



Respite Care and Outcome

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Defined as temporary relief from caring for individuals with disabilities, respite care is a popular concept among families and service providers. Despite its popularity, however, there is very little research on the effectiveness of respite care in improving outcomes for families who have children with emotional and behavioral disorders (EBD). The authors of this study used a quasi-experimental, longitudinal design to test the hypothesis that respite care for families with children who have EBDs have better outcomes over time than a wait-list control group.

Participants in this study were 73 Vermont families with children who had an EBD and who had applied for respite services. Based on availability, families either received respite services (respite group) or were placed on a wait list to receive respite services (control group). The children were primarily white (86%) and male (80%), with a mean age of 9.6. Thirty-three percent of the sample experienced another problem in addition to having an EBD, such as a physical disability, developmental disability, chronic illness, or mental retardation. Most of the families were not receiving childcare and the majority of those who did relied on relatives or neighbors. Additionally, most families were not receiving mental health care for their children. Families tended to be single parent (48%) and have incomes less than \$15,000 (45%).

Participants were interviewed by telephone and assessed with several instruments at baseline and six month follow-up. Topics of assessment included number of days during the study in out-of-home placements (OHP) and number of crisis intervention (CI) services received, caregivers' perceived need for future OHP and CI, level of family functioning, level of caregiving and parent stress, child behaviors, and demographic and service use patterns. Baseline results of family functioning, caregiving stress, and child behavior assessments were similar to other samples of parents and children facing challenging environmental and clinical difficulties. The researchers statistically controlled for marginally significant differences at baseline between the respite group and the control group.

Services received by the respite group included in-home care, out-of-home care, overnight respite, or a combination, with a mean of 23 hours per month. There were several notable findings related to out-of-home placement: (a) families in the respite group who had used OHP before receiving respite care were significantly less likely to use OHP during the study period ($p < .05$), (b) respite group families needed significantly fewer OHP days during the study ($p < .05$), and (c) respite group families were marginally more optimistic ($p < .1$) about the need for future OHP, after controlling for days in OHP during the study. Group differences for all but two of the clinical assessment outcome variables were not significant; only the Personal Strain subscale of the *Impact on Family Scale* (IOFS) ($p < .1$) and the Community Externalizing Behaviors subscale of the *Quarterly Adjustment Indicator Checklist* (QAIC) ($p < .05$) were significantly different between groups, with improvement in favor of the respite group. Regression analysis revealed that more hours of respite care was associated with improvement in a number of variables, including a decrease in parents' perception of the need for future placement and a decrease in parental hassles.

Taken together, "the weight of evidence suggests respite...did help the families who received it [although] the overall benefits were modest and methodological limitations demand cautious interpretation" (p. 56-57). Despite a few significantly better outcomes in the respite group, the lack of systematic differences between groups "suggests it is still unclear which outcomes can be expected to experience greatest impact" (p. 57). Nevertheless, results indicate that respite may be very useful for reducing out-of-home placements and increasing caregiver optimism about caring for children at home, especially as number of respite hours increases. Given that respite care was the only service that most of these families received, it seems likely that respite as one part of a more comprehensive service delivery system for families with children who have emotional and behavioral disorders would have even more positive outcomes.