

Respite Care Project

Findings from the Scoping Exercise

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What is respite care?

- Respite care for children and adolescents in Australia usually takes the form of foster care provided for short periods when the regular carer is unable to care for a wide range of reasons
- Can be regular
- Can be emergency
- Can support parents, foster carers, kinship carers, permanent carers

The Respite Care Project



- Three year history
- Collaboration between five key Victorian CSOs, Latrobe University School of Social Work and Social Policy and the Office of the Victorian Child Safety Commissioner with support from Department of Human Services
- The CSO Project partners are the Victorian Aboriginal Child Care Association, Mackillop Family Services, Department of Human Services, Good Shepherd Youth and Family Services, Berry Street Victoria and Anglicare

Background



- Emergency and regular respite care have been recognised as key strategies that can strengthen families and prevent abuse, neglect and family breakdown
- Local and international experience suggests that respite care enhances community linkages and improves parental and child wellbeing
- Respite care appears to be a vital, but underdeveloped and underfunded, means of supporting families.

Aldgate & Bradley, 1999 Cole & Hernandez, 2007; ARCH National Respite Network & Resource Centre, 2003 Fry, 2005; FRIENDS National Resource Centre for Community Based Child Protection 2007;



Aims of the Respite Care Project

- explore the international literature in relation to respite care
- raise the profile of respite care within government and non-government sectors
- access the voices of key stakeholders in the respite care experience
- map and describe the parameters of respite care in Victoria
- explore outcomes of a range of respite care experiences
- develop practice principles and a program logic for models of respite care operating in Victoria
- examine respite care in the context of other family support services
- describe current and future demand for respite care in Victoria.



Achievements

- A funded literature review Hartley, R (2008) *Respite Care Literature Review* Melbourne, Australia: Respite Care Project Partners
- Two Respite Care Forums
- National media coverage
- Wide consultation within government and non-government sector
- Engagement of international consultants - J Aldgate and W Rose (UK) and S Cash (US)
- Completion of a scoping exercise
- Work toward an ARC Linkage Grant to access the voices of key stakeholders and conduct an outcome study

Current focus



The focus of the Project is on exploring planned and emergency respite for the following groups of families and children:

- community respite for children living with parents
- statutory respite for children living in foster care
- community or kinship respite for children living in kinship care
- community or 'customary' respite care for indigenous children

Mapping programs offering these services throughout Victoria has been completed; this scoping will now ground exploration of direct experience (accessing voices of stakeholders) and an outcome study



RESPITE CARE: *'THE GRASS ROOTS OF PREVENTATIVE CARE'*

THE RESPITE CARE SCOPING EXERCISE

DR GAY OCHILTREE (PROJECT WORKER)

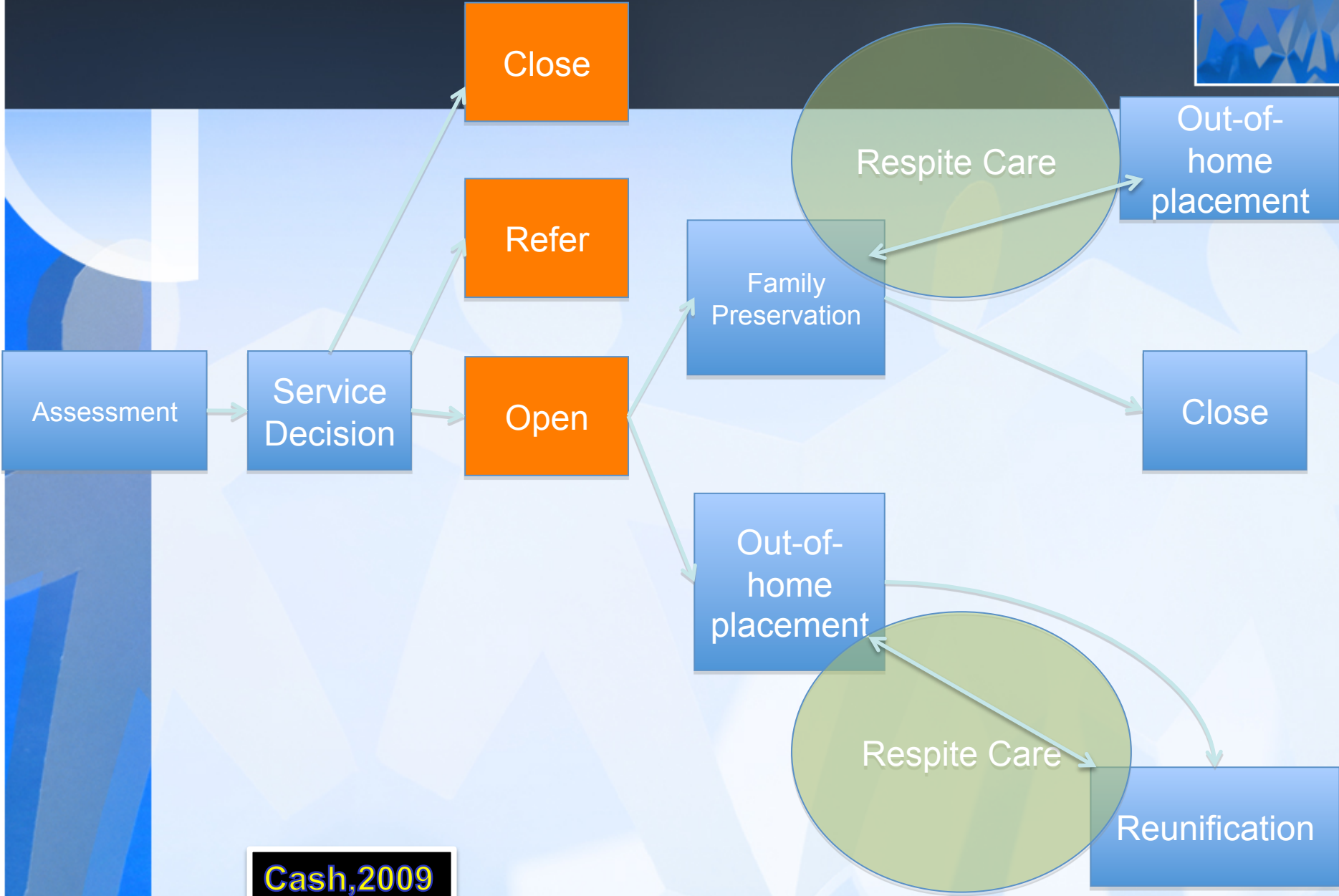
**Slides prepared
by Dr Patricia McNamara (La Trobe University)**

Literature



- Raising community understanding/ profile
- Normative
- Early intervention
- Family preservation
- Decision making (continuity)
- Mediation role
- Training (balancing safety with flexibility)
- Voices of children

Aldgate and Bradley, 1999, Dixon and Biehal, 2007; Hartley, 2008



Cash,2009



Aims of the scoping exercise

To improve our understanding of:

- operational aspects of respite care programs and services in Victoria
 - profiles of key types of respite care
 - good practice principles for respite care
- and
- increase awareness and understanding of good practice in respite care in the sector

Methodology



- Ethics approvals obtained from all CSOs and Latrobe University (Faculty of Health Sciences)
- Targeted agencies with DHS funded out-of-home services (all listed across Victoria, not just those managed by the Consortium)
- CEOs or equivalent approached by hard copy letter with consent forms and semi-structured interview schedule attached
- Nominated Respite Care manager interviewed by telephone for between half to one hour
- The findings discussed here relate to 15 responsive agencies providing foster care; another six agencies provided residential care or other related services (discussed in full scoping report)



Participants

45 agencies were approached

21 Managers of Respite Care Programs
participated

Response Rate 44%

Data Analysis



- data from the semi-structured interviews was transcribed and analysed for content and themes utilising an interpretive phenomenological approach
- The findings manifest many (possibly predictable) areas of commonality but also some important areas of diversity

Smith, J.A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A practical guide to methods*. London: Sage.



TABLE ONE

Operational Aspects of Victorian Respite Care Programs

	Foster Care House-holds	% /no Households providing respite care	Dedicated staff	Source of most demand	%Comm. Referral	%Child Protect.ion Referrals	% Emergency respite requests	Planned vs Discrete service	%Respite only one agency involved	% Respite to support own Foster Families
A	463	39%(180)	0.8EFT	Community own carers DHS	80%	Under 20%	33%	60% Family support planning	30-40%	<15%
B	172	24%(41)	1EFT	All	20%	40%	20%	Discrete service	20-30%	80%
C	95	60% (all at some time)	None	Community Own carers	30%	5-10%	25%	Both but mostly discrete	70%	70%
D	76	63%(48)	None	Community Family Services	45%	7%	Very Little	Mostly discrete 25%family supp planning	70%	25%
E	76	63%(48)	None	Own carers Child first Schools	50%	30%	20%	No answer	100%	40%
F	75	<5%	Yes	Own carers	10-15%	10%	10-15%	Discrete service	50%	90%
G	72	10%	None	Own carers DHS Family Services	Very rare	95%	50%	Discrete service	Unsure	80-90%
H	60	25%	0.6EFT	DHS Community Self referral	40%	60-70%	None	Best Interest + Family Support Plans	Only for self referrals	<20%
I	50-60	Approx. 50%	0.4EFT	Own carers	50%	10%	50%	Part of child's case plan	90%	50%
J	40	10%+	0.5EFT	Community	50%	25-30%	50%	Discrete service	50%	50%
K	42	43%(18)	None	Own carers DHS	10%	Don't know	Very little	Own carers discrete	90-100%	All
L	36	30%(11)	Yes	Own carers Child First	80%	20%	Unsure	Family support plans	10%	20%
M	33	36%(10-12)	None	Self referral Own Carers	40%	Very few	20%	Mostly Family Support plans	50%	60%
N	22	10%(2)	None	Own carers DHS	50%	30%	60%	Best Interest Case Plans	30%	50%
O	9	11%(1) exclusively, all do some	None	Community Own carers	Very rare	Very few	Very Little	Both	90%	90-100%



Operational aspects - TABLE 1

- Large range in numbers of foster care households
- diversity in %FC households providing RC
- Large number of community referrals
- Some high demand for emergency care
- Usually very high demand/useage of RC to support agency's own foster families (up to 100%)



Key Findings

Provision

- all 15 foster care agencies provide respite care
- 7 offer 'time out' (babysitting etc)

Funding

- only two agencies have dedicated respite care funding
- one has had programmatic funding from local govt for many years

Monitoring outcomes

- Informal due to lack of resources
- Episodic conversations



Strengths of Respite Care

Families

- *offers 'a break'*
- *reduces stress*
- *early intervention*
- *can prevent abuse, neglect, violence*
- *can build family-to-family relationships*

Children

- *children experience alternative models of family life*
- *can offer fun, extend recreational opportunities*
- *can build relationships with trusted adults*

General

- *creates community linkages*
- *offers alternative parenting role models*
- *can transition into foster care*



Weaknesses of Respite Care

Families

- *Children making unfavourable comparisons on return home from a “great weekend”*
- *Respite carer reluctance or inability to form relationship with primary caregivers*

Children

- *Poor matching*
- *Discontinuity*
- *When perceived as punishment*

General

- *Not enough respite available due to lack of funding*
- *Lack of dedicated workers to manage, supervise, monitor services*
- *Lack of funding leading to inconsistent care*

Best Practice Principles



- Partnerships and family involvement
- Continuity and stability
- Integration with a range of family support services in the community
- Cultural competence
- Active dedicated management to support respite care programs (especially related to complex needs of some service users such as those living with mental illness or intellectual disability)



Align with family services?

“Yes” (8 participants)

Integration of services essential

“Mixed feelings” (3 participants)

Could be positioned between the service domains

“No” (4 participants)

Skills for home based care different from family support



Training and accreditation

- Happy with status quo (8 participants)
- Want training shortened (4 participants)
'Step by Step' too long and detailed
Shorter training will increase recruitment
- No view expressed (3 participants)

Respite carer competencies



Competencies suggested as necessary for respite carers:

- readiness to care and engage in team work;
- ability to assess children's development
- capacity to provide safety and security.
- willingness to work in partnership with parents.
- good skills in engaging with families.
- ability to avoid getting caught up in the needs of family and keep to respite role.
- demonstrated family and community support.
- understand that they are a support to the family they are trying to preserve and not there to take over the family responsibility

Parting comments.....



- Many final remarks predictably focused on perceived funding and resource deficits:

“There is a great demand for respite care in any given week as at least 10% of foster carers need respite care and so do families from DHS and family services. The community is left out because we can barely provide for our own family service system. We need also to be resourced with a worker for respite care”.

- Other participants took a social capacity building perspective:

“Respite care needs to be viewed as a means of breaking down social isolation which is a major cause of social problems. It needs to be underpinned by the realisation that ‘it takes a village to raise a child’. Respite needs to be perceived not only as a way to strengthen families, but also as a way to strengthen community. It is also a way to harness social capital. There is inherent good will in the Australian community and people are willing to support other families with the care of their children. Respite care offers that opportunity. Respite care offers the opportunity of supporting other families, including grandparents raising children”.



Questions Raised

- **Programmatic funding for respite care emerges as a key concern for participants in this scoping exercise. How can such funding be made available?**
- **Should respite care be funded as a discrete service or as part of existing family support services or within home based care? What is best 'goodness of fit'?**
- **What level of funding is needed?**
- **What are the training and support needs of respite carers (eg nature and length of training)?**
- **How should Respite Care service delivery be structured; what ongoing monitoring, quality assurance is needed?**
- **How can general community access to respite care be improved, whilst maintaining support to foster carers?**
- **Do the findings of this Scoping Exercise accurately reflect experience/need within the sector?**

Consultative Roundtable (April, 2010)



FUNDING

- Creative suggestions – local government, FaHCSIA, Health/Mental Health, Dept of Immigration (CALD consumers, especially newly arrived refugees)
- Targeted funding to meet diverse needs
- Needs to link with funding models in place – Family Services Placement Prevention and Family Reunification (Victoria) and National Child Protection Framework
- Residential care can be supported with respite
- Targeted funding for placement prevention



TRAINING

Funding needed to train assess and support carers

Modulisation of training a possibility

Collaboration between agencies to achieve economies of scale



SERVICE DELIVERY MODELS

Reduce barriers to access

Avoid over specialisation

Community based initiatives to support foster carers that may reduce their demand for respite care

More work needed on model development



AWARENESS

Promotion and community education regarding need for carers

Respite care promoted as normative and “how communities operate”

Need recognised at both ends of the continuum (especially placement prevention end)

Enhancing “low risk” access to respite

Next steps for the Respite Care Project



Work toward an ARC Linkage Grant (or similar) to facilitate:

- Accessing the voices of key stakeholders
- An outcome study
- Development of a best practice model

Methods



Methods

- A mixed method study is proposed, incorporating the *iaOberfcs Sensitive Outcomes* (Berry et al,2006) qualitative approach along with several structured measures of outcome. We are keen to capture 'steps along the way' or proximal outcomes (Lightburn and Warren-Adamson, 2006) as well as larger outcomes associated with respite care.

Strategies

- Recruitment of 20 respite care cases from each of the five partner agencies or a mix that includes cases from other settings (N=100)
- Semi-structured interviews with children/young people, parents, case workers and respite carers at four (flexibly responsive) points in time along a twelve month continuum focussing on the areas identified above
- Administration of SDQ - self, parent and teachers versions (Goodman, 1997), Strengths and Stressors - Continuous Family Assessment Tool (Berry and Cash, 2008), Social Network Map (Tracy and Whittaker, 1990)

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