

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**RESPITE CARE SERVICES
FOR FOSTER PARENTS**



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Inspector General

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EXECUTIVE SUMMARY

PURPOSE

To describe availability and use of respite care services for foster parents.

BACKGROUND

Between 1983 and 1992 the number of children entering foster care increased about 74 percent, while the number of family foster homes decreased about 11 percent. A major reason for the decline in family foster homes is stress.

Respite care may help retain foster parents. It is intended to relieve stress and prevent disruptions of placements of foster children. Respite care may be formal or informal. Formal respite care is governed by agency policy while informal is not.

Federal funds are available for respite care from a variety of sources. For example, the Omnibus Budget Reconciliation Act of 1993 authorized funds for Family Preservation and Family Support Services. While respite care for foster parents is included in such funding authorities, it is not mandated.

SCOPE

We surveyed a random sample of 11 State foster care agencies, 66 local foster care agencies, and 5 State foster parent associations. Our inspection focused on availability and use of respite care. Based on prior studies and expert opinions, we assumed that respite care is an important service for recruiting and retaining foster parents. We did not attempt to prove any beneficial effects of respite care.

FINDINGS

Respite Care Is Available Mostly Through Other Foster Parents

Nearly all local foster care agencies (64 of 66) said either formal or informal respite care was available to foster parents. About 55 percent of local agencies said formal respite care is available. About 92 percent said informal respite care is available. However, most foster care staffs who responded to our survey said more formal respite care services are needed than are currently available. Most respite care, whether formal or informal, is provided by other foster parents. Ninety-five percent of the local foster care agencies (38 of 40) we surveyed said other family foster homes provide formal respite care, and nearly ninety percent (53 of 59) said other family foster homes provide informal respite care.

The Major Source Of Respite Care Is Declining

During the first six months of 1993, the number of family foster homes declined by about 2 percent. Since foster parents themselves are the primary source of respite care, potential respite providers are also decreasing.

Foster Parent Use Of Available Respite Care Services Is Unknown

We could not precisely determine the extent that available respite care services were used by foster parents. Foster care agencies have inadequate or nonexistent tracking systems for respite care. Only seven of the 66 local foster care agencies we surveyed could furnish data about use. Those seven reported that about 9.5 percent of foster parents used respite care services in the first six months of 1993. This limited data suggest that available respite care may be under-used.

Potential Barriers To Foster Parent Use Of Respite Care

Staff at a few local foster care agencies identified barriers that might inhibit use of respite care services by foster parents. The barriers frequently cited were foster parent concern about settings for respite care, concern about respite provider skills, and lack of transportation to respite.

OPPORTUNITIES FOR PROGRAM ENHANCEMENT

The provision of respite care services could help retain and recruit foster parents. Consequently retaining foster parents can help avoid trauma caused by multiple placements of foster care children, cost of institutional care for foster care children, and cost of foster parent recruitment. ACF can enhance the accomplishment of such objectives by (1) encouraging States to take advantage of funds made available by the Omnibus Budget Reconciliation Act of 1993 for Family Preservation and Family Support Services, as well as other sources, (2) continuing to provide training and technical assistance for developing and improving respite programs through current mechanisms such as the ARCH in Chapel Hill, North Carolina, and (3) providing encouragement, leadership, guidance and information to States on developing systems for tracking use of respite care, program practices to increase use of respite care services by foster parents, and sources of formal respite care other than family foster homes.

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INTRODUCTION

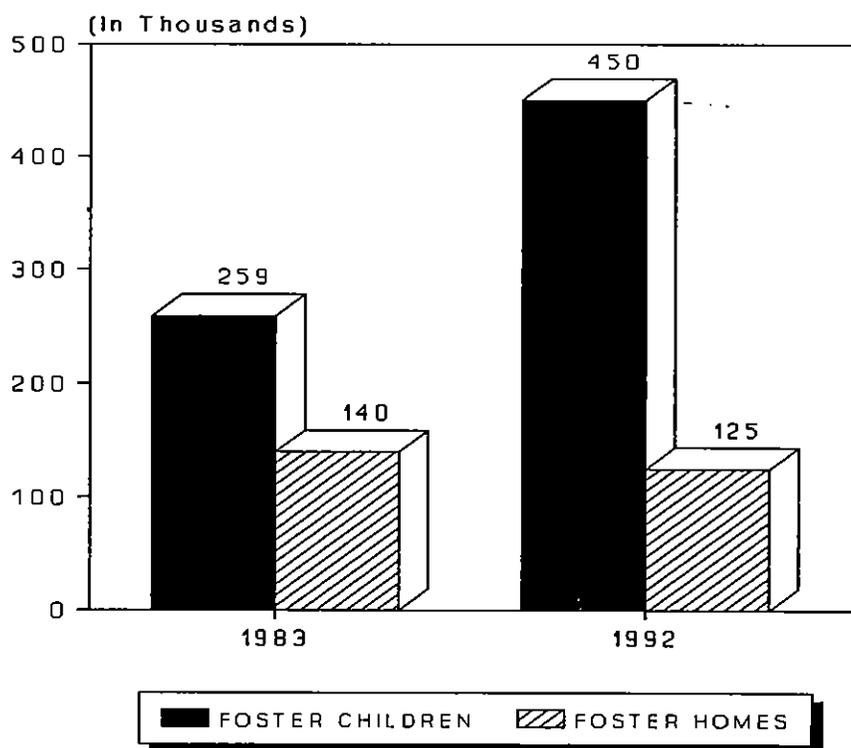
PURPOSE

To describe availability and use of respite care services for foster parents.

BACKGROUND

Number Of Foster Children Increasing While Number Of Foster Homes Decreasing

The number of children entering foster care increased about 74 percent from 1983 to 1992. During this ten year period, the number of foster homes declined by nearly 11 percent. The figure below shows National Foster Parent Association (NFPA) and the Administration for Children and Families (ACF), Department of Health and Human Services (HHS), estimates of foster care children and foster homes.



Stress Is A Major Contributor To Decline In Foster Parents

According to a 1992 ACF report written by James Bell Associates, children entering foster care today have more emotional and behavioral problems than ever before.¹ Foster care children are typically medically fragile, handicapped, or seriously ill. They frequently suffer from serious physical and mental problems caused by fetal alcohol syndrome, and exposure to HIV, drugs, and sexual and physical abuse. Such children place a high level of social and economic stress on foster parents. Many foster parents are not able, or willing, to give the time and attention needed by medically fragile children. As a result, it has become increasingly more difficult to recruit and retain foster parents.

Respite Care May Help Retain Foster Parents

Foster care experts and advocates generally agree that respite care for foster parents is important for recruiting and retaining foster parents. It also helps prevent out-of-home placement of children. The Director, Information and Services Office, National Foster Parent Association, stated that respite care is the most important factor for retaining foster parents--particularly those caring for special needs children. Further, James Bell Associates reported survey results showing that in 1992 current and former foster parents identified respite services as their fourth most important unmet need. The first three were counseling, day care, and health care that is not covered by Medicaid.

Respite care for foster parents is generally defined as planned, temporary, periodic relief from foster care responsibilities. Respite care is intended to relieve foster parents' stress and prevent disruption of placements of foster children. Respite care helps minimize "burn out" and loss of existing foster parents. As a result, the (1) trauma of multiple placements of a foster child may be avoided, (2) cost of recruiting and training new foster parents may be lower, and (3) higher cost of institutional care for some foster children is avoided.

Two Recognized Types of Respite Care Are Formal and Informal

Respite care may be provided both formally and informally. Formal respite care is provided according to set policies and procedures. For example, formal policies, procedures, and rules exist for locating respite providers, assuring that they meet specific technical, moral, and social qualifications, and matching foster families with respite providers. The policies and procedures frequently provide for formal training and monitoring to assure that respite providers give appropriate care. In a formal respite care program a foster care agency actively attempts to get foster parents to use respite care.

¹"The National Study of Current and Former Foster Parents - Draft Final Report," the Administration for Children and Families, by James Bell Associates, December 1992.

Conversely, informal respite care is obtained by foster parents themselves on an ad-hoc basis. Informal respite care is not guided by policies and procedures. Payment for informal respite care is the responsibility of the foster parent receiving the services. However, a foster care agency might ultimately pay for respite services rendered. For example, a foster parent may arrange for another foster parent to provide respite care, and then notify the appropriate foster care agency to transfer part of the child care payment to the respite provider. In such instances, a foster care agency does nothing more than perform a bookkeeping function.

Availability And Use Of Respite Care Are Unknown

Little information exists on the availability of either formal or informal respite care, and the extent that foster parents use it. In 1990, the U. S. General Accounting Office reported that information on respite care services was scarce and difficult to obtain.² A 1992 ACF study conducted by James Bell Associates suggested that the availability of respite care may be greater than expected, but that it is not used because foster parents are unaware of its availability.

Federal Funding Is Available For Respite Care

Historically, the ACF, HHS has supported respite care through demonstration grant projects authorized by the Temporary Child Care for Children with Disabilities and Crisis Nursery Act. The ACF administers the grants and funds a center charged with providing training, technical assistance, evaluation and research to demonstration project grantees. The center, located in Chapel Hill, North Carolina, is called the Access to Respite Care and Help (ARCH). The ARCH also publishes and distributes a quarterly newsletter to approximately 600 organizations that have some involvement in foster care and respite care programs. Beginning in 1994, ARCH plans to serve as a referral system for foster parents seeking respite care.

Also, Federal funds for respite care are available as part of Family Preservation and Family Support Services authorized by the Omnibus Budget Reconciliation Act of 1993 (OBRA 93). OBRA 93 authorized funds for States to plan and implement services intended to keep families together and to strengthen them. Each State child welfare agency desiring funds must develop and submit a five-year plan to the Department by June of 1995. Respite care for foster parents is one type of family preservation and one type of family support service which a State may elect to include in their five-year plan. Respite care, however, is not mandated.

Finally, the HHS funds several other programs that agencies serving foster children may use to obtain respite services for foster parents. They include Maternal and Child Health Services Block Grants, Medicaid, Social Services Block Grants, HHS'

²"Respite Care - An Overview of Federal, Selected State and Private Programs," GAO-HRD-90-125, September 1990.

Abandoned Infants Assistance Program, and HHS' Child Welfare Research and Demonstration Program.

As shown above, Federal funds are typically made available as part of other family and children programs. Therefore, we could not readily determine the extent of Federal funding and support for foster parent respite care services.

SCOPE

We surveyed a random sample of 11 State foster care agencies, 66 local foster care agencies, and 5 State foster parent associations. Our inspection focused on availability and use of respite care. Based on prior studies and opinions expressed by experts, we assumed that respite care is an important service for recruiting and retaining foster parents. We did not attempt to prove any beneficial effects of respite care.

METHODOLOGY

We used a two-stage cluster sampling process for selecting States and counties for our survey. First, we randomly selected 12 States. Next, we randomly selected 72 counties -- six counties from each selected State.

In selecting counties, we stratified the counties of selected States into two groups. One group of counties represented heavily populated counties and the second group represented sparsely populated counties. Except for one State, we selected 3 counties from each of the 2 stratifications within each State. In one State, we arbitrarily selected one county that contained over half of the State's entire population. We then randomly selected 5 counties from the sparsely populated group of counties in that State.

We mailed survey questionnaires to (1) foster care agencies in each of the 12 selected States, (2) 69 local foster care agencies that served our 72 selected counties, and (3) 11 State foster parent associations. One State did not have a foster parent association. Eleven State and 66 local foster care agencies responded to our survey. Five of the State foster parent associations responded.

To determine availability and use of respite care, we (1) aggregated responses by selected local foster care agencies, and (2) used information obtained from State foster care agencies and State foster parent associations to corroborate and clarify our findings. In instances where all local foster care agencies did not respond to a particular survey question, we based our analyses on the number that did respond rather than the total number responding to the survey. To illustrate, 39 of the 66 local foster care agencies responded to our question on whether or not foster parents were aware of available respite care. In such instances, we based our analyses on 39 rather than the 66 agencies that returned a survey instrument.

We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

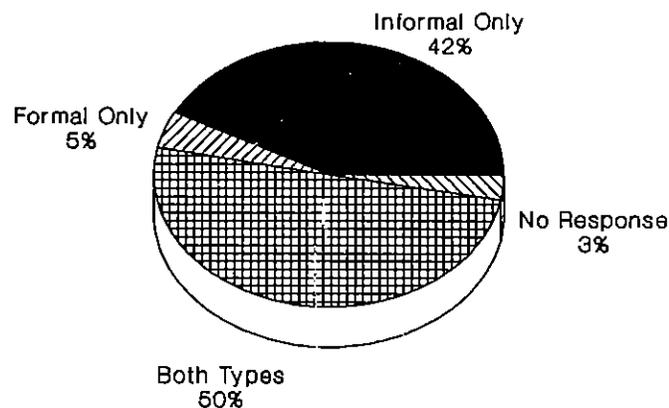
Concurrent with this inspection, we performed an inspection to describe effective programs for providing respite care to foster parents. That report is titled *Respite Care Services for Foster Parents: Six Case Studies (OEI-04-93-00071)*. It describes six sample programs that child welfare experts and public officials who operate child welfare programs said are effective at providing respite care.

FINDINGS

RESPITE CARE IS AVAILABLE MOSTLY THROUGH OTHER FOSTER PARENTS

Nearly all local foster care agencies we surveyed (64 of 66) said that either formal or informal respite care was available to foster parents. All eleven State foster care agencies that responded to our survey said some form of respite care was currently available to foster parents. Four of the five State foster parent associations that responded to our survey said respite care was available for foster parents in their States. The fifth State association said respite care was not currently available to foster parents in their State.

TYPE OF RESPITE CARE AVAILABLE TO FOSTER PARENTS



Foster parents are the major source of both formal and informal respite care. Ninety-five percent of local foster care agencies (38 of 40) said another family foster home is the setting for formal respite care, and nearly ninety percent (53 of 59) said another family foster home is the setting for informal respite care.

About Half Of Local Agencies Make Formal Respite Care Services Available

About 55 percent (36 of 66) of the local foster care agencies we surveyed offered formal respite care services to foster parents.

Informal Respite Is Available In Nearly All Communities

About 92 percent (61 of 66) of the local foster care agency staff that responded to our survey said informal respite care services are available to foster parents in their jurisdiction.

More Formal Respite Care May Be Needed

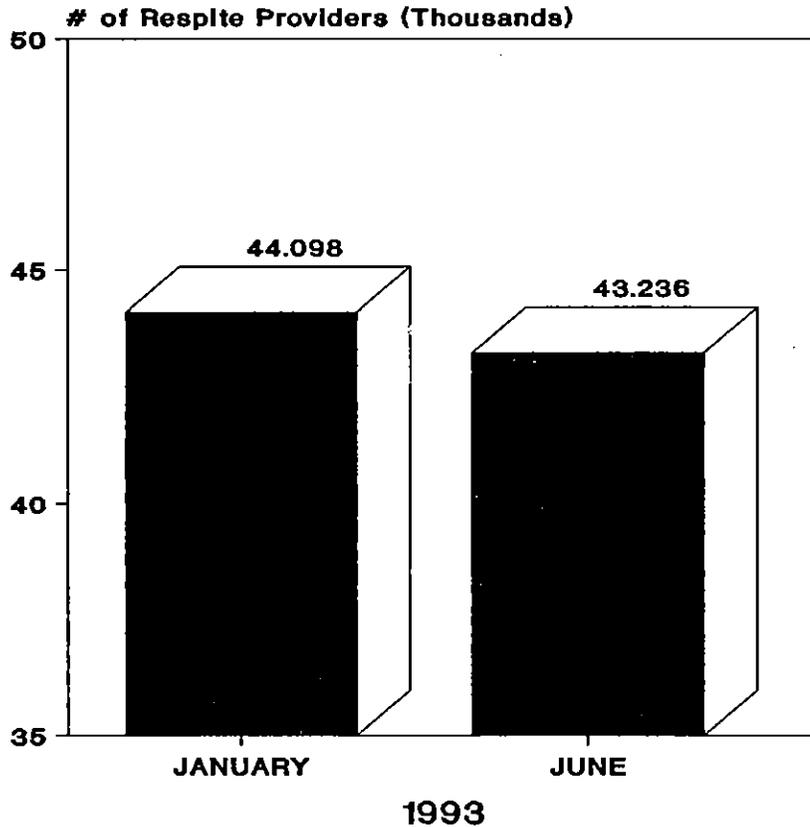
Officials from local and State foster care agencies, and from State foster parent associations said more formal respite care is needed. To illustrate, about 68 percent (32) of the 47 local foster care agencies that responded to our question said more formal respite care services are needed than are currently available. Likewise, about 36 percent (4 of 11) of the State foster care agencies, and 60 percent (3 of 5) State foster parent associations we surveyed said more formal respite care services are needed for their States. Most of the officials who commented on the need for respite care said more formal respite services are needed in both rural and urban areas. About 15 percent of the 66 local foster care agencies we surveyed said a shortage of formal respite care providers already exists.

THE MAJOR SOURCE OF RESPITE CARE IS DECLINING

Foster parents themselves are the primary source of respite care. According to the local foster care agencies we surveyed, most respite care is provided outside of a foster parent's home by another foster parent. Typically, one foster parent will keep foster children of another foster parent, thus allowing a respite from the stress and responsibility of foster care.

However, the number of family foster homes is declining. Therefore, the number of potential respite providers is declining. According to estimates provided by the National Foster Parent Association and the ACF, HHS, the number of family foster homes declined about 11 percent between 1983 and 1992. According to the local foster care agencies we surveyed, the number of licensed family foster homes continued to decline rapidly during the first 6 months of 1993 (See figure on the following page). The local foster care agencies provided estimates showing a decline from 44,098 family foster homes to 43,236. This represents a two percent decline in 6 months.

DECLINE IN FAMILY FOSTER HOMES



FOSTER PARENT USE OF AVAILABLE RESPITE CARE SERVICES IS UNKNOWN

We could not precisely determine the extent that available respite care services (formal or informal) were used by foster parents. We asked local foster care agencies to provide data showing the number of foster parents who had used formal respite care during the first 6 months of 1993. Only seven, or 11 percent, of the 66 local foster care agencies we surveyed could furnish such data. Such a low response rate by the local foster care agencies may not provide a reliable indicator of foster parent use

of respite care. However, the data provided by the local foster care agencies showed that about 9.5 percent of the foster parents in those seven communities used formal respite care during the first 6 months of 1993. Staff at several of the remaining 59 local foster care agencies said they do not have adequate systems for tracking foster parent use of respite care. Further, local foster care agencies do not know the extent that informal respite care is used.

POTENTIAL BARRIERS TO FOSTER PARENT USE OF RESPITE CARE

Staff at some local foster care agencies we surveyed said foster parent use of formal respite care may be inhibited by certain barriers. Local foster care agency staffs frequently cited the following potential barriers.

- Foster parent concern about setting for respite care
- Foster parent concern about respite provider skills
- Foster parent lack of transportation for respite care

Setting For Respite Care

About 33 percent (13) of the 39 local foster care agencies that responded to our question on barriers to providing respite care said the setting is not acceptable to foster parents.

Most respite care is provided in an out-of-home setting. Forty (98 percent) of 41 local foster care agencies who commented on formal respite care said it is provided in an out-of-home setting. Likewise, 59 (94 percent) of 63 local foster care agencies who commented on informal respite care said it is provided in an out-of-home setting.

Most out-of-home settings for respite care are in the home of another foster parent. To illustrate, 95 percent (38) of the 40 local foster care agencies who said formal respite care is provided out-of-home said the setting was the home of another foster parent. Similarly, about 90 percent (53) of the 59 local foster care agencies who said informal respite care is provided out-of-home said the setting was the home of another foster parent.

The State foster care agencies and State foster parent associations supported the comments of local foster care agencies on the settings for respite care. Nine of the 11 (82 percent) State agencies and one of the five State foster parent associations we surveyed said formal respite care is provided in the home of another foster parent. Also, 10 of the 11 State agencies and two of the associations said informal respite care is provided in the home of another foster parent.

During a companion inspection, we examined respite programs of six communities that various foster care experts said were effective (OEI-04-93-00071). Our inspection report showed that respite care can be provided effectively in various settings.

Skills Of Respite Providers

About 26 percent (10) of the 39 local foster care agencies that responded to our question on barriers to providing respite care said foster parents are concerned about respite provider skills. They said foster parents feel that respite providers lack adequate skills to meet the needs of their foster children.

However, many foster care agency staffs said they match respite care providers to the specific needs of foster children where possible. Agencies typically separate foster care into categories such as regular, specialized, or therapeutic. Categories other than regular encompass foster children with special emotional or physical needs. For example, therapeutic foster care is for children with severe emotional problems. Of the 64 local foster care agencies where respite care is available, 48 (75 percent) said they assist foster parents in finding appropriate respite providers. To assure quality care, the six communities we inspected in our companion inspection (OEI-04-93-00071) had all developed procedures for screening, training, and monitoring respite care providers.

Some foster care agency staffs said respite care is required for foster parents of certain children. For example, in Kansas, therapeutic foster parents are required to use respite services. Likewise, in South Dakota foster parents for 15 to 18 year old boys in a special program are required to use respite care.

Transportation To Respite Providers

About 26 percent, (10) of the 39 local foster care agencies who commented on barriers to respite care for foster parents said the distance to respite care was a barrier. Generally, foster parents have transportation or can obtain it from friends and family. In some instances, local foster care agencies and respite care providers may assist with transportation needs to help foster parents obtain respite care.

OPPORTUNITIES FOR PROGRAM ENHANCEMENT

Respite care is generally perceived as important for retaining foster parents. It gives foster parents an intermittent break from the constant demands of caring for their foster children. While our survey showed no clear shortage in availability of respite care, and no clear unmet demands for respite care, it did surface two potential problems.

First, the source of respite providers is declining. Although respite care services are available in most localities, it may not be available in sufficient quantity. The number

of respite providers is declining, and many local foster care agency staffs stated that more formal respite care services are needed.

Second, foster parents may not be taking full advantage of available respite care. We could not obtain reliable estimates on foster parent use of respite care because foster care agencies do not track its use. Therefore, we could not determine that more respite services are needed. Based on data furnished by seven local foster care agencies, available respite care could be under-used. Some foster parents may not use available respite care because of their personal concerns or lack of knowledge.

While we did not assess the beneficial effects of respite care, based on prior studies and expert opinion, respite care services are generally perceived as important for retaining and recruiting foster parents. Consequently retaining foster parents can help avoid trauma caused by multiple placements of foster care children, cost of institutional care for foster care children, and cost of foster parent recruitment.

ACF can help accomplish such objectives by encouraging States to enhance and develop formal respite care programs. For example, ACF can

- o encourage States to take advantage of funds made available by the Omnibus Budget Reconciliation Act of 1993 for Family Preservation and Family Support Services, as well as other funding sources.
- o continue to provide training and technical assistance through current mechanisms, such as the ARCH in Chapel Hill, North Carolina.
- o provide encouragement, leadership, guidance and information to States to
 - ▶ develop systems for tracking use of respite care, such as the Statewide Automated Child Welfare Information System (Federal funds are available for such systems at a matching rate of 75 percent for three years),
 - ▶ initiate program activities to increase foster parent use of respite care services, and
 - ▶ identify sources of formal respite care providers other than family foster homes.

ACF can partly accomplish such objectives by providing information to States and local communities on what respite program practices work most effectively. We have prepared a companion report (OEI-04-93-00071) on respite care which may be useful for this purpose. That report identifies and describes six communities that various experts deemed to have successful respite programs. ACF could also identify other successful respite care programs for States and local communities to use as guides in improving their respective programs.