

'Respite care' can give caregivers a much-needed break, but many find accessing it difficult

July 18 2022, by Nicole Sutton, Deborah Parker and Gillian McAllister



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To seek "respite" is to look for a break from strenuous effort to recharge and regroup. In the context of aged care, subsidized respite care provides temporary support to older people, which gives their caregivers a brief relief or "respite" from their caring responsibilities.

Caregivers look after a family member or friend who is frail or has a

disability, [mental illness](#), substance dependency, chronic condition, dementia, terminal or serious illness. Having access to respite services is crucial, as only [one in five caregivers](#) of an older person reports they can easily organize a friend or family member to help them out.

Access to respite can also improve a caregiver's well-being, enable them to continue in their caring role, and postpone the need for an older person to move into permanent residential care.

However, in a [recent survey](#), only 30.6% of caregivers reported accessing respite in the previous year, and just over half of those who did were satisfied with it.

What is respite care?

Respite care is a support service for [older people](#) designed to give their caregivers a short-term break from their caring responsibilities. It can be planned or used in an emergency, such as when a caregiver falls ill.

In Australia, respite occurs in a variety of settings. The more formal residential respite occurs when an older person stays temporarily in an aged-care home. However, there is also a range of community-based respite services. These include "day stays" in local community clubs, overnight stays in dedicated "respite cottages", as well as options for care workers to provide support in people's own homes.

In [2020–21](#), 67,775 people received residential respite care, and 46,527 received community-based respite care.

While this may seem like a lot, it is small compared with the [428,500 people](#) who are the primary caregiver for a person aged 65 years or older. And formal respite services accounted for [just 3.2%](#) of all [government expenditure](#) on aged care.

Australia's emergency respite care for older people is seriously broken. Even with prior ACAT assessment, very difficult to find care. Main advice from many providers: call ambulance and send person to ED. [@ACEMPresident](#) [@CarersAustralia](#) [@AusHealthcare](#)

— Alison Verhoeven (@AlisonVerhoeven) [July 4, 2022](#)

Why don't people use it?

Caregivers consistently report [accessing respite care is difficult](#). The obstacles they face include:

- not enough residential respite care beds
- residential aged care facilities that do not routinely offer respite care
- respite providers that can't support people with dementia and high care needs
- respite care that is not close to home
- assessment delays that mean caregivers can't access respite when they need it.

The royal commission heard evidence [respite care can be risky](#) for the care recipient due to poor communication in the transition process. For example, health and [medical information](#) about care recipients tends to be stored across multiple systems, some of them paper-based. This leaves scope for errors when care recipients move into a new care system.

Potential providers of respite care also face [financial disincentives](#) to offer short stays. The cost of the admission process is relatively high, so providing residential respite care for less than two weeks may not be financially viable.

A lack of appropriate respite care has significant consequences for both caregivers and the family or friends they look after. As one caregiver [told the royal commission](#): "I have asked whether or not Betty can get respite care in Broome but I'm told that it is full. One time I had to go for a funeral out in the desert and I had to take Betty with me because I could not get her into respite care and I couldn't leave her with other family. We drove over 1,000km to the funeral. Betty got sick and needed antibiotics. Having more access to respite care would make a difference, a big difference to me."

What needs to change?

From October 1, funding for residential respite care will change to better align with the funding provided for permanent residents. This aims to remove the financial disincentives for providers and improve respite availability in existing aged care homes.

But given the strong preference for respite in smaller cottage settings, further resources could be directed to expanding the availability of community respite. The [royal commission](#) noted that, while these services exist, they are limited, particularly in regional areas.

Improving the uptake of respite care will require [more active and personal support for caregivers](#) so they have the skills and confidence to organize respite care.

The previous government committed extra funding for the [Caregiver Gateway](#) program to streamline access to respite care and provide more [face-to-face support](#) for people looking for local services.

Perhaps most importantly, respite care needs to be understood as a service for the caregiver as much as for the older person they care for. We need to understand caregivers' needs so we can design and match

services for them.

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