

Delaware Lifespan Respite Care Provider Survey

April 28, 2004

Dear Community Leader:

You have an important role to play in the development of better respite care for Delawareans! The Delaware Caregivers Support Coalition is a recently formed group of health care providers, professionals, caregivers, and disability advocates who are working on a project to greatly improve respite services in the state. The coalition is being coordinated through Easter Seals and chaired by Dr. Tim Brooks with the University of Delaware's Center for Disability Studies.

Respite care provides temporary relief for caregivers and families from the ongoing responsibility of caring for individuals with disabilities or other special needs; people with chronic or terminal illness; or individuals at risk of abuse and neglect. Planned and crisis respite can occur in out-of-home and in-home settings depending on the needs of the family and available resources.

Among other things, the coalition wants to define the level of need for respite services in our state, with the goal of designing a service delivery system that better meets the needs and concerns of caregivers. The first critical step is to gather information regarding the current status of respite care. The attached survey has been developed to help the Coalition determine what programs are currently available to caregivers who need respite care for their loved ones. In an effort to gather the most thorough and complete results, we are distributing this form to a broad scope of organizations. Even if your organization doesn't currently provide respite, you can still contribute valuable information to the survey.

We hope that you will take a few minutes to complete the attached survey. Your input is extremely important to our goal of addressing the respite care needs of all Delawareans. If you have questions about the survey or the Coalition, please call Verna Hensley or Sara Whitehead at 302-324-4444.

Thank you in advance for your participation.

RESPITE SERVICES SURVEY

Name of Your Agency/Organization: _____

Contact Person: _____

Phone/email: _____

Thank you for taking the time to complete this survey. Your input is extremely important. Please complete and return the survey to the address below by March 10th. If you have any questions or need additional copies, please contact Sara Whitehead at 324-4444 ext. 2051.

- 1) Does your organization currently offer respite care or has it in the past?
 Yes No (If no, please go to question #13.)
If yes, please attach any information such as brochures, etc. that you have on your services.

- 2) What populations do you serve? (check all that apply)
 Alzheimer's Chronic Illness (Cancer, MS, Stroke)
 Mental Illness Developmental Disabilities
 Physical Disabilities Medical Needs
 Behavioral Disorders Frail Elderly
 Other (please specify) _____

- 3) What age groups do you serve? (check all that apply)
 0-2 years 3-5 years 6-18 years 19-64 years 65 & older

- 4) Where do you provide respite care?
 In client's home In my home Hospital
 Adult Day Care facility Child Care facility Nursing Home
 Camp Senior Center Church
 Other (please specify) _____

- 5) On average, how many hours per week do you provide respite care? Hours

- 6) What are the hours that respite services are available? (check all that apply):
 Daytime, Monday-Friday
 Daytime, weekends
 Evening, Monday-Friday
 Evening, weekends
 Overnight

- 7) Do you have a waiting list for respite services?
 Yes No If yes, approximately how long is the list? _____

- 8) In your view, what special knowledge, skills and experience do people who provide respite services need?

- 9) What type of respite options do you provide? (check all that apply)
 Planned respite Information and referral to care
 Emergency respite Training for family caregivers
 Conduct referral/criminal background checks for respite workers
- 10) Do you employ the respite worker or does the family?
 We employ the worker. The family employs the worker.
- 11) Check your payment sources:
 Medicaid Private Pay
 SSI/Disabled Children's program Private insurance
 Other (please specify) _____
- 12) On average, how much do you charge for respite services?
\$ _____ average hourly fee Accept Donations
 volunteer/Accept no fee Sliding scale according to ability to pay
 Other (Please specify) _____
- 13) Do you believe there is a need for respite care in the population you serve?
 Yes No
If yes, do you have data on the need for respite care in the population you serve?
 Yes (If yes, please attach) No
- 14) Have you conducted surveys in the past regarding any aspect of respite care?
 Yes (If yes, please attach) No
- 15) Are you aware of any respite care surveys having been conducted?
 No Yes (please specify the organization) _____
- 16) What do you view as the greatest challenges to providing adequate respite care in Delaware? (Please attach additional sheet, if needed.)
- 17) In your opinion, what are the most critical concerns of caregivers? (Please attach additional sheet, if needed.)
- 18) Is your organization currently considering expanding the opportunities for respite care services?
 Yes No

Please return this completed survey by March 10th to:
Sara Whitehead, Easter Seals, 61 Corporate Circle, New Castle, DE 19720
Or fax to Sara's attention at: 328-2747