

## Summary

### Objective

If family members are providing a significant level of attendant care, we can provide relief care, or respite care, to help maintain both the client's and the family member's health and safety.

Relief care is provided to give family members who are providing significant levels of care a break, as it is not possible for one person to safely provide 24-hour hands-on care by themselves. It is against the Health and Safety in Employment Act 1992 for any carer, whether employed by an agency or as a family or private carer, to work hours that could put others or their own health and safety at risk.

**Owner** [Name withheld]


**Expert** [Name withheld]

## Procedure

### 1.0 Introduction

- a** When family members are providing a significant level of attendant care, ACC can provide relief care, or respite care, to help maintain both the client's and the family member's health and safety.

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 Health and Safety in Employment Act 1992  
<http://www.brookersonline.co.nz/databases/modula>

#### **NOTE** Private carers working excessive hours

ACC discourages clients expecting one family member to provide care 24 hours a day, seven days a week. This will increase the risk of burn-out and carer fatigue. Our clients are placed at risk of their injury related care needs being compromised by carer being exhausted, sick or injured themselves (eg; back strain)

### 2.0 Types of relief care

- a** The two types of relief care are:
  - family caregiver requires a break
  - crisis care

### 3.0 Family caregiver requires a break

- a** Relief care is encouraged if the client's usual caregiver is a family member. Relief care is important to ensure that family can maintain the required standard of care without a build-up of stress, fatigue or emotion.

If the client chooses to use agency care while family carers are absent, agency rates apply.

Family members having a break are not entitled to attendant care payments for the period of relief care.

### 4.0 Crisis care

- a** Crisis care might be needed if the client's care arrangements break down without warning. Crisis care provides emergency funding for up to three days in contracted facilities and contributes to the rehabilitation outcome and safety of the client.

The need for crisis care can be minimised by having a plan listing a variety of carers and periods of relief care.

- b** IHCS Urgent Care for non-contracted care arrangements

RTMs need to ensure that clients with high level of non-contracted home and community support have a plan in place for when their carer is unavailable for personal cares that may impact on their Health and Safety if not provided.

IHCS contracted providers can work together with the client to establish an Urgent Care plan outlining the hours and tasks needed. These will not exceed the approved hours.

 IHCS Urgent care


### 5.0 Planning for relief care

- a** Recovery Team Members need to encourage clients who are receiving attendant care from a family member to have a plan in place for relief care. This will ensure that their care will continue should a family caregiver need a break or be unexpectedly unavailable.

If your client is receiving more than 10 hours of attendant care a week for more than 12 weeks then they should be offered the 'Setting up and Managing Your Private Care' resource. Clients and carers can use this booklet to identify:

- who their care team is
- who or which agency will provide their relief care
- emergency contact details for whanau/family/friends.

'Note: If your client is receiving less than 10 hours of attendant care a week for less than 12 weeks, but you think it may reduce the risks associated with their non-contracted care, please offer these resources to your client

 ACC7024 Setting up and managing private care

### 6.0 Amount of relief care

- a** The amount of relief care available is determined by the client's assessed needs and is no different to the client's normal attendant care entitlement. There is no limit on the amount of relief care we can provide, but the amount predicted per year should form part of the Recovery Plan based on the social rehabilitation assessment.

### 7.0 Methods of providing relief care

- a** Relief care can be provided by:
  - admitting the client to a residential facility to receive care
  - having an alternative caregiver come to the family home to provide care
  - sending the client to an alternative provider's home.

## 8.0 Expectations

### a Setting expectations about relief care

ACC will:

- advise carers of the amount of predicted relief care per year, based on the social rehabilitation assessment
- establish the mix of care and the care team. Ideally there should be a variety of carers to minimise the need for periods of relief care
- strongly advise family caregivers to include a contracted agency as part of the care team, so that they can:
- access regular support
- share the client's care
- have back-up arrangements in case of sickness or other reasons.

The family should advise ACC as soon as possible if they require a break outside that predicted in the assessment.


More information about the importance of planning for and organising a respite break can be found in the Carers NZ resource Time Out or on their website <http://www.carersair.net.nz>

 Carersair  
<http://www.carersair.net.nz/>

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## 9.0 Retention payments

### a Refer to Non-contracted Retention Payments Service Page for information about payments made to retain the services of a carer while a client is in hospital or respite care.

 Non-contracted Retention Payments and Non-contracted Coordination Fee Service Page

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