

One-Time Limited Respite Evaluation Fiscal Year 2014

Summary:

- Non-lapse funds used to provide limited one-time respite services for people waiting for ongoing services.
- Pre-test/Post-test survey design used to assess impact of respite services.
- Respite services significantly decreased caregiver stress.
- Respite services significantly increased time to spend with other family members and time for health and wellness.
- Overall quality of life improved significantly due to respite services.

Introduction:

During the 2013 general session, the Utah State Legislature passed Senate Bill 259, which amended Section 62A-5-102 and allowed for non-lapse funds to be used for one-time limited respite services for people waiting for ongoing services. Each person selected was given \$5,000 to use throughout the year on respite services. This evaluation assessed the impact that these respite services had on families of people waiting for services.

Methodology:

To effectively measure the impact respite services had on a family, the Division conducted a pretest/posttest study involving families of people waiting for services. The initial survey was conducted during the required training to participate in the program, with the family member who was the primary caregiver. The follow-up survey was conducted over the phone eight months later, with the same family member. Responses from family members who only completed the initial evaluation, and could not or were unwilling to complete the follow-up evaluation, were not included in this analysis.

Evaluation Measures:

The evaluation assessed areas of a caregiver's life and responsibilities that might be positively affected by receiving limited respite services. These areas included: dealing with stress over caring for a family member with disabilities, time spent with spouse/partner and other children, time for daily responsibilities, time to care for caregiver's health, time for social activities, time for relaxation and exercise, and overall quality of life. During the initial evaluation, caregivers gave responses to each question as it applied to their situation prior to receiving respite. The follow-up evaluation asked the same questions but asked them to give their responses as they

applied to their situation after having received respite services. Responses to each question were assigned a value based on a 5-point Likert Scale (Strongly Agree=5, Strongly Disagree=0).

Respondents:

151 respondents completed both the initial and follow-up evaluations, out of the original 250 respite service recipients for FY2014. 98% of the respondents were parent of a person waiting for services. The remaining respondents included other family members. Of the respondents, 85% were married, 8% were divorced, 5% were single, and 2% were widowed. For those respondents that were not married, only 7% of them had another adult caregiver in the home. Respondents were also asked how many people lived in the household, other than the person waiting for services. 32% of respondents lived in a household with 1 to 2 additional people, 43% of households had 3 to 4 additional people, 21% of households had 5 to 6 additional people, and 4% of households had 7 or more additional people.

Some demographic information such as gender, and age was collected. 52% of the respondents' family members were male and 48% were female. The age of the persons with disabilities ranged from 2 to 60 years of age, with an average age of 16.8 years.

Results:

There are nine evaluation measures included in the analysis. These measures are shown in *Table 1.1* We looked at agreement percentages and increases/decreases between the two evaluations to assess the effects of the respite. Additionally, a T-test was performed to test the significance of the change in average scores between the initial evaluation and the follow-up evaluation.

Table 1.1

Indicator	Measure
Stress:	<i>Felt stress over caring for family member with disabilities</i>
Spouse:	<i>Had enough time to spend with spouse/partner</i>
Child:	<i>Had enough time to spend with other children</i>
Daily:	<i>Had enough time for daily responsibilities</i>
Health:	<i>Had enough time to address health care needs/doctor visits</i>
Relax:	<i>Had enough time for relaxation or vacationing activities</i>
Social:	<i>Had enough time for social activities</i>
Exercise:	<i>Had enough time to exercise and participate in other healthy activities</i>
Satisfied:	<i>Satisfied with overall quality of life</i>

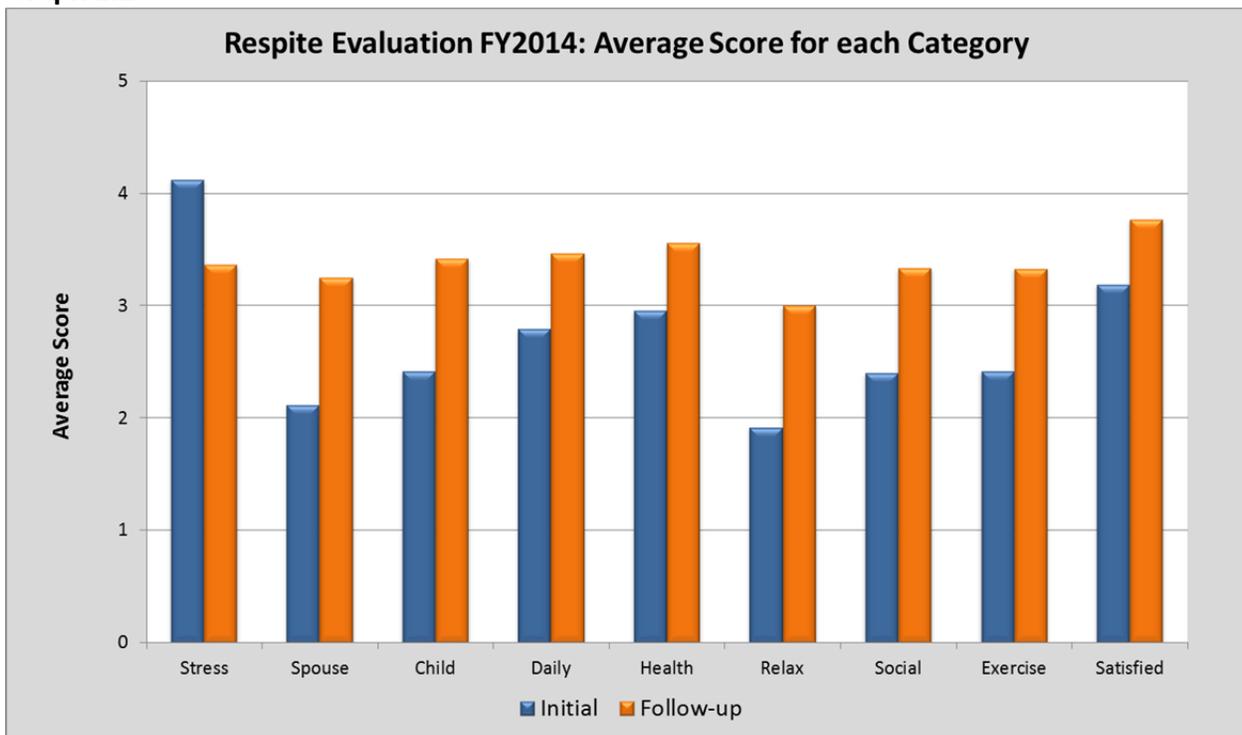
Average scores were compared using a T-test to look at the means between the two evaluations. Scores range from 0-5 based on the response given (5= Strongly Agree, 0=Strongly Disagree). Again, the desired change is an increase in average for every category except stress. As shown in *Table 1.2*, we see that the change in each category from the initial evaluation to the follow-up evaluation, after receiving respite, is statistically significant at a p<.0001 level.

Graph 1.2 illustrates the average score for each category for both the initial evaluation and follow-up evaluation. We see significant score increases across all categories and a significant decrease in the stress score between the initial and follow-up evaluations.

Table 1.2

Type	Stress	Spouse	Child	Daily	Health	Relax	Social	Exercise	Satisfied
Initial	4.125	2.120	2.421	2.798	2.960	1.920	2.402	2.421	3.192
Follow-up	3.366	3.248	3.417	3.466	3.560	3.006	3.335	3.331	3.768
Difference	-0.759	1.128	0.996	0.668	0.600	1.086	0.933	0.910	0.576
T-Value	-6.45	8.43	7.42	5.57	4.98	9.09	7.73	7.51	5.55
Significance	P<.0001	P<.0001							

Graph 1.2



Conclusion:

One goal of the amendment to Section 62A-5-102 was to help alleviate some of the burden that families feel for caring for their family member with disabilities by providing temporary respite services while they wait for ongoing services. This evaluation shows significant changes in a variety of aspects of family life. Receiving these respite services has allowed primary caregivers, and families, more time to spend with other family members including spouse/partner, and children in the household. Other aspects of personal life were also positively affected, including taking care of personal health by having time to attend doctor or dentist appointments and

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having time to exercise, as well as relax and socialize. With the increases in these areas, we also see a vast decrease in stress which leads to an increase in overall satisfaction of life. Given the results, we feel that the intent of these respite services was achieved by positively impacting the lives of the families receiving them, giving them more time in their personal lives and alleviating some of their burdens and stresses as caregivers.