NSW Acute to Aged Related Care Services Practice Guidelines

Document Number  GL2014_010  
Publication date  17-Jun-2014  
Functional Sub group  Clinical/ Patient Services - Aged Care  

Summary  The Acute to Age-Related Care Services (AARCS) is an important initiative which targets early and appropriate identification of the discharge support needs of older people admitted to hospital. AARCS workers are aged health specialist staff who provide support to older people in hospital and facilitate their access to community and residential aged care by improving coordination between the hospital and those services. The Guidelines provide service operational principles and guidance to both AARCS managers and staff and are designed to complement Local Health District policy and procedures, including all policy statements and/or practice guidelines with a legislative or regulatory basis.

Author Branch  Integrated Care  
Branch contact  Integrated Care 02 9391 9905  
Applies to  Local Health Districts  
Audience  Local Health Districts: Acute to Aged Related Care Services Managers and Workers.

Distributed to  Public Health System, Ministry of Health  
Review date  17-Jun-2015  
Policy Manual  Not applicable  
File No.  
Status  Active
NSW ACUTE TO AGED RELATED CARE SERVICES PRACTICE GUIDELINES

PURPOSE
The NSW Acute to Aged Related Care Services (AARCS) Practice Guidelines are intended to be an information resource and guide to consistent practice for AARCS workers and their managers/supervisors in NSW and an information resource for other services working with AARCS.

KEY PRINCIPLES
The Acute to Age-Related Care Services (AARCS) is an important initiative which targets early and appropriate identification of the discharge support needs of older people admitted to hospital. AARCS workers are aged health specialist staff who provide support to older people in hospital and facilitate their access to community and residential aged care by improving coordination between the hospital and those services.

The Guidelines provide service operational principles and guidance to both AARCS managers and staff and are designed to complement Local Health District policy and procedures, including all policy statements and/or practice guidelines with a legislative or regulatory basis.

USE OF THE GUIDELINE
The Guidelines provide a management tool for clinical and corporate governance, a training and orientation tool for NSW AARCS’ managers and staff, a quality improvement resource and a reference document with links to other legislation and policies to support the provision of safe, consistent, efficient and effective AARCS operations in NSW.

The Guidelines are for the use of AARCS managers and staff and for services that work with AARCS.

The Guidelines have been developed following consultation with health professionals and key stakeholders.

REVISION HISTORY

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<td>June 2014</td>
<td>Deputy Secretary, Strategy and Resources</td>
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1. INTRODUCTION

1.1 Background

The demand for care and support services by older people continues to increase as a result of the growth and ageing of the NSW population. People aged 65 years and over represent an increasing proportion of the client profiles of NSW Health services in acute, sub-acute and non-acute settings.

Among the population who access health services in NSW, older people are utilising services more than other age groups and are relatively high users of emergency departments and inpatient facilities. These people often have specific clinical care needs, such as complex comorbidities, functional decline and non-acute care needs. Their specific age related needs often require more complex interventions and coordinated care management. This can in turn complicate the discharge planning process. Facilitating access to appropriate post acute options is critical, not only to meet the needs of older patients returning to the community but also to the efficient functioning of acute care hospitals.

Over the past decade, NSW Health has recognised the health and aged care challenges posed by the ageing population. To better meet the needs of older people NSW Health has undertaken a range of initiatives aimed at improving the support and management of older people.

The Acute to Age-Related Care Services (AARCS) is an important initiative which targets early and appropriate identification of the discharge support needs of older people admitted to hospital. AARCS workers are specialist aged health staff who provide support to older people in hospital and facilitate their access to community and residential aged care by improving coordination between the hospital and those services. AARCS are now in operation in all major public hospitals across NSW and have helped to reduce the number and average length of stay of older patients assessed as requiring entry to residential and community aged care who are waiting in hospital.

The aim of the AARCS service is as follows:

| Acute to Aged-Related Care Services (AARCS) | Improve coordination of inpatient services for older people with complex or chronic needs and facilitate timely and appropriate discharge planning. |

In 2006 the Council of Australian Governments (COAG) announced a four year budget measure, COAG Health Services – improving care for older patients in public hospitals, which was utilised by jurisdictions for a range of initiatives to enhance the inpatient experience, improve and expedite transition to appropriate long-term care and provide hospital avoidance programs for older people.

In NSW, this funding was used to introduce AARCS in public hospitals across the state. Further Commonwealth funding became available under the 2011-14 National...
Partnership Agreement on Financial Assistance for Long Stay Older Patients to maintain and enhance the AARCS which have become key specialist aged health services the NSW Health system since 2006.

With the introduction of Activity Based Funding (ABF) funding in NSW from 1 July 2012, funding for AARCS service provision was included in the base funding provided to local Health Districts and a service measure included in the annual LHD Service Agreement - “Number of patients seen by AARCS”. The Service Agreement also defines the goal and outcome of AARCS as follows:

- The desired outcome is that: All older people experiencing, or at risk of experiencing, non medical delays to discharge are seen by an AARCS worker.
- The goal is: To reduce non medical delays to discharge for patients aged 70 years and over together with Aboriginal patients aged 50 years and over.

1.2 Acute to Aged-Related Care Services (AARCS)

The primary role of AARCS is to assist older patients and their carers/families to access appropriate post hospitalisation aged care services as required. This includes, but is not limited to, Residential Aged Care, sub-acute care, Transitional Aged Care, ComPacks, discharge support packages and home care packages.

AARCS play an important inpatient role in helping to reduce non-medical delays to discharge for older inpatients. The role complements existing Local Health District (LHD) inpatient Discharge Planning services; however, unlike these services it is focused almost exclusively on the older inpatient.

This planning for the care of the older person requires a specialised skill set and extensive knowledge of local community and residential services and Australian Government legislative requirements. AARCS workers comprehensively assess the care needs of older inpatients and assist in navigation of both the hospital journey and the transition to home at discharge.

The AARCS comprehensive aged care assessment process is similar to an Aged Care Assessment Team (ACAT) comprehensive assessment and AARCS workers can facilitate the ACAT inpatient assessor role when:

1) The AARCS worker is under the direct line management of the ACAT Manager.
2) The AARCS worker has undertaken all mandatory training associated with being an Accredited ACAT Assessor in NSW.
3) It does not detract from the core aims and objectives of the AARCS role.

In these instances, the AARCS worker must still involve an independent ACAT delegate in approving the older person for a Commonwealth subsidised aged care service.

1.3 AARCS Objectives

The objectives of the AARCS service are:
• To facilitate the coordination of the care and management of the older inpatient.
• To advocate on behalf of the older inpatient when appropriate.
• To undertake comprehensive assessment and care planning for older inpatients with complex non-acute care needs in addition to their acute or sub-acute care needs.
• To facilitate timely and effective discharge planning by providing information and helping older inpatients, their carers and families to access services appropriate to their needs post hospitalisation.
• To educate acute care staff regarding the unique and often complex issues associated with caring for older inpatients and specifically with the minimisation of non clinical delays to their discharge.

1.4 AARCS Target Group

AARCS provide assessment, information, advice and assistance to frail older people, currently hospitalised in a public hospital who want to return home with support or who may need to consider moving to accommodation in a residential aged care facility.

The AARCS target group primarily comprises inpatients aged 70 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people with complex non – acute care needs.

This cohort has been identified as most likely to benefit from referral to the specialised AARCS service.

AARCs may also receive referral for younger people with complex needs as a result of an acute exacerbation of their chronic systemic diseases (e.g. early onset dementia or chronic illnesses such as vascular disease and respiratory disease associated with immobility). This is consistent with the philosophy of the Commonwealth Aged Care Act 1997 which is not age specific.

1.5 Purpose and Use of these Practice Guidelines

These AARCS Practice Guidelines are intended:
• To be an information resource and guide to consistent practice for AARCS workers and their managers/supervisors in NSW and an information resource for other services working with AARCS, particularly in the acute hospital setting.
• To promote a consistent understanding of the role and purpose of AARCS in the context of NSW Health service delivery.
• To provide links to reference and policy documents relevant to the provision of safe, consistent, efficient and effective AARCS service delivery.
• To promote good clinical and corporate governance of AARCS in NSW.
To be used in the orientation and training of new AARCS workers.

To facilitate continuous quality improvement in AARCS service delivery.

All new AARCS workers and managers or supervisors with responsibility for AARCS service delivery should have access to and be required to read these Practice Guidelines. It is also recommended that other hospital staff be made aware of these Practice Guidelines; for example, in Emergency Departments, Community Health, Geriatric Medicine, Rehabilitation Services and Specialist Mental Health Services for Older People (SMHSOP) as well as the various medical and surgical wards to which an older person may be admitted.

These Guidelines are intended to be dynamic and subject to the changing environment in which AARCS operate. Individual AARCS should therefore keep contents up to date with advice received from either their Local Health District (LHD) or the Aged care Unit, Integrated Care Branch of the NSW Ministry of Health (MoH).

When citing the Practice Guidelines, AARCS workers should make sure they are referencing the latest version.

1.6 Structure of the Practice Guidelines

These Practice Guidelines should be read in the conjunction with legislation, regulations and policy considerations applicable to all NSW Health employees. They are structured around the following key components of AARCS service delivery and provide practice guidelines to guide AARCS workers in their day-to-day work.

- Access to AARCS
- Delivery of AARCS
- AARCS comprehensive assessment
- Domains of AARCS comprehensive assessment
- Care plan development and care coordination
- Multidisciplinary input
- Carer support
- Decision making process
- Special needs groups
- Organization and management

A Glossary of terms is provided at the end of the document.
2. ACCESS TO AARCS

AARCS workers are employed in NSW public hospitals. They provide specialist aged health services based on need, irrespective of geography, social standing, ethnicity, age, level of income, disability, religious beliefs, sexual orientation or gender. AARCS should be easily accessible to older people, their carers and families. It is expected that all people in the AARCS target groups will be referred to the AARCS as early as possible to ensure their complex non-acute care needs are met.

**PRACTICE GUIDELINES**

AARCS workers in NSW:

- Establish local systems for being promptly notified of the admission of an older person likely to benefit from referral to the AARCS.

- Are accessible in the majority of public hospitals within NSW.
  - Accept referrals of any older inpatients able to benefit from coordinated care planning and management in the hospital setting
  - Make key information available in cultural and linguistically appropriate ways
  - Establish local systems for being notified of older people who present out of regular AARCS hours of service and are identified as likely to benefit from referral to the AARCS.

- Assist with adapting the physical environment of the ward, wherever possible, to ensure it is aged friendly and safe for older people.

- Promote to internal and external stakeholders the role and benefit of the AARCS and how AARCS should be accessed.
  - Participate in the education of all staff in understanding the needs of older people in the role and operation of AARCS and in the basic clinical skills required for effective care and management of older people.

- Comprehensively assess and develop care plans to assist the coordinated care of the older person during admission to minimise the risk of non-medical delays to discharge and to facilitate timely and appropriate discharge of the older patient.

- Where applicable, build on the comprehensive assessment and care plan developed by the ASET for the patient admitted from the ED.

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2. Your Health Rights and Responsibilities (PD2011_022) NSW MoH.
- Encourage carer involvement in information gathering and carer participation in care planning processes.
- Use their knowledge of aged care services to assist older people and their carer/s to make informed decisions and maintain maximum independence and quality of life post discharge.
- Empower older people, their carers and families by providing explanations of services, guidance on how to identify service options and make choices, and assistance about how and where to access services through resources such as Commonwealth Respite and Carelink Centres.
- Assist older patients and their carers/families to access appropriate residential aged care if and when required.

2.1 Screening for falls

Falls screening should be undertaken as early as possible following admission to hospital unless already undertaken by an ASET worker when the older person was admitted to the ED.

**PRACTICE GUIDELINES**

AARCS workers in NSW:

- Have the appropriate skills and experience to screen older people for their falls risk on admission to the ward.
- Screen the older person’s risk of falling including:
  - Identification of falls history
  - Assessment of gait, balance and mobility, muscle weakness, and osteoporosis risk
  - Assessment of the older person’s perceived functional ability and fear relating to falling
  - Assessment of cognitive impairment
  - Assessment of visual impairment
  - Cardiovascular examination and medication review
- Include the results of the falls screen in the older person’s care plan as relevant.
- Ensure the older person is referred to the appropriate Falls Clinic (or similar).
- Provide the older person and carer with education and information about falls prevention and future falls risk management strategies.
3. DELIVERY OF AARCS

AARCS are delivered primarily in the inpatient setting.

3.1 Referrals

NSW public hospitals have a clear and documented referral pathway to AARCS consistent with Local Health District (LHD) policies and guidelines.\(^3\)

AARCS workers provide support to older people during their hospital admission and facilitate their access to community or residential aged care in accordance with their needs following discharge.

To be effective, AARCS workers develop collaborative partnerships with all relevant hospital departments and health workers in the community including visiting specialists and general practitioners.

PRACTICE GUIDELINES

All AARCS workers in NSW:

- Promote the early identification and referral of the older inpatient who may benefit from referral to AARCS.
- Accept referrals from all sources within the Public Hospital system.
- Respond to referrals in a timely and efficient manner.
- Screen referrals and redirect if necessary. In the unlikely event a referral is inappropriate, discuss alternative service options with the referrer and action accordingly.
- Ensure consent for an AARCS comprehensive assessment is obtained from the older person or their representative and provide information/explanations about the process of assessment and care planning as appropriate.
- Provide a point of contact for the older person, their carer and family, and other service providers during the older person’s hospital stay.
- Determine the language proficiency/communication needs of the older person and/or their carer and action appropriately.
- Maintain a record of all referrals including date of referral.

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\(^3\) The Australian Council on Healthcare Standards EQuIPS Standards, Criteria and Elements 1.2.2
3.2 AARCS Comprehensive Aged Care Assessment

AARCS workers in NSW undertake comprehensive, holistic, independent, multidisciplinary, multi-dimensional and patient focused assessments for frail older people admitted to hospital.  

**PRACTICE GUIDELINES**

AARCS workers in NSW:

- Are qualified members of a medical, nursing or allied health discipline.
- Are appropriately trained in the comprehensive clinical aged care assessment process.
- On receipt of a referral, obtain and document appropriate consent/substitute consent before undertaking a comprehensive assessment of an older person in accordance with LHD policy.
- Undertake physical, functional, psychosocial, environmental and other relevant investigations as a standard approach to assessment.  
- Facilitate a systematic assessment and utilise reliable, validated assessment tools approved for use within NSW Health.
- Adhere to privacy requirements detailed in NSW Health Privacy Manual Version 2.  
- Include carers and family members in discussions and care planning.
  - It is important to provide the opportunity for independent input from both the older person and their carer throughout the assessment process.
- With consent, collect clinical information from and discuss issues with general practitioners, as well as other available service providers as appropriate.
- Document the outcome and recommendations of the assessment in a clear, concise manner in the older person’s health (medical) record.
3.3 Domains of AARCS Comprehensive Assessment

An AARCS comprehensive assessment includes an evaluation of an older person’s physical, medical, psychological, cultural and social dimensions of care. The specific domains suggested below may be adapted according to individual need and local and/or geographic factors.  

**PRACTICE GUIDELINES**

AARCS workers in NSW:

- With consent, undertake a comprehensive assessment of the older person which includes, but is not limited to, the following domains depending on individual circumstances and time available for the assessment process.
  
  o Patient demographic detail.
  o Presenting problems.
  o Medical summary including relevant medical history, current medication and any history of adverse drug reactions, smoking, alcohol and other drug (prescription and alternate medication) use, results of relevant current and historical medical investigation.
  o Premorbid function.
  o Current level of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) function.
  o Continence status.
  o Mental and psychological state including behaviours, mood and cognitive function.
  o Sensory summary including vision, hearing, communication issues, language.
  o Social/cultural functioning including available supports, current use of community services, current activities/interests, social history, access to transport, legal and financial issues, issues of domestic violence and suspected abuse.
  o Carer status and carer stress/support issues, viewpoint.
  o Nutritional status.
  o Identified risk factors for both patient and carer, e.g. environment, drugs/medications.
  o Falls risk screen.

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7 The Australian Council on Healthcare Standards EQuIP5 Standards, Criteria and Elements 1.1.1
8 A guide for assessing older people in hospitals. Commissioned on behalf of the Australian Health Ministers Advisory Council: Care of Older Australian Working Group. 2004
This comprehensive assessment may build on the results of an aged care assessment undertaken by an ASET worker when a patient has been admitted through the ED.

3.4 Care plan development and care coordination

AARCS workers in NSW contribute to the care coordination and care plan development for frail older inpatients in NSW public hospitals. Coordinating care improves the safe management of the older person in hospital, ensures care is responsive to the older person’s needs and improves patient flow.  

PRACTICE GUIDELINES

AARCS workers in NSW:

- Consult with both the older person and their carer and actively assist them to consider their care and support options by providing information about available services and relevant legal and financial matters.

- Assist with clinical interventions pertaining to their professional discipline if the intervention assists the older person’s comfort, safety and care.

- Ensure that material and information provided to older people and their carers and families during the course of a comprehensive assessment:
  - Is relevant to the needs of the older person and/or carer.
  - Is up to date.
  - Includes a contact point.

- Will not endorse or enter into partnership with commercial organisations to disseminate material or promote particular organisations. (Older people and their carers and families must be aware that referral to a particular service or agency does not mean that the AARCS is endorsing a particular service or organisation.)

- Develop and accurately record the care plan to the point of effective referral.

- Address and resolve any non-medical reasons for a delay in discharge as expeditiously as possible.

- Build on any existing care plans to ensure it reflects the older person’s aged care needs, minimises duplication and reflects the changing status of the older person both during admission and post hospitalisation.

- The care plan should facilitate the safe and coordinated care of the older person in hospital.

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9 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals (PD2011_015) NSW MoH.
10 The Australian Council on Healthcare Standards EQuIP5 Standards, Criteria and Elements 1.1.2
11 The Australian Council on Healthcare Standards EQuIP5 Standards, Criteria and Elements 1.1.4
Where appropriate, encourage the carer to undertake the role of service co-ordination if the older person is to be discharged.

If short or long term care co-ordination is required post discharge, AARCS should refer the older person and carer to the most appropriate service.

Document recommendations and referrals to facilitate follow-up activities on the ward, as required.

- Where residential care is the most likely outcome for the older person, facilitate timely referral of the older person and carer to the Aged Care Assessment Team (ACAT) for assessment once the person is medically stable.

- Where the older person is deemed potentially able to benefit from Transitional Aged Care, facilitate timely referral to the ACAT once the person is medically stable.

- Where residential care may be a likely outcome for the older person, facilitate referral of the older person and carer to the ACAT following discharge home. If appropriate, encourage the older person and their carer and family to visit potentially suitable facilities as soon as practicable.

- Consider the option of Commonwealth-subsidised residential respite if there is a need to support the needs of the older person’s carer.
  - Respite care is not intended for rehabilitation or convalescence following discharge, unless there is a genuine respite element involved. Commonwealth guidelines also make it clear that residential respite is not to be used as a waiting facility for people seeking a permanent residential aged care bed.\(^\text{12}\)

- Maintain an up-to-date list of organisations and services that provide support to older people and their carers and, with consent, connect older people and carers to these organisations as appropriate (e.g. Alzheimer’s Association, Parkinson’s disease support groups).

- Are aware of and utilise the Commonwealth services lists maintained by:
  - THE NATIONAL AGED CARE GATEWAY CONTACT CENTRE My Aged Care website [www.myagedcare.gov.au](http://www.myagedcare.gov.au) - national phone line 1800 200 422

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\(^{12}\) Aged Care Assessment and Approval Guidelines, DSS (2006), pg. 14
3.5 Multidisciplinary input

AARCS workers in NSW recognise the value of multidisciplinary input in the comprehensive assessment process, particularly for complex or difficult cases, and utilise whenever practicable and appropriate.

Care planning is informed by discussions with and between relevant geriatricians and the older person’s GP where possible, and/or other clinical input as appropriate.

**PRACTICE GUIDELINES**

AARCS workers in NSW:

- Know when to seek multidisciplinary discussion and input in complex and or difficult cases to achieve best outcomes for the older person with due regard to clinical risk management.
- When appropriate, facilitate the involvement of relevant service providers including GPs, geriatricians, psychogeriatricians and allied health professionals in determining the best options for the older person.
  - In some circumstances, this may best be achieved by means of telephone, Telehealth or videoconferencing, as time permits.
- Use multidisciplinary team meetings to problem solve, support the role of the AARCS worker and provide peer review as appropriate.
- Document outcomes of their assessment in the integrated health (medical) records so that it is accessible to other members of the multidisciplinary team.
- Promote good multidisciplinary communication at all times.
- Keep informed about how emerging assistive and enabling technologies may help older and vulnerable people live safely and independently in their homes rather than go into residential aged care or hospital.

3.6 Carers

With the older person’s consent, AARCS workers in NSW involve carers in care planning and the decision making process as and when appropriate and support carers to participate in the older person’s longer term care decisions if required.  

AARCS workers in NSW:

- Are familiar with the NSW Carer (Recognition) Act 2010 and Charter which acknowledges the significant role of carers and the importance of ensuring that the needs of carers are considered in the development, implementation and evaluation of policies, programs and services affecting older people, their carers and families.

- In situations when a carer is present, acknowledge the importance and role of the carer/s and family in the assessment process and in the ongoing support of the older person.\(^ \text{14} \)

- Recognise and affirm the carer’s needs as an integral part of the aged care assessment and care planning process, while maintaining the older person as the primary focus of the AARCS intervention.

- With the older person’s consent, engage the carer/s and family in the assessment and care planning process.

- In circumstances when carer or family members are not able to be present at assessment, obtain consent from the older person to contact the carer/family in order to gain an understanding of their wishes/expectations for the older person and, in particular, the carer’s capacity to continue in their caring role.

- Offer information, support and care options to the carer, and facilitate communication and referral to relevant services/service providers as appropriate.

- Explore and discuss differences of opinions between significant family members and the older person regarding desired outcomes of the assessment and care planning options.

- Document the carer’s needs, preferences and opinions in the health (medical) record.

### 3.7 Decision making process

AARCS workers in NSW are aware of the rights of the older person – or their representative – to choose who is involved in the decision making process.\(^ \text{15} \)

**PRACTICE GUIDELINES**

AARCS workers in NSW:

- Promote the participation of older people and their carers in decision making related to their health and care management.

- Promote the need for older people and their carers and families to be treated with dignity and respect at all times.

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\(^ {14} \) The Australian Council on Healthcare Standards EQuIP5 Standards, Criteria and Elements 1.1.2

\(^ {15} \) NSW Carers Action Plan 2007 – 2012 (PD2007_018) NSW MoH.
• Promote involvement of the older person, their carers and families in all stages of the assessment and care planning process.

3.8 People with special needs

People with special needs have equitable access to AARCS in NSW, particularly people of Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds, people with cognitive impairment, and younger people with disabilities when appropriate.

3.8.1 Aboriginal and Torres Strait Islander People(s)

AARCS workers in NSW understand the special needs of Aboriginal and Torres Strait Islander People and assist in achieving timely and equitable access to care and support services appropriate to their needs.  

PRACTICE GUIDELINES

When assessing older people who identify as Aboriginal or Torres Strait Islander people, AARCS workers in NSW:

• Undertake the assessment in a culturally sensitive and appropriate manner and endeavour to involve people acceptable to both the older person and their community.

• Recognise that Aboriginal Health Workers provide a vital link between community and health services.

• Recognise the need for a flexible approach to service delivery to ensure responsiveness to Aboriginal community needs.

• Establish a local process for older people who identify as Aboriginal which incorporates access to Aboriginal specific services and staff to assist with comprehensive screening and extended family issues.

• Understand that the identification of an Aboriginal person is the starting point for the delivery of appropriate care as per NSW Health Policy Directive PD2012_042.

• Take opportunities to promote awareness of aged care issues and services within the local Aboriginal and Torres Strait Islander people(s) communities, in liaison with relevant Aboriginal Health staff.

• Are aware of the NSW Health guide, ‘Communicating Positively: A Guide to Appropriate Aboriginal Terminology’ (2004), and the policy document Aboriginal & Torres Strait Islander Peoples - Preferred Terminology to be used (PD2005_319).

16 Ensuring progress in Aboriginal health: A policy for the NSW Health System 1999 State Health Publication No: (AH) 980148
17 Clinical Redesign Program: Chronic Care for Aboriginal People (2010: Pg. 31) NSW MoH
18 Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients. (PD2012_042) NSW MoH
19 The Australian Council on Healthcare Standards EQuIPS Standards, Criteria and Elements 2.4.1
- Have attended Cultural Respect Training or similar, particularly if located in a LHD servicing a significant Aboriginal community.\textsuperscript{20} \textsuperscript{21}

- Understand:
  - That Aboriginal and Torres Strait Islander families are often extended and complex and the ‘person responsible’ can change regularly.
  - The importance of developing a trust relationship with the older person, carer/s and family.
  - When referring to other services, the importance of following up the referral to ensure the older person and/or carer has been contacted and service delivery options discussed.
  - The need to assess the older person in a sensitive manner and, as far as possible, only ask relevant questions required for the provision of the particular service. Avoid any questions which might be taken as intrusive or culturally inappropriate (e.g. ‘What do you do in your spare time?’).
  - That different dialects exist across communities. This increases the complexity of the assessment and may make it essential to involve a local Aboriginal or Torres Strait Islander worker with particular language skills.
  - The need to be careful in choosing an Aboriginal worker to assist in the assessment process or a service to which to refer the older person, taking into account there can be numerous and complex Aboriginal family groups, with a variety of opinions and expectations.

### 3.8.2 Culturally and linguistically diverse people

AARCS workers in NSW understand the special needs of people from Culturally And Linguistically Diverse (CALD) backgrounds and assist them to achieve timely and equitable access to services appropriate to their needs.\textsuperscript{22} \textsuperscript{23} \textsuperscript{24}

**PRACTICE GUIDELINES**

When assessing older people identified as being from a CALD background, AARCS workers in NSW:

- Are responsive to issues of culture, language, belief and identity in the provision of relevant, meaningful and easily accessible services to all older people.

\textsuperscript{20} Clinical Redesign Program: Chronic Care for Aboriginal People (2010: Pg. 31) NSW MoH
\textsuperscript{21} Aboriginal Cultural Respect Training Framework for the Illawarra-South East Regional Coordination Management Group (2007)
\textsuperscript{22} The Australian Council on Healthcare Standards EQuIP5 Standards, Criteria and Elements 1.6.3
\textsuperscript{23} SW Non-English Speaking Background: Standard Procedures – Improved Access Area/Public Health Services (PD2005_483) NSW MoH.
\textsuperscript{24} Community Relations Commission and Principles of Multiculturalism Amendment Act 2010 No 62
• Are aware that language proficiency, culture and issues of identity may change the way information is interpreted by the patient.

• Ensure the functional issues of hearing loss, visual impairment and dysphasia are taken into account in assessing the needs an older person from a CALD background, particularly when cognitive impairment is suspected/evident.

• Are aware of, and have access to as appropriate, the two key multicultural assessment tools developed in NSW:
  
  o SAFEE – Sensitive Assessment for Ethnic Elderly: a culturally sensitive assessment guide and handbook developed by the Ethnic Aged Health Advisor, Multicultural Health, South Western Sydney LHD and available through the local ACAT.

  o RUDAS – The Rowland Universal Dementia Assessment Scale: a multicultural cognitive screening tool that assesses multiple cognitive domains including memory praxis, language, judgment, drawing and body orientation. Developed in Sydney, this screening tool can be accessed via the Liverpool ACAT.  

• Ensure information regarding English proficiency and language spoken at home is obtained and documented; and, when required, initiate contact with interpreter services as soon as possible.  

  o Ensure that older people who are not fluent in English or who experience sensory deficit, such as a hearing impairment, are given appropriate information and consent to treatment through the use of an accredited health care interpreter.  

  o Use accredited health care interpreters, except when availability inhibits timely and appropriate assessment.

  o Limit reliance on carer/s and family members as interpreters, for confidentiality, ethical and legal reasons. If necessary in a rural/remote location or because an interpreter is not accessible prior to the assessment commencing, access an appropriate interpreting service as soon as practicable.

  o Use gender-specific interpreters if appropriate or requested by the older person or their representative.

  o Maintain a current list of interpreter services able to be accessed when needed.

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25 Dementia Services Framework 2010 – 2015 (GL2011_004) Pg. 32 NSW MoH.
26 Non-English Speaking Background: Standard Procedures – Improved Access Area/Public Health Services (PD2005_483) NSW MoH.
27 Interpreters – Standard Procedures for Working with Health Care Interpreters (PD2006_053) NSW MoH.
- Investigate each older person's needs within their own social context.
- Access appropriate levels of cultural education particularly if working in a LHD with significant CALD populations.
- Liaise with ethnic support organisations as appropriate and, together with local CALD health workers, promote awareness of aged care issues and services within the local CALD groups.

### 3.8.3 People with cognitive impairment

AARCS workers in NSW understand the special needs of people with delirium and/or dementia and assist in achieving equitable and timely access to multidisciplinary assessment, diagnosis, care management and support services for older people with delirium and/or dementia.  

**PRACTICE GUIDELINES**

When an older person with confusion presents for comprehensive assessment, all AARCS in NSW recognise the difference between a reversible cause of behavioural change and cognitive decline (e.g. delirium, depression) and other types of cognitive impairment (e.g. dementia)\(^\text{29}\).

- Have a high level of understanding of dementia; are skilled in identifying dementia; and are able to assist older people with dementia and their carers to make informed choices.
- Are competent in comprehensive initial assessment and history taking with the patient or carer as appropriate and referral for specialist interventions as required.
- Are able to use and interpret cognitive screening tools as appropriate and incorporate cognitive screening in every assessment according to local guidelines.\(^\text{30}\)
- Understand the medicolegal implications of dementia and other forms of cognitive impairment (e.g. Wills, Guardianship, Power of Attorney, driving a car).
- Document as part of their assessment whether the older person with memory loss or dementia has an Enduring Power of Attorney, Enduring Guardianship and/or Advance Care Directive. It is valuable to obtain copies of these documents to include as part of the older person’s health (medical) record.
- Understand the need and are able to supply and give uncomplicated information on Enduring Power of Attorney, Enduring Guardianship and Advance Care Directives\(^\text{31}\) if required.

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\(^{28}\) Dementia Services Framework 2010 – 2015 (GL2011_004) NSW MoH.

\(^{29}\) Clinical Practice Guidelines for the Management of Delirium in older people (2006) AHMAC.

\(^{30}\) Dementia Services Framework 2010 – 2015 (GL2011_004) Pg. 50 NSW MoH.
• Understand the particular issues for carers of people with dementia, identify and record the dynamics occurring in the “care environment” (conflict, suspected abuse, financial issues, etc.) and refer to the most appropriate service as and when required.  

• Keep up to date with the results of work being undertaken within NSW Health to improve the care and management of older patients with confusion in hospitals; in particular, the Confused Hospitalised Older Person Study (CHOPS) undertaken in 2010-12 in order to develop, implement and evaluate an evidence based model of care for use by hospital staff who look after confused older patients. In 2013 the NHMRC Cognitive Decline Partnership Centre has funded further refinement and implementation of CHOPs to other hospitals within NSW.

Delirium
AARCS workers in NSW:
• Are competent in screening and early identification of the symptoms of delirium.
• Identify delirium as a serious medical emergency with high morbidity and mortality and access urgent medical care as appropriate.
• Are aware of and utilise local pathways to communicate assessment findings of suspected delirium for further investigation and appropriate management strategies.
• Are aware of the need for remediation of all reversible medical conditions before long term care planning and recommendations for care are made.

3.8.4 Younger person with disability
AARCS workers in NSW understand the special needs of younger people with disabilities who also have aged related and/or chronic conditions and, when appropriate, assist them to achieve timely and equitable access to services appropriate to their needs.

PRACTICE GUIDELINES

31 Dementia Services Framework 2010 – 2015 (GL2011_004) Pg. 50 NSW MoH.

32 Dementia Services Framework 2010 – 2015 (GL2011_004) Pg. 50 NSW MoH.

33 Australian Human Rights Commission Act 1986 schedule 5 – Declaration on the rights of disabled persons

34 Disability Discrimination Act 1992
When assessing a younger person with a disability referred to the AARCS because of their aged related and/or chronic conditions, AARCS workers in NSW:

- Utilise clinical experience and judgement to assess the complex needs of the younger people with disability admitted to hospital as a result of an acute exacerbation of their chronic systemic diseases and/or aged related condition.
- Involve the younger person and their carer and family in care planning and decision making whenever possible.
- Establish communication pathways with authorities responsible for service provision for younger people with disabilities and with professionals and others with appropriate expertise in care planning (e.g. disability services, younger onset dementia services).
- Understand that it should be a last resort to refer a younger person with disability to an Aged Care Assessment Team to determine eligibility to access Commonwealth-subsidised residential or community aged care services. Long waiting lists for local disability services do not automatically constitute “non-availability” of appropriate care and support.
- Assist the younger person, their carer and family to access care and support services appropriate to their needs post discharge, including helping to minimise non-medical delays to discharge.

4. ORGANISATION AND MANAGEMENT

All AARCS workers, as employees of NSW Health, adhere to Local Health District and Ministry of Health policies and procedures including but not limited to:

- Legal, policy and LHD administrative obligations of their role;
- Protection of the privacy and confidentiality of patients’ personal information;
- Data collection and reporting;
- Documentation;
- Risk management and Workplace Health & Safety;
- Continuous quality improvement and external accreditation processes
- Communication and promotion of AARCS
- Networking and effective relationships.

PRACTICE GUIDELINES

35 Health Records and Information Privacy Act 2002 (HRIP Act) (NSW)
36 Personal Information Protection Act 1998 (PIP Act) (NSW)
4.1 Legal, policy and LHD administrative obligations

AARCS workers in NSW:

- On appointment, participate in an orientation or induction program as required for all new NSW Health employees as part of acquiring the proficiency needed to provide a quality service for patients. Orientation should include an introduction to legislative responsibilities regarding the maintenance of medical records, documentation and report writing.

- Keep informed about NSW Health and LHD policy and program developments and legislative change impacting on their work.

- Participate in education and training opportunities and access information resources to help gain understanding of their roles and responsibilities in relation to legislation, policy, procedure and guidelines.

- Are aware of and adopt changes and updates to hospital, LHD or NSW Health policies and procedures relevant to their role.
  
  - As required, participate in in-service education and training to implement changes to local policies and procedures systems.

- Have a developed pathway to access policy advice or to make general enquires regarding policy, procedure and guidelines.

- Seek practical peer support and discipline-specific clinical supervision appropriate to their role.

4.2 Protection of the privacy and confidentiality of patients’ personal information

AARCS workers in NSW:

- Understand their obligations under the Privacy Act 1988 to protect the privacy and confidentiality of patients' personal information and adhere to privacy requirements as detailed in *NSW Health Privacy Manual Version 2*.

- Maintain the confidentiality of individual patient data and understand that information concerning a patient may only be used for a purpose connected with the provision of care to the patient.

- When required, obtain written and informed patient consent to release of information to health and aged care providers.

4.3 Data collection and reporting

AARCS workers in NSW:

- Collect accurate data in a timely manner and adhere to reporting requirements

- Collect and record quarterly AARCS data required for inclusion in the Chief Executive LHD Service Agreement Report.
- Ensure AARCS quarterly data is submitted to the Aged Care Unit, Integrated Care Branch, NSW MoH, by the 8th day of the month:
  - Q1 July – September (8 October).
  - Q2 October – December (8 January).
  - Q3 January – March (8 April).
  - Q4 April – June (8 July).

- Are familiar with the NSW MoH AARCS Data Dictionary which describes mandatory data elements required for LHD Service Agreement reporting.

- Contribute, if required, to LHD strategic services planning through analysis of hospital data to identify older patients and younger patients with disability being discharged from local hospitals who might benefit from referral to AARCS.

- Use AARCS data to help identify service overlaps and gaps and to inform the integration of AARCS with the delivery of other health and aged care based services, while maintaining the independence of the AARCS role within the context of LHD service delivery.

### 4.4 Documentation

AARCS workers in NSW:

- Maintain and retain documentation and supporting evidence to a standard which meets clinical, legal and quality requirements.
- Maintain accurate, complete and up-to-date health care (medical) records that meet statutory documentation and LHD record keeping requirements.
- Store health care records in a secure place at all times that can only be accessed by authorised personnel.
- Ensure that all written and oral communication of clinical information meets the NSW MoH policy on privacy/confidentiality of health records and information.
- Use email to transmit health information within the LHD only when it is essential for immediate, ongoing care, and only include information required for that purpose.

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38 The Australian Council on HealthCare Standards EQuIP5 Standards and Criteria 2.3.1

39 Privacy Manual (Version 2) (PD2005_593) NSW MoH

40 Privacy Management Plan – NSW Health (PD2005_554) NSW MoH.

41 Electronic Information Security Policy – NSW Health (PD2008_052) NSW MoH.

42 Privacy Manual (Version 2) (PD2005_593) NSW MoH.
• Protect patient privacy when using email to send health information outside NSW Health by limiting the number of recipients, exclude patient-identifying information if feasible and, if required, use a password that is given separately over the phone.

• Understand that no personal health information should be given over the phone unless it has been established that the caller has legitimate grounds to access the information and can give proof of identity. It is advised that, prior to disclosing personal health information, a return call is made to the person requesting information to confirm the request is legitimate.

• Ensure file notes are made to record all information disclosed, to whom, for what purpose and when (date and time).

• Manage patient records to optimise confidentiality and security while facilitating continuity of care when planning for continuing community service provision.43

• Maintain a timely record of all AARCS investigations and interventions, multidisciplinary meetings and patient discussions and document a summary of assessment details and recommendations.

4.5 Risk management and Workplace Health & Safety

AARCS workers in NSW:

• Utilise NSW MoH Incident (and complaints) Information Monitoring System (IIMS) to log and manage all Work Health & Safety issues (WH&S), incidents and service complaints.

• Understand that they have a responsibility under the WH&S legislation to collaborate in creating and maintaining a safe and healthy workplace in order to prevent injury and disease.

4.6 Continuous quality improvement and external accreditation processes

• Participate in training and education activities relating to quality improvement, as appropriate.

• Participate as required in external accreditation, including contributing to and participating in internal self-assessment, external accreditation activities and local quality improvement planning processes.
  o This may involve implementing internal self-assessment and reporting systems.

• Are self-motivated in terms of contributing to and maintaining professional competency, participating in continuing education activities, and developing their understanding of aged care issues and changing practices.

43 The Australian Council on HealthCare Standards EQuIPS Standards and Criteria 2.3.4
• Access ongoing clinical supervision to help them develop their knowledge and competence, maintain responsibility for their own practice, develop skills in multi-disciplinary team work and enhance consumer protection and the safety of care in complex clinical situations.

• Attend relevant professional and industry conferences and other educational forums.

• Progressively expand their knowledge of the management of health conditions in older people so that they are able to provide sound clinical advice to older people, their carers and families as appropriate.

4.7 Communication and promotion of AARCS

AARCS workers in NSW:

• Understand that promotion of the AARCS service and its benefits to key hospital referrers is vital to maximising the timely referral of appropriate older people admitted to hospital and increasing awareness and understanding of the services offered.

• Develop an ongoing communication strategy to promote AARCS within the ED, the hospital, the LHD and the community (e.g. Residential Aged Care Facilities, General Practitioners).

• Provide education and training to staff, as appropriate, on the specialist aged health role of AARCS and foster good practice in the safe care and management of older people.

• Utilise a range of communication strategies to promote their service as appropriate (examples below):
  o Patient information brochure
  o Referrer information pack/education sessions
  o Regular, ongoing communication to referrers about Service
  o Good news story opportunities

4.8 Networking and effective relationships

AARCS workers in NSW:

• Establish effective relationships and communication strategies to facilitate collaboration between acute/subacute, aged care, mental health and primary health services within their LHD.

• Promote a clear understanding of the roles and responsibilities of AARCS to acute/subacute, aged care, mental health and primary health services.

• Foster close links with key local health and aged services, including but not limited to:
  o Aged Care Assessment Teams (ACATs)
- Foster close links with key local aged care services, including but not limited to:
  - Home and Community Care programs
  - Residential Aged Care Facilities
  - Home Care Package providers
- Actively network with other AARCS workers, both within their own Local Health District and across NSW.
- Value multidisciplinary input into complex case management and actively seek opportunities within and across LHDs to ensure best management of individual patients.
- Maintain up-to-date contact details for other AARCS and establish networks as appropriate to promote sharing of experience and consistency of practice and decision making across NSW.
- Maintain good communication links with their LHD Aged Care Contact and the NSW MoH Aged Care Unit.
- Participate in mentoring activities across AARCS as appropriate.
- Participate in NSW education and training forums as appropriate.
- Share policy, protocols and knowledge in a network of professional support.
5. GLOSSARY

Aboriginal Health Worker
The role of Aboriginal Health Worker generally includes: clinical functions (often as the first point of contact with the health workforce, particularly in remote parts of the country); liaison and cultural brokerage; health promotion; environmental health; community care; administration, management and control; and policy development and program planning.

Activity Based Funding
Activity based funding (ABF) is a method of allocating funds based on the level of activity or services provided. Under ABF, LHDs are essentially paid for the work they perform, within agreed targets.

Advanced Care Directive
A written statement regarding someone’s wishes for their future health care. An Advance Care Directive can be made by anyone who has the capacity to do so. An Advance Care Directive is only used if, at some point in the future, the person becomes incapable of making health care decisions for themselves (due to illness or injury).

Advocate
An advocate is a person who acts on behalf of another party. In the absence of a carer, an independent advocate could be a general practitioner, legal representative, person appointed by the Guardianship Tribunal or another person who can adequately represent the interests of the care recipient.

Aged Care Act
The Aged Care Act 1997 governs residential care, home care packages, multi-purpose services (MPS), innovative care and transition care. The main areas of regulatory control are: funding services; allocating aged care places to approved providers; assessing client eligibility; pricing; determining quality standards (both for care and accommodation); ensuring compliance; and handling complaints.

Aged Care Assessment Teams (ACATs) - DSS / NSW MoH
Aged Care Assessment Teams are multi-disciplinary teams of health professionals who assist frail older people to gain access to the types of services most appropriate to meet their care needs. This includes responsibility for determining eligibility for entry to Australian Government subsidised residential aged care, community care and flexible care (including Transition Care). ACATs conduct a comprehensive assessment of the restorative, physical, medical, psychological, cultural and social dimensions of care, and provide a choice of appropriate services to meet the person’s needs. ACATs refer care recipients to services that are appropriate and available to meet their needs and preferences.
Aged Care Contact

Each Local Health District (LHD) has a senior aged care manager nominated as the ‘Aged Care Contact’ for liaison with the Aged Care Unit in the Ministry of Health. The Aged Care Contacts meet with the Aged Care Unit monthly to discuss issues related to the Aged Care Assessment Program, the TACP, Long Stay Older Patients (LSOP) activities and policy and program areas relevant to aged health and care which supports older people, their carers and families. They play an important role in ensuring information is passed from the MoH to LHD program staff and vice versa. They also coordinate mandatory reporting for submission to the MoH.

Aged Care Unit, Integrated Care Branch

The Aged Care Unit is located in the Integrated Care Branch in the NSW Ministry of Health. Portfolio responsibilities include policy development, program management and support for Australian Government-funded aged care services in NSW, for example Aged Care Assessment Teams, Acute to Aged Related Care Services, AgedCare Services in Emergency Teams, State Government Residential Aged Care Facilities and the Transitional Aged Care Program (TACP).

Carer

A carer provides ongoing, unpaid support to a family member, neighbour or friend who needs help with everyday aspects of life because of disability, chronic or terminal illness, mental illness and/or ageing. A carer may also be the client’s advocate.

Council of Australian Governments COAG

The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia. The members of COAG are the Prime Minister, State and Territory Premiers and Chief Ministers and the President of the Australian Local Government Association

Enduring power of attorney

A legal agreement that enables a person to appoint a trusted person - or people - to make financial and/or property decisions on their behalf.

Enduring power of guardianship

A legal document that enables a person to authorise a person of their choice to make important personal, lifestyle and treatment decisions on their behalf should they become incapable of making such decisions. An enduring guardian cannot be authorised to make property or financial decisions on their behalf.

Falls Clinic (or similar)

A Falls Clinic, or a similar service, provides assessment and programs for people living in the community who are at risk of falling, or whose mobility is deteriorating. The aim is to prevent falls and injury, and to improve and maintain balance and mobility.
Home Care Package

There are four levels of packages which are funded by the Australian Government. All care packages are individually planned and coordinated to help older people to remain living in their own homes. Each level includes the Dementia Supplement for people with dementia and the Veterans’ Supplement for veterans with an accepted mental health condition. Level 1 supports people with basic care needs. Level 2 supports people with low care needs (formerly Community Aged Care Packages). Level 3 supports people with intermediate care needs. Level 4 supports people with high care needs (formerly Extended Aged Care at Home and Extended Aged Care at Home Dementia packages).

Home and Community Care

The Commonwealth Home and Community Care Program provides a comprehensive, coordinated and integrated range of basic maintenance and support services to help people maintain their independence at home and in the community. Eligibility for this program does not require an ACAT assessment.

LHD Service Agreements

An agreement between the Ministry of Health and the Local Health district that sets out the service delivery and performance expectations for the funding and other support provided to the District.

Local Health Districts (LHD)

In 2010, the NSW Government announced the boundaries for the Local Health Districts, which are a key requirement of the National Health Reform Agreement finalised in April 2010. NSW has 15 LHDs, eight of which cover the Sydney metropolitan region and seven cover regional and rural NSW. In addition, two specialist Networks focus on Children’s & Paediatric Services, and Forensic Mental Health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent’s Health (St Vincent’s Hospital, Sacred Heart Hospice, St Joseph’s at Auburn). LHDs are administered by a Chief Executive and local Governing Board headed by Chairs that include clinicians, healthcare management experts and community representatives.

Ministry of Health (MoH)

The NSW Ministry of Health is a central NSW public service organisation that supports the executive and statutory roles of the NSW Minister for Health & Medical Research and monitors the performance of the NSW public health system.

Transitional Aged Care Program (TACP)

The Transitional Aged Care Program is a jointly funded program between the Commonwealth and NSW Health which provides short-term and active management for older people at the interface of the acute/sub-acute and residential aged care sectors. It is goal orientated, time-limited and targets older people at the conclusion of a hospital episode who require more time and support in a non-hospital environment to complete their restorative process to optimise their functional
capacity and finalise/access their longer term care arrangements. Depending on the assessed needs of the client, TACP will offer ACAT approved recipients nursing support, low intensity therapy or rehabilitation to maintain physical and cognitive functioning, personal care, medical support and case management.

Respite Care

Services designed to give carers a break from their caring role that can be arranged for planned breaks, regular weekly breaks, short holidays or emergencies. Services are available within the person's home, in a day care centre or in a residential care facility.