



## Respite Care for Foster Parents Should Not Mean Inferior Care for Foster Children

Caring for a foster child, especially in a therapeutic setting, is a full-time undertaking. Because it can have severe emotional repercussions on the family, respite care by another trained foster parent or other professional is frequently made available. Respite care is an intervention that may reduce the risk of abuse or neglect to the foster child<sup>1</sup> while it simultaneously offers welcome benefits to the caregiver.<sup>2</sup> Indeed, one study<sup>3</sup> found that the more frequently families used respite care, the lower were their scores of perceived family conflict.

Not only does respite care provide a break for foster parents, it also may provide a challenging opportunity for foster children to have an added degree of independence and allow them to experience relationships with people outside their customary environment. Alternatively, there may be an advantage to have the respite care professional come to the foster children's home so that the foster children can stay in familiar surroundings. In either case, respite care may not only be welcome, it may also be clinically indicated.

For these reasons, there is a consensus among professionals and researchers that providing respite care is a national concern<sup>4</sup> and a significant recruitment and retention tool for foster parents.<sup>5</sup>

States allow respite care to take a number of forms: informal help from family, friends, and neighbors, or formal respite care in or out of the user's home. There is not a single blueprint for providing, administering, or funding respite care.

Many states allow respite care to be used on a regular basis. Nebraska

emphasizes that it is helpful "especially in cases where the child's needs are high or foster parents have several children. Respite can be provided by a family member of the foster parent or by a provider" (Nebraska Health and Human Services Manual § 7-001.10). Nonetheless, some states require that child care providers used for children who are wards of the state must be licensed or approved by the department, and Central Register and law enforcement checks must be conducted for all respite providers (e.g., Nebraska Health and Human Services Manual § 7-001.10).

Some states (e.g., Wisconsin (DCF 56.21) and Vermont (He-C 6355.19)) mandate that formal respite care providers be held to a similar standard as foster parents, with safety being the key issue. In Kentucky (922 KAR 1:310, Section 6(7)(j)1), the administrative regulations require that the child-placing agency identify and make available necessary supports to a foster home, including a plan for respite care.

Often overlooked may be issues of information sharing and confidentiality. Prior to a child being placed in a respite care setting, especially an extended one, to what extent must information be shared between the child-placing agency and the respite care provider, as well as between the foster parents and the respite care providers?

Ultimately, from a legal, policy, and practice perspective, respite care may be second best, but it should never be second rate. 

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### Reference Notes

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2. MacDonald, H., & Callery, P. (2004). Different meanings of respite: A study of parents, nurses and social workers caring for children with complex needs. *Child: Care, Health & Development*, 30, 279–288.
3. Chan, J. B., & Sigafos, J. (2001). Does respite care reduce parental stress in families with developmentally disabled children? *Child & Youth Care Forum*, 30(5), 253–263.
4. See Public Law 96-272, the federal "Adoption Assistance and Child Welfare Act of 1980" as amended by Public Law 105-89, the Adoption and Safe Families Act of 1997, and the Indian Child Welfare Act, 25 U.S.C. Sections 1901-1963. Section 1915(c) (42 U.S.C.S. § 1396n(c)) of the Social Security Act permits states to include in their Medicaid plans non-medical services, such as case management, habilitation services, and respite care. § 1396n(c)(4)(B).
5. Corkin, D., Price, J., & Gillespie, E. (2006). Respite care for children, young people and families: Are their needs addressed? *International Journal of Palliative Nursing* 12(9), 422–427.