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Section 1: Providing respite

The context

Both the Australian and State governments provide funding for community based care packages to support aged persons to remain living at home. The packages allow many families to continue to support an elderly relative to live at home, but also mean there is an ever increasing need for these families to be able to access regular respite care.

Over recent years a number of Australian government initiatives have been provided to support the provision of ongoing residential respite beds, including an increased payment to Aged Care facilities that maintain a 70% occupancy level in high care respite beds. Additionally, funding has been provided for a range of aged care facilities across Australia to trial various forms of day respite in residential care settings.

It is clear that the Australian Government views residential respite care as a very positive and desirable feature of support to home based carers.

The purpose of this kit

This information kit is aimed at managers and Directors of Nursing, of Aged Care Facilities. The purpose of the kit is to provide a single point of information and practical suggestions about how to provide a dedicated respite bed in your facility, and includes information about how we can assist you.

The kit has been compiled by staff of Carers Victoria Respite Connections. It is drawn primarily from the experience of the Residential Respite workers on the Aged team and with reference to the Residential Care Manual produced by the Department of Health and Ageing.

In our residential respite development role, we work actively with residential aged care service providers to support the development of ongoing dedicated respite beds. Such beds allow for regular planned respite bookings by carers, enabling them to plan in advance and gain a sense of control over their lives.

What is Carers Victoria Respite Connections

Carers Victoria is a statewide service established to support and promote the interests of family carers of people with a disability, mental health or age related condition and also young carers. Respite Connections provides information, carer support and respite coordination for carers in the Western metropolitan region of Melbourne. There are carer organisations throughout Australia, in all metropolitan regions of each capital city and throughout rural regions.

What is a carer?

A carer is someone who helps and supports a family member or friend who needs assistance to live in the community. In this kit, we focus on the needs of carers of frail aged people and carers of people with dementia.

What is respite?

Respite is alternative or additional care that provides the carer and the person being cared for “time out”. It supports and assists people in caring relationships to fully and actively participate in the broader community.
At Carers Victoria Respite Connections we assist and support carers to access respite care that best suits their needs. Frequently this is in a residential aged care facility and could be:

- **Residential respite**: an overnight stay in a residential facility, which may range in duration from overnight to two or more weeks.
- **Day respite**: daytime only stay in a residential facility.

There are also other forms of respite, such as in-home respite, centre-based respite and holidays or outings as forms of respite.

**How does respite care benefit your Aged Care home?**

- promotes / markets the quality of your service
- helps to normalise the aged care home as a part of the community
- increases the exposure of the aged care home – more visitors coming into the ACF increases the facility’s profile in the community
- helps to change the image of aged care homes from institutions with a one way door to facilities providing a more dynamic service to their community
- provides for ongoing staff development with new challenges being presented by respite residents
- helps permanent residents to settle in more quickly after having a respite experience in the facility
- respite residents can offer vitality and energy to existing residents and staff
- regular respite users can be like friends returning regularly
- maximises the use of beds
- increases the opportunity for staff to network with other health professionals
- helps to keep staff motivated and satisfied by the sense of achievement gained from knowing they’ve provided a very valuable service to the community
- allows the facility and potential residents to become familiar before becoming a permanent resident

**What are the benefits of respite for friend and family carers?**

Planned regular respite is very important at any stage of caring. When caring at home is becoming increasingly difficult, respite becomes essential for the health and well being of the carer and the person they care for.

Carers say that residential respite has the following benefits:

- gives them a longer break than other forms of respite
- provides an opportunity to have a break periodically from their caring role, extending their offers them another source of support, from facility staff
- allows carers to benefit from the expertise and knowledge of the ACF staff, who can offer insights that will assist the carer in their caring role at home
- helps the carer and family member to get to know the staff and learn what to expect from residential care
- challenges their views on residential care
• helps carer and care recipient to become familiar with residential care, the routines and the environment
• can help carer and family member to adjust to eventual separation
• helps to identify the “right” facility for the future
• assists carers and their families with their decision - making

How can Respite Connections support and encourage you to provide a respite bed?

Publicity and promotion
We distribute a weekly report listing regional respite vacancies to our network of potential referrers. The report is circulated to our contact list of service providers, including case management agencies, local government, hospitals, and others. The report is drawn from the Respite Seeker website, a free online tool which allows aged care facilities to list respite vacancy availability and dates and to make bookings if they choose. The website is at www.respiteseeker.com.au The website is advertised in the DPS guide.

Support to establish bookings and bed management systems
We will visit you at your facility to discuss ways of setting up good administrative systems to manage your respite bookings, including assistance with using the functions of the Respite Seeker website. We remain available to provide information and assistance as required.

Database of all Aged Care Facilities offering respite
We maintain an up to date database that enables us to respond appropriately to the many enquiries we receive about respite, screening and referring callers to appropriate facilities to meet their requirements. e.g. Locality, language skills of staff, dementia specific.

Brokerage funding
We have access to brokerage funding through the National Respite for Carers Program. The funding can be used to assist carers who live in the Western metropolitan region with the cost of the daily care fee where required. This is subject to funding guidelines.
How is the respite bed managed?

We work with the aged care home to assist staff to develop a confident, independent style of providing respite care from the initial call to the post respite evaluation and follow-up. We believe this is in the best interests of the facility, carers and care recipients. It encourages the aged care home to embrace respite care as part of its usual business, seeing respite residents as an inherent part of the resident population. It provides for direct communication between the aged care home and the carer from the beginning point of contact, without having to deal through ourselves as an intermediary. It promotes a strong and viable model of respite care.

We provide initial support to the facility to increase understanding of the workings of the respite system, and to establish effective procedures for the management of the respite bed. See Appendix for examples of documentation. These documents can be provided to you electronically, should you wish to use them. In addition, we can assist you to advertise your vacancies and manage your bookings online using the Respite Seeker website.

We may provide capped gap day funding for the initial phase of establishing the respite program. If required, we may undertake the administration of the bed for an agreed period, with a pre-arranged date for handover, back to the aged care home. After the handover we remain available for visits or telephone consultations on any matters relating to the respite bed and respite residents.
What works well for carers?

To provide both the carer and the aged care home with a successful residential respite experience, the points below are offered for your assistance. Although there are separate sections here for the carer and the facility, the reality is that the benefits are reciprocal – what works for the carer helps the facility and vice versa, in contributing toward a positive experience for all parties.

- Staff members recognise and empathise with the difficulties of relinquishment for carers in utilising respite care. Carers often struggle with their feelings about residential care, even if it is ‘just’ for respite. This can mark a difficult transition period, and be felt as a very painful experience. Carers facing this transition experience mixed emotions. Loss and grief can be intense, as can guilt. “I was relieved, but devastated with guilt.”
- The carer is regarded by staff as a valuable ally in the respite process
- The carer knows who to contact at the aged care home - there is a consistent, designated respite staff member
- The carer visits the aged care home prior to the respite stay and is shown around and made to feel welcome
- Opportunities are provided for the carer to visit the aged care home with the care recipient prior to respite – morning tea, lunch – to become more comfortable with the ACF
- The carer is included in developing the care plan. The carer feels that his or her comments about the needs, preferences, values of the resident are seen as important contributions
- The carer is reassured that the respite resident will be actively encouraged and made welcome to join in activities
- Home routines are maintained as far as possible
- Before the respite, the carer receives an information pack about the ACF. We suggest the pack includes the following: (see appendix)
  - a questionnaire to be used in formulating a care plan.
  - a confirmation letter accepting the person for respite.
  - a respite agreement with dates of arrival and departure, fees, etc
  - a list of clothing and personal belongings to bring
  - a medication chart to be completed by the person’s GP
- On the day of admission, the carer and care recipient are clearly expected, and welcomed
- The carer is encouraged to choose whether and how often to visit. While the person is in respite care, the caring role changes, but it doesn’t cease. Some carers will choose not to visit during respite. Others will visit very often, considering that just getting a good night’s sleep at home is the respite they need.
- Accurate, honest feedback is given about the resident’s progress / settling in – no false reassurances – phone feedback is provided
- Stories / anecdotes about what the resident has been doing
- Introductions to other families to ‘learn the ropes’
- Generally family carers appreciate that the respite is provided in a single room with an ensuite
What works well for the Aged Care home?

- Have a designated respite contact staff member
- Offer respite in a single room with own ensuite - this offers flexibility to accept either male or female residents
- Maintain a separate booking sheet for each respite bed
- Keep a wait list of carers who are happy to be contacted and offered respite at short notice – this will help to fill a sudden vacancy
- View a copy of the ACAS 3020 prior to accepting a respite resident:
  - check that the residential respite box is ticked
  - check that the high-level or low-level box is ticked and is appropriate for your facility
  - If you have any queries about care issues discuss and clarify with the carer or case manager before agreeing to accept the respite resident
  - Check with the carer / case manager that the respite resident will not exceed 63 days of respite in the current financial year with this booking. Should this be unclear, a tally can be gained by ringing the Medicare Aged Care enquiry line on 1800 195 206.
- Once the person is accepted for respite, send out an information pack to the carer as above.
- Respite contact person greets the respite resident and carer on admission and makes them welcome
- Provide monthly returns via Medicare Aged Payments to claim the respite payment
- Track that respite usage remains within your respite place day allocation. The running total is provided by Medicare when the monthly returns have been processed
- With carer consent, discuss with us any difficulties jeopardising the respite, as early as possible so we can assist if appropriate
What are the issues for aged care homes in providing respite care?

Many aged care facilities in the Western region provide dedicated respite beds. In some cases they have done so for many years. Those that do provide respite willingly and well, talk mostly about the positive aspects. There are times however, when difficulties arise. Being prepared and having a planned response can help. Some common issues and strategies are listed here:

<table>
<thead>
<tr>
<th>Description of Issue</th>
<th>Suggested strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to a medical practitioner</td>
<td>Carer to clarify availability of own GP prior to the respite stay. If not available, clearance obtained from GP by carer for ACH to use GP’s locum service, or other GP arranged by ACF.</td>
</tr>
<tr>
<td>Medication chart and medications</td>
<td>Carer to arrange for GP to complete the chart prior to the respite admission. Carer to bring chart on admission, with medications for the period of the stay.</td>
</tr>
<tr>
<td>Respite resident admitted to hospital during respite</td>
<td>Some ACHs have a policy of discharging from respite immediately; others allow several days absence.</td>
</tr>
<tr>
<td>(ACF cannot claim respite subsidy or supplement for the period of hospitalisation.)</td>
<td></td>
</tr>
</tbody>
</table>
| Cancellation of booking at short notice                  | Under some circumstances, the ACH may be permitted to retain a booking fee. See Residential Care Manual pp.160 - 161  
Maintain a wait list of carers who can be offered the bed at short notice.                                                                                                                                                                                                                 |
| Family taking up additional staff time                   | Often related to anxiety about the ACH’s ability to care for the respite resident. Many fears can be allayed by a pre-respite visit and by including the carer in developing the care plan.                                                                                                                                                                |
| Care needs or behavioural issues more challenging than expected | As for permanent residents. In cases where the ACH’s usual interventions have not been successful, AHF may approach Carers Victoria Respite Connections to discuss assistance and possibly some top-up funding.                                                                                         |
| Clothing / personal items go missing                     | Checklists and labelling                                                                                                                                                                                                                                                                                                                             |
| Empty bed days                                           | Inevitably there will be some occasions on which the bed will be vacant. This needs to be acknowledged in the ACH’s planning to offer a respite bed. On a limited basis, we may be able to provide some gap day funding, for high-care respite depending on capacity to do so at the time. |
| Constant turnover of respite residents – constantly needing to get to know new people | Encourage repeat bookings of regular respite residents. Ask the carer to consider several advance bookings, regularly spaced.                                                                                                                                                                                                                     |

Many of the above issues can be dealt with by having good systems in place and good communication with the referrer and / or carer.
Frequently asked questions

The information in this section is taken from The Residential Care Manual, Residential Respite Care. It is abbreviated, capturing the points that we are asked about by ACF staff when considering providing a respite bed.

How does a person become eligible for respite care?
The person must have an assessment done by the relevant ACAS. The assessment will identify the person’s level of care need, as either high or low, and will have the box ticked for respite care on the back page.

How long is the ACAS assessment valid for?
Approval for residential respite care will not lapse but can expire if it is either time limited or revoked.

How much respite care can the person have?
With a valid ACAS assessment, which is approved for respite care, the person can have respite care for up to 63 days per financial year in a Commonwealth funded aged care home. If more respite is needed, the ACAS may extend the period by a further 21 days if the ACAS worker decides the circumstances warrant the extension.

How much does the person pay for respite?
The cost to the respite resident is the same for either high or low level care. It is set at the standard pensioner contribution, currently $40.25 per day. Respite residents are not required to pay either an accommodation bond or an accommodation charge. If respite care is provided by an Extra Service Provider, the respite resident can be charged at the applicable rate.

How much can the ACH be paid for the respite resident?
Respite residents attract a subsidy at either a high care or low care rate depending on their ACAS assessment. In addition, other supplements for example, oxygen and enteral feeding can be paid as applicable. There is an additional amount payable for high care respite for providers who utilise more than 70% of their respite allocation. For further details see p.158 of the Residential Care Manual.

What happens if the respite resident gets admitted to hospital while in respite?
The respite subsidy and supplement will not be paid for any form of leave for a respite resident. In some instances Respite Connections may be able to assist with some gap day funding.

Can any ACH offer respite care?
In order to claim Australian government residential respite subsidies and supplements, the ACH must have a respite allocation of respite place days. This allocation is decided upon following an application by the approved service provider to the Department of Health and Ageing. The form is called Application to Vary Respite Allocation and is available from the DoHA on 9665 8888 or www.health.gov.au/acc. Usually the allocation is in multiples of 365, so for example, an allocation of 730 would enable the ACF to run 2 respite beds for one year and claim up to 730 days worth of the relevant subsidies and supplements.
How does the ACH claim for the respite subsidies and supplements?
There is a separate monthly claim form for residential respite care residents. It is similar to the form for Permanent Care residents, but has a different heading (Respite Care Recipients) and the area relating to “Leave” is shaded to ensure it is not used.

Can a booking fee be charged?
Yes, but it must not exceed the equivalent of the fee for one week’s respite care, or 25% of the proposed period of respite care, whichever is the lesser. Once the resident enters the service, the booking fee must be deducted from the care recipient’s daily fees. (For details of reimbursement in the case of cancellation, see the Residential Care Manual, Residential Respite Care.

Is the respite resident entitled to the same Care and Services as a permanent resident?
Yes. The Residential Care Manual is very clear on this matter. There is no distinction between care and services for respite and permanent residents.

Can we offer day respite?
Some aged care homes offer day respite. In this model of respite the care recipient attends the aged care home for an agreed period of hours during the day, returning home overnight. This is usually done on a regular basis for one or perhaps several days a week. The person has meals and care provided in the aged care home and is encouraged to participate in activities.

Day respite offers a valuable support to family carers, allowing time for the carer to pursue other interests, or in some cases to work in paid employment.

The fee charged for day respite is set at the discretion of the aged service provider. At the time of printing, there is no government subsidy available to aged care homes for this form of respite care.

Day respite can offer an excellent stepping-stone toward accessing residential respite, and possibly, residential placement.

For further information please contact Carers Victoria Respite Connections.
Appendix

- Confirmation Letter*
- Personal Requirements for Respite Care*
- Evaluation Questionnaire*
- Respite Resident’s Care Information Questionnaire*
- Respite Seeker website

* An electronic copy can be provided should you wish to use it.
Confirmation letter, on letterhead

(Date)

(Carer’s Address)

Dear (carer)

This letter is to confirm the respite booking for (name of care recipient)

Where: (Name of ACF)

When: (commencement and finishing dates of respite)

Time of admission: Between 1.00 pm and 3.00 pm

Time of departure: Before 11.00am

We will contact you shortly to discuss your relative’s care needs. If you have any further questions about the respite arrangements, please contact (contact person’s name) on (telephone number).

Medical Treatment and Care:

Your relative’s own treating doctor must fill out the enclosed Medication Chart, which must be handed to the staff on admission. If the medication chart is not filled out the respite booking cannot go ahead. Medications must be brought with you in the original packaging, not in dosette boxes.

Please ask the resident’s treating doctor if he or she will visit (name of ACF) if your relative becomes unwell during the respite. If this doctor is not able to attend, the staff at (name of ACF) will arrange for their own nominated doctor to attend to your relative’s medical needs.

To assist staff on admission, please complete the enclosed Respite Resident’s Care Needs Form and hand it to staff on admission.

It is also requested that carers supply the facility with a recent photograph of the resident to assist with the respite stay.

Fees:

At present, the fee for residential respite is 540.25 per day. (name of ACF) will invoice you directly. If your relative has adgold card from the Department of Veterans Affairs, DVA may assist with the respite costs. You can contact DVA to discuss, on 1300 550 450. This should be done prior to the respite stay.

If you need to cancel your booking or wish to make another booking, please contact (name) on (telephone number), Monday to Friday 9am to 5pm.

I have enclosed a Carer Respite Evaluation form with a self-addressed, stamped envelope. I would greatly appreciate receiving your feedback on this respite experience.

Yours sincerely

Manager
**Personal Requirements for respite care**

All clothing and personal items must be clearly, but discreetly labelled with the resident’s name. Any additional clothing brought in during the stay is to be recorded and labelled. Laundry will be carried out by the nursing home.

Please bring at least:

- 3 pair of pyjamas or nightwear
- 3 sets of underwear
- 3 changes of clothes
- 1 pair of slippers
- 1 pair of street shoes
- 1 dressing gown
- toiletries
- aids or appliances

Also:

- Medicare card
- Pension Card
- DVA card if applicable
- All current medication in original packaging and prescriptions
- Medication chart completed by your doctor

All of these items will be returned on discharge.

If the resident is unable to manage money, amounts over $15.00 may be left at the office and receipts issued as required.
Evaluation of respite

Please complete after respite stay

Your name (optional): ...................................................................................................................................

Aged Care home: ..........................................................................................................................................

Dates of Respite: ..........................................................................................................................................

Was respite available at a time when you needed it? ............................................................................
..............................................................................................................................................................................

How did the booking of the respite go? ................................................................................................
..............................................................................................................................................................................

Did you have enough information to make all the arrangements for the respite stay?
..............................................................................................................................................................................

What was your opinion of our Aged Care home and its staff?

Please place a mark on the line below to indicate your opinion.

 Excellent                                            Not satisfactory

Can you comment about the following aspects of the respite stay?

Nursing/Personal Care: ..............................................................................................................................
..............................................................................................................................................................................

Staff Attitude & Availability: ......................................................................................................................
..............................................................................................................................................................................

Accommodation: (quality of physical environment): ..................................................................................
..............................................................................................................................................................................

Meals: ...............................................................................................................................................................
..............................................................................................................................................................................

Activities: ........................................................................................................................................................
..............................................................................................................................................................................

Would you use this facility for future respite stays?  □ Yes  □ No

If not, why? .......................................................................................................................................................

Do you plan to book respite here again?  □ Yes  □ No
If so, are there any dates that you particularly would like to book respite for (if applicable)?

Are there any suggestions you could make that would have made the respite stay at this facility better?

**How did you find the following stages:**

Deciding to have respite/pre-admission

<table>
<thead>
<tr>
<th>Difficult</th>
<th>Manageable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First few days of the respite stay

<table>
<thead>
<tr>
<th>Difficult</th>
<th>Manageable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Readjusting back home after respite

<table>
<thead>
<tr>
<th>Difficult</th>
<th>Manageable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please feel free to comment about any of the above stages

Did you feel there were benefits from using the respite stay?  □ Yes  □ No

Any other comments?

Thank you for your time in providing us with this valuable information.

Please return the evaluation form to:

(Name)  
(Organisation’s Name)  
(Street Address)  
(Suburb)   (Postcode)
Respite resident’s care information

Residents Name ..................................................................................................................................................
Room number ..................................................................................................................................................
Doctor’s Name .............................................................................................................................................
Doctor’s Phone .............................................................................................................................................

Recent photograph of respite resident

The information below is collected to assist staff at the Nursing Home / Hostel where your family member is staying.

Details about the person staying in respite. (Please print).

Admission Date .............................................................................................................................................
Proposed Discharge Date ................................................................................................................................
Surname ............................................................................................................................................................
Given Name ....................................................................................................................................................
Preferred Name ................................................................................................................................................
Address ............................................................................................................................................................
........................................................................................................................................................................
Phone ................................................................................................................................................................
Pension Number .................................................................................................................................................

Do they receive a:  ☐ full  ☐ part pension

Medicare Number ..................................................................................................................................................

Veteran Affairs Number (If applicable) ..............................................................................................................

Gender:  ☐ Male  ☐ Female

Marital Status:  ☐ Single  ☐ Married  ☐ Widowed  ☐ Divorced  ☐ Separated

Date of Birth ....................................................................................................................................................

Country of Birth ................................................................................................................................................

Language Spoken .............................................................................................................................................

Name of Family member / Friend available to interpret (If applicable).

Name ................................................................................................................................................................

Phone .................................................................................................................................................................

Next of Kin and/or Emergency Contact Details: (If available, please provide details of at least two people)

Name ............................................................................................................................ Relationship ..............

Phone .......................................................................................................................... Mobile.........................

Name ............................................................................................................................ Relationship ..............

Phone .......................................................................................................................... Mobile.........................

Will the person’s Doctor be able to visit the nursing home / hostel during the respite stay?

☐ Yes  ☐ No

If YES, please fill out the details below.

Name of Doctor ..................................................................................................................................................

Phone .................................................................................................................................................................

Mobile ..............................................................................................................................................................

Name of clinic....................................................................................................................................................

If NO, an alternative Doctor will need to be arranged. Your own doctor may be able to help arrange this. Please fill out the below details of the locum service / doctor arranged to visit the nursing home / hostel

Name of Locum service .................................................................................................................................

Name of Doctor ..................................................................................................................................................

Phone .................................................................................................................................................................
Details of who to send the nursing home / hostel accounts to:

Name .................................................................................................................................................................

Relationship to person staying in respite ............................................................................................... 

Address ............................................................................................................................................................

Phone ................................................................................................................................................................

Name and contact details of the case manager (if applicable):

Name .................................................................................................................................................................

Organisation ....................................................................................................................................................

Phone ................................................................................................................................................................

**MOBILITY**

Can the person move around alone? If not, what sort of assistance or mobility aide does the person require (alone, under supervision, moved in a wheelchair)?

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.............................................................................................................................................................................

.............................................................................................................................................................................

**DIET**

Are there any particular daily meal routines which the facility should be aware of?

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.............................................................................................................................................................................

.............................................................................................................................................................................

Is there a special way which the person’s food is prepared (e.g. pureed or thickened fluids)?

☐ Yes  ☐ No

.............................................................................................................................................................................

.............................................................................................................................................................................

.............................................................................................................................................................................

What sort of assistance is required at mealtime?

.............................................................................................................................................................................

.............................................................................................................................................................................

.............................................................................................................................................................................
Are there any foods which the person is allergic to?

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.............................................................................................................................................................................
.............................................................................................................................................................................

Are there any foods which the person likes or dislikes? .................................................................
.............................................................................................................................................................................
.............................................................................................................................................................................
.............................................................................................................................................................................
.............................................................................................................................................................................

DAILY ROUTINES
What is the person’s usual daily routine at home (e.g. are there any activities which the person does daily which are an important part of their daily routine, such as daily rest patterns)
.............................................................................................................................................................................
.............................................................................................................................................................................
.............................................................................................................................................................................
.............................................................................................................................................................................

Are there any difficulties with showering (e.g. resistance). What is a helpful way to get them to shower? (Does not apply to day respite residents).
.............................................................................................................................................................................
.............................................................................................................................................................................

Is there anything in the showering routine that the person particularly likes to have done? (does not apply to day respite residents)
.............................................................................................................................................................................
.............................................................................................................................................................................

Is there anything the person needs to bring with them to respite to increase the feeling of security?
.............................................................................................................................................................................
MEDICATION/MEDICAL ASSISTANCE

Are there any difficulties with the person taking his/her medication?  □ Yes  □ No

If so, what useful things do you do to encourage him/her to take medication?

............................................................................................................................................................................
............................................................................................................................................................................

Please list any medication allergies and reactions experienced?

............................................................................................................................................................................
............................................................................................................................................................................
............................................................................................................................................................................

CONTINENCE

Is the person incontinent?  □ Yes  □ No

If YES...  □ Urine  □ Faeces  □ Double Incontinence

Is there a continence plan in place (continence pads, regular toileting etc)?

............................................................................................................................................................................
............................................................................................................................................................................

Are there any daily bowel and bladder habits that you are aware of to assist with toileting?

□ Yes  □ No

............................................................................................................................................................................
............................................................................................................................................................................

BEHAVIOUR

Does the person have dementia?  □ Yes  □ No

Will the person try to actively wander from the facility  □ Yes  □ No

Is the person likely to be aggressive, either verbally or physically?  □ Yes  □ No

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Are there any useful things that you do to make the person feel comforted if they get distressed or anxious?

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Are there any processes or strategies you put in place which assist you if the person is resistant to a daily activity?


Are there particular times of the day when the person is agitated or restless?

☐ Yes  ☐ No

Does anything help to ease that?


FAMILY ISSUES

Are there any members of the family whom the person particularly likes to talk about or stories they remember about family members (names, ages, relationships)?


Are there experiences in the person’s life which could be discussed (younger years, war times, working years)?


Is there a guardianship/administration order which the facility needs to be aware of?

☐ Yes  ☐ No


Has the person appointed a power of attorney?  ☐ Yes  ☐ No

Contact phone number


Are there any people who you prefer not to have contact with the client? Why?


Other Comments:


Respite Seeker is an online tool that provides a comprehensive list of respite facilities and services in Victoria.

**Easy access to services**

Respite Seeker is designed to provide access to current respite information and to streamline searching and booking respite.

Our new website will help people to find respite services such as day centres, outing groups and aged care homes. It will assist residential and community respite providers to list and manage their respite vacancies and bookings.

**Who is it for?**

- Case Managers and other service providers who assist clients to locate respite options
- Carers and those with care needs who want to arrange their own respite
- Aged Care homes who offer residential respite
- Service providers who offer in home, day centre, overnight and other respite options.

**How does it work?**

Respite Seeker makes searching for vacancies easy! It allows you to target your search in several ways. Search either by region, suburb, respite type or facility name, or by date and other criteria. Respite Seeker will produce a list of available services that match your search.

**What are the benefits?**

**Looking for respite:**

- A simple search to provide a list of local respite options
- Information about respite vacancies
- Search results can be easily printed
- Simple access to contact information

**Offering respite:**

- A free, password protected respite booking system
- Respite vacancies advertised live to a wide audience
- Simple to update and maintain
- User manual available and updated on website

**Contact us:**

Commonwealth Respite and Carelink Centre
Freecall 1800 052 222*

*Calls from mobiles are charged at applicable rates.
**What about the carer?**

Service provision focuses on the client, and their family carers can sometimes be forgotten. However, carer-friendly practice leads to better outcomes for all involved.

Participants in this workshop will have the opportunity to explore:
- What’s going on for carers
- What carers want from service providers
- Why it is important to support the carer
- Some practical strategies for busy workers

**Working with “difficult” families**

Do you enjoy working with your clients but sometimes wish their families would go away? Do you feel stuck when families resist your suggestions and advice? Would you like to find better ways of working with ‘difficult’ family carers?

Participants in this workshop will:
- Identify why some families are perceived as “difficult”
- Explore labelling – and how it can compound “difficult” relationships with caring families
- Develop and practice strategies to prevent difficulties arising
Engaging families in the care of residents with dementia

Family members and friends can play an important role in the dementia care team. Using family carers as a resource can improve the lifestyle and wellbeing of residents with dementia, and reduce the likelihood of behavioral issues. But family members also need support and information about dementia to help them to cope with changes in their family member.

As a participant in this workshop you will learn how to:
• Educate and support families about dementia
• Enlist families as sources of information about the person in care planning.
• Include families in daily activities within the facility

Suitable for: Staff who work with residents with dementia

Building carer friendly practice

Carer inclusion in aged care facilities requires a systemic approach to planning quality improvements across the entire facility, including management practices, health, lifestyle and personal care practices, and environmental services.

This workshop will equip management staff to incorporate carer friendly practice across the facility. Participants will:
• Consider practical ways to develop processes and plans which enhance the involvement of carers in the lives of residents.
• Receive the Carers Victoria resource “Outside Looking in”, a learning kit on carer friendly practices in aged care facilities, with activities that can be used for staff professional development.

Suitable for: Senior staff

For bookings and enquiries contact
the Education and Training administration team:
Phone: 9396 9500      Email: education@carersvictoria.org.au
Level 1, 37 Albert Street, Footscray 3011
Contact details of the person the Nursing Home / Hostel can contact if they need to clarify any of the above information:

Name ................................................................................................................................................................

Phone ................................................................................................................................................................

Relationship to the person going into respite ......................................................................................