

RESEARCH ROUNDUP

In-home Respite Services



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Introduction

At APPTA, we strive to find relevant and timely research that has the potential to influence policy decision making for the aging population. One way of doing this is through our Research Roundup series. Our team devotes time to reading and prioritizing academic papers and grey literature, and investigates programming and products that foster innovation related to how we care for older adults. We then summarize that information for a quick and consumable product. These periodical documents will summarize evidence based on relevant policy topics that are discussed through our ongoing stakeholder engagement.

If there are particular topics of interest you would like us to investigate, please let us know by emailing Daniel Smiley, Research & Logistics Specialist, at daniel.smiley@dal.ca.

For this roundup, we are looking at *in-home respite services*.

Literature Review

WHO, WHEN, HOW: a scoping review on flexible at-home respite for informal caregivers of older adults

Viens, M.; Éthier, A.; Provencher, V.; & Carrier, A.

2023, International

[Link to article](#)

Note: This article is a pre-print and has not yet been accepted by a peer reviewed journal.

This study analyzed characteristics of flexible at-home respite for informal caregivers of older adults through a scoping study. To triangulate the scoping results, an online questionnaire was distributed to home care providers and informal caregivers of older adults. A total of 42 documents were included in the review. The questionnaire was completed by 105 participants.

The authors determined that, firstly, human resources must be compatible with the homecare sector as well as being trained and qualified to offer respite to informal caregivers of older adults. Secondly, flexible respite includes considerations of time, duration, frequency, and predictability. Lastly, flexible at-home respite exhibits approachability, appropriateness, affordability, availability, and acceptability.

Conclusion: This review is a step towards defining more precisely flexible at-home respite. Flexibility of home care, in particular respite, as to be taken into account when designing, implementing and evaluating services.

Community-based respite care: Training caregivers and family to provide in-home care for Indigenous older adults living with dementia

Bourassa, C.; Hagel, M.; Langan, J; et al.

2021, Saskatchewan

[Link to article](#)

This article looked at an initiative in Saskatchewan to develop a toolkit that supports Indigenous community-led models of support for caregivers of people living with dementia. Through a guided workshop, 11 co-researchers—who were First Nations and Métis caregivers of family members living with dementia—provided feedback where four major themes surfaced: effective respite care for community, caregiver-specific supports for improving care, barriers to accessing respite care, and recommendations for workshops/toolkit delivery.

The authors concluded that developing an Indigenous, community-based caregiver toolkit addresses the current gap of knowledge regarding culturally specific information for Indigenous caregivers of family members living with dementia by creating culturally safe, accessible resources for community respite care.

This article focused more on the research process and toolkit development, which could inform a respite program.

Literature Review (continued)

Characteristics of dementia family caregivers who use paid professional in-home respite care

Hogan, L.; Boron, J.B; Masters, J.; et al.

2022, United States

[Link to article](#)

This study investigated the use of paid in-home respite by caregivers of people living with dementia. The authors used a self-administered online survey that had 98 participants. The survey assessed depressive symptoms, burden, and self-related health of the caregivers. The analysis included descriptive stats and qualitative coding.

Most respondents utilized weekly schedules of in-home respite with a moderate correlation between dependency and hours of respite. Caregivers' self-reported average health, depressive symptoms, and mild-to-moderate burden. The majority of users had lowered perceived stress, were satisfied with services, and indicated the importance of in-home respite during a pandemic.

The authors concluded that future research should assess changes in use of paid in-home respite services and overall landscape of respite options for dementia caregivers. Closed access.

Effectiveness of an in-home respite care program to support informal dementia caregivers: A comparative study

Vandepitte, S.; Putman, K.; Van Den Noortgate, N.; Verhaeghe, S.; & Annemans, L.

2019, Belgium

[Link to article](#)

This study aimed to assess the effectiveness of an in-home respite care program through a quasi-experimental design that compared caregivers who received in-home respite care against caregivers receiving standard dementia care. They used questionnaires to generate data, collecting data at baseline, 2 weeks into respite intervention, and 6 months with respite intervention.

The primary outcome was caregiver burden. The secondary outcomes were: desire to institutionalize the patient, caregiver quality of life, and frequency and impact of behavioral problems. Mixed model analyses were performed to evaluate the impact of the intervention.

After 6 months, no significant difference on caregiver burden was observed, but intervention group caregivers had a significant lower desire to institutionalize the patient compared with control group caregivers. Shortly after the program, intervention group caregivers also had a significant lower role strain, and a lower burden on social and family life compared with baseline.

Literature Review (continued)

Respite Services Utilization and Self-Rated Health of Older Family Caregivers in the United States: Differences between Young-Old and Old-Old Caregivers

Chen, Z.; Xu, L.; & Highfill, C.

2021, United States

[Link to article](#)

This study examined the associations between respite services use and self-rated health of older family caregivers who provided eldercare; and how the age of caregivers (i.e., young-old vs. old-old) moderated these relationships.

Using nationally representative data extracted from the 13th National Survey of Older Americans Act Participants (N=926), results of multiple linear regressions indicated that caregivers who used in-home respite reported better self-rated health, as did those who used day care respite. The health benefit of day care respite was more prominent for old-old (75+) caregivers than their young-old (65–74) counterparts. These findings highlighted the heterogeneity among older family caregivers in different age groups, which could inform relevant social work practice and policymaking to serve older adults with caregiving responsibilities and promote their general health conditions.

The authors added that future research can further examine the impacts of family caregiver support services on different health indicators of older adults using longitudinal data. Closed access.

Program Review

Carer Support Subsidy

Health New Zealand

Est. 2008

New Zealand

The Carer Support subsidy, funded by Te Whatu Ora – Health New Zealand, aims to provide full-time caregivers with a break from their caregiving responsibilities. This support is available for individuals caring for older people, those with long-term chronic health conditions, or mental health and addiction issues.

The subsidy is accessed through a needs assessment from Te Whatu Ora Needs Assessment Service Coordination (NASC) service, and it can also be facilitated by GPs, Mental Health Clinicians, or Specialists. The subsidy is allocated based on the caregiver's needs and the care recipient's requirements, with the number of funded hours or days varying accordingly. Carer Support funds can be used to pay for a support worker or for purchases that enable the caregiver to take a break.

Overall, the Carer Support subsidy aims to provide caregivers with the respite they need, emphasizing flexibility and person-led choices.

Home-based respite care

Home and Community Care Support Services

Ontario

Caregivers who need respite care service can seek assistance and information by contacting their local Home and Community Care Support Services from anywhere in Ontario. Personal care workers or healthcare professionals offer a range of services, including personal support (oral care, bathing, dressing, medication assistance, mobility), homemaking (cleaning, laundry, meal preparation), and professional care (nursing, physiotherapy). The hours of respite care vary based on services and individual situations. Eligibility is determined through an assessment by the local Home and Community Care Support Services, with the requirement of a valid Ontario health card and a properly equipped home. Homemaking and professional services are contingent on additional needs. Costs for respite care at home may be fully covered by Home and Community Care Support Services, or alternative organizations may provide services for a fee.

Program Review (continued)

Home visits / Flexible respite care

Australian Government

Australia

Flexible respite is a short-term care option designed to offer relief to individuals or their primary caregivers. This service facilitates a temporary break, contributing to the well-being of both the care recipient and the primary caregiver. In the context of flexible respite, a paid carer visits at home, allowing the usual caregiver to take a brief respite. This arrangement ensures continuity in care while addressing the need for periodic breaks.

This service, covered by the Australian government for eligible citizens, ensures financial constraints do not hinder access to necessary care. It can be provided independently or as part of the Commonwealth Home Support Programme. If the needs of the individual are more complex, it can be integrated with other services within a Home Care Package, tailoring the support to individual needs.

In-Home Aide Services

North Carolina Department of Health and Human Services (NCDHHS)

United States

In-home aide services aim to assist individuals aged 60 or older, living at home, and facing functional, physical, or mental impairments in carrying out daily activities. The services encompass personal care (e.g., bathing, dressing) and home management (e.g., cooking, cleaning) to enable individuals to remain safely in their homes. Eligibility criteria include the inability to perform essential tasks for daily and instrumental activities of daily living without assistance, and the absence of a responsible person or the need for relief for the primary caregiver.

Offered by local service providers supported by the Home and Community Care Block Grant, in-home aide services are categorized into levels. Level I involves basic home management tasks for self-directing and medically stable individuals. Level II provides assistance with both activities of daily living (ADL) and home management for medically stable individuals partially dependent on ADL functioning. Level III focuses on intensive education and support for those with moderate to severe limitations in cognitive or psycho-social functioning.

Program Review (continued)

Help at home from a paid carer

National Health Service (NHS)

Est. 1970s

United Kingdom

This paid carer service ensures older adults and those with disabilities can remain living independently in their own homes. The paid carer can be temporary (ex. time required to recover from an illness) or long term. Help at home from a paid carer costs from £15 to £30 an hour, but it varies according to where they live. Sometimes, the council will contribute to the cost.

Some live-in care organisations provide carers who can give specialist nursing care, including stroke or dementia care.

If those that are potentially eligible want the council to help with arranging homecare, the council needs to conduct a care needs assessment. If eligible, the council will find an agency that can provide the care required.