



Supporting Families With Planned & Crisis Respite

FRIENDS National Resource Center
Casandra Wade
(360) 769-7167
casandrawade@charter.net

ARCH website:

Archrespite.org

Respite Locator Service:

<http://www. chtop.com/Locator/index.htm>

State Respite Coalitions:

<http://www. chtop.com/ARCH/coalitions.htm>

Objectives

- define planned & crisis respite models
- describe the benefits of planned & crisis respite.
- share evaluation results
- discuss issues related to accessing respite

Respite

- Temporary relief for caregivers from the ongoing responsibility of caring for a child with any special needs or in any special family circumstance that may place him or her at risk of harm.

Respite is

- provided to children with disabilities and other special needs; to children with chronic or terminal illnesses; or those at risk for abuse and neglect
- a chance for caregivers to “take a break”

Planned Respite

- Serves caregivers and individuals with
 - ✓ developmental disabilities
 - ✓ medical conditions
 - ✓ emotional/behavioral conditions
 - ✓ at risk of abuse/neglect

Planned respite models

- Home-based Care: Care is provided in the child's own home.
- Family Care Homes: Typically licensed family child care or foster care homes.
- Center-based: Licensed child care facility/child development center

Planned respite models, cont.

- Planned & crisis care combinations
- Summer camps(for both children and adults)
- Parent's night out

Crisis Respite

Also called Emergency Respite, Crisis Care or Crisis Nursery Services

- Temporary care is provided for individuals in times of crisis or emergency—it can be accessed any day, any time

Crisis Respite is

- Used as as a primary and secondary prevention service

Other Services Often Provided by Crisis Respite Programs:

- Planned respite
- Parenting classes
- On-going parent support groups
- Crisis Counseling
- Home visiting services
- Public education

Other Services Often Provided by Crisis Respite Programs: (continued)

Assistance with material needs such as

- ✓ Food
- ✓ Diapers
- ✓ Clothing
- ✓ Furniture
- ✓ Other items as needed

Examples of Crisis Respite Program Mission Statements

- *"To provide immediate refuge for children and support to strengthen families."*
- *"Keeping Children Safe and Families Together"*

Cowen, P.S. (1998)

(study of 515 children from 240 families who received crisis child care in four rural Iowa counties)

“...compared with counties that did not offer crisis care intervention, there was a significant decrease in child maltreatment reported in the rural counties that offered a crisis childcare program.”

Cowen, P.S. (1998) continued

“Comparisons of pretest and posttest scores indicated significant improvement in the areas of Total Stress, Parental Distress, Difficult Child, and Life Stress.”*

* Measured by The Parenting Stress Index/Short Form

Home, A., & Darveau-Fournier, L. (1995)

This study found that respite (planned and crisis) for families in a “high-risk” neighborhood resulted in

- ✓ physiological and psychological rest
- ✓ positive change in parent-child relationships
- ✓ positive changes in children's behavior
- ✓ reduction in caregiver stress

Home, A., & Darveau-Fournier, L. (1995) continued

“ Of the 25 families referred to the project following a request for [foster care] placement, over two-thirds did not proceed with placement plans.” (p. 81)

Rimmerman, A. (1989)

"Mothers who received 6 hours or more a week of respite services scored lower on parental and family problems, pessimism, and perception of child's burden (measured by parental perception of child's characteristics and physical incapacitation) ." (p. 101)

Rimmerman, A. (1989) continued

"The use of respite services brought the greatest degree of positive change in the way mothers perceived their children after the first 6 months of the study." (p. 102)

Subramanian, K. (1985)

"Potentially abusive parents must have relief systems available to them at critical moments of stress, yet they often view social service agencies as threatening. At these times, the concept of community-based respite care is a major innovation designed to prevent child abuse." (p. 501)

Subramanian, K. (1985) continued

"The analysis of the "Levels of Stress" scales show a significant reduction, after the receipt of respite care, in all affective and overall measures of stress except on the "Fatigue" variable." (p. 508)

"This study lends support to the belief that emergency respite care is serving as a preventive service for child abuse." (p. 509)

Bruns, E.J.& Bujrchar, J.D. (2000)

Seventy-three Vermont families with children experiencing emotional and behavioral disturbance (EBD) participated in a controlled study of the short-term effectiveness of respite.

The respite group experienced

- ✓ fewer incidents of out-of-home-placements,
- ✓ greater optimism about caring for the child
- ✓ reductions in some areas of caregiver stress
- ✓ fewer incidents of negative behaviors expressed in the community (page39)."

Bruns, E.J.& Bujrchar, J.D. (2000) (cont.)

“Perhaps the most encouraging outcomes associated with respite was the reduction in the percentage of families using OHP [out-of-home-placement] and the reduction in OHP days required. These findings, combined with caregivers’ greater optimism about caring for the child at home in the future, represent a consistent indication of respite’s potential as a preventative family support service.”(p.57)

References

Bruns, E.J.& Bujrchar, J.D. (2000) Impact of Respite Care Services for Families With Children Experiencing Emotional and Behavioral Problems. *Children’s Services: Social Policy, Research, and Practice*, 3(1), 39-61.

Cowen, P.S. (1998). Crisis childcare: An intervention for at-risk families. *Issues in Comprehensive Pediatric Nursing*, 21, 147-158.

Home, A., & Darveau-Fournier, L. (1995). Respite child care: A support and empowerment strategy for families in a high-risk community. *Prevention in Mental Health and Human Services*, 12, (1), 69-88l.

References (cont.)

Rimmerman, A. (1989). Provision of respite care for children with developmental disabilities: Changes in maternal coping and stress over time. *Mental Retardation*, 27(2), 99-103.

Subramanian, K., “Reducing Child Abuse Through Respite Center Intervention” *Child Welfare*, 64(5): 501-509, Copyright 1985, Child Welfare League of America.

Demographic and Social Trends

- Large and Increasing Number of Caregivers
- Sandwich Generation
- Grandparents Caring for Grandchildren
- Abuse and Neglect Prevention

Barriers to Respite

- Shortage of well-trained quality providers or programs
- Reluctance to ask for help
- Fragmented, narrowly targeted services
- Lack of information about how to find or select providers
- Cost
