



Adopt US Kids

Together we hold their future

TAKING A BREAK

*Creating Foster, Adoptive, and Kinship
Respite Care in Your Community*

October 2008

*Updated and Reprinted
June 2013*





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ACKNOWLEDGEMENTS

This manual was a collaboration of the North American Council on Adoptable Children (NACAC), the National Foster Parent Association (NFPA), and the Collaboration to AdoptUSKids, made possible through a cooperative agreement with the Adoption Exchange Association (AEA) from the U.S. Department of Health and Human Services' Children's Bureau (Grant# 90CQ0002/01). It was written by Janet Jerve of NACAC, with contributions from Karen Jorgenson, NFPA; Stacy Leidner, the Collaboration to AdoptUSKids; and Diane Martin-Hushman, Mary Boo, and Christina Romo, NACAC. We would also like to thank the following people for their contributions to this manual: Mary Barnes, Mary Lou Bax, Mary Lou Edgar, Wanda Hackett, David Jorgenson, Gary Mallon, Sharon Moten, Nancy Ng, Maureen Oswald, Rose Ann Percival, Joan Riebel, and Phyllis Stevens.

INTRODUCTION

Many adoptive, foster, and kinship parent group leaders and public agency administrators are aware that the healthier, happier, and most functional families are the ones who can find time for respite* in their busy lives. Although every foster and adoptive family can potentially benefit from respite care, not every community has respite care to meet their family's needs.

This manual is intended to help parent group leaders partner with public agencies to develop respite care programs. The primary purpose of the manual is to help parent group leaders successfully offer respite care programs in their communities. The strength and longevity of any respite care program requires a broad funding base and a network of resources to ensure quality, ongoing services to families. Parent groups that partner with a public agency have a better chance of accessing available funding and can benefit from the agency's support and resources. Public agency administrators and staff can use this manual to help them learn more about how to support the efforts of parent group leaders who want to start a respite care program in their area. Group leaders and administrators are uniquely positioned to create respite services: leaders have access to families—to assess needs, recruit participants, and even provide services—while administrators are also connected to families and can be sources of excellent training and funding for respite services.

This manual offers leaders and administrators tools to work together to design and implement a respite care program. We hope to help parent group leaders and public agency administrators to share their expertise and use their partnership to engage other community members to reach their goals. Featured in the manual are eight model respite programs from around the U.S. These programs are successful because parents and administrators listened to each other and were able to pool their resources to provide meaningful respite to families in their communities.

* In the manual, we will use the terms respite care, respite services and respite interchangeably as these terms are used in the child welfare field.



EXPLORING THE BENEFITS OF RESPITE

Investing in Respite Care Makes Sense

State administrators and parent group leaders have a strong incentive to work together to develop respite programs for adoptive, foster, and kinship families in their communities. Investing in stable adoptive, kinship, and foster care placements is important. Children need loving families, and families that take on the responsibility to raise children from foster care deserve support services to protect the children and the family and to ensure that a placement will be permanent. Many foster children waiting for adoption—and the children already adopted from foster care—have special physical, mental health, and developmental needs. Studies show that these children are at heightened risk of moderate to severe health problems, learning disabilities, developmental delays, physical impairments, and mental health difficulties.ⁱ A survey of families who adopted foster children in the 1980s found that 84 percent of the children met their state’s definition of having a “special need.” Surveyed families also reported that 26 percent of their adopted children had a disabling condition. Families reported that:

- 58 percent of their children needed specialized health care
- 68 percent had an educational delay
- 69 percent exhibited misconduct
- 83 percent exhibited some other kind of serious behavioral problemⁱⁱ

Federal and state offered subsidies and services, including respite care, often make it possible for children with special needs to be adopted by families or placed with relatives who require additional resources to help them thrive. Providing services, such as respite care, saves public dollars because adoption and guardianship placement is less expensive than long-term foster care and results in positive outcomes that reduce youth’s need for public services. Most importantly, services such as respite help children reap the many benefits of a permanent placement with a loving family.

Many children placed in foster care have experienced abuse and neglect, which means they may have endured inadequate nourishment and nurturing and suffered physical and emotional harm that has inhibited their ability to trust adults and relate well to others. Some will require years of therapy to heal. Some have genetic disorders or medical and mental health diagnoses that require ongoing treatment and medication. These children can thrive, but often not without the continuation of the services they receive in foster care, and should receive in their adoptive and kinship families. The deprivations many foster children suffered in their early lives were not caused by their adoptive, foster, or kinship parents, and these families should not have to shoulder the responsibility of helping their children heal without assistance from the state and federal government.

Disrupted adoptions, kinship, and foster care placements are costly and harmful to children. Post-placement support options such as respite care help ensure that placements succeed. And successful placements means that adopted children do not return to foster care or that foster children do not need to move to a new foster family that has to be recruited and trained. Children in properly supported foster, kinship, and adoptive families can also more often stay at home and avoid costly out-of-home placements.

Decades of research and evaluation of programs funded and administered by the Children’s Bureau, a U.S. Department of Health and Human Services (HHS), found that respite care helps foster, adoptive, and kinship families safely care for children with special needs. HHS-funded demonstration programs have enabled hundreds of adoptive families around the country to receive thousands of hours of respite care, and thus helped these families stay healthy, and in some cases, avoid an adoption disruption. While this research has been conducted with adoptive families, the same benefits likely apply to foster and kinship families who are raising children with the same special needs and issues.

The Child Welfare Information Gateway summarized outcomes from these demonstration programs in *Respite Care Services for Families Who Adopt Children with Special Needs*, which found respite care definitely helps adoptive families and their children lead healthier, happier lives, and in some cases has prevented adoption disruption. Specifically, the report noted “that the services had helped to improve family relationships, and that their family’s stress level had been reduced. ... Some families indicated that the respite services had prevented adoption disruptions.”ⁱⁱⁱ

A number of other studies have noted respite services are often significantly less costly than other types of out-of-home placements.^{iv}

A controlled, longitudinal study of children with emotional behavioral disorder (EBD) demonstrated significant benefits from respite care. The families caring for a child with EBD who received respite had better outcomes than comparison families, including fewer out-of-home placements and reductions in caregiving stress.^v Clearly, states can benefit from investing in these services that improve outcomes for children, youth, and families.

More recent research conducted as a part of the Collaboration to AdoptUSKids under the guidance of Ruth McRoy, Ph.D., *Barriers & Success Factors in Adoptions from Foster Care: Perspectives of Families & Staff*, identifies as a barrier to adoption the unavailability of post-adoption services such as respite care. The report notes:

.....
When asked to offer advice to adoption agencies, adoptive families suggested that adequate resources and services, such as respite, subsidy, support groups and counseling, should be provided to both the family and the child.^{vi}
.....

Of the 382 workers surveyed as part of this study, 42 percent said that the lack of available post-adoption services was a major barrier to adoption. Forty percent noted the lack of respite care as a major barrier. In a survey of 161 adoptive parents about factors contributing to adoption success, only 32 percent of the 146 parents who used post-adopted services received overnight respite. Of the families who used respite, 83 percent thought it was extremely helpful.^{vii}

Barriers to adoption such as the lack of respite care are not only harmful to children, but also waste public funds. Economic analysis has shown that each adoption of a foster child (when compared to maintaining children in long-term foster care) saves between \$190,000 and \$235,000 in public benefits.^{viii}

Adoption disruptions and expensive out-of-home placements are damaging to children and families, as well as costly to the states, which must often take on responsibility for children in these situations. Investing in parent-led respite programs operated by parent groups is a wise investment of limited public funds.

In addition to saving funds in the long-term, respite programs can help states make progress toward achieving the three major outcomes outlined in the federal Child and Family Service Reviews—safety, permanency, and well-being. First, the safety outcome requires that states protect children from abuse and neglect. The Access to Respite Care and Help (ARCH) National Respite Network and Resource Center measured the benefits of respite care and found that respite services directly contribute to a reduction in the likelihood of child abuse and neglect, and contribute directly to increased safety of children receiving care.^{ix} Since respite prevents abuse and neglect, it can prevent repeat maltreatment and avoid abuse in foster care, both CFSR indicators.

The second CFSR safety outcome assesses states' ability to keep children in their homes safely. States already invest in many programs (e.g., wraparound services) that help birth, foster, and adoptive families keep children safely at home, but surveys of adoptive families have shown that more respite services are needed. Since the HHS research cited above showed respite helps families avoid out-of-home placements, states that invest in additional respite services can ensure that children remain in the home whenever possible. The ARCH research also showed that respite care reduces the likelihood that children are removed from their homes.^x

States can also make progress on the CFSR's permanency outcomes by funding new respite initiatives in their communities. Respite helps avoid disruption (and thus addresses the foster care re-entry indicator) and stabilizes placements when children have serious behavioral, physical, or mental health needs.

One of the most important outcomes of respite care is that children and their parents feel safer and healthier. ARCH's research found that respite services directly contribute to reductions in stress and related mental or physical health problems among service recipients, as well as increases in quality of life for dependent persons and their caregivers. Improvements such as these can help states make progress on the indicators in the CFSR's child and family well-being outcome.

“Now, ten years later and after adopting six more children, we know when we keep ourselves healthy we can help our children heal and bond to our family. If we let ourselves get so drained we have nothing to give our children we are in fact letting them down. Our health and the health of our marriage has to be intact so we can be a good parent to our children.”

—adoptive parent



By taking the time, energy, and funds to create new respite programs, public agency staff and parent group leaders can ensure that more families receive the quality respite care they deserve, to help their families stay healthy and their children reach their full potential. Families and communities will directly benefit from the services, and states will preserve families and save public funds in the long run.

Creating Meaningful Respite in Response to Families' Needs

The HHS research on previous respite demonstration programs found that the most effective respite care programs were the ones that involved parents in the planning, implementation, and evaluation of the program. This research cited the following lessons learned, which should help parent groups and administrators work together to shape respite programs:

- All kinds of respite programs—in-home, out-of-home, weekend, weeklong, camps, tutoring, and therapeutic—have value, but it is important to assess the families' needs and involve families in program design.
- Respite programs should provide:
 - education to adoptive families and the broader community about the nature of respite care, the role respite care plays in helping to maintain a healthy family, and information about respite care as an essential post-adoption support for families who have adopted children with special needs
 - ongoing recruitment efforts for providers
 - pre-service and ongoing training for families and providers
 - recruitment and training of natural helpers such as family members, relatives, friends, providers who live close to families, and individuals with specialized skills (such as sign language or knowledge of attachment disorder and mental health diagnoses)
 - services that target families' and children's special needs
 - services that include group activities for children and families, including non-adopted siblings

The report also notes that those who want to start a respite program should:

- allow time to get started and take time to establish trust and develop communication with partnering organizations
- look for ways to collaborate with others who share the goal of providing respite

Finally, the report found that the most promising respite care practices are:

- **family-driven**—families design and implement the respite services
- **family-centered**—families choose the type of care that suits their needs and preferences
- **built on family strengths**—the respite model and care plan builds on strengths and what is already working within the family
- **flexibly funded**—respite programs can be funded by creatively using existing Federal, state, and local funds, applying for grants from nonprofits and foundations, and soliciting donated services and goods
- **individualized**—families can choose providers and the amount and types of respite care to suit their children’s needs
- **community-based**—respite programs use local community resources and partners to offer the services to the community
- **designed to normalize activities for children**—respite activities are age-appropriate and give children opportunities for fun
- **culturally competent**—respite providers respect families’ cultural norms and traditions
- **collaborative across systems and organizations**—the respite care plan allows for coordination and integration with other community services
- **accessible**—information about the respite program is widely available—through the Internet and toll-free numbers—and services are offered near where families live
- **committed to training**—training for respite caregivers is provided by parents, administrators, university faculty, and others, or a collaborative training team
- **outcome oriented**—the purpose of respite programs is to provide relief for families ^{xi}

By building on the wisdom and creativity of past efforts as they create new respite programs, parent group leaders and public agency staff can ensure that more families receive the quality respite care they deserve to help their families stay healthy and their children reach their full potential.

Helping Families Stay Healthy

Parenting Children with Special Needs

Many of the children who have spent time in foster care have developmental delays or mental health problems. Due to their disabilities, these children often present challenging demands on their caregivers. While it is good for all parents to safely take short breaks from their parenting responsibilities, parents who care for children with special needs especially need time away.

Children who have spent time in foster care have experienced loss. Some have experienced abuse and neglect, had to adjust to multiple placements, or spent time in residential care, and others have learning problems or physical and medical needs. These children find ways to cope, stay resilient, and survive. Even when their lives become more stable, they can exhibit challenging behaviors, and emotional problems that require above-average attention from their parents. Most foster, kinship, and adoptive parents know it will take time, patience, skill, and a tremendous amount of energy to help their children learn they can trust them, and allow themselves to love and be loved.

“Using respite has helped me to be a better parent for my children. After our first adoption, I felt my husband and I needed to spend all our time with our son to help him bond to us. Both my husband and I got so drained that we weren’t sure we could continue with our son’s adoption. After we found out about respite and started using it, we learned how to tell when we need it.”

—adoptive parent

Respite breaks are absolutely necessary to help parents stay energized, focused, and remain committed to parenting children with challenging needs. It is amazing how a small break away from daily tasks or a week off in the summer can help parents regenerate, forget about the trials of parenting, and be reminded of the love that brought them together in the first place.

Children who have spent time in foster care often learn at a young age that adults are not

trustworthy. Brenda McCreight, author of *Parenting Your Older Adopted Child*, says many of these children learn to survive on their own and develop a trust in their aloneness.^{xii} As much as these children may want to become part of a loving family, they are also afraid to let go of their aloneness because it helped them survive. Expressing love, allowing themselves to be loved, and entrusting their life to a family can feel dangerous. Helping children heal from this kind of trauma is a full-time responsibility; while rewarding and fulfilling, it is also a slow process that includes setbacks. Without respite, the daily demands of monitoring and managing difficult behaviors and psychological problems can deplete caregivers of energy and cause them to lose their focus, patience, and sometimes doubt their ability to successfully parent their vulnerable children.

Helping Children Heal

Foster, adoptive, and kinship families who find creative ways to schedule respite into their lives are often better able to handle the stress of parenting children with special needs and keep their relationships healthy. Proactive, planned respite care can help keep relationships functional and even prevent a family crisis.

The dual purpose of respite care is to:

- provide thoughtful, safe, short-term care with enough structure, content, support, and nurturing to meet children’s special needs
- provide caregivers with a break

Planned respite care is most effective if it equally serves the needs of both the children and the caregivers. Good respite care:

- honors the integrity of the loving bond they are forming with their child
- is convenient for everyone
- allows the child and parents to pursue an interest, develop a skill, build a relationship, or just have fun
- helps children build healthy relationships, self-esteem, and social skills
- gives parents time off from parenting and a chance for renewal

By scheduling time for planned respite, families can:

- improve parent/child and sibling relationships
- help parents avoid becoming frustrated or angry and thereby, compounding the effects of the child's past abuse and neglect
- prevent the need for placing children in out-of-home care
- maintain a healthy family climate even during difficult times

Children—especially those with attachment problems or a history of multiple placements—should not feel like they are being sent away so their parents can have a break. Many children from foster care were not able to form strong attachments in their earlier lives, and forming a bond to new families is extremely important to their psychological development. Children with attachment issues need to believe:

- their foster, adoptive, or kinship parents value having a relationship with them
- their parents are strong enough to parent them
- their parents want to form an attachment with them even if the children resist and exhibit behavioral and emotional issues from past broken attachments

It is most effective to present respite to children as something fun or rewarding; something that allows them to feel like a valued member of their family even though their parents may occasionally need time to themselves. Likewise, for respite care to work for caregivers, it must allow them time to relax, focus on other areas of their lives, and gain renewed energy so they are ready to face parenting challenges ahead.

Parents who are stressed and overwhelmed can become frustrated and angry. Dr. Gregory Keck and Regina Kupecky, authors of *Parenting the Hurt Child*, say, “Anger prevents healing. Angry parenting will keep the mean child mean, the wild child wild, the scared child scared, and the hurt child hurt.... Hurt children get better when their pain is soothed, their anger reduced, their fears quelled, and their environment [is] contained.”^{xiii} This is a long-term job. Hurt children often relate to others through anger and project their anger onto others, and yet their parents need to help them reduce the anger in their lives. Families have a much better chance of staying healthy and functioning at a higher level when both parents’ and children’s needs are met.

Overcoming Barriers to Using Respite Care

ARCH, the Child Welfare League of America, and others have studied respite care for more than a decade and learned why families who need a break often do not use respite services. When asked why they do not use respite services, families offered the following reasons:

- Many communities, especially in rural areas, have no respite services available.
- There is a shortage of respite providers.
- The type of respite services offered does not match families' needs.
- Respite services may be available, but are not advertised because providers fear they cannot meet any generated demand.
- Many parents believe that no provider could possibly care for their child like they can and do not trust anyone else to care for their child.
- Many parents fear their child's special needs will be too demanding for the caregiver.
- Parents who have used respite found the caregivers were not properly trained to care for their children and quit using respite services.
- Families may fail to take advantage of respite because they do not trust respite providers.
- Parents fear the provider will blame them for their child's difficult behaviors and think they are unable to properly care for their child.
- Parents may feel inadequate or that there is something wrong with their parenting if they have to utilize respite care services.
- Due to their involvement with the child welfare system, foster or kinship families may be quite restricted in their ability to access needed respite services.

Although we caution against overusing respite, most families use respite sparingly or not at all. We hope parent group leaders and agency administrators will use this manual and think creatively about how to jointly introduce one or more of the following respite models into their community.

EXPLORING RESPITE CARE OPTIONS

A Continuum of Care

There is a wide array of respite care (see chart on page 12). Generally, more informal respite care feels like a natural part of the child's life, like spending time with grandparents, during which the child is not even aware that his parents are getting a break. On the other end of the spectrum, a more formal respite care option is when a child receives specialized therapeutic care from trained professionals or parents. Respite care varies in length of time and frequency, and each family must make respite choices that fit the family's needs at a given time.

The chart below provides an overview of respite care options including advantages, challenges, and solutions to using each form of respite. Group leaders and administrators who are considering developing a respite program should review the options, determine what services are most needed in their community, and what is realistic for them to provide. In the process of creating these programs, it is important to start small and stay within a realistic budget. Groups can later expand the services or collaborate to develop more extensive respite services.

In-Home Care

In-home respite is the least formal type of care available. Children remain in the comfort of their home and may not even feel the shift in care from their parents, especially if the respite provider is a relative or family friend. With care that is often one-on-one and child-directed, the child can feel safe and have a sense of control. Specialists may also offer specific services such as physical therapy, speech, or occupational therapy. During such care, parents may stay home or go out. This form of respite care is especially helpful for younger children or children with physical special needs, including those who have mobility issues or who need to be near home health equipment. Parents who have difficulties with transportation may also prefer in-home care.

In-home respite is the simplest and least expensive respite service a group can provide to families. Groups thinking about providing in-home respite care services usually:

- plan how to find and train care providers to serve their families
- spend most of their time and money finding and training competent providers to meet the needs of the families

Possible in-home care providers include:

- other foster and adoptive parents
- former or retired foster parents
- friends and relatives
- parents waiting to adopt or foster
- interested community members who are willing to be trained
- personal care assistants (PCAs)—as part of a subsidy agreement, some states allow parents a certain number of hours per week for a PCA

A Continuum of Respite Care

INFORMAL/CHILD DIRECTED ↔ SKILL AND RELATIONSHIP BUILDING ↔ FORMAL THERAPEUTIC NEEDS					
Type	In-Home Care	Group Child Care	Special Interest and Mentor Relationship Experiences	Camps	Therapeutic Care
Description	Child's life is least interrupted, parents may even be at home.	Group setting allows various recreational and group activities.	Child receives instruction or mentoring on a scheduled basis.	Day-long, overnight, weekend, or week-long group care with-out parent. Skilled staff and low child/leader ratio.	Weekend or extended out-of-home care by trained professionals or parents.
Examples	In-home care from a relative, tutor, paid provider, or other adult.	Child care at parent group meeting, drop-off center, or family home.	Lessons or classes (music, karate, dance, etc.) or mentors such as Big Brothers or Big Sisters.	Camps (horse, baseball, nature).	Therapeutic or home settings with trained, experienced caregivers.
Advantages for children	Child stays in the comfort of own home, knows caregiver well, feels like part of daily routine. Parent can help child attach to provider.	Child forms relationships with other children with parents nearby if needed.	Child chooses to learn new skills, meets others with same interests, develops relationship with mentors & teachers, and socializes.	Child makes new friends and enjoys horseback riding, sports, art, canoeing, etc., and develops social skills.	Child addresses specific mental health and behavioral issues in a therapeutic setting.
Advantages for parents	Parents can count on routine care, do not transport child anywhere, can reinforce their attachment to child due to close proximity.	Parents have a break while child is safe and socializing.	Parents can rely on set schedule and plan activities or duties to accomplish during the child's classes.	Parents can plan a longer break or a vacation.	Parents and the rest of the family can get a break from dealing with a child's severe behavioral issues. Parents have trained professionals or parents to help their child heal.
Challenges	Depending on the skill of respite provider, parents may not get respite.	A child who has difficulty fitting in may want to leave the group or need one-on-one care.	Child may love content in classes or lessons but struggle with social and behavioral issues.	Child may struggle with being gone a long time & getting along with others. Parents may worry about the long distance & time and their child's ability to maintain social skills.	It can be difficult to have a child with high needs cared for by others. Parents may worry that others cannot adequately care for their child.
Solutions	Parents need to be proactive: help establish trust between child and caregivers, provide training for caregivers, and guidelines to protect their time.	Parents should help their child build trusting relationships with other children in the group.	Parents should encourage child's friends to take the class, give teachers tips for managing behaviors, and discuss strategies with child for how to deal with difficult situations.	Visit camp in session to acquaint the child with the camp & check child to leader ratio. Talk with others who have attended the camp. Encourage child's friends to sign up for camp too.	Seek therapeutic care references from other parents who have placed a child in care. Stay in close communication with child and caregivers.

Some methods for paying providers are:

- having parents trade off caring for each others' children, trying to maintain balance in the hours of respite they use and the hours they provide
- a barter system where families pay each other with food, favors, skilled labor, etc.
- a payment for service system, including parents paying out of pocket or using foster care or post-adoption respite vouchers or adoption assistance funds

Group Child Care

Many foster and adoptive families experience their first hour or two of respite when they attend a foster and adoptive parent group meeting and drop their children off with the group's childcare staff. Caregivers are experienced parents or trained adults who understand the issues facing children and youth who have been in foster care. Parents feel comfortable leaving their children because they know the caregivers understand their children's special needs. Group care with children from similar backgrounds can normalize the experience of a child who has been adopted, is in foster care, or is living with relatives.

Groups deciding to offer childcare services need to consider how to:

- find space that will accommodate a variety of ages of children and activities
- provide equipment, materials, and activities to engage children and youth
- provide snacks and beverages for children
- find and compensate enough caregivers to serve the number of children and youth who attend
- train caregivers to provide the structure necessary to maintain order without being too rigid

A group setting can:

- excite older youth because facilities like a gym, field, playground, or pool allow them to be physically active doing things most youth cannot do at home
- raise the level of anxiety for some children
- challenge caregivers who must work with children with a wide range of special needs, ages, and coping abilities

Successful group childcare providers need to:

- know how to meet the needs of individuals while maintaining order and caring for the entire group
- monitor small groups in child-led activities as well as lead large group activities
- sense insecurities in children and reassure them
- assess potential conflicts between children and seek strategies to proactively prevent or solve problems
- work well with other caregivers
- maintain a peaceful atmosphere even when tension arises

Special Interests and Skill-Building Activities

Parents can also receive respite when their children engage in special interests and skill-building activities such as ballet classes, music lessons, sports, pottery, art, or classes that promote cultural development. Although they can help families find such programs, parent group leaders or administrators usually would not attempt to provide this form of respite to families because most communities already offer a wide variety of classes and team experiences. The cost of skilled instruction,

specialized equipment and facilities, would be too expensive for most groups. We have included these activities because they enable families to receive respite and many counties and states allow parents to use adoption subsidy respite funds to pay for such activities.



Mentoring for Meaningful Results

The Search Institute in Minneapolis, Minnesota has studied and researched youth development for more than 20 years and has compiled a nationally recognized list of 40 developmental assets—“common sense positive experiences and qualities essential to raising successful young people.” One of the suggested assets is the importance of other adult relationships or mentors. Young people who have many caring adults or mentors in their lives are healthier, happier individuals. Mentoring for Meaningful Results, offers a start-up kit for leaders wanting to develop a mentoring program at: www.searchinstitutes.org.

Mentors

Mentor programs can also give parents time to themselves when a youth and mentor meet to talk and do activities together. Existing options include national programs such as Big Brothers/Sisters, but also local programs run by community or faith-based organizations.

If such programs are not available in your

community, a group can organize and offer this service to families. To sponsor a mentoring program, groups need to:

- find or develop a screening tool to identify good mentors
- train mentors
- run background checks on mentors to be sure they are safe to pair with children and youth (one option could be using licensed foster parents)
- develop a way to match children and mentors

Most of the expenses for a mentoring program will be training mentors and possibly providing them with a small stipend. Some groups recruit college students who are getting degrees in special education or social work because their education is preparing them to work with children with special needs.

Camps

There are a wide variety of camp models to choose from—including day, weekend, and weeklong camps for youth or whole family camps. Group leaders and administrators may be interested in organizing a camp for foster and adoptive families or encouraging children and families to choose from existing community options such as culture or sports camps, horseback riding, YWCA and YMCA camps, theater, or church camps.

Family camps can provide respite when they have separate activities for parents and youth. Special adoption or foster family camps often have training for parents on special needs or cultural issues. Many camps also offer learning sessions for children, such as answering questions about adoption or living with special needs. In addition, foster and adoptive parents often enjoy meeting other families like theirs and appreciate being able to share parenting tips with each other and having fun together. Sometimes families get to know each other well enough to start providing respite for each other when they return home. Some parent groups organize their own informal family camp outings once or twice a year to strengthen their relationships.

For groups that want to start a camp, a family weekend camp held once or twice a year may be the most feasible. Whenever possible, groups should look for ways to partner. For example, a nonprofit organization may have a camp space they can donate for free or a low cost. Many faith-based organizations own camps or retreat centers that they offer to groups for little or no cost as a part of their ministry. Grocery stores or restaurants may donate or offer low-cost food and beverages. Finding ways to work with others is a great way to keep the camp affordable.

Groups planning to organize a camp will need to decide what kind of camp to sponsor—a weekend camp for youth or families, a day camp, or weeklong camp for youth, and:

- determine the ages they will serve
- locate a site
- select dates
- decide how to handle food for the camp (families bringing their own food, or group dining including planning menus, having kitchen facilities, and covering food costs)
- plan the schedule (activities for children and adults, such as training, sharing experiences, relationship building, and recreation)
- decide how to staff the camp
- train staff
- plan for first aid and emergencies



University Students Mentor Youth

Northeast Ohio Adoption Services and Kent State University's School of Exercise, Leisure, and Sport operated the Respite and Recreation Project to help adoptive families promote their teens' growth, development, and skills; provide parents with respite; and contribute to a successful adoption. Most youth had special needs and identity issues or problems in school. Under the care of college students, youth used the university's recreational facilities. Interested in helping young people, the students turned out to be excellent mentors. They developed close, trusting relationships with the youth, encouraged them in sports, built their confidence, and promoted working hard in school. An excellent, often untapped respite resource, college students are often interested in helping others, have a lot of energy, and want to use what they are learning in college to give back to their community.

Groups and administrators who are not ready to organize a respite camp can help parents in their area by sharing a list of local camps. Many states have Easter Seals camps that might be an option for some families. ARCH Respite has a search service at www.archrespite.org/respitelocator where parents can search for local respite options, including camps for children with special needs.

Therapeutic Care

Trained adults who understand attachment and mental health issues and the wide range of other special needs common to foster children and youth provide therapeutic care. Quality therapeutic care is especially good for parents whose children have very serious mental health or behavioral issues or who need care for an extended time.

Therapeutic care can be provided by agencies and programs serving children with disabilities or by skilled individual caregivers. Caregivers do not need to have medical backgrounds or be therapists, but they need to understand the issues that adopted children and children in foster care face and how to:

- welcome new children
- listen to children and youth
- nurture and comfort children and youth
- encourage participation
- set limits
- deal with attachment issues
- understand how to work with multiple diagnoses
- administer medications
- remain calm when a child or youth is expressing intense emotions

Often current or former foster parents and experienced adoptive parents make excellent therapeutic respite caregivers because of the knowledge they have gained from raising children with serious needs.

Leaders hoping to offer therapeutic respite care can develop a network of providers. They will need to:

- recruit providers who meet the children's special needs
- offer training for providers
- help providers establish a good relationship with parents through which they:
 - share success strategies
 - learn how to problem-solve with each other
 - offer support to each other
 - think about ways to thank providers, and otherwise prevent burnout so providers do not quit.

All forms of respite care on the continuum can safely offer parents the break they need. Group leaders and administrators who are willing to work together to make one or more of these respite ser-

vices available will promote strong and healthy families in their community. (For more information on respite care visit the Child Welfare Information Gateway at www.childwelfare.gov.)

Model Respite Care Programs

The eight respite care programs below show what programs have done to provide successful respite in their communities. Each program offers one or more of the types of programs described on the chart on page 12, and all offer meaningful respite to foster, adoptive, and kinship families. You will note that two of the model programs are no longer providing respite care. Both programs faced challenges. The leaders of *Respite Care, Inc.* left the state to care for ill family members and there was no one to lead the program. The parent respite providers from *A Circle of Support* became overwhelmed by the challenges of caring for children with increasingly difficult behaviors and mental health issues. Many programs fail, fold, or struggle when leadership duties are not shared and there is no one to take over the program during a crisis. Supporting providers and making sure they do not become overwhelmed caring for children with special needs is also important. Both of these programs are worthy models to consider. They also point out the fragility of any respite program that does not have a back-up plan for new leadership and resources. We hope that these models will stimulate your imagination and help you come up with creative ideas for developing a respite care program based on your community's needs.

“The best respite providers I’ve ever found have been from parent support groups.”

—adoptive parent
from Minnesota

A Circle of Support

Charlottesville, Virginia

A volunteer respite co-op where families in a support group provide respite to one another

In 2003, adoptive families in Charlottesville, Virginia, used a mini-grant from AdoptUSKids to create *A Circle of Support*. For these parents, paying for respite services was not an issue, but they were afraid to leave their children with inadequately trained providers. They tried to recruit family and friends as providers, but when that did not work out they decided to provide respite for one another. Each family in the group decided how much respite they were willing to provide and whether they wanted to get paid, barter, or offer in-kind services. Already experienced adoptive parents, they understood the children's needs because they had shared joys and challenges with each other in the group.

A key resource for *A Circle of Support* was a woman who was the group's lead childcare provider. She had excellent observation and relationship-building skills and was able to advise parents about which children got along with each other and offer valuable suggestions regarding their interests. Due to her careful observations, the respite experiences were an immediate success.

Many of the children had high-level needs, but the experienced parents were able to meet those needs. Parents left their child's Medicaid card with the parent providing respite in case there was a medical emergency.

Key program elements include:

- high-level therapeutic respite care
- flexibility in arranging and paying for services, including free respite
- experiences were successful from the beginning because parent providers knew the children well

The program had to deal with the following barriers:

- To access adoption assistance funding for respite care, families had to work with their county, city, and private agencies. Each had different guidelines for choosing respite providers, which complicated getting reimbursement. Parents were sometimes unable to get reimbursement for these services. Other families had to wait as long as 60 days or more to receive reimbursement.
- Many times there was no crossover for accessing or receiving services between agencies or counties. Families that adopted from one agency could not receive reimbursement for respite services from a family provider from another agency or county.
- The group did not have liability insurance.



Testimonials

Month after month I would hear the ongoing frustrations of adoptive parents telling me that it wasn't necessarily money thwarting them from getting appropriate respite...it was finding appropriate respite care providers! —A Circle of Support group leader

Even when our family was going through a hard time because one of our children was having issues and we had to place one of our children in residential treatment, it was extremely rewarding and affirming for us to be able to provide respite for another family. Knowing we could do that for someone else was very helpful. We did that for each other in this group. —A Circle of Support group member

**For more information about
A Circle of Support, contact:**

**434-924-5351
mmo7u@virginia.edu**

A Circle of Support

Provides:	in-home, group, and therapeutic respite to members of an adoptive parent support group
Serves:	9 families with 16 children from the support group
Costs to families:	parents either barter (make meals or do other tasks for each other), pay out-of-pocket, or trade-off caring for each other's children for free
Budget:	started with a small mini-grant; no formal budget
Funding:	no ongoing funding; agencies reimburse parents in some cases as part of their adoption subsidy agreement
Staffing:	no staff; parents offer respite for one another
Recruiting providers:	no need to recruit providers
Outreach to families:	families were already members of the group
Training:	<ul style="list-style-type: none"> • parents received training during support group meetings. No additional training was needed due to parents' experience with their own children and other children in group • group's childcare provider suggested pairing kids based on friendships formed during meetings and activities of interest
Strengths/ outcomes:	parents are able to provide high-level respite care
Challenges:	<ul style="list-style-type: none"> • a few parents who provided respite too often eventually burned out • parents worried about liability insurance but did not come up with a solution • respite not always available due to the number of families in need
Future plans:	looking for a way to rejuvenate burned out respite providers; seeking solution to fears about liability insurance and possible sources of funding

Rec and Respite

Wilmington, Delaware

A recreational program that offers parents respite twice a month and provides children with challenging special needs a safe place to make friends

The State of Delaware Division of Family Services funds Upper Bay Adoption & Counseling Services to provide a recreational respite program for children with special needs who were adopted from foster care in Delaware. A former parent group president who is now the program manager at Upper Bay Adoption and Counseling Services collaborated with the Delaware Division of Family Services to create *Rec and Respite* to serve adoptive families in the Wilmington, Delaware area whose children exhibit very challenging behaviors. *Rec and Respite* operates two Saturdays a month for 10 months each year. (This is in addition to any respite services families are entitled to through the state.) When parents apply for Rec and Respite, the state decides if the child meets the criteria for the program based on the child's special needs.

Rec and Respite pays a small fee to use United Cerebral Palsy (UCP) Center's camp facilities during the school year. The facility is completely fenced in, has a pool, and a full kitchen. Liability insurance for the program is provided by Upper Bay Counseling and Support Services, the parent organization for Upper Bay Adoption and Counseling.

The program has achieved the following outcomes:

Children:

- with severe attachment issues who have never made a friend before are making friends
- from ages 5 to 16 are caring for each other—the older children help the younger ones
- with high-level mental health needs get along with each other and facilitators
- get a chance to develop new skills, such as cooking, crafts, and sports; older children get experience planning activities and helping others
- have an opportunity to talk with other children who have been adopted

Parents:

- get 14 hours of respite each month
- see their children with serious needs have fun and make friends
- learn that others are capable of caring for their children
- are less stressed and less likely to disrupt
- have never been called to pick up a child for causing trouble at the program



Testimonials

We knew the kids would have a good time because the group always planned fun activities, but to see this group being affirming for the kids, to see it be a self-esteem builder for them—that was gravy. They knew they were with other kids like them. They knew they were safe. Some of these kids have never had a friend before and they were making friends in the group! —**group leader**

My son asks every day if this is a Rec and Respite day. He loves it and it gives me an opportunity to do things with my other children. —**parent**

I have been able to get things done at my job because I have had this time. I was behind and it was getting very stressful. We definitely don't need any more stress in our family. —**parent**

It is so nice for us to be able to go to lunch as a couple. —**parent**

Thank goodness for this program...we all love it!
—**parent**

This is a really fun place to be! —**child**

I get really upset when I can't come to Rec and Respite.
—**child**

I love to do cooking – I never knew I would be able to cook. —**child**

[Rec & Respite] has been a wonderful opportunity for families and children. Everyone has benefited and it is a great resource to help families after adoption when they don't have a huge number of resources. —
Frank Perfinski, Delaware Adoption Program Manager

For more information about
Rec and Respite, contact:

302-764-1890
adoptdel@verizon.net

Rec and Respite

Provides:	7 hours of planned recreational respite Saturdays twice a month, 10 months a year
Serves:	12 adopted children with high-level mental health diagnoses ages 5 to 16 years old in Wilmington, Delaware Any child adopted from the state of Delaware foster care program qualifies for the respite program. Participating families are members of Adoptive Families with Information and Support (AFIS), the primary adoption group in Delaware.
Budget:	\$30,000 per year (\$105 per child per day) plus rental of the United Cerebral Palsy Center's camp facility
Costs to families:	none
Funding:	Currently, the State of Delaware Division of Family Services is funding Upper Bay Adoption and Counseling Services to provide this service for adoptive parents who have adopted children from the State of Delaware.
Staffing:	Respite providers are college graduates who have social work experience and have worked with children who have special needs. One of the facilitators is an adult adoptee. There is a 1 to 4 ratio between facilitators and children and youth.
Recruiting providers:	Upper Bay contacts local agencies and nearby schools of social work.
Outreach to families:	Upper Bay shares information with all Delaware adoption agencies and AFIS, which then inform families. There is now a waiting list.
Training:	Facilitators are trained by the Upper Bay Adoption and Counseling Services, and receive additional training in their primary career field.
Strengths/ outcomes:	Parents are less stressed. They know in advance they will get respite twice a month. They report they are less likely to consider disruption or need to place their children in residential treatment. Children with severe attachment issues are making friends—some, according to their parents, for the first time ever. Even children with high-level mental health needs are getting along with each other and facilitators.
Challenges:	Upper Bay anticipates that the state cannot pay for this service indefinitely and is looking for private sources of funding.
Future plans:	Upper Bay is currently looking for ways to serve more families, especially those who have adopted foster children from other states.



The Mockingbird Family Model (MFM)

Seattle, Washington & Washington, D.C.

An urban program that helps 6 to 10 foster families form a neighborhood support group and receive unlimited respite care

The *Mockingbird Family Model (MFM)* began in 2004 in Seattle, Washington as a collaboration between the Mockingbird Society, One Church One Child/UJIMA Community Services (a private child-placing agency), and the University of Washington School of Social Work/Northwest Institute for Children and Families. Based on the premise that children thrive when they are surrounded by extended family, the *MFM* creates that extended family by identifying foster and kinship families in a neighborhood and offers them unlimited respite care, training, and support in exchange for being willing to become a community for each other. In 2008 there were eight *MFM* sites (four in Seattle/King County, Washington and four sites in Washington, D.C.) supporting approximately 140 children and youths and 50 foster and kinship families.

The *MFM* calls the group of foster and kinship families that support each other a Constellation. Each Constellation is made up of six to ten foster and kinship families and one Hub Home foster family. The host agency (a public or private child-placing agency) pays Hub Home parents to provide unlimited respite to the other families in their Constellation, as well host quarterly trainings, monthly support group meetings, and provide peer mentoring. Typically, it takes about six months for a new group of families to start supporting each other optimally and become trusted, reliable resources for each other. The families become so appreciative of their Hub family, they work together to ensure the Hub family is not overburdened.

Agencies that want to replicate the model pay the Mockingbird Society a one-time fee of \$9,000 (plus travel expenses) to support the planning process and for training to become a *Mockingbird Family Model* program. After that, they pay an annual \$200 fidelity check/certification fee. (A fidelity check determines if the site staff is following through with providing care in accordance to the *Mockingbird Family Model*. If a site fails to pass, further consultation and training may be required.)

Testimonials

Being part of the Constellation has added ... to the enrichment of my foster children by creating relationships between my children and others. I feel the Constellation makes all of us better individuals.

—MFM hub home parent

The Constellation has been the glue that kept us together as a family. The events and group meetings have helped us as parents to bond with our girls and the extended families that we have formed. What a miracle of support. —**MFM satellite home parent**

I wanted to send my thanks to the Mockingbird Society for the amazing work the staff has done in support of the young man for whom I am a Court Appointed Special Advocate (CASA). Since moving into one of Mockingbird's foster homes, he has had wonderful support, appropriate services, and finally a sense of belonging and security. It's a brilliant model that allows for connection and respite from connections when they become too intense for him; exactly what this young man has needed! This program has made a difference in the life of my youth. —**Court Appointed Special Advocate from King County, Washington**

For more information about the Mockingbird Family Model, contact:

206-838-6630

mockingbirdfamilymodel@mockingbirdsociety.org

A parent group and agency interested in starting a *MFM* program needs to cover these costs and develop public/private partnerships to access state, federal and/or private funds to pay the Hub family retainer. Proactive organizations view the funding associated with the Hub family as a redistribution of existing state and/or agency funds (to connect siblings, support and retain foster and kinship caregivers, etc. rather than as a new expense.

To replicate the *Mockingbird Family Model*, interested sites often need 12 to 24 months to build their partnerships and acquire the necessary funding. Interested parent groups, while developing the public/private partnerships required to fund this more comprehensive respite care approach, might implement other models described in this manual as an interim step.

The benefits of the *MFM* are:

- unlimited day and overnight respite care for participating foster and kinship families
- greater child/youth stability in placements; reduced numbers of multiple placements
- more siblings kept together—siblings are placed in the same family when possible, otherwise in the same constellation
- enhanced cultural relevancy and competency since children are in an extended family working to acknowledge, value and respect diverse cultural heritages, and support children/youth in making important cultural connections
- improved community connections since the goal is to place children in their own neighborhood
- enhanced support system for children in care similar to an extended family

The Mockingbird Family Model (MFM)

Provides:	A neighborhood group of foster and kinship families (called a Constellation) that gets respite from one family. This family (called the Hub family) is paid to provide unlimited day, overnight, planned, and crisis respite; plan quarterly social gatherings; and coordinate training. The Hub family also receives reimbursement for providing a meal at monthly group meetings and transporting members of the Constellation.
Serves:	50 foster and kinship families and 140 children and youth in eight constellations (four in Washington State and four in the District of Columbia)
Costs to families:	none
Budget:	<p>The program costs include:</p> <ul style="list-style-type: none"> • Hub Home family retainer at the agency's day bed rate x 365 x 2 beds (per year) • up to \$4,800 per year for incidentals (\$300 per month for hosting monthly group meetings and mileage reimbursements) <p>A non-treatment <i>MFM</i> constellation in Washington (supporting up to 25 children and 6 to 10 caregivers) is \$25,200. A treatment-level <i>MFM</i> constellation is about \$50,000 annually. Costs in other jurisdictions vary.</p>
Funding:	All host agencies have all found foundation or nonprofit funding to pay the Hub family.
Staffing:	The host agency provides program coordination and support to the Hub family and other families as well as child case management.
Recruiting providers:	The host agency recruits the foster and kinship families and finds the Hub Home family. Recruitment includes describing the benefits and hosting informational meetings with support provided by The Mockingbird Society (either on site or via video or teleconference).
Outreach to families:	Staff provide support to the Hub family. Families are encouraged to form a support group where group member can provide respite if the Hub family is over capacity. In such cases, the agency provides a stipend to the family for the care provided.
Training:	The Mockingbird Society provides training and support to the host agency, the Hub family, and the participating families.
Strengths:	<p>This model supports a number of outcomes:</p> <ul style="list-style-type: none"> • providing families, children, and youth with unlimited respite in their neighborhood along with peer mentoring and coaching, which supports caregiver retention • increasing child safety and placement stability • supporting permanency plans • placing siblings together in the same family or neighborhood • creating an extended family for youth in care • ensuring cultural relevancy by providing a learning community where cultural values are shared and children can make cultural connections with regard to race, culture, ethnicity, religious affiliations, etc.
Challenges:	This program looks expensive at first, although it is less costly than residential treatment, in-patient mental health care, or multiple placements. Host agencies must develop public/private partnerships to fund this program.
Future plans:	Create 20 or more programs around the country by 2010.



Foster Adoptive Family Resource & Support Center

Battle Creek, Michigan

A three-tiered respite program that includes crisis care, monthly activities, and a two-week summer camp

Foster Adoptive Family Resource & Support Center began 25 years ago as a foster and adoptive parent support group in Battle Creek, Michigan. Ten years ago, the group evolved into an agency to try to meet families' needs. The Center runs many programs, but after years of hearing that parents' number one unmet need was respite care, they decided to do something about it.

The Center currently offers two respite care options for families:

- a childcare center that offers crisis care any day. Families who use crisis support are also referred to wraparound services if necessary. A common crisis for families is a grandparent or parent who is caring for young children and has an emergency health issue and needs to go to the doctor or hospital.
- a Saturday planned respite program once a month for up to 25 children. At the program, staff offer fun activities for children while parents receive 8 to 10 hours of respite.

The Center recently received a grant for 2009 to create:

- a two-week day summer camp for 20 foster children, children in kinship care, or children adopted from foster care. Called *Free the Horses*, the camp includes a self-esteem building curriculum for the children, lunch and fun activities, and a field trip to ride horses.



Testimonials

*As a single adoptive mother I have very little time to myself. Respite Saturday was the first day in over a year that I was alone in the house. The few hours of “me” time was sooo appreciated. —**adoptive mother, Calhoun County, Michigan***

*I was really torn between being at the hospital with our baby and also meeting the needs of the three foster children in our home. When I found out I could bring the children to the day care during the day, a great weight was lifted. I knew the kids were safe and secure and my attention could be on the baby without feeling guilty. Take-A-Break saved the day! —**foster mom, Calhoun County***

*When my husband was hospitalized for five weeks I wasn’t sure how we would be able to keep our foster children. It appeared that the cost of childcare was going to far exceed the foster care reimbursement rate we received. On top of both of us losing pay during this time I did not know how I was going to cope. Take-A-Break took care of the children for free. You not only saved the day but you preserved a foster care placement that eventually became our first adopted child. Thank-you. —**foster/adoptive mom***

*First date my wife and I have had in 2 years—thank-you! Can’t wait till next respite Saturday. —**adoptive father of 7***

*When I got custody of my grandson I received a very angry child. He was being expelled from school all the time. If I had not been able to take him to Take-A-Break I would have lost my job. —**kinship grandparent***

**For more information about
Foster Adoptive Family Resource &
Support Center programs, contact:**

269-660-0048

FostAdoptSupport@aol.com

Foster Adoptive Family Resource & Support Center

Provides:	<p>Three respite programs for foster, adoptive, and kinship families:</p> <ul style="list-style-type: none"> • once-a-month Saturday respite • weekday crisis respite • two-week summer self-esteem building day camp for youth
Serves:	<ul style="list-style-type: none"> • 82 foster, adoptive, and kinship families from the Battle Creek, Michigan area for the weekend respite program • 88 families for crisis respite • 20 children in the respite camp (in 2009)
Costs to families:	Foster and kinship families and families who have adopted foster children currently do not pay for services. (Parents will soon pay a partial fee due to dwindling state funds.)
Budget:	<ul style="list-style-type: none"> • \$42,000 for the weekday and Saturday respite programs • \$15,000 to develop curriculum and materials for the camp; future cost for running the camp will be \$2,000
Funding:	<ul style="list-style-type: none"> • The Saturday planned respite program receives about half of its funding from the state and half from United Way. It also receives community donations from local churches, schools, the Elks and Lions Club. • The day camp is funded by Calhoun County. • The two-week camp is funded primarily by the United Way.
Staffing:	16 paid staff—a program director, executive director (retired DHS employee who works for \$50/week), kinship provider, administrative assistant, and 12 childcare providers
Recruiting providers:	They recruit providers from the community college in Battle Creek, plus current and retired foster parents.
Outreach to families:	Through support group involvement and agency referrals, area families are well aware of the respite programs and fill them to capacity.
Training:	All staff attend PRIDE training before providing respite. They also receive ongoing training at the agency and on site
Strengths:	Staff are extremely committed to their mission: enhancing the quality of life for foster, adoptive, and kinship children and the families who care for them. They work well as a team to provide quality care for children and families.
Challenges:	<ul style="list-style-type: none"> • Finding funding is an ongoing process. • Many of the children have serious emotional needs, and ongoing training for new staff is necessary to help them better understand children’s and families’ needs. • The center has to pay for Directors and Officers insurance and liability insurance, and to take out liability event riders for each specific event they host.
Future plans:	<ul style="list-style-type: none"> • Seeking to access community mental health funds • Looking for funds for an overnight camp for children and/or families



Friends for Adoption

Northern and Western Rural Wisconsin

Fall and spring weekend camp for adoptive families

Friends for Adoption, a program run by Catholic Charities, provides post-adoption services to families in the rural northern and western regions of Wisconsin. Two popular yearly events that bring adoptive families together for respite, training, and fun are:

- a spring weekend retreat at an indoor water park
- a fall weekend camp

During the weekend, adoption experts speak with parents and work with children. Families enjoy activities and meals together, but also have times where parents can attend training or talk with each other while their children are in separate activities.



Testimonials

Camp is one of the more successful things we do. Parents have a hard time getting away for the weekend to attend training, but if they can bring their kids with them, get some training, have fun, and talk with other parents—it's good for everyone! —**director, Friends for Adoption**

The families that come to camp live in isolated areas. Many of them are transracial families, and without the camp experience, they probably wouldn't even know about each other. They have a need and desire to meet and get to know other transracial families, and the kids want to know other kids like them and spend time with other families like theirs. —**trainer for Friends for Adoption**

Post placement support for families—including respite—is a critical need we see not only in Wisconsin, but throughout the country. Giving families a break when they are caring for children with multiple needs helps to sustain families and allow them to maintain the endurance needed for caring for these children day to day. —**Oriana Carey, MSW, LCSW, Manager of Programs, Adoption Resources of Wisconsin, Inc.**

For more information about
Friends for Adoption, contact:

888-212-4357

info@cclse.org

Through evaluations, the program has determined that typically 85 to 100 percent of participating adults have learned something about adoption and parenting and have expanded their support network. In addition, program staff learned that they need to:

- make sure parents understand when they are responsible for supervising their children and when the child care staff is responsible
- schedule time for parents to discuss issues they face
- have one childcare provider for every three children

In addition to finding additional funds to address rising costs, the program has struggled to pick the right activities for teens.

Friends for Adoption

Provides:	a weekend camp twice a year
Serves:	25 families and 70 children for each camp; camp is available to any adoptive family living in the northern or western regions of Wisconsin
Budget:	\$10,000 for both camps
Costs to families:	fall camp: \$150 per family no matter how large (covers lodging, meals, training, and activities) spring weekend retreat: \$50 per family (covers food, training, and activities); families rent their own hotel room (\$120) connected to a Wisconsin indoor water park
Funding:	Catholic Charities receives funding from the state to operate Friends for Adoption, which provides post-adoption services such as these respite camps
Staffing:	3 <i>Friends for Adoption</i> staff organize and staff the camp; 25 college students (usually special education or social work majors) also work at each camp
Recruiting providers:	Program leaders recruit 25 college students to staff each camp by contacting professors from local colleges. Students get credit from their professors and learn more about their fields of study and working with youth who have special needs.
Outreach to families:	Adoptive families are recruited through <i>Friends for Adoption's</i> newsletter.
Training:	There is no formal training. College students who are social work or special education majors have an understanding of children's special needs, are supervised by staff, and receive information about each child from parents.
Strengths:	Families are able to get a break once or twice a year at a reasonable cost; families get respite and training, and develop meaningful relationships with other parents and children. Many of the families are transracial families, and appreciate meeting other families like theirs.
Challenges:	Program funds have remained the same for the past 10 years, but the costs of running camp have gone up.
Future plans:	seek additional funding to address rising costs

Family 2 Family Respite Program

Minneapolis, Minnesota

A respite program for families caring for children with a mental health diagnosis

Founded in 1978 by a group of foster parents and professionals, Family Alternatives is a private non-profit foster care agency. In response to families' needs, in 2007 Family Alternatives created *Family 2 Family*, a respite program for families who are raising a child with a mental health diagnosis.

The program was able to use Children's Mental Health money to fund the respite program. Because there are no costs to them, parents are more likely to schedule respite. Family Alternatives social workers refer licensed foster parents who have experience caring for children with special needs to provide respite. The skilled providers have been able to form supportive relationships with both the children and the parents. Families who have used these respite services have found it to be extremely beneficial for their family. *Family 2 Family* sends quarterly surveys to parents, children, and providers to evaluate the success of the program. All responses have been *satisfied* to *very satisfied*.



Testimonials

The mother is very open and cooperative and the child is good for me. It is fun just having a teen around, keeping up with new things teens are doing, and getting different opinions from a young person.

—**provider**

The teenager I care for was able to hear things from me that her mother has told her too. Now she knows that the things her mother says are true and she should listen to her mother. I was glad to be able to help her listen to her mother. —**provider**

I enjoy caring for her. She loves having one-on-one attention! —**provider**

For more information about
Family 2 Family Respite Program,
contact:

612-746-8164

all_fa_staff@familyalternatives.org

Family 2 Family Respite Program

Provides:	4 nights and/or 40 hours of respite care per month per child to families caring for children who have a mental health diagnosis and are referred by Children’s Mental Health; some of the referred children are adopted, some live with their birth families, and some are in foster care or residential treatment.
Serves:	Currently serves 8 families, can serve up to 30 children
Costs:	<p><i>Family 2 Family</i> providers are paid \$80 per night or \$15 per hour for respite services, There is also a \$40 per month per child activity fund available to providers to spend for activities, such as yarn and needles to learn how to knit, or bowling or roller skating admission fees.</p> <p>There are no costs for most families; some families earning a higher income are asked to pay a one-time administration fee.</p>
Budget:	N/A
Funding:	Funding comes from the state through Children’s Mental Health
Staffing:	Foster parents who are licensed by Family Alternatives to become respite care providers
Recruiting providers:	Family Alternatives program coordinator and staff refer foster parents to become providers.
Outreach to families:	Children’s Mental Health refers children/families to the program.
Training:	Respite providers are experienced and trained foster parents and receive additional training from <i>Family 2 Family</i> staff on relationship building, mental health issues, and record-keeping responsibilities for the families they serve.
Strengths/outcomes:	<p>Creative funding to access Children’s Mental Health dollars</p> <p>Siblings who were unable to be placed together were able to spend time together in respite care.</p> <p>Parents and respite providers have become a great support to each other.</p>
Challenges:	<p>Families generally do not know the providers.</p> <p>Families may only have a few providers to choose from.</p> <p>Some teenage youth approved for the program have refused to go.</p>
Future plans:	<p>This is a new program and so far there have been 30 families referred to the program—17 families who have completed the intake process, and 8 families who are receiving respite.</p> <p><i>Family 2 Family</i> will explore ways to get more families to use these services.</p>

Oklahoma Respite Resource Network (ORRN)

Statewide Respite Voucher Program

A respite voucher program serving 20,000 families statewide

Oklahoma Respite Resource Network (ORRN) began in 1998 as a small pilot project serving 15 families in one Oklahoma county. Four Oklahoma public administrators started this effort because they were frustrated by regularly reading family surveys and evaluations stating that the most needed and least available service was respite care. The administrators invited others from a variety of organizations to join a coalition. The coalition included foster, adoptive, and birth parents, and partners from the Center for Children and Families, the Center on Child Abuse and Neglect, ARC (formally known as the Association for Retarded Citizens) of Oklahoma, Tulsa ARC, Parents Reaching Out in Oklahoma, Exchange Parent-Child Center, Parent Child Center of Tulsa, Partners in Policy Making, and Partners in Prevention. They built a strong network of support from public agencies, gained support from administrators and directors of their agencies, and sold the concept of respite to boards and councils. Finally, the group obtained formal endorsement from various organizations, made presentations at regional and statewide conferences, and got the voucher system approved. Today, the public/private agency collaboration administers a cost-beneficial and cost-efficient voucher system that combines nine major funding sources into a \$2.2 million budget to provide 20,000 families around the state with respite care.



The voucher system gives qualifying families the power to choose, train, and pay caregivers they choose. Through the program:

- Families complete a simple respite application.
- *ORRN* and designated agency staff approve families for respite, OKDHS issues vouchers, and OKDHS sends a reimbursement check to the respite provider.
- The family:
 - chooses the respite care provider
 - becomes the employer and can hire family, friends, neighbors
 - negotiates rate of pay with respite provider
 - manages and provides training to providers
- Each year parents complete a survey and report how the respite voucher system has helped their family.

Overall, *ORRN* has helped strengthen statewide advocacy efforts to provide respite to qualifying families across the state, and reduced administrative costs for the state, which no longer needs to hire staff to recruit, certify, train, and manage respite providers.



Testimonials

Respite makes me less cranky, which my mother is most grateful for. —youth

I was able to see my son play football for the first time in four years. —father

My husband and I were able to take a vacation for the first time since our son was born 7 years ago. I love my son, but I love my husband, too. —parent

I can make it from day to day now. —parent

For more information about
ORRN, contact:

405-522-0600

RoseAnn.Percival@okdhs.org

Oklahoma Respite Resource Network (ORRN)

Provides:	<p>A voucher for respite care to qualifying families in Oklahoma</p> <p>Families can apply for a \$200–400 voucher every 3 months until the budget is depleted for the fiscal year. Usually families receive 3 vouchers a year.</p>
Serves:	<p>20,000 families throughout Oklahoma</p> <p>Qualifying families include adoptive families, families with children participating in DHS SSI Disabled Children’s Programs, families whose children have developmental disabilities and brain injuries, families with children who have qualifying mental health diagnoses, adults with developmental disabilities, grandparents over age 60 raising grandchildren, and caregivers caring for older adults.</p>
Budget:	<p>The program started with a \$65,000 budget in 2000. The budget for FY08 is \$2.2 million.</p>
Costs to families:	<p>none</p>
Funding:	<p>Funding comes from several sources: Developmental Disabilities, Family Support, Aging Services, Children and Family Services, Mental Health, Oklahoma Association of Community Action Agencies, Department of Health, a federal grant for Marriage Initiative, Foster Care, and the Oklahoma City Foundation.</p> <p>The Oklahoma Department of Human Services receives and distributes funds.</p>
Staffing:	<p>ORRN staff approve families for respite vouchers; OKDHS staff issue vouchers.</p>
Recruiting Providers:	<p>Families recruit and negotiate payment rates for their own respite care providers.</p>
Outreach to families:	<p>ORRN helps families access other programs and find providers.</p>
Training:	<p>Families train their own respite care providers.</p>
Strengths/ outcomes:	<p>98.4 satisfaction reported from the caregivers and families.</p> <p>Families are the administrators of their respite program; saves money and time; few wasted administrative costs; families generally know and already like and trust their respite care providers; equally serves families across the state.</p>
Challenges:	<p>seeking ongoing funding sources is always a challenge</p>
Future plans:	<p>They are presently starting a pilot program for 15 to 16 foster families.</p>



Respite Care, Inc.

Beavercreek, Ohio

A community respite care program that recruited and trained providers to offer respite care services to qualifying families in the community

In 1998, two adoptive parents from Beavercreek, Ohio, who were struggling to find respite care for their son, turned their frustration around and decided to start a respite program in their area. Their son suffered from emotional and behavioral problems that warranted constant adult attention and the family members and friends who helped care for him became overwhelmed.

Exploring their options, the parents learned that although the county would pay for respite services, there were no trained respite care providers available. As a result, the couple started *Respite Care, Inc.* to train providers to meet the respite needs of families living in Montgomery County.

With help from Casey Family Programs and contracts through the state and county, *Respite Care, Inc.* began to train and recommend for licensing foster parent respite providers. The providers became licensed foster parents who only provided respite care. When foster families provide respite, they may foster or adopt more children and not be able to provide respite anymore. Licensing respite-only foster parents allowed the parents to specialize and enabled them to remain respite providers for longer.

Respite Care, Inc. was the only respite program available in Montgomery County from 1998 to 2000. Unfortunately, *Respite Care, Inc.* discontinued services when the founding couple moved away from the area.



Testimonials

Respite is a good thing! It gives everyone a break—both the kids and the parents. We all love each other but sometimes we need to get away from each other and respite gives us that opportunity. —parent

Respite has allowed me a chance to do things for myself. I then come back reenergized and ready to be a parent again! —parent

**For more information about
Respite Care, Inc. contact:**

253-884-4449

djorgenson001@centurytel.net

Respite Care, Inc.

Provides:	recruitment, training, and recommendation for licensing of respite care providers
Served:	25 families who qualified for respite care, including foster, kinship, and adoptive families, plus birth families and families caring for children with mental health diagnoses
Budget:	\$25,000
Costs to families:	none
Funding:	<p>Contracts with the Department of MR/DD, Montgomery County Department of Social Services and private agencies</p> <p>Casey Family Programs Center for National Resource Family Support funded program development, and helped build the respite concept and establish training requirements.</p>
Staffing:	two part-time staff coordinated the program—agency outreach, intake, placement services, evaluation, record keeping, and providers certification (fingerprinting, criminal background checks, home inspection)
Recruitment of providers:	Providers were recruited through word of mouth; contacting friends, family, foster and adoptive parents.
Outreach to families:	Agencies referred families needing respite, and providers were matched to families.
Training:	Provided 12 hours of pre-service training on caring for children with special needs, supporting parents, and providing CPR and first aid. The program supervised providers and provided 12 hours of in-service training each year.
Strengths:	Provided a much-needed service to the foster and adoptive care community, as well as birth parents and kinship care providers.
Challenges:	licensing new providers to keep up with the demand for services
Future plans:	share the model with others

DEVELOPING YOUR RESPITE PROGRAM

Assessing Your Community's Respite Needs

Every community has different respite needs. Before you start planning your respite program, survey the respite programs that are already offered in your area. Look at what the state, county, private agencies, and your local community currently provides. Does the state currently offer in-home care or support a respite camp in your area? Are private agencies already offering a variety of respite options? If the community has options already, your parent group may want to explore how to enhance or expand those services or explore how to provide an unmet respite need in your community. When a community has no respite services, groups will need to decide where to start.

Families' needs also vary widely. Some will want to use a camp, while others cannot bear to send their children away. Other families will want to use only in-home respite because it is convenient, while others do not like people coming into their home. Those raising children with intense special needs may sometimes need therapeutic respite care.

If your group does not do a proper needs assessment, it can plan, organize, and offer high-quality respite care that no one ever uses because there is not a need in the community for those services. Finding out what families in your area need is a wise investment of time and energy.

Hosting a meeting where you listen to parents' comments and suggestions will help define families' specific respite needs. At this meeting, you will learn:

- if there is a need to teach families about the importance of respite care to make them comfortable using it
- the types of respite services families need and want
- the conveniences families need to comfortably use the services (in-home care, care at a local community center, or providers they know)
- barriers that keep families from using respite
- a realistic starting point for providing respite services

Define the Role of Parents and Agency Staff

There may be a need to establish trust before you proceed with planning your respite care program. After years of studying respite, ARCH and CWLA reported the primary reason parents chose not to use available respite care services:

Information obtained from site studies, focus groups telephone surveys, and the literature all point to lack of trust as a major barrier to families accessing respite services. It is essential that agencies and organizations seeking to provide respite care build a higher level of trust with their families, beginning with reaching out to gain an understanding of the particular issues that concern their client population(s).^{xiv}

Think about how you and your partnering agency can establish trust with families. Think about who should run the first meeting with parents. The best and most useful programs result when parents take the lead in designing and planning respite services that meet their family's needs. We have found that having the parent group leader facilitate the meeting often results in the most engaging and empowering discussions.

If your group has a good relationship with the public agency, the parent group leader and administrator can co-lead the first meeting. The parent group leader—or whoever best knows the parents—can facilitate the meeting, while the administrator supports parents' ideas, and draws on resources and connections to find ways to implement and fund a program that truly helps families.

Some parent groups may still need to develop trust with agency administrators. Some groups have fears based on imbalances of power that they face daily in their communities related to race, culture, sexual orientation, and class. Those issues need to be dealt with as you work together. Issues of mistrust will not go away until they are faced directly.

If your group has a troubled history with the public agency, parent leaders may need to run the first group meeting alone without agency staff present. After the first meeting, when group members know they need to enlist others' help, then administrators can join the effort. No matter how you go about it, establishing this partnership is often critical to your future success, but only you know your group's culture and can best decide how to run your first meeting.

Host the Meeting with Parents

Invite foster, adoptive, and kinship parents who fully represent the racial, cultural, sexual orientation, and social make-up of your group to talk about respite care. At the meeting, share information about the value of respite care, but most importantly, learn from your members.

Start by helping families see the value of respite. Think about how to talk about respite in an engaging or even humorous way. Maybe there are people from your group or agency who would be willing to portray two families: one who gets respite and another who does not. The family who gets respite stays on track even with children who have special needs, while the other family struggles to stay intact. As you play up the scenes of serene respite, it will not take long for parents to understand the value of respite.

A funny skit helps families recognize the value of respite without putting their family in the spotlight. A family's health and well-being is a serious subject, sometimes so serious that families who need respite will not use it for fear an outsider might view their family as troubled. Your goal is to build trust with families, help parents see the value of respite, and convince them to use it.

Once you have engaged parents, show them the respite research included in this manual. Share current information and statistics about respite from your own community, but keep it simple. Explain the role planned respite care plays in helping families prevent crises and avoid disruptions.

Once parents understand the benefits of respite care, describe the types of care on the continuum (page 12) and ask them what type would best serve their family. On a flipchart, white board, or big sheet of paper make three columns. In the left column, have parents list the kinds of respite care they would choose. In the middle column, have parents list what would make respite convenient, desirable, successful, affordable, etc.

Finally, in the right column, list the barriers to using each form of respite identified in the left column. (See the sample chart below.) Ask for clarification if you don't understand any answer. Let the parents discuss this list and add to it if necessary.

What respite care is to me	What would help me	What prevents me and other parents from using respite care
.....
.....
.....
.....

The meeting leaders should let parents participate fully and not lead with their own ideas or suggestions. First and foremost, listen to the parents and keep a written record of what they say. If you have done your job establishing trust and welcoming them, they will give you a wealth of information. If the parents do not already know their needs and how they can be met, your discussion will bring them closer to understanding. Their needs and opinions will help you design and deliver respite services in your community.

Next, have parents vote on what type of respite they most need and will use. Discuss the two that get the most votes, and then narrow it down to one. Examine all aspects of the group's respite choice: the form of respite, the wish list, and the barriers. Now make a list of what could be done to eliminate the barriers. List community members who can help and how. The answers will guide your next steps: Who will train providers? Will parents help train providers? Do you need to find a convenient location for a group childcare program where parents can be nearby? Are parents more comfortable having family members, friends, and relatives trained as providers? Is there a facility that sits empty part of the year that would be perfect for your respite camp?

Now look at the wish list. Is it possible to meet all of the wishes or only some of them? What would have to happen to meet all of them? Discuss the options. Have the group talk about who in the community could help your group provide the respite service and grant all the wishes on the list. This discussion will help people see that it will be important to reach out to others to successfully develop a respite program. Allow the discussion to go on long enough to build enthusiasm among the group.

Form a Respite Care Committee

For larger groups, the next step toward helping your group develop a respite program is to form a respite committee. Avoid the temptation to allow one or two enthusiastic group members to develop your respite program. Sometimes highly motivated people try to do everything themselves while the rest of the group passively waits for results. This can lead to burnout, and excellent programs can fizzle out when the leaders get tired or have a family crisis.

Instead, organize a respite care committee to oversee planning, implementation, and evaluation of your program. Seek people who are committed to program design *and* implementation. Do not forget to include committed community members in addition to your group members and public agency staff. The committee should look into how to set up a respite program that meets the group's needs and wishes, then report back to the group. The group can then help decide how to go forward. Once you have formed your committee, schedule a time when it can meet to develop your plan.

Outlining Your Respite Plan

Now your respite care committee needs to make your plan become a reality. As you plan, try to keep it simple and within your group's size and capacity. On a whiteboard or a big sheet of paper, write down the respite care plan your group chose, such as designing a recreational respite program. Then think of the answers to the questions below:

Program Needs:

- How many families and children do you hope to serve?
- Who will provide care and how will you find these providers?
- Will you train providers? How?
- When will you offer your respite program? Weekly? Monthly? Yearly?
- If you are planning a group care program, what will your child to provider ratio be?
- What would be the ideal site for your respite program? Will it need to be near public transportation? Will you need adequate parking?
- Does anyone from your group know of a great space for your program?
- Will you need separate meeting rooms for different ages of children?
- Who will pay for the respite service?
- How will payments be made?
- Will you need to provide food? Where will you get the food?
- Will you need athletic equipment, art materials, or other supplies?
- How will you let families know about your program?

Administrative Needs:

- What tasks need to be done to make your respite plan happen?
- Who will do each task?
- Who will be in charge of the program?
- Will you need to get liability insurance?
- How will you measure the success of your program?
- What will the program cost?

Your committee should discuss people’s responses to these questions. Pay close attention to those members that may have an expertise in a given area, or those who have experience with running a program. Leaders should be careful listeners but shouldn’t hold back if they have important information to share. Your group is counting on you to work together to define the program as soon as you can. If you do not yet know some answers, leave them blank or list possible answers. Assign someone to find answers and report back to the group. More questions may come to mind as you formulate your plans.

Divide the work by assessing people’s strengths and assigning tasks that fit those strengths. Someone who has community connections can find desirable spaces. An outgoing member with sales experience may know how to recruit volunteers or respite providers. A member who owns her own business can ask other business owners for donations. Make sure you also include other members who are not willing to lead an effort, but are good at completing assigned tasks or helping others.

Use the “Respite Committee Tasks” sheet on page 46 to help you record what each person will do to help reach your goal. Set a timeline for when things need to get done and when you want your questions answered. You will notice that you will most likely need to seek help from others to reach all of your goals. Use the “Respite Committee Meetings” sheet on page 47 to track your group’s progress from meeting to meeting.

Collaborate with Others

As you plan, develop a list of potential partners. It can be exciting for partners to be included from the beginning so they can see where they fit into the plan, offer creative suggestions, and share your enthusiasm. Partners should be sought who can:

- recruit and train providers (including college students, other parents, specialized providers, etc.)
- provide a location for your services
- generate ideas for finding start-up money, including grants and in-kind donations
- help find matching funds for Title IV-E dollars or other state and federal sources that require matching funds
- promote services and get the word out to the community
- provide equipment, materials, in-kind donations, and more

Possible partners who can support your program:

- local businesses
- foundations
- nonprofits with a shared mission
- public and private adoption and foster care agencies
- adoption subsidy managers
- state and local adoption program managers
- schools (local colleges & universities)
- faith-based organizations
- community centers and diverse community-based organizations
- service clubs such as Lions, Rotary, VFW, the Junior League
- grantmakers, such as the United Way, that fund programs for children and families

Share a list of potential partners with the group to get feedback, reactions, and suggestions.

Developing Partnerships

Explain Your Mission

When you ask others to join your effort, you will want your partners to believe in your cause. The first thing you want to do is talk about your mission with potential partners. They need to know why you are taking on this project, why families need respite, and how these programs help keep families together. Share your passion. Each partner needs to understand why your mission is important, how they can help you achieve your goal, and become willing to join your cause.

Build Trust

Being trustworthy and trusting others is crucial to your success. You will want to build trusting relationships with your partners. When you suggest potential partners to the group, notice people's reactions. Do they seem excited? Do they look hesitant or concerned? There will be a variety of reactions, and you need to pay attention to all responses as you discuss potential partners.

When you discuss a prospective partner, does the entire group get excited? This might be a great partner to work with. On the other hand, when you notice negative reactions, you need to discuss what people are feeling. Are the reactions based on real experiences or simply a fear of partnering? Be careful to explore what's behind the feelings, so you do not rule out excellent potential partners because of fears or issues that could be addressed.

“The most important time we used respite, though, was when my husband and I had someone come stay with our son so we could both attend our daughter's First Communion at church. Without respite, one of us would have had to stay home and my daughter's special day wouldn't have been as special.”

—adoptive parent from Iowa

RESPIRE COMMITTEE TASKS

Mission:

Meeting Goal:

Tasks	Person(s) Responsible	Begin Date	End Date	Outcome

RESPIRE COMMITTEE MEETINGS

Use this form to track meeting decisions, follow-up plans, and committee member responsibilities. The data can help you track your group's efforts and determine future plans.

Date: _____

Meeting Purpose:

Key points of discussion:

Decisions made (if any):

FOLLOW UP

List follow-up tasks, people responsible, and deadlines:

Step	Person Responsible	Deadline
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARTICIPANTS

_____	_____
_____	_____
_____	_____
_____	_____

Exploring a scenario: A group has discovered an organization that has a great site for a recreational respite program. Some group members express concerns that the organization's staff is not experienced working with children who have special needs. Once you discuss the members' hesitation, you can find ways to address the issue. Perhaps you can provide the staff with training on special needs so they can become role models for the children and provide support for your families. You want to discuss details with potential partners so you can weigh the pros and cons of each relationship and choose individuals and organizations that will be an asset. Even the best leaders cannot run a program alone. Great leaders know if they want a quality, thriving program that is well funded, they will need to work well with others.

Form Diplomatic Partnerships

Although you may see this as your respite program, be open to potential partners' ideas and input. Others may have a point of view you have not considered. They may see something you missed or help you solve a problem. Keep your mission in mind but do not be overly attached to your preliminary plans.

Ideal collaborative partnerships are ones where all individuals:

- allow everyone into the discussion
- openly express their thoughts, feelings, and ideas
- discuss ideas and solutions together
- can compromise and come to an agreement
- treat each other with respect
- listen to others' feedback and are open to others' ideas and feedback
- ask questions when they don't understand
- are willing to end the discussion when it is time to make a decision
- review decisions as they relate to the mission
- make changes when something obviously needs to change

When you are ready to engage potential partners:

- develop talking points for how you want to describe your program, its goals, and family needs it will meet
- ask committee members with connections to partners to approach them, discuss your plan, and ask how they can help
- have each member report what they learn
- have the committee recommend partners they think will best be able to help the group reach its goal
- arrange a full parent group meeting to present the committee's recommendations and allow parents to discuss options
- decide which partners to invite to help you achieve your mission



Develop Your Plan with Your Partners

Once you choose your partners, invite them to a meeting to get a better idea of how everyone will work together. Give people time to get to know each other and ask questions. Make a commitment to accept fresh ideas from your partners and look for new ways to enhance your efforts.

Work with your partners to define your respite plan. Write up your plan, including how it will work, when it will start, who will be involved, and how all of the different aspects of the program will work together. Keep in mind that your plan should uniquely fit the needs of your community and reflect the respite needs assessment your group completed. As you begin to see how various partners can help you develop different aspects of your respite program, your overall vision of your program will take shape. Let each partner know how everyone's efforts contribute toward your goal and what each person needs to do and when to do it to help get the program up and running.

Before you begin any partnership, be clear about each party's role and responsibilities. Too many collaborations have floundered when well-meaning parties headed down different roads or had conflicting priorities. Early in your relationship, have a detailed conversation about who is doing what, how differences of opinion will be resolved, and how often you will check in with one another. Put the decisions you make in writing to ensure that everyone is on the same page.

Even if you spell everything out clearly, conflicts may sometimes crop up that need to be resolved. Think about your group—the leaders, respite committee members, or others. Who are the best team players? Take advantage of the skills of these people when resolving conflict. If you feel it is your job to handle the problem as the leader, first get input and advice from your best diplomats.

To resolve conflict, it is best if you are:

- honest
- open to listening to all sides of the issue

- compassionate and forgiving
- committed to working through the problem together

As you develop relationships with your partners over time, you will be able to exchange ideas and share opinions with greater ease. Working with partners can be exciting when you truly listen to each other and are able to share your expertise in a variety of areas. Your partners can help you reach your goals, but you may also be able to help them too. Great partnerships work both ways and you will learn how you can help each other. Keep communication open, and alert partners whenever anything about your program changes. As your plan moves forward, ask select partners to form an advisory group that works with the respite committee to oversee program implementation and future evaluation.

Managing Your Finances

Make a Budget

Before you seek funds for your respite program, you need to make a program budget and determine how it fits in your group's overall budget. Identify both income and expenses. For expenses, include everything you can think of including staff, supplies, space, food, equipment, postage, copying/printing, insurance, etc. For income, include all expected donations of funds or other goods and services, plus fees, grants, and more.

Also, note the value of items that will be donated at no cost to you. Pay attention to these items because if you no longer receive an in-kind donation, you will likely have a new expense. To find the cost of such donations, ask the organization what its normal rates are and list that in your budget.

See the sample budget on the next page for a monthly recreational respite program with donated space and respite care providers.

Keep Accurate Financial Records

Your group will also need to keep accurate financial records. Ask a member of your group—preferably someone who has accounting or business skills—to volunteer as bookkeeper or treasurer. Be sure to track products and services provided to your group at no cost, along with other income and expenses. If your group decides to apply for nonprofit status, must submit financial reports, or is audited, you will be glad to have accurate financial records. Financial planning books and software programs can help you organize your information and make recordkeeping easier to manage.

Develop a Funding Strategy

Many groups starting new programs have trouble finding and keeping secure funding. Taking the time to develop a fundraising plan is necessary for any group starting a respite program.

Identify Funding Sources

As you look for funders, expect that they will want to know more about your group's mission and goals. You will need to know the current research showing the importance of post-adoption support and respite care for foster, adoptive, and kinship families, and to use this research to build your case for funding. Keep in mind that many outsiders have little understanding of special needs and the



Sample Budget for Respite Programs

Out-of-Pocket Expenses

Program manager salary/benefits – 10% time	\$5,000
Printing and mailing of promotional flyers – \$50 per month	\$600
Food – \$5 per event per youth @ 20 youth for 12 months	\$1,200
Sports equipment	\$500
Training for volunteers (handouts, room rental, refreshments)	\$500
Total	\$7,800

Income

Fees – \$10 per youth per month for 12 months @ 20 youth	\$2,400
Foundation grant	\$3,000
Special event (bake sale)	\$1,000
Individual donations	\$1,400
Total	\$7,800

In-Kind Donations

Community center with gym/playing fields (valued at \$50/month for 12 months)	\$600
College students to supervise recreation (valued at \$15/hour at 2 hours for 6 students/month for 12 months)	\$2,160
Total	\$2,760

Total Operational Expenses (including value of in-kind donations): **\$10,560**

Note: Your group must have nonprofit status for donations to be tax-deductible for the donors.

very serious challenges facing children who have been abused or neglected or spent time in foster care. Prepare a one-page fact sheet documenting the need for respite care. Keep it informative, low key, and user-friendly, with a few main points and pictures of kids having fun receiving respite. Focus on the outcomes you can achieve through respite—healthier children and youth, more stable families, truly permanent adoptions, and lower societal costs in the long run. You can start by using information from the “Examining Recent Research” section of this manual and look for other information about respite care on the Internet to help you get started. More importantly, personalize your fact sheet by including local information about your community’s needs and quotes from families about how respite care has kept their family healthy or could have prevented problems if services had been available. (See the sample respite fact sheet on page 88.)

A good fundraising strategy should include diverse sources of possible income, such as:

- donated services and goods
- special events
- membership dues
- individual donations
- foundation/corporate support
- contracts for services
- state funding
- creative use of adoption subsidy funds

The most common funding strategies are donations, donated services and goods, and smaller special events. Applying for foundation and corporate grants is only possible for groups with tax-exempt status. A newly formed group might at some point decide to apply for tax-exempt status as part of its fundraising plan.

Donated Services and Goods

Parent groups often take advantage of situations where members or outside supporters volunteer time or offer free services, skills, or products. Whenever possible, ask people to donate their time or services to your organization. Options include:

- One of your members (or a spouse, partner, or relative) who is an accountant can help with the finances, a lawyer can explore liability issues related to respite, and a writer can produce the program’s promotional materials.
- Teens often enjoy helping out by doing mailings, caring for younger children, or organizing recreational events.
- You can often have free event announcements placed in company, neighborhood, or faith-based organizational newsletters.
- Many newspapers have a community section where groups can ask for donations such as computers, printers, and copiers. One website that offers nonprofit organizations discounted prices on computer software, some service assistance, and goods is: www.techsoup.org

- Merchants are often willing to donate goods and services to local charitable groups. For instance, if you are trying to organize a respite camp, ask your local grocery store or restaurants for donated food.

The sample letter on page 55 may help you compose a letter to request goods and services.

Small Fundraisers

Fundraisers that often produce a moderate return include arts and craft shows, bake sales, dances, children’s fashion shows, staffing a concession stand at sporting events, barbecues, picnics, and garage sales. Look for ways to hold small, low-cost fundraisers that can get a high return for your program. Some groups ask merchants for products that can be raffled at their fundraisers. Others have a once-a-year raffle with a large prize such as a television or a weekend vacation. Be sure to check local rules on charity raffles and auctions.

Special Events

Another way for your group to raise money is to hold large special events. Possible fundraisers include concerts, benefit dinners, magic shows, dances, and theater evenings. At such events, your group could also sell pins, posters, cards, T-shirts, decals, or bumper stickers to raise money and advertise your group’s mission. Silent auctions can enhance the fundraiser.

Although these events are time-consuming, especially for smaller groups, they can be a way to bring the group together and draw in others from the community. It is a good idea to select a team to coordinate any big event so that the workload is spread out among several people. If there are individuals in the group who have skills you need, ask them to help at reduced fees or no charge.

Individual Donations

Sometimes asking for cash donations is the simplest, most efficient way to raise money. Research local businesses and organizations in your area and find out which groups are interested in adoption or children with disabilities or special needs. Compose a letter to invite them to donate to respite program. The greatest reward is when your group is handed a check without having to organize and sponsor a big event.

Your local Lions, VFW, Elks, Kiwanis, Knights of Columbus, and other service clubs are good possibilities, as are local community leaders who have been touched by adoption. If there is a college in your area, include sororities and fraternities in your list of contacts. Some service organizations will help with fundraising events while others will contribute cash. Do your research on what these organizations are interested in and know what you want to ask for before you contact them.



Respite Guidelines for Foster Families

For foster families, every state or county has guidelines for respite services. In some areas, families may qualify for a certain number of hours of respite per month or per year based on the children’s special needs. Some states or counties offer a flat rate per month or year. Respite providers for foster families must be licensed foster parents. Some states or counties have lists of providers they have trained and families wanting to access respite services must choose from this group.

Another idea is to send donation request letters to individuals. These letters should include a brief history of your group, accomplishments, respite program goals, and needs. The letter should paint a compelling picture—with a family story if possible—of the difference the respite program will make in the lives of vulnerable children and their families. Send the letter to your entire mailing list—including local therapists, school counselors, pediatricians, agencies, social workers, faith-based organizations, and your members. Even if they don't donate, you have made them aware of what your group is doing, and maybe they will give next time.

Foundation, Corporate, and Government Support

If your group has become a nonprofit organization and has obtained tax-exempt status, you may also apply for grants from foundations, corporations, or local, state/provincial, or federal agencies. Some corporations like Target offer small grants to programs in their communities. Sam's Club and other organizations offer matching grants to programs that raise enough money to equal the grant. If your



Creating a Proposal Outline

Many grant makers offer specific detailed grant proposal guidelines. If you are given guidelines, follow them exactly. If you are not, consider using the following outline:

- **Introduction**—Very briefly explain your organization's mission, the basic nature of the respite program, and the outcomes you hope to accomplish and how this relates to the grant maker's focus.
- **Need/Statement of Problem**—Explain the need for respite, the lack of available programs, research and statistics on respite care, personal stories, and other details that present a compelling picture of why your program is necessary.
- **Purpose/Objectives**—Include a description of the organization's goals, and how it relates to the impact the project will have. Include specific, measurable outcomes (15 families will receive respite care, 20 children will participate in mentoring relationships, 5 families will be more stable, 2 families will avoid disruption, etc.).
- **Approach/Work Plan**—Identify the services to be offered—how, when, and to whom—and why these services will achieve the outcomes described above.
- **Evaluation**—Include activities such as surveys, interviews, or focus groups that can help you make ongoing changes in the program while you operate it, and other activities to determine the results of your work.
- **Qualification/Organization Experience**—Describe your group and its ability to offer this program, and identify any staff.
- **Budget**—Include a detailed line-item budget (see sample on page 51), a budget narrative, information about other current and potential sources of funding, and how you will continue the program into the future.

Writing a long proposal does not make it better. Try to keep your proposal simple, easy to read, and as short as possible.

Sample Letter to Request Donated Goods or Services

[date]

Dear [contact name]:

We want introduce you to children and youth who live in your neighborhood:

- Jonathan’s dream came true this year—he finally has a family. The highlight of Jonathan’s year was not his 13th birthday, but June 5th—the day he was adopted. Jonathan requires special care by an adult at all times, and he waited a long time for a family.
- Angela and Sabrina are sisters who love each other very much. Angela lives with her grandmother and Sabrina resides in a residential treatment center. The girls want to see each other but their grandmother does not drive and there are restrictions for leaving the center.
- Taree, Josh, and Lyla are siblings who will never return to their birth parents. They were abused in their early lives and now live with their foster parents. Their new home is filled with love but the children are a handful because of behaviors stemming from past trauma. Their foster parents would love to adopt them, but they wonder if they have the stamina to meet their special needs.

What do these children have in common? They all benefit from respite care provided in their neighborhood! Jonathan, Angela, Sabrina, Taree, Josh, and Lyla all participate in [your program’s name].

[insert your respite program’s name] is a nonprofit organization located at [insert location] that offers [describe respite care] to adoptive, foster, and kinship families in the community. Respite gives caregivers a break at the same time children and youth have fun. Best of all respite helps families stay healthy and remain together.

Jonathan’s parents can handle the demands of his special needs when they know they can nurture their relationship two Saturdays a month. Angela and Sabrina can’t live together now, but they see each other at respite twice a month. Due to regular respite, Taree, Josh, and Lyla’s parents are moving forward with their adoption.

We want you to know about our program to give you a chance to offer your help. Always in need of donations, we ask you to review the attached sheet listing the goods and services that will enhance our program. All donations are tax deductible.

Thank you for reading about our program and the families we serve. [name] will contact you within a week to tell you more about our program. If you have any questions in the mean time, please contact [name] at [phone number and e-mail address].

Sincerely,

[name

title]

Note: Businesses can only deduct contributions made to registered nonprofit organizations

group does not have tax-exempt status, your agency partner or other partners may be able to apply for grants. If you want more information on how to become a nonprofit organization contact NACAC at info@nacac.org or 651-644-3036 or visit the parent group section of www.nacac.org and find the fact sheet on becoming a nonprofit organization.

When you research potential funders, note each funder's geographical area, funding restrictions, and program priority areas.

- Identify past grants by reading grant guidelines, annual reports, or tax forms such as IRS Form 990-PF.
- Look for information that tells you what types of groups are eligible for funding, how and when to apply, and how funding decisions are made.
- Identify the type of programs the organization funds. Some grant makers fund only specific program areas.
- Check your local library or the Internet for a guide to writing grant proposals and for an index of grant makers. Develop a list of those organizations that support projects like yours. One good resource is the Foundation Center, which offers library collections with materials that list private foundations and corporate giving programs. Contact the Foundation Center at www.foundationcenter.org or 800-424-9836 for more information.
- Check with your state agencies. Many state agencies (departments of human services, health, mental health, juvenile justice, etc.) offer grants to nonprofits for particular programs. To find grant opportunities, contact the local agencies and ask to be put on a list to receive requests for proposals that the agency issues. You can also search your state agency web sites (searching for grant or RFP) to find grant opportunities and to find ways to receive information about future grants. In Texas, for example, the Department of State Health Services has a page dedicated to grant-finding resources where you can sign up for funding alerts from the agency.
 - In addition, parent groups might be able to partner with their state agency to offer services as part of the state's Title IV-B or IV-E plans or for programs that use adoption incentive funds. To explore this option, set up a meeting with the state adoption manager to discuss what the state's plan is and how you might be able to be a part of future efforts. (To find your adoption manager, visit www.childwelfare.gov, click on the link for National Foster Care & Adoption Directory, then search your state for State Foster Care and Adoption Officials.)
- Seek federal funds, which are sometimes available to adoptive parent groups for specific projects. Newsletters and web sites of national adoption organizations might provide information regarding this kind of opportunity. You can register on the following site to get information about available federal grants: www.grants.gov/applicants/find_grant_opportunities.jsp
- Check with your local United Way to see if it is a source of potential funding.

Program Fees

Depending on the type of program you offer, you may want to charge fees to families. Consider the economic situation of the families you serve and be sure to make the fees affordable. You may want to budget for scholarships for families who cannot afford even small fees. You typically do not want to recoup all costs through fees, but fees can show funders that parents are truly committed to your program.

Some states have adoption subsidy funds to cover respite for qualifying adoptive families. Respite is generally not a formal part of an adoption subsidy agreement. Minnesota, for example, includes respite as one of the services for which adoptive families may qualify. Qualifying families are allowed to decide when and where their children will receive respite and choose their providers, including family members and friends. Oklahoma has a statewide voucher system that pays several hundred dollars per year to each qualifying family for respite.

In some states, families can apply for respite, each case is reviewed, and families qualify for respite services based on their child's special needs. The amount of funding available can vary, usually comes from a number of sources, and can be challenging to access. In states with budget difficulties, parents may have difficulty accessing funds to pay for respite. For more information on your state's adoption subsidy program benefits go to www.nacac.org/adoptionssubsidy/stateprofiles.html or call NACAC's adoption assistance help line at 800-470-6665.

Note that in some states, subsidy funds for respite can only be paid to certain types of providers. Be sure to check the rules in your area so that families have the best possibility of receiving reimbursement of any fees you charge.

Post-Adoption Funds

All states use some of their federal funds (Promoting Safe and Stable Families or Title IV-B, part 2 funds) for adoption support and promotion. Many states and local governments also use other funds to support post-adoption services. You should check how post-adoption funds are being used and see if there are any opportunities to partner with funded groups to provide your respite program. Partnering with an agency to access the funding may be your best option for your respite program. Some agencies may have restrictions regarding who can provide respite services if you use state money to pay for them. To explore this option further, check with your state's adoption manager. To find the name and contact information of your state adoption manager, go to the Child Welfare Information Gateway website: www.childwelfare.gov and type "state adoption assistance search" in the search window. State adoption managers are listed alphabetically by state.

As soon as your group secures funding to start your respite project, a team should be assigned to seek money to keep the project going into the future. Too many groups relax when they have start-up funding and wait until funding is gone or almost gone before they do any further fundraising.

Finding and Training Providers

Find Providers

One of the first steps in starting a respite program is finding and preparing the providers.

In many states, respite providers for children in foster care need to be licensed foster parents who are at least 21 years old. Licensed foster parents attend orientation meetings and training, receive home visits, are fingerprinted, and must pass a criminal background check. Foster parents who intend to provide respite in their homes must undergo a home study and have a fire and safety inspection to certify that the family home is free of hazards. As part of their training, respite providers for foster care receive CPR and First Aid training.

Children who have been adopted or are in kinship placements outside of foster care are not restricted in their choice of providers. In fact, in many states, adoptive parents can receive subsidy reimbursement even when relatives and friends provide respite. Many respite programs that use family members, friends, and relatives have great success because the providers know and love the children and the children are comfortable. Although there are fewer restrictions for recruiting respite providers for adopted children than for foster children, you should carefully screen providers for your program and come up with a list of criteria that ensure you find quality providers. Consider asking for criminal background checks from prospective providers.

To enhance your respite program, look for providers who:

- are flexible
- trainable
- patient
- kind
- take charge, but don't dominate
- relate well with children and adults

Look for providers who relate well to children because they:

- genuinely love children
- have the energy to relate to and supervise active children
- understand a variety of special needs and can see beyond initial behaviors to possible reasons why a child may act out or feel angry or frustrated
- know how to establish firm rules without appearing angry or mean
- know how to laugh with children and encourage humor as way to help children get out of power struggles, side-step conflict, gain control, relax, and feel accepted
- know how to prevent problems by observing individual behaviors and interactions among children, intervening and preventing these problems by using techniques such as distraction, redirection, careful planning of developmentally appropriate activities, guiding children through transitions, and more

Look for providers who relate well to parents because they:

- are good communicators and value open dialog with parents
- communicate reasonable expectations and allow parents to see they know how to be in charge and still establish a loving and accepting atmosphere
- understand that no one knows the child better than the child's parent
- never compete with the parent or undermine the parent's role with the child
- ask questions when they need more information and share information they think the parent should know
- want the respite experience to be successful and show they do by following tips parents provide about working with their child



Planning Your Training to Address Issues of Diversity, Cultural Issues, and Special Needs

As you plan your training, think about your audience and how you will address issues of diversity, culture, and special needs. These issues affect parents, children, and providers and need to be a core part of your training. For example, children with special needs are not usually considered a minority or discriminated group, but they are often misunderstood or unfairly judged by others. Many children who have been adopted or are in foster care have social and emotional disabilities that are not as obvious to outsiders as a physical disability may be. When these children have difficulty handling social situations or expressing emotions, others may get upset. Both the children and their families frequently experience social isolation.

Beyond dealing with special needs, families from minority ethnic and racial groups, families with lesbian, gay, bisexual, or transgender parents, and families with lower incomes experience additional discrimination and prejudices, including limited access to services. These issues and problems may also be true for some respite providers. It is important to remain sensitive, flexible, and open to these issues and to plan a culturally competent respite training that will meet the needs of children, families, and providers.



Mandated Reporting

Each state designates individuals who are required by law to report suspected incidents of child abuse, such as doctors, teachers, day care providers, social workers, and others. In many states, foster parents are mandated reporters (individuals required by law to report suspected or actual instances of child abuse). Being a mandated reporter means that a foster parent or individuals mentioned in your state statute must report all incidents of suspected or actual child abuse to appropriate authorities. If you have questions about potential abuse, call your local child protection agency.

- share something good about the child—such as something the child said that was funny, how the child shared with another child—that lets the parent believe their child can succeed while in respite
- are honest, but gentle with their comments when children have difficulty
- are willing to strategize with parents when they need to solve a difficult problem concerning a child or share with parents how they are dealing with behavior issues or problems, and more

Knowing the respite provider often normalizes the respite experience for children and youth. Some excellent places to find familiar providers are:

- **local places of worship**—seek adults or youth who staff childcare or youth group activities; adults who are mentors or surrogate aunts and uncles or grandparents to your children
- **schools**—approach favorite teachers, paraprofessionals, or other staff to see if they would consider providing respite
- **colleges**—check with youth from your neighborhood who are now in college and studying child development or social work and want to learn more about children and give back to their community; look into how you could recruit other special education, social work, or child development students from the local college
- **special education or therapeutic programs**—ask teachers and paraprofessionals who are especially skilled and helpful to your children
- **newly retired teachers, social workers, foster parents**—sometimes newly retired people don't want to care for children full-time but would love providing occasional respite
- **youth programs**—check with directors and staff from local parks, recreational programs, or athletic teams
- **foster, kinship, and adoptive support groups**—members and former members

Foster families looking for providers can check with their state foster parent association to find good providers. Experienced foster parents who are thinking about retiring because they don't have the energy to be full-time foster parents anymore may consider keeping their license so they can provide respite.

Prepare Providers

Once you have identified providers, you need to ensure that they know how to care for children with special needs. Such preparation can include one-on-one information provided by the parents whose children they will care for and/or group training.

To provide the best possible care, providers need information about each child in their care. The first time parents drop off their child for respite, they need to allow time to talk with the provider and share information that will ensure a successful respite experience. Use the forms included in the manual to help parents list key information to give to their respite provider. You should encourage parents to also keep talking with the provider as their child changes. It is important to share:

- specific diagnoses and special needs
- favorite activities, books, subjects, toys, etc.

- behavioral challenges or triggers that might lead to trouble, including specific fears
- tips for handling challenges or behavioral problems that may arise
- information about relevant past experiences such as sexual abuse or violence
- strategies and philosophy for discipline
- background medical information, including allergies, medications, and health care provider information
- recent successes and problems your child has experienced
- ways to encourage positive behaviors
- coping strategies your child uses
- special ways your child comforts himself or will allow others to comfort him
- activities to avoid or strategies for success if the child participates in a specific activity

Train Providers

There are many excellent training programs available to foster and adoptive families that can also be used for respite providers, including PRIDE (Parent Resources for Information, Development and Education), MAPP (Massachusetts Approach to Partnership Parenting), and the Institute for Human Services Preservice Training. Groups can also design their own training using the training outline below. Remember, this training is meant to be a starting place to prepare adults wishing to provide respite for families. Providers will also need to seek other resources and look for more in-depth training opportunities.

The goals for the training are to:

- develop trust between providers, families, and the respite program leadership (group and agency leadership) and help them work together in children’s best interests
- build relationships and communication between providers and families
- share information about the children who will be using respite services and develop a deeper understanding of their needs
- prepare providers with information and strategies to care for children with a variety of special needs

Respite Training Outline

This training can be taught in one full-day session or in two- to three-hour sessions over three or four days. Below we outline the major areas to be covered, offer different options to use when training, and identify handouts for each section.

I. Getting Started Ice Breaker

Start the training by establishing common ground related to experiences, knowledge, and concerns regarding caring for children with special needs who have been adopted or who are in foster or kinship care.

Call for a show of hands in response to the following questions:

- 1** How many of you have provided respite care in the past?
- 2** How many of you have a child with special needs?
- 3** How many of you are working with agencies that serve children with special needs?
- 4** How many of you are friends of people with adoptive, foster, kinship children?

After you have established common ground, ask the following questions to generate discussion:

- 1** How would respite services help your friend/family member?
- 2** What would be your greatest concern about leaving your child with another provider?
- 3** Why do people need respite?
- 4** Why is respite important to the health of a family?

Research Regarding Respite

Respite care increases:

- feelings of well-being for families
- community and peer contacts for the children
- social activities for families

Respite improves:

- coping abilities of families
- attitudes about caring for a child with challenges
- families' ability to care for their child at home

Respite care reduces:

- stress in families
- risk of abuse and neglect
- marital or partnership tension
- feelings of depression and isolation

Most important outcome of respite:

Effective respite care reduces out-of-home placements, disruptions, and dissolutions so that children can stay at home with their families.

Handout:

.....
Research Regarding Respite
.....

Why Is Respite Training Important?

- Training providers to develop their skills and the quality of care they can offer to families helps families to feel comfortable leaving their children with a provider. Without this comfort level, parents may not be willing to access respite care.
- Equally important is the task of preparing providers to do their job well. They experience success and the rewards of their service, and are more likely to continue to provide respite care.

II. Communication & Relationships

Developing communication between parents, youth, and respite providers

Communication between the parent and respite care provider is imperative. Over time parents have developed success strategies for discipline and building a relationship with their children. They need to share this information so that respite providers can experience success right away and will want to care for the child again.

One example: A mother of five children gave her son his medication to treat ADHD 20 minutes before he or anyone else was awake. She would go into his room, briefly wake him up, give him his medication, rub his back and quietly tell him she would wake him up in about 20 minutes. This routine dramatically affected his relationships with his siblings, his parents, and helped ensure positive relationships and outcomes at school.

Option 1: Using the *Respite Provider Checklist* and the *Parent Checklist*, or the *Family Respite Care Checklist*, divide the larger group into small group discussions, and then have each group report back to the larger group.

Some questions providers may want to ask parents are:

- What are four important things I should know about your child?
- Does your child have special routines and schedules?
- What are your child's likes and dislikes?
- What are the expectations at bedtime? When is bedtime? Are there special routines? Does the child wake up, sleep walk, and wander at night? Does the child wet the bed? How do you handle these issues?
- Does your child require special food preparation or have any food allergies?
- Is your child safe alone?
- Does your child play well with other children?
- Can your child be outside? Will your child wander?

Information parents may want to share with a provider are:

- sensitivities your child has to touch, teasing, sound, and light
- how your child best communicates with others
- calming activities that soothe your child



Handouts for Training Providers

Handouts are not included in this manual but are available online at www.nacac.org or www.adoptuskids.org. To receive an email or hard copy of the suggested handouts listed in the sample training, contact the North American Council on Adoptable Children at: info@nacac.org or 651-644-3036, and ask for the respite manual training packet. For those interested in creating their own handouts, consider exploring the following websites:

Adoption Competency

- North American Council on Adoptable Children, www.nacac.org
- New York State Citizens Coalition for Children, www.nysccc.org
- Child Welfare Information Gateway, www.childwelfare.gov/adoption/
- Child Welfare League of America, <http://cwla.org/programs/adoption/default.htm>

Attachment

- The Association for Treatment and Training in the Attachment of Children (ATTCh), www.attach.org
- Child Trauma Academy, www.childtrauma.org

ADHD

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), www.chadd.org

FASD

- The ABCs of FAS/FAE: Teachers Guide and Resource Booklet, www.lcsc.edu/education/fas/FAS.html
- Fetal Alcohol Syndrome, www.come-over.to/FAS/

Parenting Children with Special Needs

- Scholastic, www.teacher.scholastic.com/professional/bruceperry/index.htm
(Internationally known Dr. Bruce Perry lists his published articles on topics such as brain development, attachment, and learning strategies. They are available to be copied by teachers and parents.)

- past abuse experiences that may be triggered by specific activities; how to avoid such situations, and strategies for providers if your child becomes upset
- your child’s fears
- how you respond to certain of your child’s behaviors

Option 2: Break the large group into up to five smaller groups with each group assigned one of the following scenarios:

- a parent interviewing a potential respite provider
- a provider who has a concern to discuss with a parent
- a provider who needs to control the behavior of a child with special needs
- a parent who is upset with something a provider has done or failed to do
- a provider, parent, and child doing a routine “debriefing” after respite services

Give the groups 10 minutes to discuss their scenario and either role-play or talk about how they would communicate so that relationships remain positive. When the groups return, ask what lessons they learned. Write replies down on a whiteboard or flipchart.

Handouts:

-
- *Family Respite Care Checklist*
 - *Parent Checklist*
 - *Provider Checklist*
 - *Nurturing Your Relationship with Youth*
-

Whether you choose option 1 or 2, after your discussion, distribute *Nurturing Your Relationship with Youth* and talk about the importance of also building a relationship with children and youth.

III. Special Needs

There are many issues that can be addressed in this part of the training:

- attachment
- effects of child abuse and neglect
- child development
- issues of adoption/foster care/kinship care
- mental health diagnosis
- attention deficit hyperactivity disorder (ADHD)
- fetal alcohol spectrum disorder (FASD)
- other common special needs

Option 1: Visible to everyone, display four large sheets of flipchart paper with the following headings:

- What are the core issues in adoption/foster care?
- What are ways to encourage attachment?
- What are effective ways to work with or parent children with FASD or ADHD?
- How does abuse and neglect affect children?

Invite the audience to discuss each question and learn from each other.

Option 2: Invite a panel of parents to the training to present the issues they deal with in raising children with special needs. The panel can share experiences briefly, then the audience can ask questions and discuss concerns.



Handouts:

-
- Common Special Needs in Adoption/Foster Care*
 - Attachment Disorder*
 - Attention Deficit/Hyperactivity Disorder*
 - Fetal Alcohol Spectrum Disorder*
 - Sensory Integration*
 - Core Issues in Adoption*
 - Positive Adoption Language*
 - Resource List for Special Needs*
-

IV. Behavior Management

Dealing with children's behavior is typically the biggest day-to-day concern of respite providers. One effective way to manage the behavior of children with special needs is to carefully plan activities that are fun, safe, and developmentally appropriate. In addition, providers need to know how to redirect the behavior of children with special needs and ensure that the children are safe.

Option 1: Invite a panel of parents, providers, special educators, and social workers to talk about how they deal with specific behaviors. Be sure that panelists are consistent and know what state regulations are regarding behavior management.

Option 2: Moderate a discussion answering questions that illustrate effective behavior management techniques:

- When do problems need to be managed?
- What are some basic rules for behavior?
- When do you notice that problems generally occur?
- How can you track behaviors, anticipate problems, and redirect the child before the trouble starts?
- How can you best handle behavior problems during transitions between activities?
- How can you improve cooperation and impulse control?
- How can you best use structure and consistency to manage behavior?
- What behavior management techniques may be used?
- What behavior management techniques are prohibited?
- How can families and providers manage their own mounting frustration when trying to manage children with special needs?

Encourage experienced providers to offer examples of effective behavior management techniques. Talk about being proactive when you take care of a child with special needs. If you want a child to succeed, it is better to over-supervise than to under-supervise, especially when the child is in the provider's home. Providing structure and preventing problems is much better than trying to repair problems after they have happened.

Talk about self-care for respite providers. Ask: What do you do to calm yourself? What is your back-up plan if you need help?

Close with encouragement and humor and talk about the importance of laughing with the children. Encourage respite providers to have fun with the children. These children need to have fun, and to be encouraged to learn new things and experience a variety of activities.

Handouts:

How To Mean Business without Being Mean
Tips for Parents & Caregivers of Children who have Experienced Trauma
Top Ten List for Parents Caring for Children with Multiple Diagnoses
Avoiding Power Struggles in Parenting

V. Respite Care Provider's Role and Tools for Success

Supporting the Family

Explain that a respite care provider's number one job is to support the family. Providers need to listen carefully to what parents tell them about their children, respect their knowledge and understanding of their children, and follow through with providing care according to the parent's wishes. Using a flipchart, write down the group's responses to ways they could support the family.

Getting Information

To be successful and support the family, providers need to get all the useful information they can about the child and the family. Hand out the respite packet forms that will help providers collect useful information, and go over the most important ones in the following order:

- 1** Primary Caregiver Family Information
- 2** Child Information
- 3** Emergency and Care and Information
- 4** Authorization to Secure Emergency Services
- 5** Permission to Participate
- 6** Adoption Respite Billing Form
- 7** Respite Provider and Family Agreement
- 8** Parent Checklist

Sharing Strategies for Emergencies

Discuss the importance of talking about emergency situations with the family before they happen. Know what providers' responsibilities are for the child and to the family. Talk about what providers will need to do to be successful and competent. Use the flipchart and have people share how they would talk with parents and discuss how to handle the following situations:

- a runaway child
- raging behavior, violent outburst
- night terrors

- inappropriate sexual behavior
- stealing
- legal matters
- medical emergencies

Explore solutions for each of these areas. Any one of them can happen.

Reporting to Families

Remember that parents are arranging for respite care because their children have challenging needs and they need a break. The last thing they need after returning from time away is a play-by-play report of everything their child did wrong. Providers should talk about the positives first, and have a sense of humor about the respite experience. Providers need to focus on the big picture and trust that they will build a relationship with the child. Children often test a new caregiver to see what they can get away with, but as they build a relationship with you they will do less testing.

Providers should think about the child too. How excited would you be to build a relationship with a provider that reports every little mistake you made? Would you want to trust or try to improve if the provider seems to be watching for and reporting your mistakes?

It is important to warn providers about pre-judging parents and teach them how to recognize children with attachment issues. Children with attachment issues are often charming and delightful around people they don't know very well, while at the same time, can seem to be oppositional with their parents. Parents may warn providers to expect extreme and difficult behaviors from their child. Providers may even witness the child display those behaviors with the parent, but find the child to be cooperative and well behaved in their care. Untrained providers may not realize they are experiencing a shallow bond with an unattached child, misinterpret their observations of the parents, and wrongly believe the parents are causing the child's misbehavior.

Use the flipchart to get responses for how to report back the truth to parents but stay positive. Brainstorm ideas for what a provider can do to improve the outcome with a child the next time.

Providing Respite Is a Journey

Remind the group that providing respite is a journey. They do not need all the answers. There will be:

- opportunities for ongoing learning and training
- a learning curve
- time to keep growing



Confidentiality

Information regarding the child or children in respite care will be provided to the potential respite caregivers. Remember that all information about the child, their birth/first families, or adoptive and kinship families is considered confidential and must not be shared with others. Some counties may ask you to sign a confidentiality statement before you can provide respite care.

They are on this journey with parents, children, and other providers. Keep talking and learning from each other.

Ask for final questions. Thank everyone for their commitment to children and families.

Exploring Insurance Coverage Options

If your group provides or arranges care for other people's children, you need to consider whether to have liability insurance coverage. Groups that partner with an agency or a larger organization may be able to be covered under the partner's insurance policy, which can save money. Groups that need to get their own liability insurance coverage can start by asking members' homeowner's insurance providers what it would cost to cover a variety of situations and needs.

General Liability Coverage

For Individual Providers

In-home respite providers, including group members, should ask their family insurance provider if their policy offers adequate coverage when they are providing respite for other people's children with special needs. The insurance agent can explore whether current coverage is adequate or additional coverage can be purchased. Groups and providers can also ask other providers about their insurance coverage. Respite providers can then compare rates with other insurers. One issue to consider is customer service. Has the company been responsive and helpful? Have others had good experiences with other companies? Providers must weigh both the quality of services and price.

For Support Groups

Support groups can take out their own insurance policy or leaders can add coverage through their own personal insurance policies. Insurance agents sometimes offer discounted rates to clients who carry multiple policies so the leader may qualify for a discount. If your group has 501(c)3 non-profit status, you will want nonprofit liability insurance. Rates will vary depending on where you live, but one group in Minnesota that served about 2,000 adults and children paid about \$400 per year. Fees may be higher when groups offer respite programs where parents are not present.

Event Coverage

Groups should also consider separate coverage for special events such as camps. Some insurance policies include these special events, but others may charge an additional fee. You should ensure that you receive an event rider that lists the event by date and location. Such policies often also cover site owners.

Board Coverage

If your group has a Board of Directors, it is a good idea to have Directors and Officers (D & O) insurance. Without such coverage, directors and Board members can be sued as individuals and a ruling can be made against them personally. Many people do not want to serve on Boards that do not have a director's and officer's policy. Costs of this coverage vary from one area to another.

Your group has to make decisions about the insurance coverage you will need to protect yourselves, your clients, and your Board. It is good to learn from other local nonprofits and look for good rates. Remember that rates vary depending on where you live.

Evaluating Your Respite Care Program

Track Your Progress

The final stage of your planning process is deciding how you will know if your respite program meets families' needs. Think about questions you can ask participants to determine if you are making the difference you wanted to make.

You will want to collect information that:

- describes the benefits of receiving respite
- rates the quality of respite services
- allows parents and providers to offer suggestions for improvement
- opens discussion of new ideas

You should collect data in three areas:

- the number of children, parents, or families receiving respite services
- the quality of the respite services your group provides (Did participants like the services? Would they recommend them to others?)
- the results of the respite services (Did respite help any families avoid a disruption? Did it help any families avoid placing a child into residential care? Are families calmer, happier, more stable or functional?)

Your group then needs to make sense of the collected information. The feedback you receive becomes part of your group's ongoing planning work. If you see low participation, for example, you need to evaluate whether individual needs have changed or whether the services are not meeting needs as you expected.

Not only do you want to provide services that are used, but you want to make sure that families benefited from the services. Ask families questions that determine if their respite experiences are making a difference for them. Has receiving respite helped them in ways they hoped for or in ways they hadn't expected? Did children's behavior or self-esteem improve? Did parents or children learn new skills?

Gather Information for Group Evaluation

There are many ways to gather information about your program:

- Ask the group what they think—At a group meeting, ask if the program is working or not. Ask if changes need to be made.
- Survey participants, particularly after events (camps, etc.) about the event—Surveys are a simple, quick way to find out if parents are getting the respite they need. (See the Forms section of the manual for evaluation form examples.)

- Conduct individual interviews with a sample of participants—Through 10- to 15-minute conversations with a few respite recipients, you can learn things you might not hear at a group discussion. By selecting a few participants, you help ensure that what you hear is not simply one person's opinion. Ask about changes in the family's situation due to respite.
- Providers need to feel that they are valued members of the team. Listen to providers' feedback to learn their suggestions to make the job easier to manage, improve safety, and improve the overall quality of the program.

Leaders of a well-run respite program listen to everyone's feedback and evaluate how to enhance the program. Remember that you want to continually monitor your respite program and look for ways to improve it. You also want to celebrate your successes and mark milestones. Reward your providers, thank them, thank the parents, congratulate the children, and thank yourselves for a job well done! You did it. You and your partners have created a program and you have given families a well-deserved break. You have enriched the lives of providers and children. You have helped families stay healthy and remain together. **Well done—you should be proud!**

SECTION FOUR

FORMS

Included in this section are a variety of forms to use when you train respite care providers and run your respite program. Choose the forms that fit your needs and adapt them to meet your group's needs. Over time, you will learn more about what you want to run an efficient respite program and you can adapt these forms or create new ones to fit your needs.



PRIMARY CAREGIVER FAMILY INFORMATION

(CONFIDENTIAL)

Name of primary caregiver: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Directions to home: _____

Children in the Home:

Child's Name	B, A, F, or K*	Age	Date of Birth	Grade in School	Regular or Special Ed?

**B - Birth child; A - Adopted child; F - Foster child; K - Kinship care*

If you are using respite services, what is the expected frequency of use?

Once a week Once a month Occasionally Other _____

What time of day do you typically use respite services?

Mornings Afternoons Evenings Overnight

Where would you prefer respite be provided?

In my home In the provider's home

What are your guidelines regarding:

Smoking? _____

Pets? _____

TV? _____

Eating? _____

Bedtime? _____

Homework? _____

Telephone? _____

Friends? _____

Other rules? _____

Additional Comments:

Parent Signature: _____ Date: _____

CHILD INFORMATION

(CONFIDENTIAL)

Child's name: _____ Age: _____

Length of time in your care (if not your birth child): _____

Favorite games or things to do: _____

History (check all that apply to child)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> physical abuse | <input type="checkbox"/> emotional abuse |
| <input type="checkbox"/> neglect | <input type="checkbox"/> abandonment | <input type="checkbox"/> failure to thrive |
| <input type="checkbox"/> drug exposed | <input type="checkbox"/> drug addicted | <input type="checkbox"/> parent alcohol/drug addicted |

Comments: _____

Diagnoses and disabilities: _____

Indicate any behaviors or conditions below that the respite provider should know about:

- | | | |
|--|---|--|
| <input type="checkbox"/> abusive to animals | <input type="checkbox"/> abusive to self | <input type="checkbox"/> alcohol use |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> anxious | <input type="checkbox"/> argues |
| <input type="checkbox"/> bedwetting | <input type="checkbox"/> smokes | <input type="checkbox"/> clingy/possessive |
| <input type="checkbox"/> depressed | <input type="checkbox"/> defecates | <input type="checkbox"/> defiant |
| <input type="checkbox"/> easily frustrated | <input type="checkbox"/> dislikes being touched | <input type="checkbox"/> does not want hugs |
| <input type="checkbox"/> jealous | <input type="checkbox"/> excessive shyness | <input type="checkbox"/> forgetful |
| <input type="checkbox"/> verbal abuse of others | <input type="checkbox"/> lies | <input type="checkbox"/> talks excessively |
| <input type="checkbox"/> inappropriate noises | <input type="checkbox"/> manipulative | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> nervous ticks | <input type="checkbox"/> overly demanding | <input type="checkbox"/> plays with matches |
| <input type="checkbox"/> runs away | <input type="checkbox"/> uncooperative | <input type="checkbox"/> temper tantrums |
| <input type="checkbox"/> needs immediate gratification | <input type="checkbox"/> weeps or cries without provocation | <input type="checkbox"/> requires constant supervision |

MEDICAL

Medication: _____ Dosage: _____ Time given: _____

Purpose: _____

Possible side effects: _____

Medication: _____ Dosage: _____ Time given: _____

Purpose: _____

Possible side effects: _____

Any allergies? _____ If yes, explain: _____

Special diets or foods: _____

Any food allergies? _____

Please check all health concerns that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> autism | <input type="checkbox"/> blind/visual loss |
| <input type="checkbox"/> attachment | <input type="checkbox"/> cancer | <input type="checkbox"/> cerebral palsy |
| <input type="checkbox"/> convulsive disorder | <input type="checkbox"/> cystic fibrosis | <input type="checkbox"/> deaf/hearing loss |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> epilepsy | <input type="checkbox"/> failure to thrive |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> STDs | <input type="checkbox"/> muscular disorder |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> orthopedic | <input type="checkbox"/> Down syndrome |
| <input type="checkbox"/> premature birth | <input type="checkbox"/> fetal alcohol | <input type="checkbox"/> drug exposed |
| <input type="checkbox"/> speech disorder | <input type="checkbox"/> other _____ | |

Check the most appropriate statement about safety issues (if any):

- Child does not realize what is dangerous, and needs close supervision.
- Child is aware of, but does not watch for danger, and needs close supervision.
- Child needs to be reminded to watch for danger, but not constant supervision.
- Child is generally cautious.

MENTAL HEALTH

Is this child in therapy? _____

If yes, name and phone number of therapist: _____

If no, has child been in therapy in the past? _____

What was the primary diagnosis? _____

Are there any goals for therapy that the respite provider should know? _____

Has child been recently hospitalized for behaviors or other mental health related issues?

Explain: _____

Which of the following behaviors has this child exhibited in the past year?

- | | |
|--|--|
| <input type="checkbox"/> confused thinking | <input type="checkbox"/> inappropriate/bizarre behaviors |
| <input type="checkbox"/> inappropriate emotional responses | <input type="checkbox"/> inappropriate attention seeking |
| <input type="checkbox"/> inappropriate hyperactivity | <input type="checkbox"/> inappropriate aggressiveness |
| <input type="checkbox"/> masturbation in public | <input type="checkbox"/> masturbation in private |
| <input type="checkbox"/> antisocial acts | <input type="checkbox"/> fire-setting |
| <input type="checkbox"/> refusal to follow limits | <input type="checkbox"/> self-destructive behaviors |
| <input type="checkbox"/> somatic complaints | <input type="checkbox"/> suicidal ideation or behaviors |
| <input type="checkbox"/> alcohol/substance abuse | <input type="checkbox"/> eating disorders |
| <input type="checkbox"/> serious sleep disturbance | <input type="checkbox"/> extreme sadness |
| <input type="checkbox"/> social phobias | <input type="checkbox"/> school suspension |
| <input type="checkbox"/> school tardiness/absences | <input type="checkbox"/> family withdrawal |
| <input type="checkbox"/> stealing | <input type="checkbox"/> criminal activity |
| <input type="checkbox"/> running away | <input type="checkbox"/> frequent conflicts with authority |
| <input type="checkbox"/> extreme anxiousness | <input type="checkbox"/> other _____ |

Are there things that will trigger certain behaviors with this child? Explain: _____

How does this child like to be comforted? _____

Has this child needed to be restrained? Explain: _____

Other information necessary for respite provider: _____

SOCIALIZATION

Is child manipulative in social interaction? _____

How? _____

Does child engage in inappropriate behavior to get attention? _____

How? _____

Does the child:

always have to be right? _____

brag excessively about himself/herself? _____

try to "act cool" all the time? _____

Sexuality

Does the child interact appropriately sexually? _____

Are there any concerns about sexual behavior or issues? Explain: _____

Should the child have his/her own bedroom if staying overnight? Explain: _____

Are there special social/public guidelines to be aware of and enforce? Explain: _____

Are there particular social/public activities to avoid with this child? Explain: _____

Sibling Interaction

Describe the child's interaction with siblings at home versus in social/public places:

Peer Interaction

Describe the child's interaction with peers in social/public situations:

Additional pertinent information for the respite care provider:

EMERGENCY AND CARE INFORMATION

Primary Caregiver:
Emergency Phone Number:
Agency Caseworker (if any):
Office Phone:
24-hr Emergency Phone:

(The following information is to be completed by the primary caregiver)

Youth's name: _____ Date of birth: _____

Address of primary caregiver: _____

Youth's special medical needs (medications, allergies, diet, etc.): _____

Medications to avoid: _____

Youth's doctor: _____

Phone: _____

Youth's dentist: _____

Phone: _____

Emergency medical facility:

Location: _____

Phone: _____

Youth's school: _____

Phone: _____

Teacher: _____

Additional information (non-prescription medications used and/or avoided): _____

Other comments (rules, activities, restrictions, etc.): _____

AUTHORIZATION TO SECURE EMERGENCY SERVICES

I hereby give my consent to _____ (*respite caregiver*) to act IN LOCO PARENTIS for _____ (*youth*) when, upon the advice from a physician, immediate medical care or hospitalization is required; when, upon the advice of a surgeon, immediate surgical care is required; when, upon the advice of a dentist, immediate dental care/surgery is required; when upon the advice of either a psychiatrist, psychologist, or licensed social worker or counselor, immediate confinement is required, either in a mental health facility or secure detention.

I specifically agree that I will indemnify, save and hold harmless _____ (*agency or parent group*), its officers, directors, employees, and foster parents and respite providers from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to _____ (*youth*) or others, arising directly or indirectly from _____ (*respite caregiver*), acting IN LOCO PARENTIS pursuant to the terms of this authorization.

Signature of parent, legal guardian, or authorized agency representative

Date

**Subscribed and sworn to before me this _____ day of _____ (*month*),
_____ (*year*).**

Notary Public

Hospital Information:

Type of medical and/or hospital insurance: _____

If Medicaid, give case number: _____ Group number: _____

Name of other medical insurance provider: _____

Policy number: _____

Effective date of current coverage: _____

Name of policy holder: _____

Note: _____ (*agency or parent group*) will not assume the cost of any medical or dental treatment not covered by Medicaid or primary caregiver's hospital insurance. The youth's parents or guardians will pay for the cost of medical and dental treatment not covered by Medicaid or hospitalization insurance.

PERMISSION TO PARTICIPATE

Name(s) of child or children:

I give permission for the above named child(ren) to receive respite care services through:

I prefer that respite care be provided: in my home in provider's home

I understand that all respite care services are to be scheduled in advance with the provider. If the provider is not available, I will call the agency office to make arrangements for a substitute provider.

If I need to cancel previously scheduled respite care services, I will contact the respite care provider at least 24 hours in advance. Failure to do so may result in my being billed for the services originally scheduled.

I understand that in case of an unusual incident (fire, medical emergency, injury, restraint, aggressive behaviors, etc.) the respite care provider will write an incident report. The incident report will be kept on file at the agency office, and I am encouraged to request a copy of the report for my review.

I give permission for agency staff to share the contents of my child(ren)'s file with the assigned respite care provider.

This agreement is in effect as long as respite care services are being used through the agency.

_____ Date: _____

Parent Signature

_____ Date: _____

Agency Representative Signature

.....

AGREEMENT TO PAY FOR RESPITE CARE

I (We) _____ agree to pay _____

Parent(s)/guardian(s)

agency/respite provider

the amount of \$ _____ per day for the care of _____

name(s) of child(ren)

Dates of respite: from _____ to _____

Parent/Guardian Signature: _____ **Date:** _____

ADOPTION RESPITE BILLING FORM

Date: _____

Adoptive Parents' Names: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone Number (Day): _____ **Phone Number (Home):** _____

Email Address: _____

Name of Person Providing Respite: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone Number (Day): _____ **Phone Number (Home):** _____

Is provider an adult (age 18 or older)? _____

Adopted children for whom respite is being provided:

Name	Medicaid ID #	Age	Male/Female
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Dates of Respite: Beginning: _____ **Time:** _____

Ending: _____ **Time:** _____

Number of Days Respite Completed: _____

I certify that respite services were provided during the time stated above:

Signature of Adoptive Parent: _____ **Date:** _____

Signature of Respite Provider: _____ **Date:** _____

24-hour emergency number: _____

Social Worker: _____

RESPITE CARE PROVIDER AND FAMILY AGREEMENT

Dates of Care: _____

Respite Provider: _____ Phone: _____

Care provider agrees to:

- transport the child to respite care one way both ways
- wash laundry before returning child
- abide by the child's behavioral plan attached
- give or supervise the child's medications
- transport the child to appointments, activities, school or lessons as planned
- as much as possible, help the child understand the household rules BEFORE they are broken

Parents: _____

Phone: _____

Cell Phone: _____

Parents agree to:

- transport the child to respite care one way both ways
- put medications in the a med minder or other clear way of administering medications
- explain rules in advance and tell the child they are to abide by household rules of the respite family

If the care is provided in the family's home, we expect:

- meals cooked
- dishes washed
- children's laundry washed, dried and folded
- supervise homework
- transport to appointments, activities or lessons
- abide by the child's behavioral plan or household rules

Additional information or agreements:

Signature: _____ Date: _____

Signature: _____ Date: _____

PARENT CHECKLIST

Date: _____

Provider has information on:

- Emergency phone numbers (including police and fire)
- Where I can be contacted
- People to contact if I cannot be reached
- Child's doctor
- Nearest hospital
- My child's medical conditions
- My child's medications
- My child's allergies
- My child's behaviors and behavior plans
- My child's special care requirements
- Our household rules
- Special things my child wants to do during respite care
- My child's schedule
- Important family or child updates
- Other _____

GROUP CARE CHILD INFORMATION FORM

Child's Name #1:

Date of Birth:

Medications:

Diagnosis:

MA #:

Allergies:

Bedtime Routine:

Favorite Foods:

Favorite Activities:

Expected Behaviors:

Effective Interventions:

Child's Name #2:

Date of Birth:

Medications:

Diagnosis:

MA #:

Allergies:

Bedtime Routine:

Favorite Foods:

Favorite Activities:

Expected Behaviors:

Effective Interventions:

Child's Name #3:

Date of Birth:

Medications:

Diagnosis:

MA #:

Allergies:

Bedtime Routine:

Favorite Foods:

Favorite Activities:

Expected Behaviors:

Effective Interventions:

FAMILY RESPITE CARE AND PROVIDER LIST

Respite Care Provider #1:	Relationship:
Address:	Availability:
Phone:	Who will transport?
Cell phone:	Licensed? Number:
Whose home?	Background checks date:

Respite Care Provider #2:	Relationship:
Address:	Availability:
Phone:	Who will transport?
Cell phone:	Licensed? Number:
Whose home?	Background checks date:

Respite Care Provider #3:	Relationship:
Address:	Availability:
Phone:	Who will transport?
Cell phone:	Licensed? Number:
Whose home?	Background checks date:

Babysitter:	Age:
Phone:	How often?
Whose home?	How long?
Background check?	

Daycare Provider:	Licensed? Number:
Address:	Availability:
Phone:	Hours?

Emergency Contacts:
Social Worker Name:
Physician Name:
Therapist Name:
Number for on-call worker:
Emergency number:

RESPITE COMMITTEE MEETINGS

Use this form to track meeting decisions, follow-up plans, and committee member responsibilities. The data can help you track your group's efforts and determine future plans.

Date: _____

Meeting Purpose:

Key points of discussion:

Decisions made (if any):

FOLLOW UP

List follow-up tasks, people responsible, and deadlines:

Step	Person Responsible	Deadline
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARTICIPANTS

_____	_____
_____	_____
_____	_____
_____	_____

RESPITE CARE

Keeps Families Together

Planned respite care is care for children that also gives parents a break from the stress of parenting children with special needs.



Respite care keeps families healthy and increases:

- feelings of well-being for families
- community and peer contact for the children
- social activities for families

and improves:

- coping abilities in families
- attitudes about caring for a child with challenges
- abilities of families to care for their child at home



Research shows that respite care reduces:

- stress in families
- risk of abuse and neglect
- marital tensions
- feelings of depression and aloneness



Find out how you can help keep respite care available to families in your neighborhood!

For more information on respite care programs in your neighborhood and to learn how you can help families receive respite, contact:

Insert your respite program's contact information here

RECREATIONAL RESPITE EVALUATION

1. Has your family participated in the recreational respite program?
2. If yes, how many times have you participated in the program this year?
3. How many of your children attend the program? What are their ages?
4. Overall, do you feel that your child's behavior is:
 - better than before receiving respite
 - about the same as before receiving respite
 - worse than before receiving respite
5. Have you noticed any changes in your children/youth as a result of the program? If yes, please describe the changes.
6. Have you noticed any changes in your own stress level as a result of receiving respite? If yes, what changes have you noticed?
7. What was your child's favorite thing about the respite program?
8. Overall, do you feel that your family stability is:
 - better than before receiving respite
 - about the same as before receiving respite
 - worse than before receiving respite
9. Overall, do you feel that your family cohesion is:
 - better than before receiving respite
 - about the same as before receiving respite
 - worse than before receiving respite
10. Have there been barriers to your participating in the respite program? If yes, please explain.
11. What would you like to see changed about the respite program?
12. Do you have any other comments?

Please Help!

We'd like your help to make future Harambee events the best they can be.

Please answer the following questions.

Have you ever been to Harambee before?

- yes
- no

*Please circle your **THREE** favorite things about today:*

- The Minnesota History Center
- Making new friends
- Drumming
- Being with other kids who are adopted
- Storytelling
- Being with adults and kids who look like me
- The Step Team
- Lunch and snacks
- Art activities

Today was:

- Great
- Ok
- Not so good
- Terrible

Would you like to come to Harambee events again?

- Absolutely! I'm going to tell my parents to bring me back
- Maybe
- If my parents make me come
- No way!

Are there other things we should know to make Harambee better for kids?

Thanks!

RESPITE TRAINING EVALUATION

Name of training: _____ Date: _____

Instructions to trainees: We would like to know how you feel about the training. *Your responses are very important to us.* Please rate the training by placing an X in the boxes that most accurately reflect your feelings, and then completing the statements below.

I am (please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> foster parent | <input type="checkbox"/> prospective foster parent | <input type="checkbox"/> child welfare professional |
| <input type="checkbox"/> adoptive parent | <input type="checkbox"/> prospective adopter | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> kinship care provider | <input type="checkbox"/> adoptee | |

	Excep- tional	Very Good	Good	OK	Poor	No Opinion
Presenter(s)' knowledge of topics presented						
Presenter(s)' ability to communicate in a clear and understandable fashion						
Presenter(s)' ability to respond to questions						
Presenter(s)' ability to involve the audience						
Usefulness of training materials and handouts						
Comfort of meeting room						
Selection of topics presented						
Quality of networking opportunities						

The most useful information presented was _____

As a result of this training, I am better able to _____

Comments or suggestions for improvements for this training _____

What would you like to see covered at future trainings? _____

Other comments: _____

APPENDIX

Funding Sources

Foundation Center

www.foundationcenter.org

customerservice@foundationcenter.org

800-424-9836

Federal grant information

www.grants.gov/applicants/find_grant_opportunities.jsp

Organizational Resources

AdoptUSKids

www.adoptuskids.org

info@adoptuskids.org

888-200-4005

ARCH National Respite Network and Resource Center

[ARCH (Access to Respite Care and Help) is a service of the Chapel Hill Training Outreach Project, Inc., www.chtop.org]

www.archrespite.org

mmathers@chtop.org

919-490-5577

Child Welfare Information Gateway

Children's Bureau

www.childwelfare.gov

info@childwelfare.gov

703-385-7565 or 800-394-3366

Child Welfare League of America (CWLA)

www.cwla.org

703-412-2400

Generations United

www.gu.org

gu@gu.org

202-289-3979

National Foster Parent Association (NFPA)

www.nfpainc.org

info@nfpa.org

800-557-5238

North American Council on Adoptable Children (NACAC)

www.nacac.org

info@nacac.org

651-644-3036

for state adoption subsidy program benefits:

www.nacac.org/adoptionssubsidy/stateprofiles.html

adoption.assistance@nacac.org

800-470-6665

The Search Institute

www.search-institute.org

si@search-institute.org

612-376-8955 or 800-888-7828

(Mentoring for Meaningful Results—start-up kit for leaders wanting to develop a mentoring program can be purchased at *www.searchinstitutestore.org*)

Model Respite Programs

A Circle of Support

434-924-5351

mmo7u@virginia.edu

Rec and Respite

302-764-1890

adoptdel@verizon.net

Mockingbird Family Model (MFM)

206-838-6630

mockingbirdfamilymodel@mockingbirdsociety.org

Foster Adoptive Family Resource & Support Center

269-660-0048

FostAdoptSupport@aol.com

Friends for Adoption

888-212-4357

info@cclse.org

Family 2 Family Respite Program

612-746-8164

all_fa_staff@familyalternatives.org

Oklahoma Respite Resource Network (ORRN)

405-522-0600

RoseAnn.Percival@okdhs.org

Respite Care, Inc.

253-884-4449

djorgenson001@centurytel.net

Resource Sites for Training Materials

Adoption Competency

- North American Council on Adoptable Children, www.nacac.org
- New York States Citizens' Coalition for Children, www.nysccc.org
- Child Welfare Information Gateway, www.childwelfare.gov/adoption/
- Child Welfare League of America, <http://cwla.org/programs/adoption/default.htm>

Attachment

- The Association for Treatment and Training in the Attachment of Children (ATTCh), www.attach.org
- Child Trauma Academy, www.childtrauma.org

ADHD

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), www.chadd.org

FASD

- The ABCs of FAS/FAE: Teachers Guide and Resource Booklet, www.lcsc.edu/education/fas/FAS.html
- Fetal Alcohol Syndrome, www.come-over.to/FAS/

Parenting Children with Special Needs

- Scholastic (for resources from Dr. Bruce Perry), www.teacher.scholastic.com/professional/bruceperry/index.htm

Endnotes

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AdoptUSKids is operated by the Adoption Exchange Association and is made possible by grant number 90CQ0002 from the Children's Bureau. The contents of this resource are solely the responsibility of the Adoption Exchange Association and do not necessarily represent the official views of the Children's Bureau, ACYF, ACF, or HHS. The Children's Bureau funds AdoptUSKids as part of a network of National Resource Centers established by the Children's Bureau.

