of dementia and his likes and dislikes. Peter is able to contribute to group discussions and various other activities he is involved in. In addition, Peter has displayed interest in charcoal drawing and painting also often contributes to various word games played in a group setting.

Barbara recently met with the General Manager at a SCC residential care facility to discuss permanent care options. Barbara responded very favourably to the prospect of a placement at Lourdes Valley because Peter would then be able to continue his respite at *Myrtle Cottage*.

Client Georgina

Referral to *Myrtle Cottage* from Vicky the daughter of Georgina. Vicky had seen the advertisement for the service in the local paper.

Client Background Georgina was diagnosed with significant memory loss in 2005 and lives in a supportive household with her daughter Vicki. Georgina had not accessed any respite option before *Myrtle Cottage*. The family did not have an ACAT Assessment or a Community Care Package in place at the time of referral.

At Assessment (March 2009) Both Vicki and Georgina visited *Myrtle Cottage* for assessment to see if the service would be appropriate. Vicki was very happy with the home like setting of the Cottage and with the client:staff ratio – she could see that her mother would receive a lot of one on one time, which is important during the early stages of her involvement in respite. Vicki initially had planned to access respite when she was at study or work but was open to the possibility of regular respite.

Currently (July 2009) Georgina is now an important part of the team at *Myrtle Cottage*, assisting with lunch preparation, table setting and as a translator for another Greek client. She is now permanently booked twice per week and often visits 3 times per week if her daughter has commitments. *Myrtle Cottage* staff have access to translation flip cards to assist with understanding what Georgina would like and have a number of Greek music CDs, movies and the weekly Greek Newspaper is offered. In addition to respite at *Myrtle Cottage*, Georgina also has a weekly physiotherapy appointment at a SCC facility and has attended exercise classes. Georgina is also now on the wait list to have an ACAT Assessment.

Early intervention in both Georgina's and Peter's case has prepared both families for any future care needs that may arise. Advocating in this way will minimise carer stress and provides information and support to better plan for the future.

Client Doris

Referral to *Myrtle Cottage* from Cheryl, Doris' daughter. Cheryl had seen the program advertisement in the local paper.

Client Background Doris was diagnosed with Alzheimer's in 2001 and lives in a supportive household with her daughter. Doris has an EACHD Package and is using the maximum amount of hours available to her for services such as Personal Care, Medication Administration, Transport, Respite and Meal Preparation. Doris had numerous medical conditions that required a Registered Nurse to be in attendance at all times. Cheryl stated to the Coordinator that both her Community Package Coordinator and General Practitioner have strongly advocated for her mother to enter permanent care, which Cheryl thoroughly disagreed with.

Outcome It was decided by both Cheryl and the Program Coordinator that Doris' needs outweighed the capabilities of the service.

Client Bernie

Referral to *Myrtle Cottage* from Pamela, Bernie's wife. Pamela had seen *Myrtle Cottage* advertised in the local paper.

Client Background Bernie was diagnosed with dementia in 2002 and lives with a supportive wife. Bernie has an EACHD Package receiving respite, cleaning and shopping and the couple are happy with the level of support being provided. *Myrtle Cottage* was suggested to Pamela by the EACH Coordinator as an introduction to the couple's out of home respite options. Currently, the couple do not spend any time away from each other and Pamela felt that in the near future she may need *Myrtle Cottage* as at times she found her husband's care very tiring.

Outcome: Bernie accessed Respite at *Myrtle Cottage* on one occasion. After this visit, Pamela contacted the Coordinator and said that she found being away from her husband extremely difficult and felt that she was not ready to relinquish his care at the present time. It was suggested that Bernie visit for minimal hours to start with and that Pamela attend the cottage also. Pamela declined saying she would call when she felt she was ready for additional help in the future.

14 APPENDIX 10: ROCKY RIDGE CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Auspice: Uniting Church Frontier Services

Program: Rocky Ridge

Location: Katherine, Northern Territory

Amount of Funding Provided: $212,250

Commencement of Service: May 2008

Specific Focus: Indigenous specific

Number of DDR funded Respite Places: 10 care recipients per day. 22 clients in total

Days of Operation: Weekdays, 7am to 7pm

Date of Site Visit: 27th July 2009

Staff interviewed:

- Helen Mar, Director of Nursing, Rocky Ridge, Katherine
- Sander Klarenbeek, Day Respite Co-ordinator Rocky Ridge, Katherine
- Pauline Wardle, Manager Community Services Uniting Church Frontier Services, Alice Springs

Stakeholders Interviewed:

- Mary Gazzola, Carers NT
- Joanne Revill, Golden Glow Nursing
- Nerida Pike, ACAT NT
- Elaine Jaeschke, Manager, Katherine Region Aged and Disability Service

14.1 BACKGROUND

14.1.1 HISTORY AND CONTEXT

Frontier Services is an agency of the Uniting Church and the major provider of aged care services in the Northern Territory (NT) as well as a major provider of health care and community services to people in Outback Australia. It currently operates 8 residential services, 7 NRCP funded services and 1 day therapy centre in the NT. Frontier Services offers a total of 307 residential care places in the NT and the Kimberly Region in Western Australia. In Central Australia, it is the auspice for Commonwealth Carelink and the Carer Respite Centre.

Frontier Services took over the management of Katherine's Rocky Ridge Nursing Home from the Red Cross and has been its auspice since 1993. *Rocky Ridge* provides a 27 place Nursing Home, of which 5 places are classified as low care and 22 are high care. It also operates a Transitional Care Unit with a capacity of 8 beds. Two beds are available for overnight respite care. Ninety eight per cent of service users are Indigenous. Plans are underway for Frontier Service to also manage the low care facility in Katherine currently operated by Red Cross.

14.1.2 NEED FOR THE SERVICE

Katherine is a small regional town located 317 kilometres from Darwin. Aboriginal and Torres Strait Islander people comprise approximately 70% of the residents of the town's population. A service gap was identified by Frontier Services for Indigenous people who may be reluctant to

utilise residential aged care beds and where the carer was stressed by caring and needed support.

Indigenous people can generally be averse to using institutional facilities like residential aged care where their links to families and communities are severed or limited, and the model of day respite was believed to provide a culturally appropriate alternative model which could enable care recipients to return to their families and communities at the end of the day. It appears that a culturally appropriate model of aged care for Indigenous community members involves short term stays rather than full time placements. In addition, it had been identified that many carers were experiencing difficulties managing care recipients with difficult behaviours and dementia and there was a need for this level of support to carers. Rocky Ridge had previously provided informal day care to a small number of local residents where the carers had experienced difficulties maintaining the care recipient at home.

Frontier Services considered that the day respite model should operate in the small regional centres of the NT because these lacked the services of the larger towns of Darwin and Alice Springs.

Day respite services are now provided for approximately 10 people per day. Most care recipients live with their children, partners or other community members. The service has a radius of about 20 kilometres transporting care recipients from nearby communities such as Binjari. However, Indigenous community members living as far away as Pine Creek, a 90 kilometre drive, cannot be accommodated in the service unless the carer was able to drop off and pick up the care recipient.

14.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The day respite service became operational in May 2008. It initially offered a Saturday day respite option but there was little uptake and there did not appear to be the demand for weekend day respite. Consequently, the service now operates during weekdays.

14.3 DEMAND

14.3.1 OVERALL DEMAND FOR THE SERVICE

Staff report that the service took time to build its client base and word of mouth proved to be the best method to inform the local community about it – which is usually the case within Indigenous and culturally-specific communities. The day respite service is located in a separate physical area to the aged care residential facility, however, its separate identity was not immediately apparent to some carers and care recipients. Consequently, the service had to work

hard to emphasise that care recipients were free to return home at the end of the day and that they would not be contained in the residential facility complex overnight against their will.

The presence of a Transitional Care Unit is believed to have already assisted in reducing the stigma associated with the use of *Rocky Ridge* by Indigenous community members. However, feelings of guilt and shame among Indigenous community members were identified as ongoing barriers to the engagement of carers and care recipients with aged care services available through *Rocky Ridge*. An ongoing challenge for the service was identified as breaking down these barriers to illustrate to the Indigenous community that their older people were well looked after and safe in the program.

The formal booking system does not reflect which care recipients were actually going to participate on any one day. On some days 5-6 people use the service and on other days as many as 14 care recipients participate. The notional capacity of 10 care recipients per day thus needs to be applied flexibly dependent upon the level of demand on any one day. Wednesdays have become a popular day where up to 14 care recipients participated.

14.4 MOST COMMON REFERRAL SOURCES

The main referral sources to the day respite service are identified as including NT Carers, the ACAT and the hospital. Access to the NT Dementia Behaviour Management Advisory Service (DBMAS), which is located on the same site as *Rocky Ridge* and also auspiced by Frontier Services, has enabled referrals to take place to other services that may provide additional supports to care recipients. *Rocky Ridge* is located opposite the Katherine Hospital and this service can be easily accessed should emergency medical care be required.

14.5 PROMOTIONAL STRATEGIES

Places where the day respite service was advertised included GPs, Local Government and the Police Station. Posters were produced advertising the service and advertisements had been placed in the local newspaper, *The Katherine Times*. There is a general view held by day respite staff that the service is meeting the needs of the community but that there are still people who hadn't been reached who could benefit from the service.

Additional promotional strategies such as advertising at the local supermarket, Woolworths, are being considered as an extension of the current range of strategies in place to make community members in Katherine more aware of the service.

14.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

There is a transient population in Katherine with some people moving towns or leaving Katherine during the wet season and returning in the dry. However, there is also a group of care recipients who have been with the service since it commenced operating in May 2008. It is estimated by staff that a few care recipients had decided not to continuing attending and that 1-2 had been placed in residential aged care.

14.7 SUPPORT PROVIDED

14.7.1 TRANSPORT ARRANGEMENTS

Transport services are provided by a small bus or by the program co-ordinator transporting care recipients to and from their homes. Generally, the bus does a round in the morning collecting people and returning them at the end of the day. People are collected from a range of sites including the local supermarket or shops, or even the side of the road. Some care recipients live in the 'long grass' during the dry season and can be collected from these locations. The transport service differs from most others in being proactive in seeking out care recipients from different locations in the town.

A gold coin donation is asked for the use of the bus but this is not always able to be provided. The provision of transport is a critical success factor in this service as the collection and return of care recipients is essential to their access and participation in the service. The staff report that care recipients generally enjoy the bus service as it enables them to circumvent the township and wave to people in the street whom they know. The transport service is considered to be a social activity in its own right.

14.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

A meals service is provided which includes lunch and dinner and morning and afternoon teas. Lifestyle programming includes music therapy, storytelling, gardening, campfires, bus outings, arts and crafts and traditional painting. Fishing at the nearby Knotts Landing or the Gorge is particularly popular. Planning for activities occurs on a flexible basis depending and is tailored to the interests of the care recipients present each day. Some care recipients enjoy centre-based activities such as cooking, making pancakes and BBQs while others like outings on the bus. Many are described as taking great pleasure in sitting on the wide outdoor veranda 'having a yarn' rather than participating in formalised activities. The day respite staff commented that care recipients are generally very forward in indicating the nature of the activities they enjoyed

participating in and those they did not want to partake in.

Working links and collaborations have been developed with a number of services to which care recipients can be linked and which provide a source for referrals to the service. These include Commonwealth Carelink, Carer Respite Centre, Carers NT, the aged care assessment service, and the Alzheimer's Association.

14.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

The balance of on-site and off-site activities is shaped by care recipient preferences and is therefore likely to alter from one day to the next. *Rocky Ridge* could be described as a large building surrounded by a wrap around veranda placed on a considerable amount of land which in itself provides a stimulating environment for care recipients. Due to the climate, outdoor veranda living is popular.

14.7.4 SUPPORT PROVIDED TO CARERS

Carers are provided with support and counselling either by phone or in person. Carers NT is also a provider of carer support, and carers are referred there if needing additional assistance.

14.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The service is highly flexible and tailored to the individual and cultural needs of Indigenous community members. Some care recipients remain for 14 hours during a day while others return home after a few hours. There are always staff present in the Residential Care and Transitional Care programs enabling care recipients who want to remain longer can be accommodated. Overnight stays can be arranged if there are respite beds available.

Meals are also provided with flexibility and apart from on-site provision can also take the form a takeaway dinner for the return to home. The service provides care recipients with nutritional meals, the opportunity for a shower and to have their clothes washed, and transport to and from the service as well as to medical appointments. In addition, the medical needs of the care recipient can be monitored and addressed.

14.8.1 CANCELLATIONS OF BOOKINGS

Cancellation of bookings is not regarded by staff as a problem, as the service adapts to the needs of care recipients, on a daily basis.

14.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

There is a high level of capacity to match activities to care recipient and carer needs and preferences as the model is very adaptable and designed to be culturally appropriate. It was suggested by staff that carers do not often make demands regarding the nature of the activities provided but rather suggest ideas.

14.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

The activities provided are believed by staff to be culturally appropriate, especially because they are developed in consultation with care recipients and carers, who are described as being comfortable with expressing their preferences. The Day Respite Co-ordinator plans the activities in conjunction with his colleague in the day respite service. Activities are also planned in collaboration with the Residential Aged Care Facility and Transitional Care Unit staff.

14.10 STANDARDS AND QUALITY

14.10.1 FEEDBACK AND COMPLAINTS PROCESSES

Formal processes for complaints and for feedback are in place but rarely used as the preferred method is usually verbal and given informally to staff. Staff report that the feedback has been predominantly positive and care recipients and carers have been happy to use the service and see it as being of value to them.

14.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

Rocky Ridge has had full accreditation since 1997. It also passed re-accreditation in 2009. Staff consider that there are good processes in place to ensure quality service provision.

14.11 IMPACT ON RESIDENTIAL CARE FACILITY

14.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

There are three discrete dining and social areas at *Rocky Ridge* and these allow for choice of space for residents and day respite care recipients. The environment as a whole is extremely spacious. The shared location with the Transitional Care Unit and the Day Respite Program at

Rocky Ridge has resulted in a greater number of families and friends visiting and increased social contact between clients in different programs.

The presence of the day respite service is considered by staff to provide good socialisation opportunities bringing benefits for both residents and day care recipients. Generally, staff believe that both groups mix well, as most know each other from their family and community links to Katherine. The day care recipients are familiar faces to the residents and their presence at *Rocky Ridge* broadens their social opportunities. Residents were described as keen to participate in the day respite area, lining up in the mornings outside the day respite room.

There is considered to be a different atmosphere in the day respite area where care recipients are more independent and interactive and this is seen by staff as stimulating for many residents, and a positive feature of the co-location of day respite and residential aged care.

14.11.2 BENEFITS FOR RESIDENTIAL STAFF

The benefits brought to residents by the presence of the day respite service is seen to benefit the residential staff managing their care.

14.11.3 DEGREE OF VERTICAL INTEGRATION

Areas of integration were identified in the resources available to the Residential Aged Care Facility, the Transitional Care Unit and the Day Respite service. The day respite service has a different staffing profile to the residential care program with 2 dedicated EFT positions. The residential care staff are sometimes called upon to back fill for the day respite service. All programs are managed by the Director of Nursing at *Rocky Ridge* and there is mixing of client groups in care arrangements and programming.

14.11.4 FINANCIAL IMPACTS OF INTEGRATION

Financial benefits were identified in the economies of scale achieved by ordering stores in larger amounts and having shared resources such as kitchen staff. There were also benefits identified in having a new activities area that otherwise was not available to *Rocky Ridge*.

14.12 FINANCIAL MATTERS

14.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

There was a budget surplus in the first year of operation due to the under spending associated

with the set up phase of the service. In the past financial year the allocation has been fully expended. The budget available is seen as appropriate to meeting the costs of delivering the service.

There are concerns that the funding is not recurrent and that this is needed beyond 2010. Additional staff are seen as needed to assist with the delivery of the service and to enable an increase in the number of places available to community members. Staff believe that there is potential to expand the service and that as numbers increase with growing awareness in the community, more staff may be needed. The potential for weekend care is also considered worthy of a further attempt.

14.12.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

Areas of cross subsidisation are evident in the sharing of resources - such as transport, stores and ordering - between residential care and day respite. Economies of scale were identified in the sharing of domestic staff, the kitchen, equipment and administration. In addition, the presence of the Transitional Care Unit alongside the Day Respite Program creates opportunities for cross-subsidisation and resource efficiencies.

14.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

The community members of Katherine are described as generally low income with limited capacity to contribute financially to the service in any significant way. It is suggested by staff that the service would not be used if it had a strictly enforced fee component. There is not a general expectation among Indigenous community members that they would have to pay for the services received. Therefore, staff believe that the only viable option for ongoing funding is the continuation of the recurrent funding provided through the demonstration pilot site program. The income levels of most Indigenous community members mean that a user pays model would not be feasible.

Staff believe that the day respite model has averted admission to hospital in many instances and achieved significant savings in health budgets. This is achieved by monitoring care recipients' medication and general health and well being. Access to the Registered Nurse at Rocky Ridge had also enabled ongoing health monitoring for care recipients.

14.12.4 FEES POLICIES AND PRACTICES

Fees are set at $6 per day or are negotiable. Approximately 50% of care recipients are considered to be able to contribute this daily fee. A gold coin donation is also asked for the bus service but again this is not often received.

14.12.5 FINANCIAL IMPACT OF CANCELLATIONS

Due to the flexibility of the service there are few financial impacts of cancellations of bookings.

14.13 EXIT/ USE OF OTHER SERVICES

14.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Approximately two care recipients had moved to residential aged care. A small number had changed their minds about attending the service and had decided not to return. A few care recipients had moved away from the Katherine area and so no longer attended.

14.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

The overall numbers of care recipients using residential respite care is high and available respite beds are generally in high demand. Residential respite care is seen as culturally appropriate by Indigenous community members because it is considered to be a short break rather than long term placement. Some care recipients using day respite are considered to have become more familiar with the residential respite option.

14.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

There had been few admissions to residential care from the care recipients using the day respite program at the time of our site visit.

14.14 KEY STAKEHOLDER INTERVIEWS

The day respite service at *Rocky Ridge* is believed to meet a service need and gap in Katherine. It is generally described as a valuable service that provides options not otherwise available for longer day care. The day care program previously auspiced by Connections is no longer in operation. Consequently, the day respite service in Katherine is the only day care option currently available for the frail older people.

The previous day care program auspiced by Connections, operating three days a week, had a mixed group of Indigenous and non-Indigenous care recipients and had catered to the younger disabled as well as the frail aged. Since its closure, the *Rocky Ridge* service has catered more for Indigenous community members and has not been able to accommodate as many of the younger, disabled client groups. The comment was made by one stakeholder that some of the

participants in the Connections program did not move over to the *Rocky Ridge* program as it was seen as either stigmatising by being located in a residential aged care facility and/or it was more focussed in servicing Indigenous care recipients. In addition some users of the Connections program did not have a carer and thus were not eligible for the program operating at *Rocky Ridge*. That said, the *Rocky Ridge* service is believed to have attracted a significant number of care recipients from the Indigenous community and serviced a number of carers who have not been deterred by its location in a residential aged care facility. However, these stakeholders see that a service gap exists for non-Indigenous community members needing day respite care.

The location of the day respite service in a residential aged care facility was identified by one stakeholder as the biggest limitation of the program model due to the level of stigma associated with this location for both Indigenous and non Indigenous community members. (However, Indigenous community uptake indicates that this is a misperception.) One stakeholder commented that once people started using the service this barrier was quickly overcome.

Another stakeholder commented that *Rocky Ridge* was picking people up from the same family grouping or locality and that this approach had helped people access the program as they knew there would be other family or community members there on the day. Another commented that the stigma associated with *Rocky Ridge* being the place you 'went to die' was being reduced by the presence of the TCU and the day respite programs. This stakeholder believed that over the time that the day respite service had been operational, this stigma had reduced significantly and was likely to reduce even further over time, particularly as word of mouth recommendation spread.

One of the strengths of the *Rocky Ridge* service identified is its flexibility and adaptability. The service was described as responsive to client needs and culturally appropriate in its approach. This level of flexibility was needed given the transience of the population in Katherine with people moving in and out of remote communities into town. The service was also described as responsive to referrals and quick to visit families when a referral had been made to them. It was seen to offer vulnerable Indigenous frail older people the opportunity to be assessed and closely monitored, thereby reducing their health risks.

Staff working in the day respite service are described as working well with their clients, offering a high standard of care planning. The staffing model is believed to have improved over the past 6 months when one co-ordinator was made available. Prior to that, there was perceived to have been less focus on the service as the manager shared a number of responsibilities. The care recipient to staff ratio is considered to be good, enabling higher level care recipients with dementia and wandering behaviours to be well supervised and managed. Care recipients' needs were believed to be well attended to and their medical and social requirements met. It was suggested that the service assessed care recipient needs promptly and responded appropriately to these.

The premises at *Rocky Ridge* are regarded as an asset due to the large amount of internal space, the sprawling outdoor areas and the surrounding open land that provided space for people to use and appreciate. Stakeholders suggested that few carers had any negative comments or complaints to relay about the service. Carers have reported the benefit of having breaks from the caring role and some had been able to continue working due to the presence of the service. The transport arrangements are described as excellent and essential to the effectiveness of the service model.

One stakeholder suggested that the TCU has provided a gateway to the day respite service for many of the care recipients. Another commented that carers and care recipients may have been more amenable to using the overnight residential respite options at *Rocky Ridge* as a result of their familiarisation with the range of services available there. It was also suggested that this familiarisation may assist with any future transitions to residential aged care. The addition of an overnight respite option is identified by one stakeholder as a possible future enhancement to the service to further increase its responsiveness and flexibility. Another suggested the need to operate a day respite service at the Red Cross Low Care Facility in Katherine which services non-Indigenous community members and also the need to provide day respite to the younger disabled as well as the frail aged.

Most stakeholders commented on the merits of the day respite model in providing care recipients with a safe place to be showered and fed and to have their health needs monitored. Community care packages were described as being less successful in undertaking personal care tasks than *Rocky Ridge* has been, with care recipients described as generally more amenable to the personal care tasks undertaken in the environment of *Rocky Ridge* than in their own homes. In addition, the benefits for the residents at *Rocky Ridge* in having a more open and stimulating environment were identified as a strength of the model. Both the TCU and the day respite programs are described as having enriched the environment at *Rocky Ridge. Rocky Ridge* was generally described as providing a highly culturally appropriate model of day care to frail aged Indigenous carers and care recipients.

14.15 CASE STUDIES OF INDIVIDUALS

1. An elderly woman aged in her 70s was wandering with dementia. The primary carer was her daughter aged in her 40s who was occupied in full time volunteer work. The daughter had previously looked after her mother on a full time basis. The daughter had also caring been caring for her aunt, her mother's sister. The aunt had come to live with them from a more remote community. The daughter was finding the stress of caring for both her mother and her aunt too great. The daughter now uses the day respite program for 5 days per week. The mother and aunt are picked up by the bus service at around 9.00am and dropped back home at around 3.30 to 4pm. The aunt would otherwise have had to go back to her remote

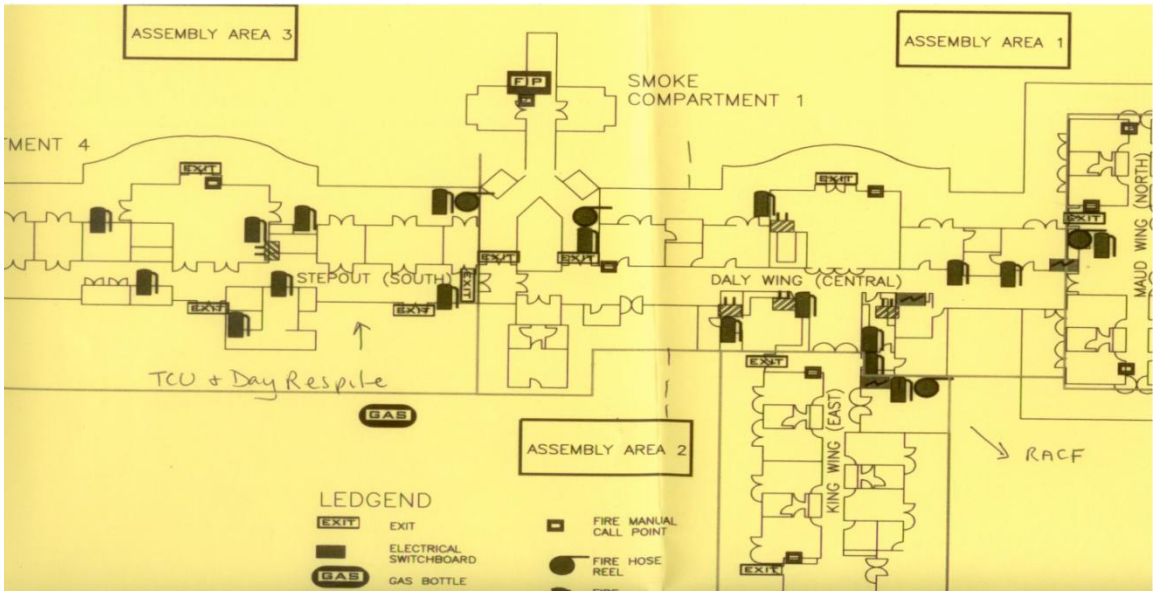
community to live as the carer would not have been able to provide ongoing care for both mother and aunt on a sustained basis.

2. An elderly man aged in his mid 70s was being cared for by his son in his early 30s. The son works full time. The elderly man has dementia and has high care needs. He attends the program and stays late on a Friday night so his son can go out socially one night a week. The son takes care of the transport needs to and from the program. This situation was considered to be a good example of diversion from residential aged care as it was considered that if were not for the day respite program, the elderly man would have been placed in residential aged care. The son has appreciated the flexibility of the program and its ability to cater for extended hours. The program takes the elderly man to his medical appointments and his allied health care appointments, relieving the son of these duties.

3. An elderly woman with brain damage from a remote community started attending the program. The carer was a community member from the township. The carer had found it difficult to manage the elderly lady's behaviours and it was also a challenge for the program to manage the behaviours she was exhibiting. Her community of origin was a 5-6 hour drive from Katherine and she came into town but was at risk to herself due to her level of wandering and disorientation in a town environment. The carer was unable to manage the behaviours on an ongoing basis. It was generally considered that the elderly lady would be better managed in her remote community where she was known and had a safer environment to live in, and she was thus supported to return to live there.

4. A man in his 50s had a terminal illness with a short life expectancy. He was living in a town camp with his son who was disabled, having cerebral palsy. The wife and carer was looking after both her husband who was on an oxygen concentrator and terminally ill and her disabled son who was aged in his early 30s. The family lived in substandard facilities with no bathroom and no wheelchair access. Both the father and son attending the day respite program as the carer was not coping with both their needs. The father was able to be supported in his dying days and given support during these late phases of his life. When the father died, the son stopped attending the day program. It was considered that without the day respite program that the outcome for the dying father would have been much worse given the overload on his wife and the nature of the living conditions.

14.16 OTHER DOCUMENTATION - SITE MAP



15 APPENDIX 11: ROSS ROBBIE DAY RESPITE SERVICE CASE STUDY REPORT

Author: Richard Giles

Editor: Kate Barnett

Auspice: ECH Inc

Service: Ross Robertson Day Respite Service (Club Ross Robbie)

Location: Victor Harbor, South Australia

Amount of Funding Provided: $310 775 + $75,000 establishment cost

Commencement of Service: March 2008

Specific Focus: Regional, Dementia, CALD

Number of DDR funded Respite Places: Up to 8 care recipients per day care

Days of Operation: Tuesday to Saturday 8.00 am- 6.00pm

Date of Site Visit: July 2009

Staff interviewed:

- Elspeth Brown – Facility manager
- Helen Deguet – Program Manager
- Karen Megaw
- Alison English
- Kelly Stevens
- De Molesworth

Stakeholders Interviewed:

- Charmaine Duce – ECH

15.1 BACKGROUND

15.1.1 HISTORY AND CONTEXT

Ross Robertson Memorial Residential Care Centre is located in Victor Harbor on the Southern Fleurieu Peninsula of South Australia. The Southern Fleurieu region is characterized by its rapidly growing population of older people. Victor Harbor is a popular retirement location and is rapidly expanding and has the second highest ageing population in South Australia (Adelaide having the highest).

The rapid growth experienced has highlighted an under-supply of community facilities and transport options leaving many older people socially isolated and reliant on family members once they have relinquished their driver's license.

The co-location of residential care, day respite, Victor Harbor Community Therapy Services and ECH's community programs such as CACP, EACH and EACHD packages helps provide a seamless network of services for both carer and care recipient.

The DDR pilot operates out of an activity room centrally located within the residential facility and is reflective of a lounge room setting. This room is available to be used by residents as well if they choose. Meals are catered for by the facility kitchen, however, the day respite service users usually dine in the day respite lounge room.

The service's auspice, ECH, has become one of the largest integrated, charitable providers of aged care services in South Australia. With more than 1200 staff, ECH operates 1660 affordable independent retirement units in 96 locations across Adelaide and at Ardrossan, Nairne, Victor Harbor and Willaston.

In addition, ECH operates 7 residential care centres with 794 low, high, secure dementia and respite care places, serving those who need this level of support. A range of community programs also assist many others to maintain their independence in the community.

15.1.2 NEED FOR THE SERVICE

Ross Robertson was prompted to participate in the DDR pilot to assist carers in Victor Harbor and outlying areas to access direct care services (if required) and respite. The DDR pilot was seen to be an opportunity to provide an awareness of the residential care centre and to break down negative stereotypes that are associated with residential care facilities.

In developing the service model, Centre management believed that as well as being able to provide quality services to both carer and care recipient, the DDR pilot would help promote the view that Residential Care should not be viewed as a place where "life ends".

15.2 CHANGES IN THE PROGRAM MODEL OVER TIME

The service's operation is reflective of that outlined in the initial proposal. The days and time of operation remain as proposed and reflect the needs of the carers.

In an attempt to overcome the perceived barriers of encouraging carers and care recipients to consider respite in the residential care setting, management decided to re-launch the service with a new name and approach. As of August 2009, the DDR pilot is being referred to as *'Club Ross Robbie'*. This change was initiated to help encourage a community and club like atmosphere. By using the word 'club' in the name it is believed that care recipients will be less hesitant to attend the day respite service as many have a history of community club involvement.

15.3 DEMAND

15.3.1 OVERALL DEMAND FOR THE SERVICE

Demand for the service continues to grow as the wider community becomes aware of it. While not yet at capacity, the service has experienced steady growth and at the time of site visit, was catering for 3-4 carers daily.

It is anticipated that the launch of *'Club Ross Robbie'* will increase numbers further. The rate of growth is reflective of that of many pilot programs and is now gathering momentum during its 'consolidation' phase.

15.4 PROMOTIONAL STRATEGIES

The promotion of the service utilised common methods of advertising such as local news paper advertisements, pamphlet drops and presentations to agencies and services most likely to refer to the program.

In August 2009, the facility held four 'open Fridays', encouraging carers to observe and learn about what *Club Ross Robbie* has to offer both the carer and care recipient. It is anticipated that the open days will encourage future service users to make contact when the need arises.

15.5 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

Those attending the day respite service generally attended for 5 – 6 hours on their allocated day(s). One service user stays for a half day. The majority of carers who utilise the service have continued to attend regularly.

15.6 SUPPORT PROVIDED

15.6.1 TRANSPORT ARRANGEMENTS

Club Ross Robbie provides bus pick up and drop off to both carers and care recipients. Being a regional centre, public transport outside the initial 10km zone of Victor Harbor can be problematic. For those carers who are unable to provide transport the opportunity to make use of the bus is a big advantage. However, this service is currently rarely used.

The service is averaging approximately 12 pick-ups/drop-offs per week. At this stage, scheduled pickups usually involve the carer being present; however, the possibility of collection without the carer to enable working carers to leave for work early is a possibility.

15.6.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

Ross Robertson has both day respite specific and integrated activities available to service users. The activities available are usually (but not limited to) those outlined on the Activities Calendar and can include bus trips, table games, bingo, music appreciation, movies, walking groups, craft and indoor bowls.

Care recipients choose to participate in these activities depending on their interests and how they are feeling. Often a care recipient will choose to remain in the day respite lounge reading the paper or talking to other residents or service users.

15.6.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Activities at *Club Ross Robbie* currently take place on and off site. Approximately 80% of current activities are attended on-site and involve traditional activities such as music, bingo, games etc. Off-site activities include walks to the town centre, scenic drives/bus trips, picnics and other short outings.

15.6.4 SUPPORT PROVIDED TO CARERS

Club Ross Robbie offers a suite of support to carers ranging from the provision of meals, transport, hairdresser and assisting with allied health appointments when required. Referrals are also made on behalf of carers to the local Carer Support Centre and Carer Resource and Respite Centre.

Feedback to the day respite service staff from carers reflects high regard for the day respite service. *Club Ross Robbie* is regarded as enabling its carers more time to be involved in the community and participate in their own social and domestic activities.

15.7 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The service aims to cater for the needs of each individual and programs are regularly monitored and modified to suit those attending. The program team work with and coordinate activities with the lifestyles team. Having greater staff and resources available as a result of the program has had a positive effect on the residential facility (see also Section 15.10).

15.7.1 CANCELLATIONS OF BOOKINGS

Cancellations are usually received with notice via email or phone call in advance of the allocated day. Where cancellations leave one or two care recipients, program staff usually aim to integrate those attending into the activities of the residential facility.

Cancellations are usually due to illness as the staff and carers are very aware of the importance of ensuring that the risk of transmitting illness to residents within the facility is closely monitored. The level of cancellations and no-shows has been significant in the first 12 months of operation.

15.7.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

Being integrated into the residential facility the day respite team have the flexibility of providing care recipients with a variety of options. Depending on the interest of the client, the support staff can direct them to any number of activities happening within the facility. Alternatively if a person decides they do not want to engage in any structured activities the cross utilisation of residential and day respite staff provides scope for choice for service users.

15.8 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

It is reported that the impact of the day respite service has been largely positive for residents at Ross Robertson. Being a regional centre, many of the care recipients entering the DDR pilot already have old friends and sometimes family living at the facility. The reuniting of some of these old friendships and establishing new ones is said to be very positive for the residents.

Having the partnership with the Lifestyles team allows *Club Ross Robbie* to provide a range of activities that assist with cognitive, physical and social functioning. The activities within the facility are attended by both day respite users and residents. This integration has helped to foster new friendships, rekindle old friendships and in one particular instance assisted with overcoming cultural isolation.

15.9 STANDARDS AND QUALITY

15.9.1 FEEDBACK AND COMPLAINTS PROCESSES

Club Ross Robbie is using both formal and informal methods to collect feedback from carers and care recipients. Informal discussions with both groups take place on a daily basis as part of a continuous improvement plan. Formal questionnaires are also provided to carers to gain feedback relating to both the person they are caring for and the carer themselves.

Day respite staff also made comment on the noticeable visible change in carers following participation in the service. Staff reported that some carers appear much more refreshed and had reported higher energy levels.

15.9.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

The day respite team holds regular meetings to report and evaluate all aspects of the program. They are continuously looking for ways to improve and promote the service. Joint meetings are also held with the residential care Lifestyles Team to ensure the quality and the range of activities is of a high standard.

15.10 IMPACT ON RESIDENTIAL CARE FACILITY

15.10.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

The impact on residents is reported to be positive as many of the care recipients attending the

day respite are rekindling old friendships. Being a regional centre and close knit community, people who have lived and grown up in the Victor Harbor area have many common friends and acquaintances. This is a trend that has been observed in other rural and regional sites visited by the evaluators.

15.10.2 BENEFITS FOR RESIDENTIAL STAFF

The day respite service has allowed the organisation to offer a wider range of activities and provided residential staff with more activity options.

Staff from the residential care service have the opportunity to meet day respite users, which in future may assist with the transition to residential care if required.

15.10.3 DEGREE OF VERTICAL INTEGRATION

As the day respite service is integrated within the residential facility, there is a significant degree of vertical integration, with a significant amount of resource sharing possible. The service is now promoted along with the suite of programs and services that Ross Robertson has to offer. Accessibility of allied health services for care recipients has improved as have the care options available to the carer.

15.11 FINANCIAL MATTERS

15.11.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

At this stage the impact on overall cost delivery has not been calculated. However, economies of scale (resulting from co-location) are evident, as Club Ross Robbie does have the benefit of sharing costs for services such as meals, administration, human resources, rent and transport.

15.11.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

There is a cross utilisation of services between the residential and day respite programs rather than a cross subsidisation of costs. The day respite service operates under a fee for service arrangement with the residential facility.

15.11.3 VIABLE OPTIONS FOR ONGOING FUNDING

Very few participants are able to pay a full fee for service, and the service is thus reliant on

government funding. Currently the spread of fee payment is as follows:

- 4 out of 15 care recipients are subsidised through full cost recovery from EACH/EACHD package (where hours are still available)
- 2 out of 15 care recipients are paying the full fee.
- 9 out of 15 receive a discount on their fees.

15.11.4 FEES POLICIES AND PRACTICES

Club Ross Robbie currently charges a fee of $25 per day per care recipient. This however is dependent on participants' capacity to pay and the program coordinator has the flexibility to adjust/reduce these fees depending on the individual's economic circumstances. EACH or EACHD packages are being used as an opportunity to provide greater support where a care recipient has hours available in their package. In this case the EACH/EACHD package provider pays the full $25 fee for utilising day respite.

15.11.5 FINANCIAL IMPACT OF CANCELLATIONS

As funding is provided to support this service and it is not at capacity, cancellations currently do not have a significant impact on the service. Should the service reach capacity and require additional staff, cancellations may prove to have a financial impact.

15.12 EXIT/ USE OF OTHER SERVICES

15.12.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Separation anxiety and the additional pressure this sometimes places on the carer has been a major reason for the withdrawal of the service. In some instances attending day respite placed more pressure and stress on the carer as the care recipient may have been reluctant to leave their home. Where this has happened the carer has opted for in-home respite as this is seen to present fewer barriers.

In an attempt to ensure that the carers is able to access respite rather than withdraw from the service, Ross Robertson has placed the carer on the emergency respite list allowing them to access care when required. This has eased the pressure and anxiety of both carer and care recipient to attend on set days.

15.12.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

In some cases the day respite service has smoothed the way for short term overnight

(residential) respite to be accessed. For those carers who have not accessed respite prior to using this service, its impact has been to inform and reassure them about short term overnight respite.

15.12.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

The Day Respite service at Ross Robertson has added flexibility in the way people enter residential care. It has assisted carers with respite where the primary need of the carer and care recipient is residential care but there have been no beds available. This has allowed the carer an interim solution and increased the level of care for the care recipient.

A small number of care recipients have entered full time residential care after accessing the day respite service, however, this entry has been based on the needs assessment of the care recipient. The day respite centre has highlighted unmet need for both carer and care recipient. This has sometimes led to admission into residential care as the assessment has shown this to be the most appropriate approach to care.

15.13 KEY STAKEHOLDER INTERVIEWS

The introduction of the day respite service has been very well received by external stakeholders. Providing access to an additional respite service with the scaffolding of services provided by the residential care facility is now providing an option for high care, care recipients.

Of particular importance to the success of this service is the level of allied health and lifestyle services delivered by the organisation. As Ross Robertson is in a regional centre, access to transport often provides a barrier to accessing community services. Home pick up and drop off is crucial to the success of the service.

Stakeholders reported that the day respite service will go a long way to supporting the health and well being of both the carer and care recipient. Organisations who have referred carers to Ross Robertson report that in most cases their client has become a regular user of the service.

Conversely for some potential users there is a reluctance to utilise the service because it is set in a residential care setting. The challenge identified by stakeholders is how to promote the day respite service to those carers and care recipients who associate Ross Robertson with permanent residential care. This is being addressed to some extent by the program coordinator visiting potential users at home to discuss the service in a setting comfortable to them. The coordinator is able to approach the issues of ‘letting go’ and the care recipient’s welfare.

Carer reports to external stakeholders have been positive and they are very happy with the high level of care provided by the Ross Robertson team.

15.14 CASE STUDIES OF INDIVIDUALS

Case study 1 – Mary

Mary was referred via an EACH provider (not from within ECH). Mary had a diagnosis of Motor Neurone disease. She was in the late stages of the disease, which restricted any movement for her limbs apart from some slight and slow movement with her fingers. She was unable to speak and used a prompt sheet for communication. She was in a wheelchair and could weight bear for transfers, but not move.

Mary lived alone and her carer was her daughter who lived nearby and would visit her mother morning and night, spend some days there and most of the weekend. She would sometimes spend the night if needed. The carer worked at the local police station and had 2 teenage children to also care for. The carer had made a promise to her mother that she would not go into residential care and would somehow manage at home until she dies.

The EACH package Mary was on was at capacity, with the service provider offering very intensive support. Mary's carer was offered the Day Respite program at ½ rate of $12.50 per full day used, due to her financial commitments with the EACH package.

Mary was referred as she had always been a sociable person and was getting very little social interaction during the day. Her carer was getting quite worn out trying to be there for her whenever she could. The respite option offered some social time for Mary and some peace of mind for the carer.

Mary lived down the road from *Club Ross Robbie* and used to volunteer at Ross Robertson some years ago. Therefore, day respite staff were able to meet Mary and her home support workers at her home and wheel her to *Club Ross Robbie* for the day. This worked well unless it was raining when she was transported by the bus.

Mary started attending just once per week. This was slowly increased to 3 times weekly as Mary was getting so much out of it and her carer found it was a great support to her. It was also helping the EACH provider as they were able to even out her package hours, yet overall, Mary was receiving a higher level support as a result of the EACH/Day Respite partnership.

As Mary used to volunteer at Ross Robertson and was a well known member of the community, she knew a number of people at the centre. She was able to rekindle some old friendships with a few residents, other volunteers and some staff who remembered her. Mary had a lot of laughs and was assisted to take part in some activities that she wasn't able to do for a long time.

Mary was able to stay in her home until she died. She was receiving palliative care in her home for the last few weeks but attended Club Ross Robbie until that time. Her carer stated that she was happy to be able to fulfil her promise to her mother. She stated that the day respite staff offered her support and options, which helped to empower her in a time where she was starting to feel hopeless.

Case study 2 – Bob

Bob was referred to via an internal ECH EACH service provider, as the EACH package was being used to its

capacity. Bob was diagnosed with Lewy Bodies Dementia with Parkinson type tremors and hallucinations.

Bob is in a wheelchair, but can sometimes walk very short distances with 2x assistance and a walking frame. Bob can stand transfer for toileting but is often incontinent. Bob's speech is slow and often a very soft whisper. Sometimes Bob is able to reminisce or carry a conversation, but may forget words or become confused about time and place. He may sometimes become disorientated or become anxious relating to hallucinations. Bob lives with his wife Esther who is his carer. She used to be a nurse, is very methodical and resistant to accepting help and is determined to look after Bob to avoid residential care.

First communication with Esther was in July 2008 through a phone call. Esther eventually agreed to an interview and to start the assessment process in October 2008. Esther was resistant to Bob attending *Club Ross Robbie*. She would say things like "Oh it would be wonderful to have time to get things done, but that's impossible" or "I'd love to just lie down on the bed in the middle of the day and rest, but I can't" or "I have lost contact with my friends, because they don't understand".

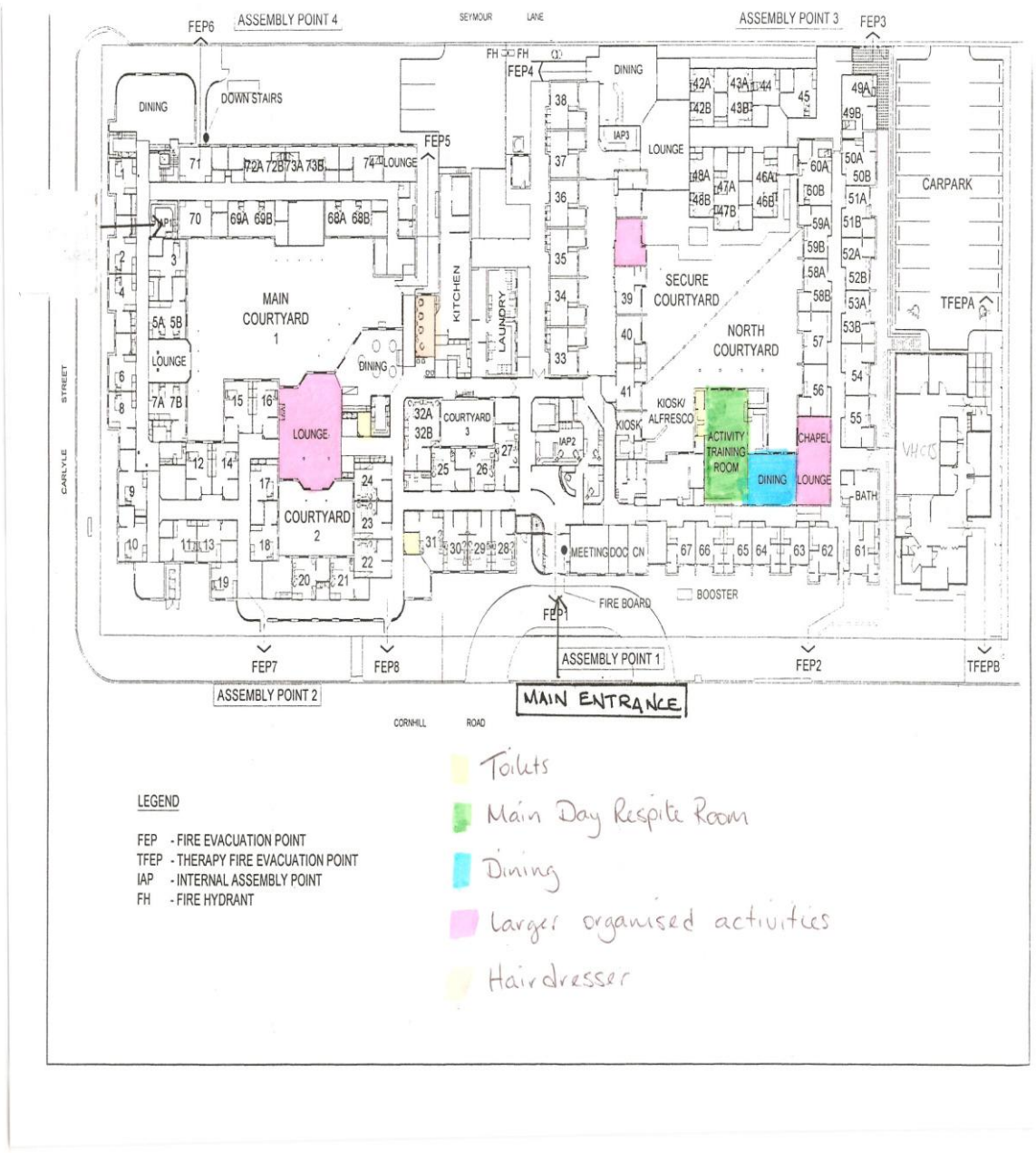
Esther became ill enough that the EACH package staff convinced her to try *Club Ross Robbie* so she could attend a medical appointment. She signed to start day respite in March 2009, 8 months after first contact. Esther's doctor advised her to rest and utilise the *Club Ross Robbie* service. Esther agreed to use the respite for 2 half days. The rate was negotiated to ½ price due to her EACH package commitments.

The 2 half days became 2 full days. Staff pick up Bob in the bus and return him at night. Staff ask Esther how her day was and she says she is surprised by how much she is doing in her time. She has rekindled old friendships – "I went to the movies for the first time in years" she said one day. She has even used the residential respite service to go away to see her children interstate. Esther's health has improved and she has a more positive attitude.

Bob was in Ross Robertson on residential respite at the time of site visit. Before going away Esther asked staff if they could continue to take Bob to *Club Ross Robbie* activities. She is also considering an extra day of respite when Bob comes home.

Whilst Esther is still resistant to residential care, she feels stronger to look after Bob at home now due to having "some time off" and still receiving assistance from the EACH package.

15.15 OTHER DOCUMENTATION - SITE MAP



16 APPENDIX 12: STEPPING OUT CASE STUDY REPORT

Author: Anne Markiewicz

Editor: Kate Barnett

Auspice: Jewish Care Victoria

Program: Stepping Out

Location: St Kilda Road, Melbourne

Amount of Funding Provided: $109,279 PA plus $67,751 for one off purchase of vehicle and equipment

Commencement of Service: March 2008

Specific Focus: Culturally and Spiritually specific

Number of DDR funded Respite Places: 16 care recipients per day

Days of Operation: Tuesdays and Thursdays, 8.30am to 4.30pm

Date of Site Visit: 16th June 2009

Staff interviewed:

- Bruce Salvin CEO
- Vanda Iaconese Chief Operating Officer
- Therese Desmond Manager, Services for Older People
- Kathy Devitt Residential Services Director
- Marie Vosti Manager, Kesher Program
- Lyn Barr Co-ordinator, NRCP Program
- Steven Bassal Financial Accountant
- Anna Borkowska Facility Manager, Hostel
- Carmen Trimboli Recreation & Lifestyle Co-ordinator – Hostel
- Karen Robinson Recreation & Lifestyle Co-ordinator – Smorgon Nursing Home
- Jan Howie Program Assistant, Stepping Out Program
- Natasha Grossman Program Assistant, Stepping Out Program

Key Stakeholders interviewed:

- Ms Litsa Stamatakis, Caulfield Aged Care Assessment Team
- Ms Caroline Holten, Commonwealth Respite Carer Link Centre, Caulfield General Medical Centre
- Ms Erika Hurwitz, Intake Team Leader, Jewish Care
- Ms Shelley Katz, Counsellor and Volunteer Co-ordinator, Healthy Ageing, North Caulfield

16.1 BACKGROUND

16.1.1 HISTORY AND CONTEXT

Jewish Care provides a range of services from child and family, disability, housing support, job placement, counselling, financial support through to aged care services. Aged care services to the Jewish Community in Victoria comprise residential aged care, day respite and community care, with residential aged care being provided to approximately 352 people across four sites. Through the Service for Older People Kesher Program, Jewish Care delivers 155 community care packages including CACP, EACH, EACHD and Linkages. The Kesher Program also auspices the National Respite for Carers Program (NRCP) to deliver flexible respite care to 17 carers of people with dementia. The Services for Older People program also provide a range of supports to assist people to remain living in the community - including Planned Activity Groups (PAGs), Day Therapy Centre, Healthy Ageing Program, in home direct care services comprising domestic assistance, respite and personal care as well as a range of socialisation supports for older people and Holocaust Survivors.

Jewish Care identified the need for a culturally specific service that could support frail aged care recipients with higher care needs and their carers, and that was not dementia specific. Jewish Care had been operating a PAG for older people with dementia for over five years, with some days allocated as dementia-specific. They identified potential efficiencies in combining the services of the large residential facility with the delivery of day respite care. This was viewed as particularly valuable in offering lifestyle programs from the residential care model that day care recipients could access.

The DDR pilot service *'Stepping Out'* commenced operating in March 2008. Jewish Care has located the service in a room on the 6th floor of the Gandel Besen (low care) facility that is co-located on the same floor with craft, physiotherapy and manicurist services (see Site Map presented in Section 6.14). The day respite room has access to private toilets and shower facilities that were upgraded with the use of Commonwealth funding, specifically for the purpose of providing these amenities to day respite recipients.

There was an initial delay in the *Stepping Out* service becoming operational due to staff recruitment challenges. It now operates with dedicated personnel including two direct care staff (up to 24 hours per week), the services of the respite co-ordinator (15 hours per week), an administrative officer (4 hours per week), lifestyle co-ordinators (2 hours per week) and a Registered Nurse as required.

16.1.2 NEED FOR THE SERVICE

Jewish Care had been funded for and delivered an NRCP dementia-specific respite care service but lacked a culturally-specific day respite care option targeted to carers of the frail aged. Jewish Care reported that a number of carers had been asking for more respite care options to be made available to them.

The initial target group identified for service delivery were working carers of both low care and high care elderly people. Priority was to be given to carers not accessing other services or on

waiting lists, or carers who were highly stressed by their caring roles. The model was to allow working carers to drop off the care recipient (even in their pyjamas) on the way to work and to collect them at the end of the working day.

16.2 CHANGES IN THE PROGRAM MODEL OVER TIME

With the needs of working carers in mind, *Stepping Out* was initially offered as a long day service operating from 7am-7pm. However, these hours were found to be too lengthy for care recipients and uptake was slow. The service was then restructured to reduce the hours of operation to 8.30am to 4.30pm. This enabled an increase in capacity for 2 additional care recipients per day. The service is now able to provide 8 places per day over two days, servicing up to 16 carers.

Changes were also made to transport arrangements. The service was initially funded to purchase a mini bus to transport service users. This concept was not viewed as effective as care recipients expressed the wish to not be transported at the same time, and did they want to sit on the bus and wait while other people were collected. This resulted in the decision to use a taxi service, which was identified as providing a more flexible transport option for care recipients and their carers. The use of maxi taxis has also been found to offer a more appropriate option for care recipients with restricted mobility or who are wheelchair bound.

16.3 DEMAND

16.3.1 OVERALL DEMAND FOR THE SERVICE

Stepping Out staff report that demand for the day respite service has been increasing over time in line with increasing awareness of its availability. Most community members are described as becoming more comfortable with the concept of day respite, and less likely to regard this as the first step toward residential placement.

16.4 MOST COMMON REFERRAL SOURCES

Jewish Care provides a continuum of care options for frail older people. The Intake Team at Jewish Care (which is the first point of contact for people seeking a service) assesses calls from carers and directs them to the most appropriate service within the organisation's overall program.

The Healthy Ageing Program is a common point of referral for allied health and other supports needed. External referral sources tend to be aged care assessment services, Carer Respite Centres and local government authorities.

16.5 PROMOTIONAL STRATEGIES

Promotion of *Stepping Out* has utilised professional networks (in particular, those providing referrals such as the Carer Respite Service in the Southern Region, aged care assessment

services and other local providers such as Local Government Authorities) as well as networks associated with Jewish community organisations and groups. The Intake Team at Jewish Care also acts as a promotional source.

16.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

To date, there has been a low turnover rate of care recipients and only one care recipient had left the service due to entering residential aged care. Jewish Care staff interviewed believe that the suite of services available has helped people remain at home and in many cases, averted admission to care.

16.7 SUPPORT PROVIDED

16.7.1 TRANSPORT ARRANGEMENTS

Transport arrangements and protocols have been developed with one taxi company which has provided drivers with additional training in working with older and disabled people and arranged police checks for these drivers. This arrangement is described as working well and better than initially anticipated.

16.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

Recreation and Lifestyle Co-ordinators appointed to the residential care program of Jewish Care plan activities in consultation with the *Stepping Out* Program staff. These activities are designed to address cognitive capacity, interests and cultural factors.

Most are centre based and include news and current affairs, arts and crafts, bowling and golf, music and concerts, games and reading. The Thursday program has a predominance of female participants and activities are oriented to knitting, reminiscing and conversation. There are also opportunities for care recipients to have quiet times relaxing in a reclining chair and this is often utilised by male clients who apparently enjoy a sleep after lunch.

Many of the activities available in the residential care facility can be accessed by day care recipients, including the daily one hour exercise program, the singing group, concerts and entertainment as well as Jewish cultural and religious activities. Some residents participate in day respite activities. Lunch is shared with the residents in the common dining room.

Care recipients are able to access physiotherapy services on site but to date there had not been much demand for this. Occupational Therapy is also available through the Active Living Centre. Behavioural issues are assessed on an individual basis and additional secondary consultation sought where necessary. Hairdressing and manicure services, which are well utilised by the Jewish community, are available to care recipients, further reducing the carer burden by negating the need to take their care recipient to these appointments externally.

16.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

At the time of the site visit there were few external excursions or activities organised and the

activities were largely centre-based but *Stepping Out* staff are aware of the need to increase those opportunities.

16.7.4 SUPPORT PROVIDED TO CARERS

Jewish Care provides a carer support group and individual counselling for carers if needed. It was reported that carers become clients as well, based on identified need and due to the close involvement of Jewish Care with the Jewish community. Carers are also invited to participate on cultural days and festivals and this includes them in the process.

16.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The Jewish community is diverse in terms of country of origin, extent of religious observance and language spoken and so the service has to be flexible to accommodate these differences. The main language groups of carers and care recipients include English, Polish, Russian, Hebrew and Yiddish.

Flexibility is tested by the issue of Jewish High Holy Days when Jewish Care services observe religious requirements by not operating. Reflecting diversity of religious observance in the Jewish community, some carers and care recipients are not satisfied when the service closes over the Jewish holidays while others would be offended if it remained opened.

Stepping Out staff report that carers and care recipients were invited to see the service and participate on a trial basis for an afternoon and this approach had worked well. There can be flexibility in offering more than two days of day respite if the care recipient has dementia. In these instances, there are other programs available within Jewish Care that can augment the day respite service if additional periods of care are needed as well.

16.8.1 CANCELLATIONS OF BOOKINGS

Cancellations of booking were described as not posing a major concern for *Stepping Out*, and most cancellations are attributed to medical appointments or illness. Full occupancy is more common than cancellations and usually only one person is absent on the day they are expected to arrive. More common is the experience of care recipients remaining for shorter periods of time.

16.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

This is identified as a positive aspect of the *Stepping Out* service and staff described how some activities are better suited to some care recipients than others. The close working relationship with residential services provides the opportunity for access to a wider range of activities. Care recipients access programs on a group or individual basis which increases their choices. The day respite room offers a variety of recreational options as well as furniture for resting. Outside the day respite room is an open computer area, a library of books and areas for people to play board games. The photo below is taken in the room.

Permission has been obtained for use of this photo from the care recipients identifiable

16.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

Staff consulted believe the *Stepping Out* activities program to be effective in providing a range of options that are also sensitive to culture as many involved Jewish dancing and singing, listening to Jewish stories, the availability of newspapers in the different language groups, the playing of board games popular in the Jewish community, etc.

One limitation identified by them concerns the design of the day respite area which is not secure. The size of the room restricts the capacity to achieve security and any changes made for this purpose were described as limiting access by residents to the shared area. There is also no secure outdoor area for care recipients to access without taking a staff member away from the service. The lack of security restricts the service's capacity to accept recipients with a tendency to wander. This illustrates the advantage of purpose-built day respite centres and the disadvantages of utilising existing infrastructure.

16.10 STANDARDS AND QUALITY

16.10.1 FEEDBACK AND COMPLAINTS PROCESSES

There is an informal feedback process in place and formal exit interviews are held. However, these opportunities had not been utilised much. Complaints tended to be expressed informally rather than formally and without request for formal action or response. The Services for Older People bi annual client survey was last conducted in November 2008 and included the participants and carers of the NRCP. Their feedback was extremely positive. However, a project will soon be undertaken to obtain more detailed input via focus groups across all aged care programs in Jewish Care, including the *Stepping Out* service.

16.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

Those interviewed indicated that appropriate policies and procedures have been developed and are reviewed on an ongoing basis.

16.11 IMPACT ON RESIDENTIAL CARE FACILITY

16.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

The integration of day respite care recipients in the residential care setting is not seen to pose a barrier as there was already a culture within the residential care facility of delivering day programs and an exchange and interaction between residential and community based frail older people. Furthermore, as the Jewish community has its own close networks, residents often know the day care recipients from their previous neighbourhoods or other existing cultural, social and familial relationships. There is generally a free and fluid interchange between residents and day respite care recipients within the building.

There were examples provided by residential care staff where the residential program has been enhanced by the day respite service. For example, the care recipients participating actively in musical programs bring enjoyment to residents who may be of higher care needs. Care recipients have joined the Choir and made up Rummy Tile (board game) teams.

There were no reported instances of resistance by residents to the day respite service. Some residential staff comment that the residents look forward to the days when the day respite care recipients join them. Many of the benefits of integration are identified as operating from the residential program to the respite service, in areas such as the opportunity to provide a broader range of activities and services.

16.11.2 BENEFITS FOR RESIDENTIAL STAFF

Those interviewed reported that the staffing model within the day respite service means that residential staff do not feel overloaded when care recipients participate in residential programs. There is seen to be value in the staff from day respite working in conjunction with residential staff to plan and deliver activities. Only one staff member works directly in both residential and day respite care. Blue Star Care Services (within Jewish Care) are used as a resource to fill gaps where needed in the *Stepping Out* service rather than accessing the residential care staff. This approach is identified by staff as having reduced the pressure on residential services and provided consistency of staff available to the NRCP Program.

16.11.3 DEGREE OF VERTICAL INTEGRATION

There are significant degrees of internal integration reported between residential care and day respite care. Co-location is described as encouraging ongoing informal interaction. The Lifestyle Co-ordinators in particular enjoy the opportunity to collaboratively plan activities with the day respite staff. Good communication between staff is reported by both residential and day respite care staff.

However, an unintended consequence of the model of co-location arose from an outbreak of contagious illness in the residential care facility which prevented the day respite service from operating.

16.11.4 FINANCIAL IMPACTS OF INTEGRATION

Significant cross subsidisation between residential care and day respite care is identified including the availability of Lifestyle Co-ordinators to assist in the planning of activities, the shared resources of meals and food, and the economies of sharing linen and equipment.

The physical space is also a shared resource as it is used by the residential care program on the days that the day respite service is not in operation.

16.12 FINANCIAL MATTERS

16.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

The *Stepping Out* program is considered to be able to pay its way under the current funding provided by the Commonwealth. It is seen as being appropriately funded for the services delivered. One example of the benefits of the additional funding is that the NRCP program co-ordination position was able to be extended from two to four days a week.

16.12.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

There were economies of co-location identified in areas such as food, linen, programming staff, shared used of equipment and physical space.

16.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

The main option for ongoing funding is considered by Jewish Care to be the Commonwealth funding already provided. The day respite service is not considered sustainable without such funding. Staffing costs need to be covered and Government funding is required for this.

A model of user pays contributions is not considered appropriate as it is felt that people would not, and could not, pay for the real costs associated in the delivery of the service. Most of the carer recipients are identified as being Age Pensioners and this is described as restricting their capacity to pay beyond the nominal contribution set.

It is also considered that the *Stepping Out* service has saved the Commonwealth funds by averting or postponing admission to residential care.

16.12.4 FEES POLICIES AND PRACTICES

The daily contribution fee is set at $20 for a full day and $10 for a half day of respite care. Meals are charged additionally at $4.50 for lunch and $2.50 for morning and afternoon teas. Assessments of capacity to pay are conducted using carer and care recipient self declaration of capacity to pay and a reduced fee is negotiated where there are difficult financial circumstances.

There was an overview taken of all the costs of other services being accessed by the care recipient and a judgement made about fees developed from that overview. Jewish Care reports that most of the carers and recipients are happy to pay the stipulated amounts. Only a small

percentage of fees have been drawn from packages. It is estimated that 75% of care recipients will pay a fee and 50% will pay the full fee.

16.12.5 FINANCIAL IMPACT OF CANCELLATIONS

Limited impact was identified due to low rates of cancellations.

16.12.6 OTHER FINANCIAL CONSIDERATIONS

Jewish Care would like to see an additional day of respite care available and funded. They would like to have a secure outdoor area developed for care recipients.

16.13 EXIT/ USE OF OTHER SERVICES

16.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

At the time of the site visit, only one care recipient had left to enter residential care, while others had left the service because of their death.

16.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

There was an indication of greater use of residential respite care due to the breaking down of barriers about the nature of the residential environment.

16.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

There was no evidence of increased use of residential aged care by care recipients. The remainder of care recipients have continued to be supported in the community or have left the service due to their death.

16.14 KEY STAKEHOLDER INTERVIEWS

Stakeholders interviewed generally believed that the *'Stepping Out'* model was operating very well. Jewish Care Victoria was identified as being highly committed to the service, and to the provision of day respite to support carers while providing a stimulating program for care recipients. In particular, it was identified as providing a culturally appropriate response, particularly for care recipients whose first language is not English or who have lost their proficiency in English due to the ageing process.

The general view of stakeholders was that carers were finding the day respite service to be of great assistance in meeting their needs for respite and reducing their level of stress. Carers were identified as resuming activities they had abandoned due to the caring load. They also appreciated the care recipient coming home with positive experiences of their day to share with them.

The *Stepping Out* service was believed to complement and enhance other programs available in the community for frail older people, adding another option to better meet carer and care

recipient needs and offering a longer day of care with a more fluid and flexible program of activities, enabling a closer match to take place with the care recipient's needs.. The service was seen as meeting a service gap as other day respite options provided only a few hours of care per day, operated with a larger group model of day care, and had less flexibility. The planned activity group (PAG) model was not seen to be appropriate for all carers or care recipients, nor able to meet the amount of respite needed by some carers. The *Stepping Out* service was described as providing a more individual and tailored response than the larger groups could provide.

Comment was made by some stakeholders that carers often made an approach to Jewish Care seeking placement in residential care for the care recipient and were surprised to hear of the options available to support them and the care recipient at home and in the community. In this way, it was believed that the service may have averted, or delayed, placement in residential aged care in some instances. Furthermore, for some carers, the day respite service had effectively delayed placement in residential care by being able to provide a longer duration of care than other options in the community could provide.

It was also suggested by some stakeholders that some carers regarded a service like Stepping Out as an entry point to residential placement, and that considerable effort was still needed at the referral point to convince carers to try the service. In home support was viewed by some stakeholders as not providing the carer with the degree of respite they needed to manage their levels of stress.

On the whole, stakeholders perceived the *Stepping Out* service as a very positive initiative that complemented other programs available in the community.

16.15 CASE STUDIES OF INDIVIDUALS

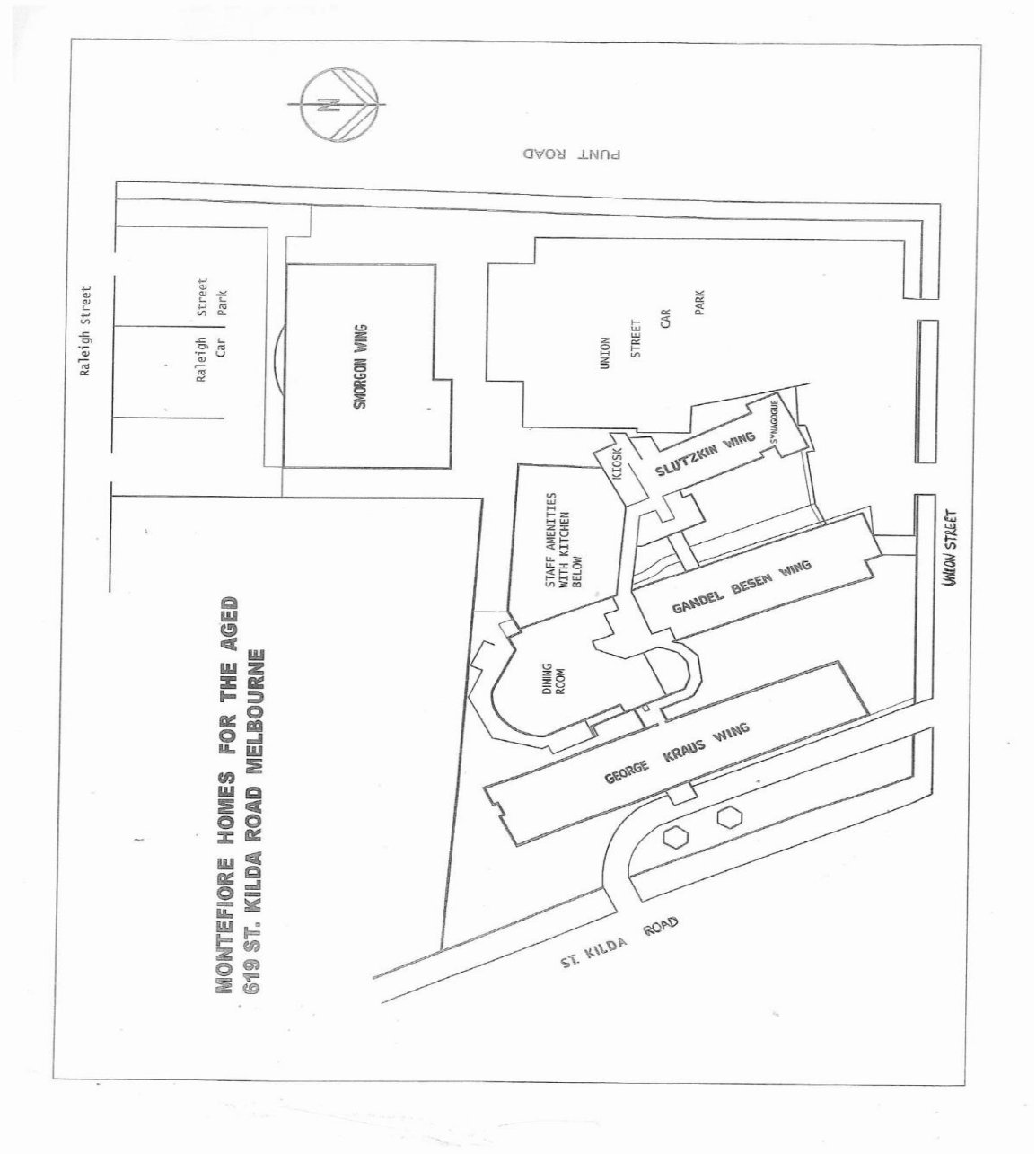
Case Study 1: A female in her 90s with high level dementia was referred to the Stepping Out program. Her carer, a daughter in her late 50s, lived in the house next door to her mother and was actively involved in her daily care. The daughter needed more support and was working. There was concern that the care recipient had behaviours that the Stepping Out Program would not be able to manage. However, the care recipient settled in well and was comfortable in the program. The program worked well and the daughter was able to continue working as a teacher. The care recipient remained with the Stepping Out Program until her death. If the Stepping Out Program had not been available, the daughter may have felt the need to stop work to provide more care and supervision of her mother. The Stepping Out program was combined with EACH D in home support to provide coverage for the working week.

Case Study 2: A male in his late 80s with a high level of dementia**.** His carer, his wife, needed a greater level of support to sustain him at home. When he came into the program his behaviour was problematic. He tended to wander. He didn't have the space available to wander within the respite day care room or surrounds. Secondary consultation was sought from the BMAS but his behaviours couldn't be well managed. Despite the higher staffing ratio, containing this care recipient was difficult. The decision was made that he would need to leave the Stepping Out Program. A referral was made to another suitable day respite program that was better set up to managing his wandering behaviour. This is the only care recipient who has had to be excluded from the program to date.

Case Study 3: A male in his early 80s was attending another day program. His wife and carer was stressed by the caring role and concerned that he was not able to participate in the activities offered by the day program. He was referred to Stepping Out and fitted in well and was easily diverted from his behaviours that were considered to be problematic in the other day program. This was attributable to the higher staff ratio available that was able to provide the care recipient with a greater level of individual support.

Case Study 4: A male in his mid 80s starting to dement but was relatively fit and was being cared for by a friend of the family who was distressed by her caring role and needed more support. The care recipient however was fixated on his experiences of the Holocaust and was unable to be diverted from this focus. This conversation was distressing to the other care recipients, some of whom stopped attending the program when he was in attendance. The care recipient was referred to individual counselling but this did not result in a change in his behaviour. He decided for himself that he didn't fit into the program and stopped coming.

16.16 OTHER DOCUMENTATION - SITE MAP



17 APPENDIX 13: SO WAI CASE STUDY REPORT

Author: Daniel Cox

Editor: Kate Barnett

Auspice: Australian Nursing Home Foundation

Program: So Wai Demonstration Day Respite Services in Residential Aged Care Facilities

Location: Burwood, New South Wales

Amount of Funding Provided: $321,314 per annum plus $75,000 for one-off purchase of resources and equipment

Commencement of Service: April 2008

Specific Focus: Chinese and dementia specific

Number of DDR funded Respite Places: Up to 15 care recipients per day.

Days of Operation: Monday, Wednesday, Friday, Saturday, 8.30am to 5.30pm

Date of Site Visit: 3rd and 5th August 2009

Staff interviewed:

- Bridget Tam , Co-ordinator, Day Respite Program
- Ada Cheng, General Manager
- Rosie Cheung, Director of Nursing (Bernard Chan Nursing Home)
- June, Recreation & Activities Officer (RAO) – Bernard Chan Nursing Home
- Carol Sin – Occupational Therapist

Stakeholders Interviewed:

- 1 carer was interviewed on-site
- Other personnel (Jo – Aromatherapist, Millie – AAN, Roger – Driver, Celia Chik – Principal Director of Nursing)

17.1 BACKGROUND

17.1.1 HISTORY AND CONTEXT

The Australian Nursing Home Foundation (ANHF) was established in 1980 as Australia's first Chinese-specific aged care provider. ANHF offers a range of aged care services including: residential care (2 sites, with another planned); community care (including HACC, CACP, EACH and EACHD packages, CPP); and respite services to older people from Chinese speaking and South East Asian countries. ANHF also offers a range of resources and carer education services to the Chinese community.

The *So Wai* Day Respite Program is in Inner West metropolitan Sydney, adjacent to the Bernard Chan Nursing Home (BCNH) which comprises 45 residential places.

The site adjoining BCNH was originally purchased with a view to expanding the residential service – the Day Respite service presented an opportunity for an alternative use, building on the organisation's experience in providing centre based day care at the Stanley Hunt Centre.

The service was planned to commence in March 2008. Delays in the building process meant that limited services (2 days per week) started in April 2008, with full implementation in September 2008. To date, a total of 38 care recipients have used the service, (6 care recipients use the service 4 days per week, 2 attending 3 days and 2 attending 2 days).

17.1.2 NEED FOR THE SERVICE

ANHF has established links with the Chinese community and identified a need for additional day respite services based on experience with the Stanley Hunt Centre.

The Inner West Area HACC Centre-based Day Care Research project (November 2005) identified a need for dementia-specific centre-based day respite in the region. It highlighted the need for services with Chinese speaking workers and that serve culturally appropriate food, as well as providing an environment that mirrors the cultural norms of the target population.

The local area surrounding *So Wai* has a high number of ageing people from a Chinese background, many of whom have dementia.

It was reported that the carer profile for the service is variable. Approximately equal numbers of carers are children caring for parents as they are spouses/partners.

17.2 CHANGES IN THE PROGRAM MODEL OVER TIME

Although the service model has been implemented largely unchanged, it is noteworthy that the geographic distribution of the service users is different than expected. Some 40% of care recipients come from areas other than the Inner West.

A slight change to the staffing structure originally proposed has also been adopted. Originally, the service planned to provide a substantial Registered Nurse (RN) presence. It has been noted

that the needs of the client group are more suited to the services of allied health professionals, however, and as a result, the RN hours have been converted to allow for a stronger Occupational Therapy and Physiotherapy input.

In terms of service development, *So Wai* is exploring opportunities to work with the local Korean community to enable local people of Korean background to access the day respite service. A potential 'twilight' program is also being considered.

17.3 DEMAND

17.3.1 OVERALL DEMAND FOR THE SERVICE

Given the dementia-specific focus of the service, a limit of 15 care recipients per day has been set as larger numbers are considered to be unmanageable and different levels of dementia would create a difficult group dynamic. The optimum group size for the day respite service is considered to be 8-12.

Demand has been relatively strong, although the Saturday service has taken a little longer to reach a sizeable group (currently 9-10 care recipients attend on Saturday). New care recipients and carers are offered a 'trial period' of up to 3 sessions in order to assess the suitability of the service.

Very few care recipients also receive other formal services – at the time of the site visit, just 4 were receiving a CACP and 1 received an EACH package.

The level of service (number of sessions) provided to care recipients varies. Of the current care recipient group, 6 people access the service 4 days per week, 2 attend 3 days per week and 2 attend twice weekly.

17.4 MOST COMMON REFERRAL SOURCES

Referrals are made to a variety of allied services, including those that are available in-house (eg Occupational Therapy and physiotherapy).

Health assessments by the RN and monitoring by other staff in the Day Respite service also identify the need for other services – referrals are therefore made to:

- Hearing Australia
- Podiatrist
- Care package providers (CACP, EACH and EACHD)
- Alzheimer's Australia
- Independent Living Centre (for equipment)
- Commonwealth Respite and Carelink Centres
- Residential Aged Care facilities.

17.5 PROMOTIONAL STRATEGIES

Extensive promotional and information strategies were developed during the development and establishment of the service, aimed at increasing awareness of the service throughout the local Chinese community and with a range of local service providers. These activities included:

- Information stalls at local community events, including Chinese cultural celebrations
- Facilitation of information and community education sessions at local services
- Newsletters and mailouts (eg the QPS benchmarking newsletter)
- Press releases in Chinese language publications
- Development of networks eg with Alzheimer's Australia, Inner West Dementia Services Network
- Preparation and dissemination of information brochures to local service providers (eg ACAT, Division of General Practice).

So Wai also has access to a large range of information and carer education products that have been translated into Chinese languages.

17.6 AVERAGE LENGTH OF STAY IN THE RESPITE SERVICE

So Wai commenced operations with 4 care recipients – 3 of the original 4 care recipients are still engaged with the service after 16 months.

Of those who have left the day respite service, 4 have moved into a high care residential care facility and 2 have deceased.

17.7 SUPPORT PROVIDED

17.7.1 TRANSPORT ARRANGEMENTS

Transport is offered to all care recipients within a 10km radius of BCNH. A dedicated driver is provided.

17.7.2 ACTIVITIES ORGANISED FOR CARE RECIPIENTS

A variety of activities are available to care recipients. The primary focus for *So Wai* is to provide culturally appropriate and dementia-appropriate activities. On-site, many activities are offered, a number of which are aimed at restoring or maintaining physical and/or cognitive function. These include (but are not limited to):

- Horticultural therapy – in the secure, culturally inspired and professionally designed garden
- Exercise and physical activity
- Sensory exploration including Chinese artefacts, bubble column, water features (including a separate room)

- Aromatherapy
- Chinese television (via satellite)
- Chinese newspapers
- Craft activities, including Chinese art and calligraphy
- Culturally focused games and puzzles, including Mah Jong, Chinese Chess.

Off-site activities include visits to local shops, yum cha and restaurant visits, as well as public parks and gardens. Carers and care recipients are invited on excursions.

Allied health services are available to care recipients, including a staff Occupational Therapist, occasional physiotherapist, visiting dentist and optometrist. The RN makes general health checks (eg blood pressure, weight) and the visiting hairdresser is also available.

17.7.3 RATIO OF ON-SITE TO OFF-SITE ACTIVITIES

Services are predominantly on-site, which is partly due to the nature of the client group – many are reluctant to go on excursions and high levels of support are required when the group is participating in a community-based activity.

17.7.4 SUPPORT PROVIDED TO CARERS

Carers do not generally stay during the on-site activities but are invited to participate in special occasions, excursions etc. They are also encouraged to participate in celebrations for special occasions, including Christmas, Chinese New Year and other significant events.

A monthly carer support group is convened at *So Wai*, providing information and support for carers, with a particular focus on dealing with dementia. An extensive range of culturally appropriate resources are also available to carers, including videos/DVDs, books and other information.

Carer 'pampering' events have also been held, including aromatherapy, massage and a day trip to Wollongong.

Day respite staff also offer informal support, information and advice – for example, regarding the use of equipment, opportunities for referral to other services and to discuss the future needs and options for the care recipient.

17.8 LEVEL OF FLEXIBILITY AND ADAPTABILITY OF THE SERVICE

The physical environment offers great flexibility for care recipients with different needs, interests or behavioural concerns. The facility is secure and has a range of sensory activities that occupy and/or calm the day respite participants. These include a sensory garden and private room with a bubble column, many water features and tactile exercises.

The close proximity of the residential facility and personal care and nursing staff enables care recipients to be provided with personal care should they need it. The availability of volunteers also offers care recipients a choice of activities at the centre.

17.8.1 CANCELLATIONS OF BOOKINGS

In the event of cancellations, additional places are made available for nursing home residents to participate in the day respite activities. Given its dementia-specific focus, the day respite service is not suited to all nursing home residents.

Cancellations are relatively common, particularly during winter and for Chinese cultural celebrations. Other common reasons for cancellation include care recipient refusal and when they have accessed short term residential respite. The impact is described as minimal for the service as a whole.

17.8.2 CAPACITY TO MATCH ACTIVITIES TO CARE RECIPIENT AND CARER PREFERENCES

The broad range of activities, purpose built facilities, availability of Chinese-speaking staff and volunteers, availability of transport and a variety of equipment enable care recipients to exercise choice and participate in activities that are of interest to them.

Activities are focused on the restoration and maintenance of cognitive, social and physical skills from a culturally appropriate perspective.

17.9 PERCEIVED EFFECTIVENESS OF ACTIVITIES PROVIDED

So Wai has a commitment to providing meaningful activities that enhance the social, physical and cognitive function of care recipients. The routine assessment of these functional outcomes is being implemented currently by the use of the RUDAS (Rowland Universal Dementia Assessment Scale), which is administered by the RN. Results will be monitored over time to inform service development.

The cultural appropriateness of activities, meals and the home-like environment are also considered highly effective, particularly given the evidence regarding the impact of dementia for people from culturally diverse backgrounds (eg on language).

17.10 STANDARDS AND QUALITY

17.10.1 FEEDBACK AND COMPLAINTS PROCESSES

In June 2009, a formal satisfaction survey was conducted for the families/representatives of *So Wai* care recipients. Feedback from the 14 respondents indicates a high degree of satisfaction with the service. Key findings are presented below, describing the level of satisfaction against broad domains (which are consistent with various care and service standards domains):

- Information and consultation – 94.44%
- Rights and responsibilities – 99.23%
- Identifying care needs – 96.28%
- Social independence – 90.15%
- Privacy and dignity – 100%

- Access to personal information – 98.89%
- Complaints and disputes – 95.19%
- Choice of advocacy – 95.83%
- Cultural/spiritual needs – 98.86%
- Overall view – 94.64%

Care recipients and carers are able to use the formal complaints process that mirrors the system in BCNH. The process is highlighted as part of the information package for prospective clients and included in the ANHF Service Agreement.

The complaint process allows a client/carer to directly contact the Day Care Coordinator, Community Services Manager, Principal Director of Nursing, General Manager or ANHF Chairman, or to lodge a formal written grievance. Details of the Aged Care Complaint Resolution Line are also made available.

17.10.2 INTERNAL QUALITY AND PERFORMANCE MEASURES

ANHF applies a Continuous Quality Improvement (CQI) management system. CQI strategies include regular staff supervision and performance management, risk management processes, complaint/dispute resolution systems, occupational health and safety, infection control and food safety mechanisms.

So Wai engages in benchmarking with other day care centres and participates in local service networks. A suggestion box and regular carer satisfaction measures are also in place.

17.11 IMPACT ON RESIDENTIAL CARE FACILITY

17.11.1 IMPACT OF THE DAY RESPITE SERVICE ON RESIDENTS

Nursing home residents with dementia are able to participate in the activities of the day respite service depending on availability. This has proved beneficial as a social, recreational and therapeutic option for residents. Nursing Home residents expressing an interest are assessed for their suitability to participate in specific day respite activities as places are made available.

17.11.2 BENEFITS FOR RESIDENTIAL STAFF

There is some cross-subsidisation of staff between residential and day respite services. The capacity of the day respite service to accept BCNH residents from time to time can ease the workload of staff in the residential service. Similarly, the proximity of specialist staff (eg registered nurse, physiotherapist) from the RACF enhances the quality and range of services available to day respite care recipients.

The capacity to share ideas and program techniques between the day respite and residential care settings is also considered beneficial for staff in both settings, particularly the RNs and Recreation and Activities Officers (RAOs).

17.11.3 DEGREE OF VERTICAL INTEGRATION

Given the diversity of services offered by ANHF, there is capacity for referral to the *So Wai* day respite service from other ANHF services, including CACP, EACH/EACHD and the Day Centre. A significant proportion of referrals come from external agencies.

So Wai has a unique collaboration with another specialist service provider. On Tuesdays (when the day respite service is closed), the facility is made available to Co-As-It, a local Italian support service for older people. In addition, facilities are made available on Thursday for Dementia Network meetings. This arrangement ensures that the physical asset is fully utilised in a way that enhances inter-agency collaboration and service access for special need groups.

17.11.4 FINANCIAL IMPACTS OF INTEGRATION

The day respite service operates as a discrete cost centre within ANHF, although there are advantages of a combined catering service (with meal costs internally brokered) and management/administration systems.

17.12 FINANCIAL MATTERS

17.12.1 OVERALL COSTS OF DELIVERY OF SERVICE AND IMPACT ON AUSPICING ORGANISATION

So Wai operates as a viable stand-alone service from a financial perspective (but not from a program perspective). It has made therapy hours available to care recipients (in lieu of RN input originally proposed) and has enabled reimbursement of costs associated with additional input from organisational management.

17.12.2 CROSS SUBSIDISATION BETWEEN RESIDENTIAL AND RESPITE CARE

There is no cross-subsidisation between BCNH and *So Wai*, although there are some economies of scale associated with the co-location of services and the interchange of staff and management resources. Meals for Day Respite care recipients are brokered from BCNH kitchen at cost ($8 per person).

17.12.3 VIABLE OPTIONS FOR ONGOING FUNDING

The service is considered viable under current funding arrangements, as realistic service costs are covered and no significant savings or underspend are accumulated.

The grant-based model of funding (as opposed to a per capita funding model) is preferred as it enables flexibility and minimises risk in the event of cancellations.

17.12.4 FEES POLICIES AND PRACTICES

The target group is quite specific – as such, the service must be highly sensitive to the needs and preferences of Chinese people with dementia. This has been reflected in the costs associated with the building and environment, staff selection, equipment and consumables (eg food, continence products).

Service costs are effectively fully funded, with fees payable only by those with a capacity to pay.

Fees policies mirror those within the National Respite for Carers Program (NRCP). In the event that program costs rise, fees policies may be revised.

At present, the fee contribution is fixed at $6 per half day and $10 for a whole day ($9 and $15 on Sat), plus $5 for return transport ($7 Sat).

17.12.5 FINANCIAL IMPACT OF CANCELLATIONS

As staff are rostered based on bookings, shifts cannot be cancelled at short notice. Surplus staff are re-deployed in the event of significant numbers of cancellations, minimising loss to the organisation.

Given that fees are not charged for those who do not attend, the fact that the service is fully funded minimises the impact of last minute cancellations.

17.12.6 OTHER FINANCIAL CONSIDERATIONS

Fees are not charged for those who are on trial or for those who do not have the capacity to pay.

17.13 EXIT/ USE OF OTHER SERVICES

17.13.1 REASONS FOR EXIT AND DESTINATIONS OF CARE RECIPIENTS

Ten care recipients had left the service between commencement of the service (April 2008) and August 2009. Of these:

- 4 had been admitted to full time residential care
- 4 had moved out of the area and
- 2 had deceased.

17.13.2 IMPACT ON USE OF RESIDENTIAL RESPITE FOR CARE RECIPIENTS

While there has been no discernible impact on demand for residential respite (as at the time of our site visit no respite beds were available at BCNH), it was reported that care recipients are more open to the use of residential care services, including overnight respite.

17.13.3 IMPACT ON ADMISSION TO RESIDENTIAL AGED CARE

There have been no direct admissions to the RACF from *So Wai* clients. This is partly due to the

demand for residential care places in BCNH. Two day respite care recipients have been offered places in BCNH, although one had already obtained an alternative place (and did not want to relocate) and the other did not feel ready to move into residential care.

Four care recipients have been discharged to other aged care facilities, however, with anecdotal evidence suggesting that their experience with *So Wai* made the transition to residential care smoother than would otherwise have been the case.

17.14 KEY STAKEHOLDER INTERVIEWS

Interviews were held with 1 carer, 1 representative from Alzheimer's Australia and a member of the local ACAT.

All stakeholders held the service in high regard, noting that its cultural and dementia-specific foci addressed a significant local need. The links and profile the service has with the local Chinese community was acknowledged.

The service was considered to be quite separate to the RACF, despite being co-located. This was deemed an advantage, as was the capacity to provide transport to and from the service. Other advantages that were recognised include the food, the Chinese-speaking staff and volunteers and the availability of other services, particularly allied health services. The service was considered to play a positive role in preserving and restoring functional abilities, particularly physical, cognitive and social skills.

Referrers indicated a high level of confidence in referring potential clients to the service and thought that more services like *So Wai* should be available.

There were no negative comments regarding the service, although there were 2 queries:

1. Lack of clarity about the 'rules' for those receiving a care package (particularly EACH or EACHD) when accessing the Day Respite service ("is it double-dipping?")
2. Whether promotion of the service across the acute and other health services was widespread – in particular, increasing awareness of the program for the local ACATs and hospitals.

17.15 CASE STUDIES OF INDIVIDUALS

Case Study 1 – Mr C

Mr C was largely unresponsive and had very little eye contact with the worker when the initial home visit was conducted. He remained quite timid and quiet during his first three visits to So Wai.

Gradually, Mr C began to engage with the worker and responded positively to the newspaper reading session. He started to initiate conversation with the worker while being transported to and from the Day Centre.

He invited workers to yum cha and always acknowledged them by saying "thank you" after a day at So Wai. In transit, he became aware of traffic conditions and recognised the route to his

home. The change in Mr C amazed his wife, who is his primary carer.

Case Study 2 – Mr H

Mr H lives alone. His son is his primary carer and he lives in his own home with his family. Mr H does not always remember that he is scheduled to attend So Wai, and has sometime gone out for the day when the worker arrives to pick him up, despite phoning him in the morning.

Mr H's son also finds it difficult to monitor his whereabouts – on one occasion he was 'lost' for two days. His independent living skills were also seen to be deteriorating, illustrated by burnt cookware in the home.

A tracking device was introduced and the worker suggested an ACAT assessment to monitor Mr H's capacity to remain at home. A referral for in-home support was also recommended. In-home services were arranged for the days Mr H does not attend So Wai (when his medication is provided by a staff member), ensuring that there is someone to make sure that he takes his medication every day.

17.16 OTHER DOCUMENTATION - SITE MAP