



# ***Signs of potential family breakdown***

## ***Families of children with disability***

There are a range of factors that can affect a family's capacity to continue caring for a child with disability.

Families' lives can be complex and unpredictable, which means it is difficult to accurately predict the likelihood that a family will discontinue care for a child with a disability.

However, an understanding of the factors that can contribute to a family breaking down can assist practitioners to identify risks and respond in a timely and proactive manner.

Assessment of family strengths, needs, challenges and risks are already a core part of child and family services work. This resource is intended to complement existing assessment and planning tools, and provide some additional guidance that you could use when you are working with a family that includes a child or children with disability.

This resource outlines some of the indicators of risk for family breakdown and could be used to map the challenges currently facing the family and whether these challenges are increasing or changing over time.

The resource is intended to facilitate **ongoing conversations** with families, including children, about what is needed for them to feel well supported and connected and what proactive steps can be taken to achieve this.

In summary, it is important to

- ◆ Recognise and monitor potential risk factors for a breakdown of care
- ◆ Work alongside families to effectively respond to risk factors as they arise
- ◆ Support families to plan ahead and prepare for potential challenges.

## Potential signs or indicators

These indicators are in no particular order. Below each indicator are some possible questions that you could reflect on, individually and with your team, based on the conversations you are having with families. The questions and answers should be revisited on a regular basis as part of your ongoing assessment of the families' support needs.

- Persistent demands and multi-dimensional costs of caring

*Does the family feel as if they are just surviving day by day; that they are just getting by?*

- The pressure of caring reaches an unmanageable level and leads to carer stress and burnout

*How often does the parent/carer have a break? How often do they have time to themselves or time to do things they enjoy?*

*Does the parent/carer have self-care strategies? How often do they use these?*

- Poor or deteriorating physical and mental health of the carer

*Is the carer able to attend to their own health needs? Are they able to access support for themselves when needed?*

- Hospitalisation, ageing or death of the primary carer

*Is there another parent, person, or people, in the child's life who could become their carer/s, in the event of an emergency?*

*Has the family considered how they could prepare for this possibility?*

- Poor or deteriorating physical and mental health of other family members

- Multiple caring responsibilities, for example, also caring for an elderly parent or having multiple family members with disability

*How many people does the parent/carer care for?*

- Parental capacity and coping style, for example, the ability to adopt strategies to manage behaviour

*Does the family feel as if they have capacity to consider and plan for the future? Does the family have the time and ability to follow through on support plans?*

- Exhaustion and sleep deprivation, for a number of reasons, including the need for constant vigilance or disrupted sleep patterns of the child with disability.

*How much sleep are family members getting? Has this changed?*

- Lack of support, formal and informal, from services, friends and family

*Who are the people involved in the families' life? How strong are these connections?*

*Are there barriers to this family reaching out for support? For example, have they expressed shame or pride?*

- Social isolation of the carer for reasons such as living in a remote area, gradually losing touch with people due to the demands of caring, or family and friends not able to deal with the child's behaviour, etc

- Lack of respite, especially respite that is regular, flexible, reliable and high quality, with the ability to provide a break for the carer

*How often does the family request respite? How often has the family received respite support?*

*What impact has the respite support had on the family? Did it provide a break or did it create more stress?*

- High support needs and/or high medical needs of the person with disability
- Challenging behaviours such as emotional dysregulation, hyperactivity, absconding, aggression, violent and threatening behaviour, meltdowns and self-injury – in particular, those that result in harm or risk of harm  
*Does the family have a behaviour support plan? Is the child's behaviour having an impact on the safety and/or wellbeing of other family members?*
- Involvement of the child with disability in the youth justice system  
*Are there behaviours of concern that could lead to police involvement?*
- School suspensions and expulsions of the child with disability  
*Has the child needed to change schools? How well is the current school meeting the needs of the child? Has the school raised any concerns?*
- Family violence or past experiences of family violence
- Relationship difficulties, marital breakdown/parental separation, single parenting or dealing with ex-partners  
*Have the parents/carers spoken about the impact of the caring role on family relationships?*
- Wellbeing of siblings and/or other children in the home, with parents struggling to support them and meet their needs  
*Are siblings able to have their friends over to visit? Is the parent/carer expressing guilt about their capacity to focus on siblings needs?*
- Significant financial difficulties or concerns  
*Is the parent/carer able to work? Has the family disclosed any financial concerns?*
- Age of the person with disability; difficulty managing behaviour and physical needs as the child grows including challenges associated with puberty
- Belief that relinquishment may be the only way to secure accommodation outside of the family home and to access the appropriate level of support to meet their needs  
*Is the family being supported to plan and prepare for life transitions? Has a transition from school been planned? What are other professionals telling the family about their likelihood of accessing accommodation and supports for when the young person leaves home?*
- An under-resourced system resulting in unmet support needs  
*What kinds of experiences have this family had when seeking support? How might this impact on their current help-seeking?*
- The gendered nature of care and societal expectations of women  
*How could societal pressures and expectations be affecting the parent/carer's decision making about seeking support?*
- A breaking point occurs and the parent/carer is unable to cope  
*Has the family spoken about the possibility of relinquishing care?*

## Other tools and resources

For more detailed information about how to respond when there is the possibility that relinquishment of care may occur, the Department of Health and Human Services has practice guidelines available called *Children and young people with a disability at risk of or experiencing care giver breakdown*.

This practice resource will be accompanied by information about referral pathways that practitioners can use to support families to access services in response to identified needs.

Wherever possible, a family should be supported to plan ahead and prepare for common challenges in order to prevent outcomes such as relinquishment of care. Families can be proactively supported to build strong formal and informal support networks, including circles of support, and to engage in future planning.