

Agency-Delivered Out-of-Home Overnight Respite Policy (Pilots)		Date Approved	March 3, 2022
Branch/Division	Disability and Specialized Services/ Community Service Delivery	Applicable to	Children’s disABILITY Services
Responsible Authority	Assistance Deputy Minister Community Service Delivery	Next Review Date	March 1, 2023
Policy Owner	Director, Children’s disABILITY Services	Date Reviewed	February 2, 2023
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1.0 Policy Statement

The agency-delivered out-of-home overnight respite pilot projects provides temporary out-of-home relief from the physical and emotional responsibilities of providing care for families with a child who has significant disability- related care needs, who do not have the necessary resources to implement a self-managed respite plan and require a longer break than other supports can provide.

2.0 Background/Context

Families caring for children with disabilities experience additional challenges that can be emotionally and physically demanding. Research supports that parents who take short breaks away from the additional responsibilities of caring for their child with a disability experience lasting positive benefits. Agency-delivered out- of-home overnight respite can strengthen families, reduce stress, support parents to stay together longer and care for their children in their own communities where they grow and thrive best.

As children age, grow and change, respite goals can become more difficult to meet in family homes or the community. Children who display difficult-to-manage behaviours in the community and families that are at risk of breakdown are considered a priority for an out-of-home overnight respite placement.

3.0 Purpose

The agency-delivered out-of-home overnight respite pilot projects are intended to provide families, on a regular, intermittent or extended basis, a break or temporary relief from providing care to their child with a disability, without the need of signing a Voluntary Placement Agreement with a Child and Family Services (CFS) agency, while still maintaining ongoing involvement in the care and supervision of their child. Out-of-home overnight respite may also provide parents time to meet some of their own personal needs, as well as spend undistracted time with other family members, including other children.

In addition, clinical supports are offered to families, as needed, to help strengthen understanding, coping strategies, skills and confidence in caring for their child. Mental health counsellors who understand disability issues in order to promote healing from trauma can help families to develop a new understanding of the experience of caring for their child and strengthen their coping strategies. Families may have access to a clinical support team and trained in-home support workers that can provide training on behaviour management and de-escalation to help families develop more skills and confidence in caring for their child. Family support services help maintain stability in the home and ensure families are better prepared to meet the ongoing challenges of raising their child from respite, such as through improved skills to manage when challenging behaviours present again.

4.0 Definitions

Admissions Committee: The committee that reviews and approves applications for agency-delivered out-of-home overnight respite and monitors and reviews progress towards discharge.

Assessment: A case management process that identifies the strengths and needs of the child and family in determining the appropriate respite requirements, respite goals and appropriate fit for out-of-home respite options.

Behaviour Intervention Plan: A written document that outlines a behavioural plan for children who are demonstrating risk to self or others, and/or disruptive, injurious, aggressive, inappropriate or violent behaviours that interfere with or threaten the safety of others.

Family-Centred Approach: An approach to service delivery in which the family is seen as the centre of decision-making, and which respects, strengthens and supports the family in order to meet the needs of the child.

Formal Supports: Supports provided by government, agencies or organizations.

Functional Skills: Skills the child will use frequently in their life, such as communication, self-care, motor and social.

Informal Supports: Supports provided by family, friends, neighbours and others within a family's social network.

Respite: A temporary break for families in order to relieve parents or caregivers from additional demands of caring for a child with a disability, provide parents or caregivers with time to meet their own personal needs and allow parents to spend time with other family members and/or other children.

Service Agency: A service agency that has been contracted by the Government of Manitoba to provide agency-delivered out-of-home overnight respite.

Supporting Documentation: Documents that provide information specific to the child, which may include current level of functioning, areas of strength, goals, activities for growth, effective strategies and accommodations. Examples include Individual Education Plans, Behaviour Intervention Plans, Adaptive Functional Assessments and reports from other professionals (school or private occupational therapists, physiotherapists, speech language pathologists, psychologists).

Support Worker: Staff hired by Children's disABILITY Services (CDS), the service agency or families to work with a child to meet respite related goals. This may include direct service workers, self-managed staff or service agency staff.

Urgent Stays: Circumstances where there has been no opportunity for a family to plan for the care of their child (e.g. single parents involved in car accidents or emergency surgeries) and no other care options are immediately available. The length of stay is to be the minimum necessary for the family to make alternate arrangements for the care of their child.

5.0 Policy

Agency-delivered out-of-home overnight respite offers temporary admissions for children eligible for CDS whose disabilities are affecting family functioning and where there is a risk of family breakdown. There is no cost to families. Access is dependent on bed utilization and availability.

Case managers provide specific information regarding the referral process to the family and help determine how the service can meet the child and family's identified needs. In consultation with their program manager, case managers make the referral to the service based on assessed need. After the initial referral has been forwarded to and approved by the Admissions Committee, families may contact the service agency. Two pilot projects, which include three service streams, are available, as described in the following sections. If the care needs of the family exceed these parameters, the family may consider a Voluntary Placement Agreement with a CFS agency.

5.1.1 Short-Stay Out-of-Home Overnight Respite

Short-stay out-of-home overnight respite is provided for children aged 10 to 17 on a planned basis, with a maximum stay of seven days per instance, typically with one stay per month. Longer stays may be considered by the Admissions Committee on an exceptional basis only. Service can be regular or intermittent, depending on the needs of the family. Short-stay out-of-home overnight respite will not exceed a total of 91 nights in any one calendar year.

5.1.2 Longer-Stay Out-of-Home Overnight Respite

Longer-stay out-of-home overnight respite is provided for children aged 13 to 17 where the maximum seven night stays under the short-stay model is not sufficient to meet the child's and family's needs. "Exceptions may be considered by the Admissions Committee on a case-by-case basis." Placements are provided to a maximum of 180 nights per year, inclusive of any nights that may have been spent in the short-stay out-of-home overnight respite model. Parents maintain involvement in the care and supervision of their child through on-site visits and/or stays in the family home, increasing incrementally over time, with service returning to short-stay or regular respite as soon as possible.

5.1.3 Transitional Out-of-Home Overnight Respite

Transitional out-of-home overnight respite is provided for children aged 16 to 17 who have been determined to be eligible for Community Living disABILITY Services (CLDS) and whose parents are no longer able to manage their care in the family home. "Exceptions may be considered by the Admissions Committee on a case-by-case basis." A return to the family home is encouraged and supported, where possible. When this is not possible, transitional respite provides a temporary out-of-home placement outside of the CFS system until the child reaches the age of majority and transfers to CLDS.

5.1.4 Urgent Stays

Agency-delivered out-of-home overnight respite is a proactive and preventative resource and it is not a service delivered in response to an acute crisis. As a last resort, families experiencing an acute crisis will continue to be referred to community mental health crisis services (Manitoba Adolescent Treatment Centre, Child and Adolescent Mental Health and the Crisis Stabilization Service at St. Amant). Agency-delivered out-of-home overnight respite may be part of the plan for a family once the situation is stabilized. Urgent stays of up to one week will be considered and based on availability of the resource for families experiencing emergent situations where they are temporarily unable to care for their child.

5.1.5 Children in the Care of a CFS Agency

Children who would otherwise be eligible for CDS if they were not receiving services from a CFS agency while placed with extended family in a foster or kinship home could be considered, but not prioritized, for out-of-home overnight respite by the Admissions Committee in situations where there is a risk of the child being placed in a staffed resource due to a family placement breakdown.

5.2 Other Respite

Children who are non-ambulant continue to fall under the Agency-Delivered Out-of-Home Respite for Non-Ambulant Children Policy. Families may also continue to find self-managed providers to meet their needs for out-of-home overnight respite, as detailed in the Self-Managed Overnight Respite Policy.

6.0 Core Supporting Standards, Procedures and Guidelines

6.1 Standards

Using a family-centered approach, the case manager assists the family in determining their respite requirements and provides information about agency-delivered out-of-home overnight respite options, if appropriate. Agency-delivered out-of-home overnight respite options are **only** considered in situations where in-home respite, family members, informal and formal supports, such as self-managed respite, department-managed respite or community-based outings can no longer safely meet the needs of the child. Longer-stay and transitional out-of-home overnight respite is only considered when short-stay out-of-home overnight respite will not meet the child's and family's needs.

In addition to having exhausted all the previously listed resources, one or more of the following factors must be present when assessing need for agency-delivered out-of-home overnight respite:

- The child has disrupted sleep and caregivers report that a lack of rest/sleep is significantly impacting their ability to provide care or they are unable to continue at the current pace;
- The caregivers report serious issues as a result of minimal one-on-one attention impacting the well-being of their other children and/or their marital relationship;
- The child's disability regularly prevents the family from participating in activities and it affects family well-being and relationships;
- The family experiences disability-related challenges when trying to participate in community activities; care needs of the child prevent the family from participating in community activities, resulting in caregivers reporting feelings of isolation;
- The child's needs create safety issues that affect how the family makes choices and accesses the community and/or their own home; or
- Less intensive respite options are insufficient or are no longer able to meet the respite goals outlined with the family and case manager to prevent family breakdown.

Admissions will be prioritized based on the following:

- Risk of family breakdown/child at imminent risk of going into CFS care;
- Level of risk to the child's self or others;
- Family composition (e.g. single parent, parental health issues, other children in the home being negatively impacted); and
- Compatibility of children being referred/requesting same respite dates.

Where families are in receipt of clinical supports from other sources (school team, Manitoba Adolescent Treatment Centre, Children's Therapy Initiative, Family Care Program, Behaviour Psychology Services, etc.) coordination will take place to ensure collaboration and not duplication of clinical supports are in place.

6.2 Procedures

The case manager provides a description of the agency-delivered out-of-home overnight respite service options and their implications will be discussed with the family.

The case manager (with the CFS worker, if applicable) supports the family to make a decision about whether agency- delivered out-of-home overnight respite is the appropriate fit.

The case manager completes the referral for agency-delivered out-of-home overnight respite service and reviews it with the Program Manager.

The quantity of respite is assessed and recommended by the case manager and approved by the Program Manager. The Program Manager and Program Specialist review the referral to ensure criteria are met.

The Program Specialist and Children and Youth Services Placement and Licensing Specialist assign the referral to the appropriate service stream and submit the referral to the Admissions Committee.

The Admissions Committee for that service stream discusses the referral in terms of criteria being met, prioritization of need, compatibility of children being referred and scheduling.

The Program Specialist notifies the Program Manager about the decision, who then informs the case manager.

The case manager then advises the family of the decision and that they will be contacted to complete a pre-service survey.

Once the pre-service survey is completed, the Program Specialist advises the service agency that they may engage with the case manager and family.

The service agency offers a tour and provides the intake form for out-of-home overnight respite to the family.

The service agency assists the family in completing the service agency's intake form and collects information about needs of the child from the family and the case manager.

The service agency will ensure health history information is collected regarding a child's health care plan while staying in respite.

The service agency notifies the case manager when the family schedules respite so the case manager is aware.

The service agency and case manager maintain regular contact and update each other on information relevant to case planning and supporting the child and family.

For longer-term out-of-home overnight respite, the service agency, family and CDS case manager (and the CFS case manager, where applicable) work in collaboration from the point of entry to develop a service plan that includes a discharge plan and a return to shorter-term respite options, as soon as possible.

As part of the age of majority transition planning process, the CDS case manager ensures that CLDS is aware that the child will require a residential care placement at age 18.

6.2.1 Evaluation Procedures

As evaluation is an integral part of the pilot projects, departmental staff and service providers will participate in evaluation gathering activities.