

AUSTRALIAN INSTITUTE FOR SOCIAL RESEARCH

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

ACCOMPANYING REPORT 11: TOOLS DEVELOPED FOR THE EVALUATION

REPORT PREPARED FOR:

THE DEPARTMENT OF HEALTH AND AGEING

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

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DECEMBER 2010



AISR
Informing Decisions

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1 INTRODUCTION

This report contains a copy of the **data collection tools** specifically developed by AISR for the Evaluation of the *Day Respite in Residential Care Facilities Initiative*. All members of the Evaluation Team (Kate Barnett, Naomi Guiver, Anne Markiewicz, Dan Cox and Richard Giles) were involved in the development of at least one of these tools. Each tool is described briefly below.

The **Initial Proforma** (*Section 2*) was distributed to each Demonstration Site early in 2009. It collected a set of basic information to guide the initial Evaluation activities, such as case studies and interviews, and to facilitate the development of more comprehensive data collection tools.

The **Site Data Collection Tool (Round 1)** (*Section 3*) was designed to collect a detailed snapshot of operational, staffing and service delivery data to enable in-depth analysis. The period for collection was 1st July to 31st December 2009. All but one of the sites used the MS Excel version of the tool. The version shown here is the MS Word version of the tool, as the Excel version could not be represented on paper.

There were four Surveys developed as a set and launched concurrently in late 2009 – a **Survey of Carers** (*Section 4*), a **Survey of Care Workers** (*Section 5*), a **Survey of Coordinators and Managers** (*Section 6*) and a **Survey of CEOs and Service Directors** (*Section 7*). These collected both quantitative and qualitative information on the perceptions, opinions and experiences of these stakeholder groups.

In order to collect up to date information from sites in late 2010 regarding any changes to their general operations, staffing and service delivery, an online **Site Data Collection Tool (Round 2)** (*Section 8*) was developed based on the Round 1 collection.

An additional Survey – the Client Pathway Survey – is currently being undertaken separately. That tool will be provided as an appendix to that report.

2 INITIAL PROFORMA

NAME AND LOCATION OF YOUR SITE:

Program coordinator/manager:

Ph:

Email:

Q#	Question	Response	
1	What date did your pilot begin operating?		
2	How many places are you funded for? (if not funded by place, how many places do you offer?)		
3	How many staff are employed to work on the Day Respite program (FTE)?		
	a) in management		
	b) as direct care workers		
	c) Diversional therapists		
	d) other (please describe) Allied Health & RN		
4	Are staff 'shared' by the Day Respite program and the Resi Care service?	YES	NO
5	How many clients do you currently have accessing your day respite service? (that is, total active clients)		
6	How many carers is your day respite service supporting?		
7	Does your day respite service have a specialist focus? Individual needs	YES	NO (<i>go to Q9</i>)
8	Which of the following specialities apply?		
	Dementia-specific	YES	NO
	Culturally & Linguistically Diverse	YES	NO
	Indigenous	YES	NO
	Other (please describe) Specialised Clinical Needs	YES	NO
9	Do you currently have a waiting list of clients? If yes, how many on wait list?	YES	NO
10	Do you actively promote your service?	YES	NO
11	Is the amount of time for each day respite client limited?	YES	NO
12	What are the Day Respite program's days and hours of operation?		

13	What are the key sources of referral into your day respite service?		
	Internal (from other services provided by your organisation)	YES	NO
	Commonwealth Carer Respite Centre	YES	NO
	ACAT	YES	NO
	Individual clients or carers	YES	NO
	Other (please describe) Specialised Centres		NO
14	Do you charge fees to your clients? Donations only	YES	NO <i>(go to Q16)</i>
15	Are fees means-tested? Are they capped?	YES	NO
16	Does your service include transport to and from your day respite?	YES	NO
17	Is your day respite service entirely centre based (as opposed to including day outings)	YES	NO
18	Do your full time residents participate in the day respite program?	YES	NO
19	Are there any people specifically excluded from eligibility? (if YES, please describe) Due to behaviour – Verbal and physical abuse towards other clients or staff	YES	NO
Questions about the data you keep for the day respite program			
Please attach to this email or fax to 08 8303 6309, attention Ms Naomi Guiver, a copy of your Assessment Form(s) (i.e. the forms you use to collect information from carers and care recipients in order to determine eligibility and level of priority)?\			
1	Do you store any information about care recipients and the services you provide to them in an electronic system(s)?	YES	NO <i>(go to Q3)</i>
2	If YES, could you please describe the system(s) used, including the name of the system(s), who enters the data (eg whether administrative staff and/or other staff), when the data is entered (eg daily, weekly etc), and how information can be extracted from the system (eg lists, reports, electronic data files). <i>(Attach separate sheet if necessary)</i>		
3	Does your data collection include exit/destination data about clients who have left your day respite program? (ie those who transfer to residential care, die, withdraw from service)	YES	NO

Please indicate in the tables below (by placing a ✓ in the relevant box) which information your service collects and how it is stored, ie electronically (in a computer system), hardcopy (on paper eg lists, casenotes), or not collected.

Item	Availability			Comments
	Electronic	Hard Copy	Not Collected	
About Care Recipients				
Source of referral to the service				
Date of initial assessment for the service				
Age at initial assessment (or date of birth)				
Gender				
Marital status				
Cultural background (eg country of birth)				
Language spoken at home				
Indigenous status				
Postcode of residence				
Health status (eg dementia +/- challenging behaviour; disability; palliative care etc)				
Level of care required (eg high care needed for persons with incontinence, challenging behaviours)				
Assessed priority level for entry to this service				
Date of exit from the service				
Reason for exit from the service				
Exit destination				
Other (please describe)				
Other (please describe)				

Please continue over page

Item	Availability			Comments
	Electronic	Hard Copy	Not Collected	
About Carers				
Age at initial assessment (or date of birth)				
Gender				
Marital status				
Cultural background (eg country of birth)				
Language spoken at home				
Indigenous status				
Postcode of residence				
No of persons for whom they are the primary carers (including own children aged <18 living at home)				
Number of persons for whom they are the primary carer and who have been assessed to receive the day respite service				
Relationship to care recipient(s)				
Other (please describe)				
Other (please describe)				

Please continue over page

Item	Availability			Comments
	Electronic	Hard Copy	Not Collected	
About Services Provided as part of Day Respite Pilot				
Service type				
Date of service				
Number of hours of care provided on that date				
Whether transport provided on that date				
Date of first care plan				
Dates of review of care plan (or monthly, quarterly)				
Other (please describe)				
Other (please describe)				

3 SITE DATA COLLECTION TOOL – ROUND 1

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

Day Respite Service data collection forms – July to December 2009

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

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

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

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

Please return your completed forms to:

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

For queries or assistance with these forms, please contact:

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

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

Thankyou.

The Day Respite Evaluation Team

Part 1. General Operations – July to December 2009

INSTRUCTIONS

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

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

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

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

*** END OF PART 1 ***

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

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

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

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

NOTES/ EXPLANATION:

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

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

NOTES/ EXPLANATION:

*** END OF PART 2 ***

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

INSTRUCTIONS

This section requires you to supply information about:

- All care recipients who were **referred to Day Respite between 1 July 2009 and 31 Dec 2009 inclusive** (regardless of whether or not they actually entered the program), AND
- All care recipients who **received a Day Respite service during that period** (regardless of when they were first referred and when they first accessed the service).

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

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

EXAMPLE

Name of Day Respite Service: XYZ Aged Care Form 1 of 5

Contact person: Amelia Xander Ph: (08) 5555 5555

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

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

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

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

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

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

3.2 GUIDE FOR COMPLETING THE FORMS/SPREADSHEETS

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

Issue 1: July 2009

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



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

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

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

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

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

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

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

Introduction

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

Methods for compiling the data

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

1. Spreadsheet – using the MS Excel file “Day Respite data collection (monitoring) Jul-Dec 2009.xls”, *OR*
2. Word processor – using the MS Word file “Day Respite data collection (monitoring) Jul-Dec 2009.doc”, *OR*
3. Paper – print out as many copies of the Microsoft Word file as required, and fill them out by hand.

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

Content

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

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

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

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

Part 1 (General Operations)

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

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

Part 2 (Staffing)

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

Part 3 (Service Delivery)

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

- All care recipients who were **referred to Day Respite between 1 July 2009 and 31 Dec 2009 inclusive** (regardless of whether or not they actually entered the program), **AND**
- All care recipients who **received a Day Respite service during that period** (regardless of when they were first referred and when they first accessed the service).

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

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

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

4.1 Carer Information Sheet



Evaluation of the Day Respite in Residential Aged Care Initiative

Information for Survey Participants

We would like to learn about your experiences with the Day Respite service.

The *Day Respite in Residential Aged Care Facilities Initiative* is a pilot program testing the appropriateness and effectiveness of providing day respite at aged care homes.

The *Australian Institute for Social Research* at The University of Adelaide is evaluating this program for the Department of Health and Ageing. We are seeking feedback from service providers and carers involved with this Initiative. This survey has been approved by the University's Ethics Committee (*see over page*).

What is involved?

You can provide your feedback by filling out the enclosed Carer Survey, and returning it to us using the reply-paid envelope supplied (no stamp required). A Consent Form is included on the front of the survey.

The survey will only take about 10 - 15 minutes of your time.

You can keep this Information Sheet for your records.

Is the survey compulsory?

Participation in this research is voluntary. Your participation or non-participation in this survey will not affect your access to the day respite service, now or in the future.

Confidentiality

The information you give us will be treated as confidential. When we receive your completed survey form, the front page (containing the Consent Form) will be detached from the survey and stored separately and securely to ensure your privacy. Results from the survey will be released in a way that will *not* allow individuals to be identified.

We hope that you will participate in the survey.

It is extremely important that we hear the opinions of people using the service, so that we can:

- recommend any changes needed to the program, and
- recommend that the good features of the program be continued.

Further information

If you would like any further information about the survey or the evaluation, please contact Dr Kate Barnett, the Manager of the research team, on (08) 8303 3636 or at kate.barnett@adelaide.edu.au.



THE UNIVERSITY OF ADELAIDE

HUMAN RESEARCH ETHICS COMMITTEE

CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS PROCEDURE

The Human Research Ethics Committee is obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research participants with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee:

Project title: *Evaluation of the Day Respite in Residential Aged Care Facilities Initiative*

1. If you have questions or problems associated with the practical aspects of your participation in the survey, or wish to raise a concern or complaint about the survey content or its process, then you should consult the project co-ordinator:

*Dr Kate Barnett, Deputy Executive Director, Australian Institute for Social Research
Ph: 08 8303 3636, email kate.barnett@adelaide.edu.au*

2. Contact the University's Human Research Ethics Committee's Secretary on (08) 8303 6028 if you wish to discuss with an independent person matters related to:
 - making a complaint, or
 - raising concerns on the conduct of the project, or
 - the University policy on research involving human participants, or
 - your rights as a participant.



4.2 Carer Questionnaire



Evaluation of the Day Respite in Residential Aged Care Initiative

Carer Survey

To participate in this Survey, please:

-  Sign the *Consent Form* below
- Complete the *Carer Survey* (attached) within the next 7 days
-  Return this entire form to the researchers, using the reply-paid envelope supplied.

CONSENT FORM FOR SURVEY PARTICIPANTS IN A RESEARCH PROJECT

1. I, the undersigned, consent to take part in the research project entitled:
Evaluation of the Day Respite in Residential Aged Care Facilities Initiative.
2. I acknowledge that I have read the accompanying Information Sheet entitled:
Information for Survey Participants.
3. I have had the project, so far as it affects me, explained to my satisfaction. My consent is given freely.
4. Although I understand that the purpose of this research project is to improve the quality of respite care services, I acknowledge that my involvement may not be of any direct benefit to me.
5. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.
6. I understand that I am under no obligation to participate in this survey, and if I choose not to participate this will not affect my access to the day respite service, now or in the future.
7. I am aware that I should keep the accompanying Information Sheet, which includes contact details for the researchers and for making any complaints about the survey process.

Signed: _____ Date: ____ / ____ / ____

PLEASE TURN OVER TO BEGIN THE SURVEY.

Note that the survey is printed on both sides of the paper.

NOTE: If you are caring for more than one person who attends this Day Respite Program, please answer this survey in respect to the person who has spent the most amount of time in the Program.

Name of the Residential Aged Care Facility providing Day Respite for you: (please write below)

PART A: USING THE DAY RESPITE SERVICE

1. **How long** has the person in your care been attending this Day Respite Program? *(Please tick one)*
 - Less than 3 months
 - Between 3 and 6 months
 - Between 6 and 12 months
 - Between 1 and 2 years
 - More than 2 years

2. On average, **how often** does the person in your care attend this Program? *(Please tick one)*
 - Less than once a month
 - Once a month
 - Once a fortnight
 - Once a week
 - More than once a week

3. What is your **relationship** to the person in your care? *(Please tick one)*
 - Caring for my spouse/partner
 - Caring for my parent
 - Caring for my father-in-law or mother-in-law
 - Caring for another family member (eg. grandparent, aunt, brother, sister, child, stepchild)
 - Caring for a friend
 - Other *(please specify)* _____

4. What are the **main difficulties** of the person in your care? *(Please tick all that apply)*
 - Unwell/in poor health
 - Frail, with mobility issues
 - Dementia/memory loss issues
 - Difficult to manage behaviour
 - Other *(please describe)* _____

5. What are the main reasons you are using the Day Respite Program? *(Please tick all that apply)*
- To provide the person in my care with an opportunity to socialise more
 - To provide the person in my care with an opportunity to participate in activities that help with their condition
 - To give me time to work
 - To give me time for my other responsibilities
 - To give myself 'time out' / take a break
 - My own health issues
 - To delay the need for the person in my care to go into full time care
 - Other *(please describe)* _____

PART B: YOUR VIEWS OF THE DAY RESPITE SERVICE

6. Traditionally, day respite has *not* been provided by residential aged care providers, and in this respect the Day Respite Program is unusual. We are interested in your thoughts about this arrangement. Please rate how you feel about the following statements, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree). Tick *Don't Know* if you are unable to say.

<i>My thoughts on day respite in an aged care facility</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
I was initially put off by the thought of bringing the person in my care into a residential environment	1	2	3	4	5	
I continue to be uncomfortable about bringing the person in my care into a residential environment	1	2	3	4	5	
I think that day respite in this facility provides more activities for the person in my care compared to day respite elsewhere	1	2	3	4	5	
I don't see any particular advantages or disadvantages in having day respite at a residential facility compared to elsewhere	1	2	3	4	5	
I now feel more able to access the overnight/residential respite service offered by the facility	1	2	3	4	5	
I am now less anxious about the person in my care going into full-time residential care at some time in the future	1	2	3	4	5	
Other <i>(please describe and give a rating)</i>	1	2	3	4	5	

2

7. Please tell us your views about the features of this Program, by indicating to what extent you agree or disagree with the following statements.
Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement.
Tick *Don't Know* if you are unable to say. Note that the list of statements continues over the page.

<i>Features of this day respite service</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Is usually flexible in adapting to the needs of <i>carers</i>	1	2	3	4	5	
Is usually flexible in adapting to the needs of <i>people receiving care</i>	1	2	3	4	5	
Has fees/donations that are affordable	1	2	3	4	5	
Has fees that are fair	1	2	3	4	5	
Is providing a service that is appropriate to <i>my</i> needs and circumstances	1	2	3	4	5	
Is providing care that is appropriate to the needs of <i>the person in my care</i>	1	2	3	4	5	
Offers good quality care for the people receiving care	1	2	3	4	5	
Offers good quality support for carers	1	2	3	4	5	
Is staffed by competent workers	1	2	3	4	5	
Is staffed by caring and kind workers	1	2	3	4	5	
Has enough care workers for the number of people using the Program	1	2	3	4	5	
Is open at hours/on days that suit <i>my</i> needs	1	2	3	4	5	
Provides me with enough hours/days of respite	1	2	3	4	5	
Helps me by providing transport to and/or from day respite for the person in my care	1	2	3	4	5	
Has linked me to other services that I wouldn't otherwise have known about	1	2	3	4	5	

<i>Features of this day respite service</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Provides a safe environment for the person in my care	1	2	3	4	5	
Does not present me with any language barriers in using it	1	2	3	4	5	
Does not present me with any cultural barriers in using it	1	2	3	4	5	
Other (please describe and provide a rating)	1	2	3	4	5	
Other (please describe and provide a rating)	1	2	3	4	5	

If you circled '1' or '2' for any of the statements, please provide further details

8. How satisfied have you been with the arrangements for transport to and from the Program? Please rate your satisfaction by circling a number between 1 (Very Dissatisfied) and 5 (Very Satisfied) below. Tick N/A if this does not apply to you.

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied	N/A
Satisfaction with transport arrangements made by the Program	1	2	3	4	5	

If you circled '1' or '2' above, please provide further details

PART C: EFFECTIVENESS AND IMPACT OF THE PROGRAM

9. Please rate how effective you feel the Program has been in meeting your needs and those of the person in your care, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say.

<i>Effectiveness of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has been effective in meeting my needs as a carer	1	2	3	4	5	
The Day Respite Program has been effective in meeting the needs of the person in my care	1	2	3	4	5	

Comments

10. Overall, how would you rate the impact of the Program on you and on the person in your care? Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say at this stage.

<i>Overall impact of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has made an overall positive impact on me	1	2	3	4	5	
The Day Respite Program has made an overall positive impact on the person in my care	1	2	3	4	5	

Comments

11. As well as the overall impact of the Program, we are also interested in the specific benefits that you and the person in your care have experienced. Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each of the potential benefits listed below. Tick *Don't Know* if you are unable to say at this stage. Note that the list of statements continues over the page.

<i>Potential benefits of the program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
<i>Benefits for the person in your care:</i>						
Has given the person in my care an opportunity to socialise more	1	2	3	4	5	
Improved the social functioning of the person in my care	1	2	3	4	5	
Has given the person in my care an opportunity to participate in activities that help with their condition	1	2	3	4	5	
Improved the physical functioning of the person in my care	1	2	3	4	5	
Improved the cognitive/mental functioning of the person in my care	1	2	3	4	5	
Delayed the need for the person in my care to go into full time care	1	2	3	4	5	
<i>Benefits for you:</i>						
Has given me time to work/work more hours	1	2	3	4	5	
Has given me more time for my other responsibilities	1	2	3	4	5	
Gives me a break/'time out'	1	2	3	4	5	
Gives me time to address my own health issues	1	2	3	4	5	
Has improved my health and well-being	1	2	3	4	5	
Reduced my worrying about the person in my care	1	2	3	4	5	
Made me feel less stressed	1	2	3	4	5	
Made me more aware of other services for the person in my care and/or myself	1	2	3	4	5	

<i>Potential benefits of the program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Made me more informed about residential aged care	1	2	3	4	5	
Made me more confident about using respite in a residential setting, eg. overnight respite	1	2	3	4	5	
Other (please describe and provide a rating)	1	2	3	4	5	
Other (please describe and provide a rating)	1	2	3	4	5	

If you circled '1' or '2' for any of the statements, please provide further details

12. Have there been any unexpected positive benefits of the Program for you or the person in your care?

NO

YES (please give details below)

Details

13. Have there been any unexpected negative consequences of the Program for you or the person in your care?

NO

YES (please give details below)

Details

14. Have you ever felt the need to make a complaint about the Program?

NO ➡ Go to Q16

YES (please give details below)

Details

15. Was the *process for making a complaint* made clear to you?

YES

NO (please give details below)

Details

16. Are there any changes or improvements you would like to see made to the Program?

NO

YES (please give details below)

Changes/Improvements

17. Are there any other comments you would like to make?

PART D: ABOUT YOU AND THE PERSON IN YOUR CARE

18. In general, how would you describe your own health at present? *(Please tick one)*
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
19. Do you have any kind of disability? *(Please tick all that apply)*
- No disability
 - Physical disability
 - Hearing problems
 - Sight problems which cannot be corrected by glasses or contact lenses
 - Intellectual disability
 - Learning disability
 - Other disability *(please specify)* _____
20. Do you have any chronic health conditions? *(Please tick all that apply)*
- No chronic health conditions
 - Heart condition
 - Lung condition (eg. asthma, emphysema)
 - Bone, muscle or joint problems (eg. arthritis, osteoporosis, back problems)
 - Diabetes
 - Mental health condition (eg. significant depression or anxiety)
 - Cancer
 - Injury
 - Other chronic condition *(please specify)* _____
21. Which of the following describes your current responsibilities, in addition to caring for the person receiving day respite services? *(Please tick all that apply)*
- Working full time
 - Working part time or casually
 - Volunteer work
 - Studying
 - Domestic responsibilities
 - Caring for another adult (ie. in addition to the person receiving the day respite service)
 - Child care
 - Other *(please specify)* _____

22. We would like to better understand how the Program may benefit different groups of people. Please fill in the table below by providing information about *you* in the middle column of the table, and information about *the person in your care* in the right hand column of the table.

	You	The person in your care
Age (in years)	<input type="text"/> <input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> <input type="text"/> Years
Sex (Please tick one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status (Please tick one)	<input type="checkbox"/> Married/Defacto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Never married	<input type="checkbox"/> Married/Defacto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Never married
Of Aboriginal or Torres Strait Islander origin? (Please tick one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal or Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal or Torres Strait Islander
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other country (please specify) _____	<input type="checkbox"/> Australia <input type="checkbox"/> Other country (please specify) _____
Main language spoken <u>at home</u>	<input type="checkbox"/> English <input type="checkbox"/> Other language (please specify) _____	<input type="checkbox"/> English <input type="checkbox"/> Other language (please specify) _____
Cultural background (please describe) eg. Australian, Chinese, Italian, Jewish – you may specify more than one cultural background	_____ _____	_____ _____
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY

If you have mislaid the reply-paid envelope, the Reply Paid address is:

Day Respite Survey: Carers
Australian Institute for Social Research (68)
The University of Adelaide
Reply Paid 498
ADELAIDE SA 5001



Evaluation of the Day Respite in Residential Aged Care Initiative

Survey of Care Workers

We would like to hear your views of the Day Respite Program.

The *Day Respite in Residential Aged Care Facilities Initiative* is a pilot program testing the appropriateness and effectiveness of providing day respite for older people in residential aged care settings. The *Australian Institute for Social Research* at the University of Adelaide is evaluating this program for the Department of Health and Ageing. We are seeking feedback from service providers and carers involved with this Initiative.

Who should complete this survey?

This survey is for Care Workers and other staff who provide *direct care* to clients of the Day Respite Program. There are separate surveys for Service Directors, Care Managers/Coordinators and Carers.

Is the survey compulsory?

Participation in this research is voluntary.

Confidentiality

The information you give us will be treated as confidential. Results from the survey will be released in a way that does *not* allow individuals or organisations to be identified.

How to participate

- Complete the survey within the next 7 days
- Return the survey using the reply-paid envelope provided.

We hope that you will participate in this survey. It is important that we hear the opinions of people involved in providing the service, so that we can:

- recommend any changes needed to the program, and
- recommend that the good features of the program be continued.

Further information

If you would like any further information about the survey or the evaluation, please contact Dr Kate Barnett, the Manager of the research team, on (08) 8303 3636 or at kate.barnett@adelaide.edu.au.

PLEASE TURN OVER TO BEGIN THE SURVEY.

Note that the survey is printed on both sides of the paper.

PART A: BASIC INFORMATION

1. At which Residential Aged Care Facility do you work? *(Please write below)*

2. What is your role within the Day Respite Program? *(Please tick one)*

Care Worker

Other position *(please describe)* _____

PART B: YOUR VIEWS OF THE DAY RESPITE PROGRAM

3. Traditionally, day respite has *not* been provided by *residential aged care facilities*. In evaluating this new program, we are interested in your thoughts about the Day Respite Program in which you work.

Please rate your level of agreement with the following statements, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree). Tick *Don't Know* if you are unable to say.

<i>My thoughts on day respite in an aged care facility</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know
It provides more activities for day respite clients compared to day respite elsewhere	1	2	3	4	5	
It is beneficial for our <i>residents</i> because they can join in the day respite activities	1	2	3	4	5	
It is beneficial for our <i>staff</i> , eg by offering wider work experience	1	2	3	4	5	
It links well with our residential respite services, eg overnight respite	1	2	3	4	5	
It links well with our other community based services	1	2	3	4	5	
It makes the transition from respite care to full-time residential care easier for clients and their carers	1	2	3	4	5	
It suffers from negative public perceptions associated with residential aged care	1	2	3	4	5	

Other comments on day respite in a residential aged care facility

4. Please tell us your views about the features of the Day Respite Program in which you work, by indicating to what extent you agree or disagree with the following statements.

Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement.

Tick *Don't Know* if you are unable to say. Note that the list of features continues over the page.

<i>Features of this day respite program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Is usually flexible in adapting to the needs of <i>carers</i>	1	2	3	4	5	
Is usually flexible in adapting to the needs of <i>care recipients</i>	1	2	3	4	5	
Is providing a service that is appropriate to the needs and circumstances of <i>carers</i>	1	2	3	4	5	
Is providing care that is appropriate to the needs of <i>care recipients</i>	1	2	3	4	5	
Offers good quality care for <i>care recipients</i>	1	2	3	4	5	
Offers good quality support for <i>carers</i>	1	2	3	4	5	
Provides a safe environment for the person receiving care	1	2	3	4	5	
Has enough care workers for the number of people using the Program	1	2	3	4	5	
Offers care workers sufficient training and development opportunities	1	2	3	4	5	
Employs care workers from diverse cultural backgrounds to meet the needs of care recipients	1	2	3	4	5	
Employs care workers from Indigenous backgrounds to meet the needs of Indigenous care recipients	1	2	3	4	5	
Provides care workers with access to interpreters if they are needed	1	2	3	4	5	
Provides care workers with cross-cultural training in how to work effectively with people from non English speaking backgrounds	1	2	3	4	5	

<i>Features of this day respite program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Provides care workers with cross-cultural training in how to work effectively with Indigenous people	1	2	3	4	5	
<i>Other (please describe and provide a rating)</i>	1	2	3	4	5	
<i>Other (please describe and provide a rating)</i>	1	2	3	4	5	

If you circled '1' or '2' for any of the statements, please provide further details

PART C: EFFECTIVENESS AND IMPACT OF THE PROGRAM

5. Please rate how effective you feel the Program has been in meeting the needs of carers and care recipients, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say.

<i>Effectiveness of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has been effective in meeting the needs of carers	1	2	3	4	5	
The Day Respite Program has been effective in meeting the needs of care recipients	1	2	3	4	5	

Comments

6. Overall, how would you rate the impact of the Program on carers and care recipients?
Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say at this stage.

<i>Overall impact of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has made an overall positive impact on carers	1	2	3	4	5	
The Day Respite Program has made an overall positive impact on care recipients	1	2	3	4	5	

Comments

7. We are also interested in the specific benefits that carers and care recipients may experience as a result of participating in the Day Respite Program.

Based on your observations of people using the Day Respite Program, please indicate your views on the benefits of the program by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say. Note that the list of benefits continues over the page.

<i>Potential benefits of the program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
<i>Benefits for care recipients:</i>						
Has given care recipients an opportunity to socialise more	1	2	3	4	5	
Has improved the social functioning of most care recipients	1	2	3	4	5	
Has given care recipients an opportunity to participate in a sufficient range of activities	1	2	3	4	5	
Has improved the physical functioning of most care recipients	1	2	3	4	5	
Has improved the cognitive/mental functioning of most care recipients	1	2	3	4	5	
Has delayed the need for care recipients to go into full time residential care	1	2	3	4	5	

4

<i>Potential benefits of the program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
<i>Benefits for carers:</i>						
Has provided carers with the opportunity to take a break from their caregiving role	1	2	3	4	5	
Has had a positive impact on most carers' health and well-being	1	2	3	4	5	
Has had a positive impact on most carers' mental health/stress management	1	2	3	4	5	
Has provided effective ongoing support to carers	1	2	3	4	5	
Has made carers more aware of other services for them or for care recipients	1	2	3	4	5	
Has linked carers to other services for them or for care recipients	1	2	3	4	5	
Has made it easier for carers to access other respite services provided by our organisation, eg overnight respite	1	2	3	4	5	
Has made it easier for carers to access respite services offered elsewhere	1	2	3	4	5	
Has made carers more confident about using respite in a residential setting, eg overnight respite	1	2	3	4	5	
Has made carers more informed about residential aged care	1	2	3	4	5	
Other (please describe and provide a rating)	1	2	3	4	5	
Other (please describe and provide a rating)	1	2	3	4	5	

If you circled '1' or '2' for any of the statements, please provide further details

8. To what degree do you think the Day Respite Program has improved the service networks between your organisation and other organisations? Please circle a number between 1 (Not at all improved) and 5 (Greatly improved) below. Tick *Don't Know* if you are unable to say.

	Not at all improved	Slightly improved	Somewhat improved	Moderately improved	Greatly improved	Don't Know
Improvement in service networks between your organisation and others	1	2	3	4	5	

9. Have there been any unexpected positive benefits of the Program?

No

Yes *(please give details below)*

Details

10. Have there been any unexpected negative consequences of the Program?

No

Yes *(please give details below)*

Details

PART D: FACTORS IN THE SUCCESS OF THE PROGRAM

11. The Day Respite Program is a new form of respite service delivery, so it is important to identify the factors which will make it successful and effective.

How important do you think the following factors are to the overall success and effectiveness of a Day Respite Program offered at a residential aged care facility? Please circle a number between 1 (Not at all important) to 5 (Extremely important) for each factor listed below. Tick *Don't Know* if you are unable to say. Note that the list of factors continues over the page.

<i>Factors in the overall success and effectiveness of a day respite program in an aged care facility</i>	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Don't Know
Flexibility in hours and days of care available	1	2	3	4	5	
Flexible program design that can be modified in response to changing needs	1	2	3	4	5	
Staff to care recipient ratios that enable reasonably individualised focus	1	2	3	4	5	
The qualifications and/or experience of care workers and other personnel involved	1	2	3	4	5	
The nature of activities provided <i>on site</i> (ie appropriate to care recipients' needs)	1	2	3	4	5	
The nature of activities provided <i>off site</i> (ie appropriate to care recipients' and carers' needs)	1	2	3	4	5	
The ability to include residents in the day respite program's activities	1	2	3	4	5	
The provision of transport to/from the respite service	1	2	3	4	5	
The co-location of the program in a residential aged care facility	1	2	3	4	5	
A focus on the needs of carers	1	2	3	4	5	
A focus on the needs of care recipients	1	2	3	4	5	
The ability to meet the cultural and language needs of people from diverse backgrounds	1	2	3	4	5	
The ability to meet the specific needs of Indigenous people	1	2	3	4	5	

<i>Factors in the overall success and effectiveness of a day respite program in an aged care facility</i>	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Don't Know
Linking carers and care recipients to other services provided by the organisation	1	2	3	4	5	
Linking carers and care recipients to other services in the community	1	2	3	4	5	
Other (please describe and rate)	1	2	3	4	5	
Other (please describe and rate)	1	2	3	4	5	

12. Are there any changes or improvements you would like to see made to the Program?

No

Yes (please give details below)

Changes/Improvements

13. Are there any other comments you would like to make about the Program, or about your experience of working within Day Respite?

Comments

PART E: ABOUT YOU

14. We would like to understand the characteristics of the workforce involved in Day Respite, to assist in planning for the future. Please complete the table below by providing information about yourself in the right hand column.

	You
Age (in years)	<input type="text"/> <input type="text"/> Years
Sex (Please tick one)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Of Aboriginal or Torres Strait Islander origin? (Please tick one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal or Torres Strait Islander
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other country (please specify) _____
Main language spoken <u>at home</u>	<input type="checkbox"/> English <input type="checkbox"/> Other language (please specify) _____
Cultural background (please describe) eg. Australian, Chinese, Italian, Jewish, etc – you may specify more than one cultural background	_____ _____ _____
Number of hours worked in <u>paid</u> employment per week, on average	<input type="text"/> Hours

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

If you have mislaid the reply-paid envelope, the Reply Paid address is:

Day Respite Survey: Care Workers
 Australian Institute for Social Research (68)
 The University of Adelaide
 Reply Paid 498
 ADELAIDE SA 5001



Evaluation of the Day Respite in Residential Aged Care Initiative **Survey of Coordinators and Managers**

We would like to hear your views of the Day Respite Program.

The *Australian Institute for Social Research* at the University of Adelaide is evaluating the *Day Respite in Residential Aged Care Facilities Initiative* for the Department of Health and Ageing. The evaluation will describe the implementation of this Initiative, and assess the appropriateness and effectiveness of providing day respite for older people in residential aged care settings.

Who should complete this survey?

This survey is for Coordinators and Managers at the sites participating in the Initiative. This includes staff coordinating/managing the day respite service, as well as staff coordinating or managing other aspects of care provided by your organisation, such other respite programs, community programs and residential programs. CEOs, Service Directors, Carers and Care Workers have been surveyed separately.

Is the survey compulsory?

Participation in this research is voluntary.

Confidentiality

The information you give us will be treated as confidential. Results from the survey will be released in a way that does *not* allow individuals or organisations to be identified.

How to participate

- Complete the survey within the next 7 days
- Return the survey to the reply-paid address shown on the last page (no stamp required)

We hope that you will participate in this survey. It is important that we hear the opinions of service providers, so that we can:

- recommend any changes needed to the program, and
- recommend that the good features of the program be continued.

Further information

If you would like any further information about the survey or the evaluation, please contact Dr Kate Barnett, the Manager of the research team, on (08) 8303 3636 or at kate.barnett@adelaide.edu.au.

PART A: YOUR ROLE

- At which Residential Aged Care Facility are you employed? *(Please write below)*

- What is your position at this Facility? *(Please tick one)*
 - Coordinator/Manager of the Day Respite Program
 - Coordinator/Manager of another respite program
 - Coordinator/Manager of another service
 - Other position *(please specify)* _____

PART B: THE FEATURES OF THE DAY RESPITE PROGRAM

- Traditionally, day respite has *not* been provided by *residential aged care facilities*. In evaluating this new program, we are interested in your thoughts about the Day Respite Program at your facility.

Please rate your level of agreement with the following statements, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree). Tick *Don't Know* if you are unable to say. Note that the table continues over the page.

<i>Views on day respite in your aged care facility</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
It provides more activities for day respite clients compared to day respite elsewhere	1	2	3	4	5	
It is beneficial for our <i>residents</i> because they can join in the day respite activities	1	2	3	4	5	
It is beneficial for our <i>staff</i> , eg by offering wider work experience	1	2	3	4	5	
It links well with our residential respite services, eg overnight respite	1	2	3	4	5	
It links well with our other community based services	1	2	3	4	5	
It makes the transition from respite care to full-time residential care easier for clients and their carers	1	2	3	4	5	
It suffers from negative public perceptions associated with residential aged care	1	2	3	4	5	

<i>Views on day respite in your aged care facility</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
It enables the organisation to make more effective use of staff resources	1	2	3	4	5	
It enables the organisation to make more effective use of other resources such as equipment	1	2	3	4	5	
It creates difficulties in service planning eg. makes planning more complex	1	2	3	4	5	

Comments

4. Please tell us your views about the features of your Day Respite Program, by indicating to what extent you agree or disagree with the following statements.

Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement. Tick *Don't Know* if you are unable to say. Note that the table continues over the page.

<i>Features of this day respite program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Is usually flexible in adapting to the needs of carers	1	2	3	4	5	
Is usually flexible in adapting to the needs of care recipients	1	2	3	4	5	
Is providing a service that is appropriate to the needs and circumstances of carers	1	2	3	4	5	
Is providing care that is appropriate to the needs of care recipients	1	2	3	4	5	
Offers good quality care for care recipients	1	2	3	4	5	
Offers good quality support for carers	1	2	3	4	5	

<i>Features of this day respite program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Provides a safe environment for the person receiving care	1	2	3	4	5	
Has enough care workers for the number of people using the Program	1	2	3	4	5	
Offers care workers sufficient training and development opportunities	1	2	3	4	5	
Employs care workers from diverse cultural backgrounds to meet the needs of care recipients	1	2	3	4	5	
Employs care workers from Indigenous backgrounds to meet the needs of Indigenous care recipients	1	2	3	4	5	
Provides care workers with access to interpreters if they are needed	1	2	3	4	5	
Provides care workers with cross-cultural training in how to work effectively with people from non English speaking backgrounds	1	2	3	4	5	
Provides care workers with cross-cultural training in how to work effectively with Indigenous people	1	2	3	4	5	
<i>Other (please describe and provide a rating)</i>	1	2	3	4	5	
<i>Other (please describe and provide a rating)</i>	1	2	3	4	5	

If you circled '1' or '2' for any of the statements, please provide further details

PART C: EFFECTIVENESS AND IMPACT OF THE PROGRAM

5. Please rate how effective you feel the Program has been in meeting the needs of carers and care recipients, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say.

<i>Effectiveness of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has been effective in meeting the needs of carers	1	2	3	4	5	
The Day Respite Program has been effective in meeting the needs of care recipients	1	2	3	4	5	

Comments

6. Overall, how would you rate the impact of the program on carers and care recipients? Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say at this stage.

<i>Overall impact of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has made an overall positive impact on carers	1	2	3	4	5	
The Day Respite Program has made an overall positive impact on care recipients	1	2	3	4	5	

Comments

7. We are also interested in the specific benefits that carers and care recipients may experience as a result of participating in the Day Respite Program.

Based on your observations of people using the Day Respite Program, please indicate your views on the benefits of the program by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say. Note that the table continues over the page.

<i>Potential benefits of the program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
<i>Benefits for care recipients:</i>						
Has given care recipients an opportunity to socialise more	1	2	3	4	5	
Has improved the social functioning of most care recipients	1	2	3	4	5	
Has given care recipients an opportunity to participate in a sufficient range of activities	1	2	3	4	5	
Has improved the physical functioning of most care recipients	1	2	3	4	5	
Has improved the cognitive/mental functioning of most care recipients	1	2	3	4	5	
Has delayed the need for care recipients to go into full time residential care	1	2	3	4	5	
<i>Benefits for carers:</i>						
Has provided carers with the opportunity to take a break from their caregiving role	1	2	3	4	5	
Has had a positive impact on most carers' health and well-being	1	2	3	4	5	
Has had a positive impact on most carers' mental health/stress management	1	2	3	4	5	
Has provided effective ongoing support to carers	1	2	3	4	5	
Has made carers more aware of other services for them or for care recipients	1	2	3	4	5	
Has linked carers to other services for them or for care recipients	1	2	3	4	5	
Has made it easier for carers to access other respite services provided by our organisation, eg overnight respite	1	2	3	4	5	
Has made it easier for carers to access respite services offered elsewhere	1	2	3	4	5	
Has made carers more confident about using respite in a residential setting, eg overnight respite	1	2	3	4	5	

5

<i>Potential benefits of the program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
Has made carers more informed about residential aged care	1	2	3	4	5	
<i>Other (please describe and provide a rating)</i>	1	2	3	4	5	
<i>Other (please describe and provide a rating)</i>	1	2	3	4	5	

If you circled '1' or '2' for any of the statements, please provide further details

8. Have there been any unexpected positive benefits of the Program?

- No
 Yes (please give details below)

Unexpected positive benefits

9. Have there been any unexpected negative consequences of the Program?

- No
 Yes (please give details below)

Unexpected negative consequences

10. Is there a formal complaints mechanism in place for the day respite service?

- Yes
- No ➡ Go to Q12
- Don't know ➡ Go to Q12

11. How many formal complaints have been received about the day respite service?
Please state or estimate the number of complaints below. If no complaints have been received, please write "0".

Number of formal complaints:

12. To what extent has demand for the day respite service met your original expectations? Please circle a number between 1 (Significantly lower than expected) and 5 (Significantly higher than expected) below. Tick *Don't Know* if you are unable to say.

	Significantly lower than expected	Slightly lower than expected	As expected	Slightly higher than expected	Significantly higher than expected	Don't Know
Demand for the day respite service compared with original expectations	1	2	3	4	5	

13. To what extent has the introduction of the day respite program affected demand for your residential aged care services? Please circle a number between 1 (Significantly lower than usual) and 5 (Significantly higher than usual) below. Tick *Don't Know* if you are unable to say.

	Significantly lower than usual	Slightly lower than usual	About the same	Slightly higher than usual	Significantly higher than usual	Don't Know
Demand for residential aged care services since the introduction of the day respite program	1	2	3	4	5	

14. To what degree do you think the Day Respite Program has improved the service networks between your organisation and other organisations? Please circle a number between 1 (Not at all improved) and 5 (Greatly improved) below. Tick *Don't Know* if you are unable to say.

	Not at all improved	Slightly improved	Somewhat improved	Moderately improved	Greatly improved	Don't Know
Improvement in service networks between your organisation and others	1	2	3	4	5	

PART D: FACTORS IN THE SUCCESS OF DAY RESPITE PROGRAMS IN AGED CARE FACILITIES

15. The Day Respite Program is a new form of respite service delivery, so it is important to identify the factors which will make it successful and effective.

How important do you think the following factors are to the overall success and effectiveness of a Day Respite Program offered at a residential aged care facility? Please circle a number between 1 (Not at all important) to 5 (Extremely important) for each factor listed below. Tick *Don't Know* if you are unable to say. Note that the table continues over the page.

<i>Factors in the overall success and effectiveness of a day respite program in an aged care facility</i>	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Don't Know
Flexibility in hours and days of care available	1	2	3	4	5	
Flexible program design that can be modified in response to changing needs	1	2	3	4	5	
Staff to care recipient ratios that enable reasonably individualised focus	1	2	3	4	5	
The qualifications and/or experience of care workers and other personnel involved	1	2	3	4	5	
The nature of activities provided <i>on site</i> (ie appropriate to care recipients' needs)	1	2	3	4	5	
The nature of activities provided <i>off site</i> (ie appropriate to care recipients' and carers' needs)	1	2	3	4	5	
The ability to include residents in the day respite program's activities	1	2	3	4	5	
The provision of transport to/from the respite service	1	2	3	4	5	
The co-location of the program in a residential aged care facility	1	2	3	4	5	
A focus on the needs of carers	1	2	3	4	5	
A focus on the needs of care recipients	1	2	3	4	5	
The ability to meet the cultural and language needs of people from diverse backgrounds	1	2	3	4	5	
The ability to meet the specific needs of Indigenous people	1	2	3	4	5	
Linking carers and care recipients to other services provided by the organisation	1	2	3	4	5	

<i>Factors in the overall success and effectiveness of a day respite program in an aged care facility</i>	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Don't Know
Linking carers and care recipients to other services in the community	1	2	3	4	5	
Other (please describe and rate)	1	2	3	4	5	
Other (please describe and rate)	1	2	3	4	5	

16. Are there any changes or improvements you would like to see made to the Program?

Changes/Improvements

17. Are there any other comments you would like to make about the Program?

Comments

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

<p style="text-align: center;">✉ PLEASE RETURN TO:</p> <p style="text-align: center;">Day Respite Survey: Coordinators/Managers Australian Institute for Social Research (68) The University of Adelaide Reply Paid 498 ADELAIDE SA 5001</p> <p style="text-align: center;"><u>NO STAMP REQUIRED</u></p>
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Evaluation of the Day Respite in Residential Aged Care Initiative **Survey of CEOs and Service Directors**

We would like to hear your views of the Day Respite Program.

The *Australian Institute for Social Research* at the University of Adelaide is evaluating the *Day Respite in Residential Aged Care Facilities Initiative* for the Department of Health and Ageing. The evaluation will describe the implementation of this Initiative, and assess the appropriateness and effectiveness of providing day respite for older people in residential aged care settings.

Who should complete this survey?

This survey is for CEOs and Service Directors (eg. Directors/Managers of aged care sites, Directors of Nursing, Directors of Community Services) at the residential aged care facilities participating in the Initiative. Carers, Care Workers and Managers/Coordinators of day respite and related programs have been surveyed separately.

Is the survey compulsory?

Participation in this research is voluntary.

Confidentiality

The information you give us will be treated as confidential. Results from the survey will be released in a way that does *not* allow individuals or organisations to be identified.

How to participate

- Complete the survey within the next 7 days
- Return the survey to the reply-paid address shown on the last page (no stamp required)

We hope that you will participate in this survey. It is important that we hear the opinions of service providers, so that we can:

- recommend any changes needed to the program, and
- recommend that the good features of the program be continued.

Further information

If you would like any further information about the survey or the evaluation, please contact Dr Kate Barnett, the Manager of the research team, on (08) 8303 3636 or at kate.barnett@adelaide.edu.au.

PART A: YOUR ROLE

1. At which Residential Aged Care Facility are you employed? *(Please write below)*

2. What is your position at this Facility? *(Please tick one)*

- CEO
- Director/Manager of a facility or site
- Director of Nursing
- Director of Community Services (or similar)
- Other position *(please specify)* _____

PART B: THE FEATURES OF THE DAY RESPITE PROGRAM

3. Traditionally, day respite has *not* been provided by *residential aged care facilities*. In evaluating this new program, we are interested in your views about the Day Respite Program at your facility. Please rate your level of agreement with the following statements, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree). Tick *Don't Know* if you are unable to say.

<i>Views on day respite in your aged care facility</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
It is beneficial for our <i>residents</i> because they can join in the day respite activities	1	2	3	4	5	
It is beneficial for our <i>staff</i> , eg by offering wider work experience	1	2	3	4	5	
It links well with our residential respite services, eg overnight respite	1	2	3	4	5	
It links well with our other community based services	1	2	3	4	5	
It suffers from negative public perceptions associated with residential aged care	1	2	3	4	5	
It enables the organisation to make more effective use of staff resources	1	2	3	4	5	
It enables the organisation to make more effective use of other resources such as equipment	1	2	3	4	5	
It creates difficulties in service planning eg. makes planning more complex	1	2	3	4	5	

Comments

4. Does your organisation provide transport for clients to/from the day respite service?

Yes

No (please outline reasons below)

Reasons for not providing transport

5. Does your organisation routinely collect fees and/or donations from clients of the day respite service?

No

Yes, both fees and donations

Yes, fees only

Yes, donations only

6. What are your views on setting fees and/or collecting donations from clients of the day respite service? For example, the advantages and disadvantages associated with fees vs donations, and the factors considered by your organisation when determining an appropriate level of financial contribution from service users.

Views on fees/donations

7. Is there a formal complaints mechanism in place for the day respite service?

Yes

No ➡ Go to Q9

Don't know ➡ Go to Q9

8. How many formal complaints have been received about the day respite service?

Please state or estimate the number of complaints below. If no complaints have been received, please write "0".

Number of formal complaints:

PART C: EFFECTIVENESS AND IMPACT OF THE PROGRAM

9. Please rate how effective you feel the Program has been in meeting the needs of carers and care recipients, by circling a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say.

<i>Effectiveness of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has been effective in meeting the needs of carers	1	2	3	4	5	
The Day Respite Program has been effective in meeting the needs of care recipients	1	2	3	4	5	

Comments

10. Overall, how would you rate the impact of the program on carers and care recipients? Please circle a number between 1 (Strongly Disagree) and 5 (Strongly Agree) for each statement below. Tick *Don't Know* if you are unable to say at this stage.

<i>Overall impact of the Program</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't Know
The Day Respite Program has made an overall positive impact on carers	1	2	3	4	5	
The Day Respite Program has made an overall positive impact on care recipients	1	2	3	4	5	

Comments

11. To what extent has demand for the day respite service met your original expectations? Please circle a number between 1 (Significantly lower than expected) and 5 (Significantly higher than expected) below. Tick *Don't Know* if you are unable to say.

	Significantly lower than expected	Slightly lower than expected	As expected	Slightly higher than expected	Significantly higher than expected	Don't Know
Demand for the day respite service compared with original expectations	1	2	3	4	5	

Comments

12. To what extent has the introduction of the day respite program affected demand for your residential aged care services? Please circle a number between 1 (Significantly lower than usual) and 5 (Significantly higher than usual) below. Tick *Don't Know* if you are unable to say.

	Significantly lower than usual	Slightly lower than usual	About the same	Slightly higher than usual	Significantly higher than usual	Don't Know
Demand for residential aged care services since the introduction of the day respite program	1	2	3	4	5	

Comments

13. To what degree do you think the Day Respite Program has improved the service networks between your organisation and other organisations? Please circle a number between 1 (Not at all improved) and 5 (Greatly improved) below. Tick *Don't Know* if you are unable to say.

	Not at all improved	Slightly improved	Somewhat improved	Moderately improved	Greatly improved	Don't Know
Improvement in service networks between your organisation and others	1	2	3	4	5	

Comments

14. Have there been any unexpected positive benefits to your organisation?

No

Yes (please give details below)

Unexpected positive benefits

15. Have there been any unexpected negative consequences to your organisation?

No

Yes *(please give details below)*

Unexpected negative consequences

16. What has been the overall impact of the day respite program on your organisation's resources (financial, personnel etc)?

Overall impact on organisation's resources

17. What have been the main challenges your organisation has faced in providing the day respite service?

Main challenges

PART D: FACTORS IN THE SUCCESS OF DAY RESPITE PROGRAMS IN AGED CARE FACILITIES

18. The Day Respite Program is a new form of respite service delivery, so it is important to identify the factors which will make it successful and effective.

How important do you think the following factors are to the overall success and effectiveness of a Day Respite Program offered at a residential aged care facility? Please circle a number between 1 (Not at all important) to 5 (Extremely important) for each factor listed below. Tick *Don't Know* if you are unable to say. Note that the table continues over the page.

<i>Factors in the overall success and effectiveness of a day respite program in an aged care facility</i>	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Don't Know
Flexibility in hours and days of care available	1	2	3	4	5	
Flexible program design that can be modified in response to changing needs	1	2	3	4	5	
Staff to care recipient ratios that enable reasonably individualised focus	1	2	3	4	5	
The qualifications and/or experience of care workers and other personnel involved	1	2	3	4	5	
The nature of activities provided <i>on site</i> (ie appropriate to care recipients' needs)	1	2	3	4	5	
The nature of activities provided <i>off site</i> (ie appropriate to care recipients' and carers' needs)	1	2	3	4	5	
The ability to include residents in the day respite program's activities	1	2	3	4	5	
The provision of transport to/from the respite service	1	2	3	4	5	
The co-location of the program in a residential aged care facility	1	2	3	4	5	
A focus on the needs of carers	1	2	3	4	5	
A focus on the needs of care recipients	1	2	3	4	5	
The ability to meet the cultural and language needs of people from diverse backgrounds	1	2	3	4	5	
The ability to meet the specific needs of Indigenous people	1	2	3	4	5	
Linking carers and care recipients to other services provided by the organisation	1	2	3	4	5	

<i>Factors in the overall success and effectiveness of a day respite program in an aged care facility</i>	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Don't Know
Linking carers and care recipients to other services in the community	1	2	3	4	5	
Other (please describe and rate)	1	2	3	4	5	
Other (please describe and rate)	1	2	3	4	5	


19. Are there any changes or improvements you would like to see made by the Department of Health and Ageing to the Program?

Changes/Improvements

20. Are there any other comments you would like to make?

Comments

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

 **PLEASE RETURN TO:**

Day Respite Survey: CEOs/Directors
 Australian Institute for Social Research (68)
 The University of Adelaide
 Reply Paid 498
 ADELAIDE SA 5001

NO STAMP REQUIRED

Evaluation of the Demonstration Day Respite Program: Changes to your service in 2010

Introduction

This online form is designed to collect information from the Coordinators/Managers of programs participating in the *Demonstration Day Respite in Residential Aged Care Facilities Initiative* regarding any **changes that have occurred in their day respite program since the end of 2009**.

Your participation is very important. It will allow the Evaluation Team to use up-to-date information about your service when drawing conclusions about the program.

There are a total of **25 questions** for you to answer about how your day respite program has changed during 2010, compared to how it was operating at the end of December 2009. You will need to allow yourself around **15 minutes** to complete the form, depending on the length of your answers.

This online form is **secure and encrypted**. You will need to **complete the form in one sitting**, as for security reasons you will be unable to edit your form again later.

If you require further information or assistance, please email Naomi Guiver at the Australian Institute for Social Research at naomi.guiver@adelaide.edu.au.

To begin using the form, please click on the "Next" button below.

Your location

In which State/Territory is your day respite service located?

- NSW
- Vic
- Qld
- SA
- WA
- Tas
- NT

NOTE: The sequencing (skip logic) which takes users from this page to their State-specific page is embedded within the online code and therefore cannot be seen here.

Depending on the State selected on the previous page, each respondent is skipped to the relevant State-specific page, as follows.

Facilities in NSW

Which day respite program are you reporting on? (Please select one)

- Australian Nursing Home Foundation - Dementia Day Respite for Carers of SE Asian Communities (So Wai) (Burwood NSW)
- Catholic Care of the Aged - Coinda Day Respite (Singleton NSW)
- Catholic HealthCare - Warnervale Wellness Centre Day Respite (Hamlyn Terrace NSW)
- Grand United Property Trust (AURLS) - Constitution Hill Wellness and Respite Day Care Centre (Northmead NSW)
- Our Lady of Consolation Aged Care Services - Day Respite Wellness Service (Rooty Hill NSW)
- Presbyterian Church NSW Property Trust - PAC Apsley Riverview Day Respite (Walcha NSW)
- Warrigal Care - Day Respite (Goulburn NSW)

Facilities in Vic

Which day respite program are you reporting on? (Please select one)

- Inner East Community Health Service - Day Respite, The Caring Café / Sir Eric Pearce House (Richmond VIC)
- Jewish Care Victoria - Stepping Out Day Respite (Melbourne VIC)
- Lyndoch Warrnambool Inc - Homestead Day Stay Respite (Warrnambool VIC)
- Manningham Centre Association Inc - Guest Day Respite Service (Doncaster VIC)
- Southern Cross Care Victoria - Ave Maria Village Day Respite Program (Shepparton VIC)
- Southern Cross Care Victoria - Lynbrook Respite Care (Lynbrook VIC)

Facilities in Qld

Which day respite program are you reporting on? (*Please select one*)

- Alzheimer's Association of Qld - Garden City Retirement Home Day Respite Service (Upper Mount Gravatt QLD)
- Churches of Christ Queensland - Bribie Island Retirement Village Day Respite Program (Bongaree QLD)
- Spiritus - Wide Bay (Kirami) & Bundaberg (Meilene) Day Respite Services (Point Vernon and Bundaberg QLD)

Facilities in SA

Which day respite program are you reporting on? (*Please select one*)

- ACH Group Inc - Perry Park Day Respite Service (Port Noarlunga SA)
- ECH Inc - Ross Robertson Day Respite Service (Victor Harbor SA)
- Italian Benevolent Foundation SA Inc - Benvenuti Day Respite Service (Renown Park SA)
- Resthaven - Hersey Cottage Day Respite Service (Marion SA)
- Southern Cross Care SA Inc - Time Out Day Respite (Myrtle Bank SA)

Facilities in WA

Which day respite program are you reporting on? (Please select one)

- Aged Care Services Australia Inc, St Ives Group - St Ives Eldercare Day Respite Options (Myaree WA)
- City of Swan Aged Persons Trust Inc - Morrison Lodge's Hamersley House Day Respite Service (Midland WA)
- Mandurah Retirement Village Inc - Coolibah Day Centre (Mandurah WA)
- Uniting Church Homes Inc - Bethavon Day Respite (Northam WA)

Facilities in Tas

Which day respite program are you reporting on? (Please select one)

- Glenview Home Inc - Bisdee House Day Respite Centre (Glenorchy TAS)
- Karingal Care Services - Carer Support Day Respite Service (Devonport TAS)

Facilities in NT

Which day respite program are you reporting on? (Please select one)

- Masonic Homes Inc - Day Respite (Tiwi NT)
- United Church Frontier Services - Community Care Barkly (Pulkapulka Kari) Day Respite (Tennant Creek NT)
- United Church Frontier Services - Rocky Ridge Day Respite (Katherine NT)

General operations

The following questions ask about any general changes that have occurred this year in how your day respite service operates. You may need to *scroll down* to see all of the questions.

1. How have the operating days and/or hours of your day respite service changed since December 2009?

- Operating days/hours have *increased*
- Operating days/hours have remained about the same
- Operating days/hours have *decreased*

Comments (e.g. reasons for any change):

2. Has the specialist focus of your day respite service changed since December 2009?

- No
- Yes (please specify what the changes have been)

3. Have there been any changes in the inclusion/exclusion criteria for entry to your program?

- No
- Yes (please specify what the changes have been)

4. How have the fees charged to clients for day respite changed since December 2009?

- The fees have *increased*
- The fees are about the same
- The fees have *decreased*

Comments (e.g. reasons for any change)

Transport offered to day respite clients

5. Have there been any changes in the transport offered to clients of the day respite service?

- Not applicable (we have never offered transport)
- No change
- Yes, there have been changes (please specify what the changes have been)

6. How have the fees for transport changed since December 2009?

- Not applicable (we do not currently offer transport)
- The fees have *increased*
- The fees are about the same
- The fees have *decreased*

Comments (e.g. reasons for any change)

Activities and services offered

7. Have there been any changes in the types of activities offered to day respite care recipients?

- No
- Yes (please specify what the changes have been)

8. How has the total amount of time spent on activities changed for day respite care recipients?

- We now spend *more* time on activities
- The time spent on activities is about the same
- We now spend *less* time on activities

Comments (e.g. reasons for any change)

9. Have there been any changes in the range of other services offered to clients of the day respite service?

- No
- Yes (please specify what the changes have been)

Assessments and Care Plans

10. Have there been any changes to your assessment processes?

No

Yes (please specify what the changes have been)

11. Have there been any changes to your practices regarding Care Plans, including reviews of care?

No

Yes (please specify what the changes have been)

Vacancies and waiting list

12. How has the number of vacant places in the program changed since December 2009?

- There are *fewer* vacant places now
- There is about the same number of vacant places
- There are *more* vacant places now

Comments (e.g. reasons for any change)

13. How has the waiting list for the program changed since December 2009?

- There are *fewer* people on the waiting list now
- There is about the same number on the waiting list
- There are *more* people on the waiting list now

Comments (e.g. reasons for any change)

Enquiries and applicants

14. Have there been any changes in how potential clients hear about, or are referred to, your program?

- No
- Yes (please specify what the changes have been)

15. How has the number of general enquiries received from the public about the day respite program changed since 2009?

- The number of enquiries has *increased*
- The number of enquiries is about the same
- The number of enquiries has *decreased*

Comments (e.g. reasons for any change)

16. How has the number of people applying to use the day respite service changed since 2009?

- The number of applicants has *increased*
- The number of applicants is about the same
- The number of applicants has *decreased*

Comments (e.g. reasons for any change)

17. Of all the people who apply to use the day respite service, how has the percentage of applicants that are rejected (e.g. due to not meeting the entry criteria) changed since 2009?

- The percentage of applicants that we reject has *decreased*
- We reject about the same percentage of applicants
- The percentage of applicants that we reject has *increased*

Comments (e.g. reasons for any change)

18. What are the most common reasons that applicants are rejected?

Profile of applicants and consumers

19. Has the profile of the carers/care recipients who apply to your day respite program changed this year?
(e.g. age, gender, language/culture, care needs, location, personal circumstances)

No

Yes (please specify what the changes have been)

20. Has the profile of the carers/care recipients who use your day respite program changed this year?
(e.g. age, gender, language/culture, care needs, location, personal circumstances)

No

Yes (please specify what the changes have been)

21. Overall, have the ways that carers/care recipients use the day respite service changed this year?
(e.g. how often and how regularly they use the service)

No

Yes (please specify what the changes have been)

22. Have the reasons that clients exit the service changed this year?

No

Yes (please specify what the changes have been)

Staffing and resources

23. Have there been any changes in the number and types of staff employed by the day respite service?

No

Yes (please specify what the changes have been)

24. Have there been any changes in the amount of unfunded support provided to the day respite service by other staff within the Residential Aged Care Facility?

No

Yes (please specify what the changes have been)

25. To the best of your knowledge, have there been any changes to the resources (e.g. financial, accommodation, equipment) provided by the Residential Aged Care Facility towards the operation of the day respite service?

No

Yes (please specify what the changes have been)

Other changes and comments

Please list any other changes to your day respite service that you think may be relevant for the Evaluation:

If there are any other comments you wish to make, please use the space below

Thankyou for taking the time to complete this form.

Your participation will help us to gain an up to date picture of the day respite services across Australia.

If you would like any further information about this collection or the evaluation,
please email Naomi Guiver at naomi.guiver@adelaide.edu.au.