



# Respite Care Provider Resource Handbook

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# Introduction



Respite care is an important part of the foster, adoptive, or kinship care experience. It offers resource parents a short period away, which ultimately gives them and the children in their home time apart to rest and recharge.

To help families feel more comfortable using respite care, we must first help you develop the skills you need to provide quality care. In this handbook, you will find a preview of the responsibilities required of respite care providers. You will also find tactics and resources that might be helpful to you.

Ultimately, our goal is to help respite care providers:

- Develop trust with families and the respite program agency
- Build relationships and communication between providers and families
- Keep the best interest of the child in mind at all times
- Understand the needs of the children who will be using respite services
- Care for children with a variety of special needs
- Manage expectations about the role of a respite care provider
- Review resources that could help you on your journey

# What is Respite Care?



To put it simply, respite care allows one family to temporarily care for another family's foster child or child they have adopted. Respite care gives foster, adoptive, and relative (kinship) families an opportunity to take a break and reduce stress from ongoing responsibilities, take care of an emergency, or tend to other personal needs. Respite care should not be confused with day care or babysitting, and it is not meant to be used for things like work or an evening out.

Asking for help through respite care is not a negative thing and it does not mean the family does not love the child in their care. In fact, respite care should be viewed positively and encouraged, as it reduces stress, family tensions, depression or isolation, disruptions/dissolutions, and the risk of abuse or neglect. Respite care ultimately increases the family's ability to cope and successfully parent their child.

In addition to helping resource parents, respite care provides the child an opportunity to develop healthy relationships with others, build their self-esteem and social skills, and learn to trust other adults. This should be a fun and rewarding time for the child and should offer them opportunities to take part in social and enrichment activities and help them build a community of advocates and peers within the foster care community.

# Is Respite Care Right for You?



Respite care providers will need to be patient, flexible with their time and availability, and have extremely effective communication skills, especially with parents and resource providers. Before deciding to become a respite provider, we encourage you to ask yourself if you are you willing and able to:

- Complete the screening and training requirements
- Protect and nurture children
- Work as a member of a professional team
- Follow rules and guidelines
- Cooperate with Children’s Division or private agency staff
- Demonstrate positive and effective parenting skills
- Understand loss, grief, and attachment issues
- Meet the developmental needs of the children
- Help with unexpected emotional, medical, and/or behavioral problems in children

If you consider yourself to have these qualities, you might be a good candidate for providing respite care.

**NOTE:** Respite care applicants are also carefully screened about their motivations for providing respite.

# Getting Started

There are numerous steps involved in becoming a respite care provider, and it might be overwhelming at first. However, child safety is our number one priority, and these steps help us ensure our standards of care and child safety are being met. Keep in mind that you will have a resource worker to support you in this process.

To be approved as a respite care provider, you must be at least 21 years old (single or married) and you must complete the required background screenings and training. This training will help you develop the skills, resources, and education you need to provide quality care and comfort to families when they leave their child in your care. Although the training might seem like a big time commitment, we do it because we want you to have the tools to do your job well and help you reap the rewards that come with it.

All respite care providers will be required to meet the same requirements as foster parents as set forth in the **CSR 40-60.040 Physical Standards for Foster Homes**. Therefore, if you will be providing respite care in your home, we will visit your home to make sure it is safe for a child and to determine how many children can be in the home at one time. We will also go over the following forms with you and get any signatures required:

- Application to Provide Respite Care (CS-RC-1)
- Respite Care Provider Approval (CS-RC-3)
- Cooperative Agreement for the Purchase of Respite Care Services (CM-10)
- Resource Parent Discipline Agreement (CD-119)
- Safe Sleep Practices (CD-117)
- Foster Respite Care Provider Checklist (CS-RC-2)
- Respite Care Provider Training

NOTE: These E-forms can also be found at [dss.mo.gov/cd/info/forms/index.htm](https://dss.mo.gov/cd/info/forms/index.htm).

You will also be required to complete and pass the following background screenings as set forth in **13 CSR 35-60.010 Family Homes Offering Foster Care** and the **Child Welfare Manual Section 6-17.4**.

- Fingerprint-based criminal background check (13 CSR 35-60.010)
- Child Abuse and Neglect Registry check
- Missouri Family Care Safety Registry check (13 CSR 35-60.010)
- Sex Offender Registry check
- Case.Net search

**CONFIDENTIALITY NOTICE:** All information that you learn about the child, their birth/first families, or adoptive and kinship families is considered confidential and must not be shared with others

# Types of Respite Care



Respite care can vary in type and length depending on what the resource parent needs. For example, if a resource parent is attending a funeral in another state, they may need several days of respite care. Other needs might include illness, hospitalization, or potentially stabilizing the placement when issues arise at home.

## Traditional & Untraditional Respite Care

Respite care can be provided either at the resource provider's home (in-home) or at your home (out-of-home). This type of respite care is called traditional respite care. The Central Missouri Foster Care & Adoption Association (CMFCAA) also offers untraditional respite care, which typically involves monthly partnerships with a local business like the YMCA or The Activities & Recreation Center (ARC). These are themed events that provide respite to kinship/relative, foster, and adoptive children. You can find the event details and sign up for these respite events through the [MOFosterAdopt.com](https://www.mofosteradopt.com) calendar. These events are offered on a first-come, first-served basis.

## Scheduling

Respite care providers have full control over their schedule. You will be able to decide whether a placement works for you each time you are contacted. Resource parents in need of respite care will call their Licensing Worker or their Case Manager and provide the child's details and when the care is needed. They are then matched with respite care providers based on their needs and skill levels. Once a possible match is made, you will be called with the information about the care needed. If you are interested in providing care, you will call the resource parents directly to arrange care.

# Youth with Elevated Needs



## Levels A & B Respite Care

Youth with elevated needs are typically children who have medical, developmental, or behavioral issues. Instead of the standard 12 units of respite care, Level-B resource providers are encouraged to use respite care at least **one weekend a month plus 14 units per year**; therefore, there is always a need for respite providers who are certified for Level-B Respite Care.

Although it can be extremely rewarding, it does require additional training. Elevated needs respite providers are required to complete the same training as elevated needs foster parents. Elevated Needs – Level A training is 18 hours and is a pre-exquisite for Elevated Needs – Level B training which is an additional 9 hours. If approved for Elevated Needs – Level B, respite providers must also get child-specific training to care for a particular child to learn the child’s individual treatment plan and schedule. The following training is required for all Level-B Respite Providers:

- CPR and First Aid Training in accordance with policy for licensed resource providers
- An addition 8 hours of Level-B Respite Provider Training (plus any child-specific training)

Level-B respite providers are also encouraged to participate in on-going child care training to remain current on caring for children with physical or emotional development issues.

For more information about Respite for Youth with Elevated needs, review Section 6, Chapter 17, Subsection 8 of the Child Welfare Manual at [tinyurl.com/RespiteForElevatedNeeds](http://tinyurl.com/RespiteForElevatedNeeds).



# Youth with Elevated Needs



Taking care of a child, no matter how great they are or how much you love them, can be exhausting. Sometimes respite care providers think they don't get to take a break because they are "the break" for the resource parents, but this is not true. Just because you are providing relief for resource parents does not mean you won't need breaks, as well, especially with extended stays or children with elevated needs. There is nothing wrong with calling your spouse or another appropriate support person and asking them to help or to give you a few minutes to regroup or decompress.

It is critical to have support on standby – even if you don't think you will need it. Be sure to schedule quality time with other adults as well (ex. have a friend visit you at home, have a play date at the park, go out with a friend, or even schedule an hour or two for yourself). You wouldn't shame the child's care taker for needing a break, so there is no need to feel shame or defeat for needing one yourself. It's good for you and the child.

## **When it becomes too much**

If things become too stressful or overwhelming, contact the child's case manager to work on getting the child placed with another provider. We would much rather disrupt a respite placement early than have a crisis later on because you felt like you had no other options. It is okay if you took on more than you can handle and you need out. Sometimes, this is better for you and the child.

It is also important for couples or co-providers to avoid venting or arguing in front of the child. Addressing the issue in the heat of the moment or while both individuals are trying to provide care to a child can escalate the situation and often results in disruptions.

# Communication & Relationships

Different children have different needs, routines, structures, learning styles, and sometimes disabilities that need to be catered to when caring for them. It is important for you to know that it is absolutely okay and very much encouraged for you to ask parents about their foster/adoptive children and what you might expect in caring for them. It is okay for you to ask about any abnormal behaviors, medications, diagnoses, or difficult characteristics you might be dealing with. Although it would be great if parents prepared everything you needed to know without being prompted, they might forget small details that could become important to you later.

If at all possible, it is recommended that you ask these questions well in advance of the planned care. Giving parents these questions in an email or other electronic format might give them more time to think through their answers and comb through any potential scenarios that could come up during respite care. This does not mean you should not ask these questions in person if that is your only option—asking these questions is very important. Here are some questions you may consider:

- How many respite units does your child have available?
- Does your child have special routines and schedules?
- What are your child's likes and dislikes? Foods? Activities?
- 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?
- Does your child have sensitivities to touch, teasing, sound, or light?
- How does your child best communicate with others?
- Are there any past abuse experiences I should know about that might be relevant or triggered by specific activities? Are there specific ways to avoid these triggers?
- Do you have any strategies, if your child becomes upset?
- Does your child have any fears or phobias?
- Are there response strategies that you have found to be more successful in certain situations?
- What are the expectations at bedtime?
- When is bedtime?
- Are there special bedtime routines?
- Does the child wake up, sleep walk, and wander at night?
- Does the child wet the bed?
- How do you handle these issues?

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# Payment



## Units of Respite Care

A unit of respite is a **minimum of 12 hours and up to 24 hours**. A **half-unit is a minimum of 6 hours and up to 12 hours**. Once a half-unit of respite reaches the 12-hour mark, it becomes a full unit. Foster parents are given 12 units of respite care per year or 14 units plus one weekend a month for parents of children with elevated needs.

## Payment

**Before you provide respite care, please verify that enough units are available to cover the amount of needed care.** The resource provider will fill out and submit a completed Respite Provider Evaluation/ Payment Invoice, CD-111, to their case worker within five days of you providing care. In order to be paid as quickly as possible, you will need to sign this form before it is submitted and verify that all the information is correct. We will then process your payment by the last day of the month that you provided care. You are not responsible for logging your hours or units worked, but you may consider it just in case you have an issue.

The pay is different depending on the level of care. Providers are generally paid by direct deposit, but a check is still an option.

Respite Rate Types	Ages 0-12 Rates Per Unit	Ages 13+ Rates Per Unit
Traditional Respite	\$31	\$38
Level A Respite	\$31	\$38
Level B Respite	\$56	\$63

**NOTE:** Please be aware that payment for respite services is considered reportable income to the Internal Revenue Service (IRS). If a respite provider receives payment for providing respite services, a 1099 will be issued and sent to the respite provider. Respite providers need to work with their tax preparer to determine how it should be handled on their individual tax returns.

# Adverse Childhood Experiences (ACEs)

Children in foster care may exhibit a range of behaviors that do not make sense to you. You will be provided information about the child's medications, diagnoses, and other characteristics. While common issues include development disabilities, Attention Deficit Hyper-Activity Disorder (ADHD), or Fetal Alcohol Spectrum Disorder (FASD), children in foster care are also more likely to have adverse childhood experiences due to their histories.

In the CDC-Kaiser study, a correlation was found between Adverse Childhood Experiences, commonly known as ACEs, chronic stress levels that physically alter the mind and body, and higher risk for violence, chronic health problems, mental illness and substance abuse in adulthood. The more ACE's a person has, the more likely they are to experience negative effects due to stress and trauma. ACEs that are common among foster children are:

- Abuse and neglect, which can be physical, emotional, psychological, or sexual in nature
- Household dysfunction the child is directly exposed to but not necessarily the subject of (this can include exposure to the mental illness of a caretaker, sibling or someone else they live with, substance abuse, parental divorce, an incarcerated relative or witnessing one caretaker abusing another)

Other ACEs include community and environmental ACEs, such as racism, bullying, and community violence. Whether or not there is a correlation with foster care, these types of ACEs create the same biological changes in children because of stress and trauma.

## How to Help Prevent ACEs

By the time a child reaches your home for respite care, we are already on track to prevent more ACEs from occurring and helping the child heal from the ones they've already experienced. Ways that you can help include:

- Promoting healthy conflict resolution and teaching that violence is not the answer
- Promoting healthy relationship skills, including healthy boundaries and attachment
- Connecting the youth with other caring adults, activities, and community organizations for support

## The 10 ACEs



### Abuse

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse

### Neglect

4. Physical Neglect
5. Emotional Neglect

### Household dysfunction

6. Mentally Ill family member
7. Incarcerated relative
8. Substance Abuse in Family
9. Violent household
10. Divorce in household

*\*More ACEs have been identified and accepted over the years*

# Attachment and Trauma

There are many reasons a child might develop attachment issues, and not all of them are things a parent can necessarily control (ex. premature birth, postpartum depression in the mother, separation from mother, abuse and neglect, hospitalizations, unresolved pain, etc.). Regardless of the cause, these children learn from infancy the world is scary and they can't trust others to meet their needs. This learning takes place at an instinctual and biochemical level, so it is not easily reversed or treated.

Please be aware the following is for informational purposes only. Not all children in foster care will display these behaviors, but it is important to be aware of them so you understand the child more and respond appropriately if needed.

## The Four Types of Attachment

There are four types of attachment: **Secure, Avoidant, Ambivalent, and Disorganized**. Of these four types, only one is positive — secure attachment. The other three types of attachment — avoidant, ambivalent, and disorganized—are all negative forms of attachment. Some characteristics in one type might be the exact opposite behavior expected of another type. To avoid confusion or broad generalizations, we will discuss the attachment types below:

**Secure attachment** — is characterized by a sense of autonomy, a willingness to explore, successful interactions with peers, fewer conflicts with parents, less aggression, and less anxiety overall. Children who have secure attachment are willing to separate from their parents and explore, but they will still turn to their parents for comfort and to alleviate fears. All children will struggle to some degree in many of these areas, but children with healthy, secure attachment are more likely to overcome such struggles, they tend to be less pervasive, and they would only have trouble in one or two areas.

**Ambivalent Attachment** — These children tend to be extremely suspicious of strangers. They are extremely distressed when separated from a parent or caregiver but do not seem reassured or comforted by the return of the parent. In some cases, the child might even reject the parent by refusing comfort, or may openly display aggression toward the parent upon their return.

**Avoidant Attachment** — This attachment style is characterized by indifference toward parents and caregivers. This often becomes especially pronounced after a period of absence. They might not reject attention from a parent outright, but they don't seek comfort or contact. Children with an avoidant attachment show no preference between a parent and a complete stranger.

**Disorganized Attachment** — These children often show a lack of clear attachment behavior. Their actions and responses to caregivers are often a mix of behaviors, including avoidance or resistance. These children are described as displaying dazed behavior, sometimes seeming either confused or apprehensive in the presence of a caregiver. As the child reaches 5 or 6 years old, they might start taking on a parental role or even act as the caretaker of their parent.

# Attachment



Children in foster care may have attachment issues because of traumatic separations and losses or from histories of abuse and neglect (or both). Children who have attachment issues can develop clinical detachment disorders and carry various unhealthy attachment styles with them into adulthood. To help them develop positive attachment:

- Respond warmly when the child is able to interact positively with you
- Engage in activities the child likes to bond with them over their interests

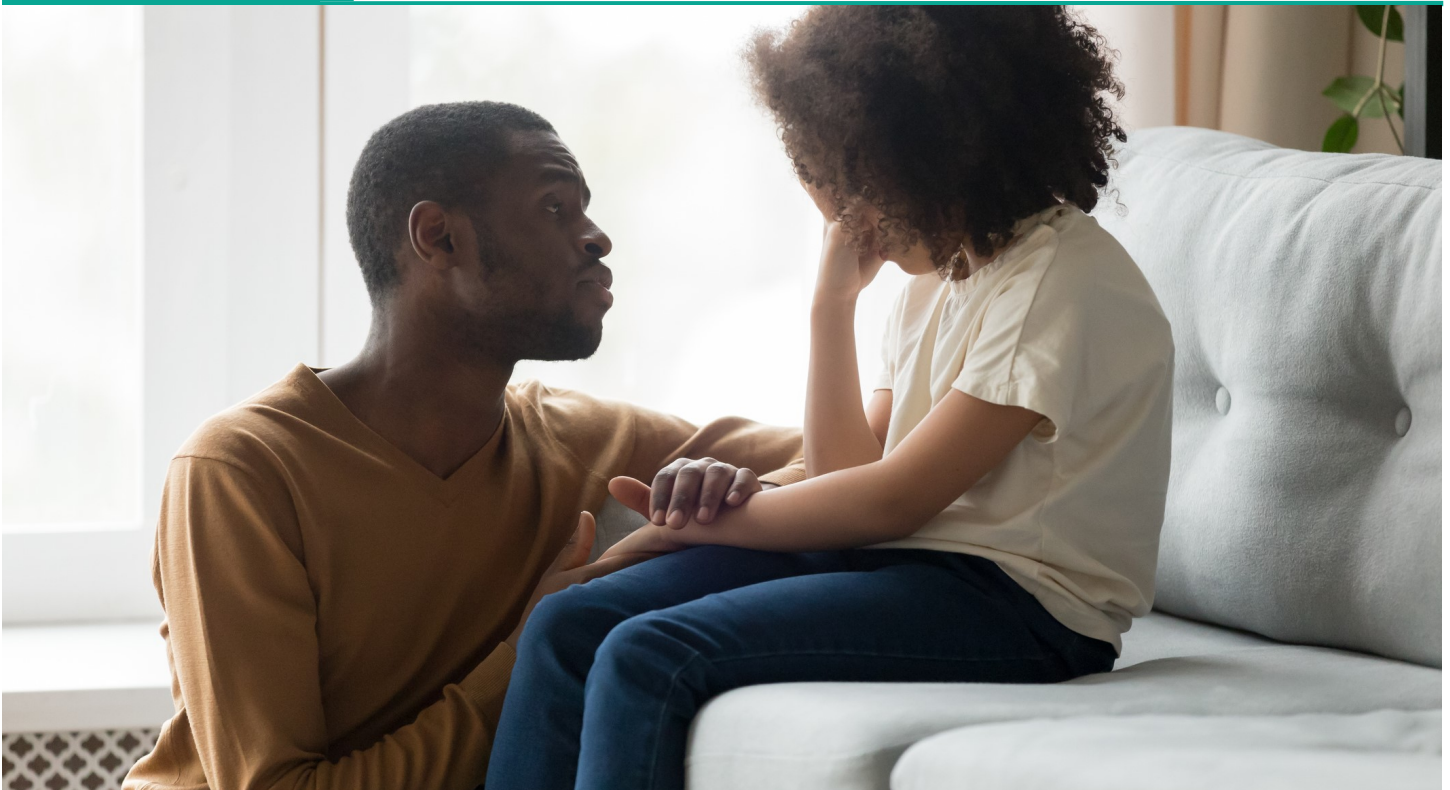
The goal is to teach them that positive interactions and building trust are rewarding and fulfilling behaviors.

## Effects of Attachment Issues

It is important to be aware that children with attachment issues might act differently around different people. They are often charming and delightful around people they don't know very well, but oppositional with their resource parents. Never assume that resource parents are incorrect or unaware about their child's issues, that they don't see their child's potential and positive attributes, and most importantly, that they are the ones causing the behavior.

Although this behavior can certainly be unhealthy, remember the child is just trying to cope with adverse childhood experiences in the only way they know how. All children are unique and will behave differently. All we can do is try to support their healing and redirect their behavior.

# Trauma



Trauma is also common among foster and adoptive children, and its effects will often manifest once they are removed from the traumatizing environment. Trauma interrupts wellbeing and creates significant barriers to overall adjustment. Being trauma-informed is foundational to Children’s Division work, so we can better help and understand children with traumatic histories.

Trauma can physically alter a child’s brain structure and limit functioning abilities like learning, attachment, or emotional and behavioral regulation. This is because the brain’s energy is focused on basic survival and safety functions. This means the brain cannot focus on thriving, often leading to anxiety and depression. Not only can trauma affect a child’s relationships and interpretation of reality, but historical and intergenerational trauma can impact their worldview. However, trauma does not have to control a person’s future. To help children who have experienced trauma, be sensitive to the five core principles of trauma-informed care:

1. **Safety:** Ensure physical and emotional safety — this means helping the child understand they are safe and help them cope with any fears or anxieties
2. **Trustworthiness:** Set clear tasks and expectations, and maintain appropriate boundaries
3. **Choice:** Prioritize developmentally appropriate choices and control to help with autonomy
4. **Collaboration:** Collaborate and share power with children, youth, families, and adults
5. **Empowerment:** Prioritize child, youth, family, and adult empowerment and skill-building and understand their histories, perceptions, and needs and partner with them in planning their future

# Behavior Management

Due to past trauma, some children in foster care may have behavioral issues that could come up while in your care. One effective way to manage behavior is to plan fun, safe and developmentally appropriate activities. Over time, you will learn how to redirect behavior and ensure safety.

## What if something bad happens?

Although unlikely, it is very important to discuss areas of concern with resource parents and determine a plan to both **prevent** a major problem and **prepare** for what to do if there is one so you know how to respond right away. Before you take the child into your care, be sure that you have the following emergency contacts available to you:

- The resource parents
- The child's case worker
- The child's primary doctor or pediatrician
- 911

The child's safety should always be your first priority, but after you've made any emergency phone calls, your next calls should be to the child's resource parents and case worker to let them know what is happening.

## Are there basic rules for behavior?

Rule setting comes down to what you and the child's foster family decide, but consistency helps keep kids on track. Try keeping them on a schedule similar to the one they have at home, and talk to the resource parents about expectations they set. The child's "Information on the Child" form could also be useful for setting expectations. It's also important to note that you may set different rules for different kids in the home, and that is okay. Every child's situation is different, and being flexible helps you care for them more effectively.

## When do problems generally occur?

Children often struggle with transitions like dinner, bed time, waking up, going to school, or leaving the house. We recommend children go to the same respite care provider when possible to help ease transition anxieties. The first time you care for a child might go differently than later visits as they become more comfortable with you, so it is important to communicate with resource parents about activities and times that might spark behavioral issues. Please refer to page 18 of this handbook for more information about transitions and tips to help with them.

## What behavior management techniques are prohibited?

**Corporal punishment is strictly prohibited**, as it could have adverse effects on children, especially those with histories of trauma, abuse, or neglect. The goal of behavior management should be to encourage positive behavior and reward positive outcomes. Try rewarding a child when they take positive steps in managing their behaviors or removing privileges (like access to TV, phones, games, etc.) to show that there are consequences to actions.



# Tackling Transitions



Establishing a routine is a great way to help children deal with transitional periods like dinner time, getting dressed, bed time, going home for the day, or even going under your care. Using simple language and short sentences helps, too. The following information is advice from *Parents Magazine* about tackling transitions:

## **Give Advance Warning**

A lot of parents will give their children a 5- or 10-minute warning before moving on to the next activity. While this might help older children transition, for young children, start preparing them well before it is time to go. Try setting a timer for 5 minutes before you want to leave or you want your child to get ready. Then, when the bell goes off, reiterate that it's time to switch tasks.

## **Offer Choices**

Offering children options gives them a sense of autonomy. It is important to make sure the choices are not whether to comply, but how to comply. For example, don't ask a child if they want to put their shoes on if the answer "no" isn't an option. Instead say, "Do you want to wear shoes or sandals?"

## **Avoid Making Threats**

Counting down (ex. "If you're not on your feet by the time I count to 10... ") or threatening a time-out doesn't work for some children because they feel defensive. Try to remain calm and offer choices instead.

## **Get Down On Their Level**

For young children, try getting down on one knee and lowering your voice to a whisper. Tell them softly what you would like them to do. This method can be surprisingly effective, but if you are still being met with defiance, try offering choices.

# Your Role



As a respite care provider, your number one job is to support the family. It is important to listen carefully to what resource parents tell you about their child, respect their knowledge and understanding of their child, and follow through with providing care according to the parents' wishes. You should also cooperate with the child's treatment team.

## Reporting to Families

Some providers prefer to keep a daily journal, email, or note on their phone to help track progress and provide information to regular caregivers. Keeping some sort of written record helps you keep track of all the details you want to remember and can help you reflect on the day and how to prepare for the following day.

However, please remember resource parents are arranging for respite care because they need a break. A play-by-play of everything their child did wrong could be extremely disheartening and even cause a care giver to feel ashamed for leaving their child with someone else, in the first place. Talking about the positives first and having a sense of grace about the respite experience can go a long way. However, of course, talking about any major issues that occurred is important. Before you do so (if something major occurs), be sure to collect your thoughts, make sure you are in a positive state of mind, and try to discuss issues from a place of caring and compassion.

Ultimately, providing respite care is a journey with continuous opportunities for learning and growth. There will be a learning curve as you, the child, and the family become comfortable with one another. Keep communication open, so you are always learning from one another.

# Additional Resources



## **Adoption Competency**

North American Council on Adoptable Children: [nacac.org](http://nacac.org)

New York State Citizens Coalition for Children: [nysccc.org](http://nysccc.org)

## **Attachment**

The Association for Treatment and Training in the Attachment of Children. (ATTCh): [attach.org](http://attach.org)

Child Trauma Academy: [childtrauma.org](http://childtrauma.org)

## **ADHD**

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD): [chadd.org](http://chadd.org)

## **The Central Missouri Foster Care & Adoption Association**

809 Swifts Hwy, Jefferson City, MO 65109

Phone: 573-298-0258

[MOFosterAdopt.com](http://MOFosterAdopt.com)

## **FASD**

Fetal Alcohol Syndrome: [come-over.to/FAS/](http://come-over.to/FAS/)

## **Fact Sheets**

ARCH Fact Sheets for Respite Providers: [tinyurl.com/ARCHRespite](http://tinyurl.com/ARCHRespite)

# Knowledge Assessment

Please indicate under each statement whether you believe it to be true or false. Your answers to these questions will be kept on file with the Children's Division and are intended to demonstrate that you have completed the necessary training and that you are fit to provide respite care.

1. A respite provider must complete all the same background checks as a foster parent applicant.  
 True       False
2. A respite provider must be at least 21 years of age.  
 True       False
3. A respite provider may be married or single.  
 True       False
4. All information about the child, their birth/first families, or adoptive and kinship families is considered confidential and must not be shared with others.  
 True       False
5. To provide respite services in my home the Respite Care Provider Checklist, CS-RC2, must be completed by a licensing worker.  
 True       False
6. I have read all the handouts and resources provided for this training.  
 True       False
7. I must be approved and sign a Children's Division Cooperative Agreement to provide respite services for foster parents.  
 True       False
8. Part of the process to be approved to provide respite service requires the respite provider submit fingerprints.  
 True       False
9. The respite provider must sign the Resource Parent Discipline Agreement, CD-119 , regarding types of discipline that is not allowed and alternative methods of discipline that may be used to train a child in a positive way.  
 True       False
10. Respite providers are required to cooperate with the treatment team for the foster youth placed in their home for respite services.  
 True       False