Crisis Nursery Care
Respite for Children at Risk of Abuse and/or Neglect

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Background

Respite, temporary relief for caregivers and families, is a service in which care is provided to children with disabilities, chronic or terminal illnesses, and/or to children at risk of abuse and neglect. Crisis nurseries, a type of respite for children at risk of abuse and/or neglect, were first developed in the early 1970's. Crisis nursery programs were also designed to offer an array of support services to the families and caregivers of these children.

Recognizing the effectiveness of crisis nursery care and the need for additional programs, in 1986 Congress passed the Temporary Child Care for Children with Disabilities and Crisis Nurseries Act (as amended). This Act established federal funding to create temporary child care (respite) demonstration projects including crisis nursery services. Administered through the U.S. Department of Health and Human Services, Children's Bureau, competitive grants have been awarded to States since 1988 to assist private and public agencies in developing crisis nursery services across the United States.

Purpose

Crisis nursery programs provide a safe and supportive environment for children as well as a non-threatening, non-punitive resource for parents and caregivers.

What is Crisis Nursery Care?

The federal legislation defines crisis nursery care as temporary care for children who are at risk of abuse and neglect or who have experienced abuse or neglect. Most crisis nursery programs offer child care free of charge for a maximum of 30 days in any year. This care is usually available 24 hours a day. Most programs accept children at any time, day or night, in order to relieve a potential or existing emergency in the family.

Crisis nursery programs may serve children whose ages range from birth to eighteen years. Often programs serve a particular age group (i.e. birth to three years or preschoolers, etc.).

Federally funded crisis nursery programs are required to provide referral to support services. However, most crisis nursery programs, regardless of their funding source, provide support services within their own service delivery system. Support services which may be provided by crisis nursery programs, or by an array of community agencies through informal or formal collaborative agreements, include the following:

- family counseling
- individual counseling
- service coordination (case management)
- parenting classes
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- access to medical services
- home management training
- employment training
- help lines
- substance abuse prevention counseling
- developmental assessments

Crisis Nursery Program Models

Crisis nursery program models for each local service area may differ according to the needs of the families within the community. For example, some crisis nursery programs may elect to serve families in situational emergencies such as families involved in divorce or a long hospital stay; whereas, other crisis nursery programs focus on serving children and families where potential abuse or neglect has been identified by the parents themselves or another agency.

Crisis nursery programs may provide both in-home or out-of-home care. Many crisis nursery programs utilize existing day care centers, private homes which have been licensed (similar to foster care homes) or emergency shelter facilities. Other programs are located in facilities which are specifically designated as a crisis nursery. The following descriptions are examples of local crisis nursery program models.

Model 1: Center-based Model-Crisis Nursery Facility

Center-based crisis nursery care may occur in a licensed child care facility specifically designated as a crisis nursery. This model usually provides services 24 hours a day, 365 days a year. State requirements for food preparation, staff-child ratio, health and safety, and other licensing requirements must be followed. This model requires funding for professional and paraprofessional staff. This model may offer a variety of related programs such as substance abuse prevention programs and programs for special circumstances such as teenage mother assistance programs. This type of crisis nursery may be located within a larger organization such as a child welfare agency.

Model 2: Center-based Model-Day Care Facility

Many crisis nursery programs contract with existing day care centers. This cost effective model utilizes day care centers which already meet state licensing requirements and have trained staff who provide developmentally appropriate activities for the children. Day care staff members receive additional training on topics such as working with children at risk of abuse and neglect. Additional family support services are provided by the crisis nursery program director and community agencies as needed. This model may not be able to offer temporary child care services 24 hours a day because of licensing requirements and the hours of operation of the daycare facility.

Model 3: Center-based Model-Crisis Shelters

This type of crisis nursery program is similar to the Day Care Facility Model since the crisis nursery administrative staff contracts with Crisis or Women's Shelters to provide crisis nursery care for children and additional support services to parents. Families served in this type of program usually have an identified abuse or neglect situation.

Model 4: Community-Center Model-Multiple Sites

This type of crisis nursery model, frequently used in rural areas, provides temporary child care by utilizing a variety of existing community facilities (community centers, churches, etc.) in one or more geographical locations. These facilities are provided through informal or formal agreements. This model may not be able to offer temporary child care services 24 hours a day because of limited use of the community facility. Often, family support services such as parent support groups or parenting classes are offered for part of the time during which the child is receiving care. Trained volunteer families within the community can be the providers in this model. This model very effectively fosters interagency collaboration and coordination.
Model 5: Family Care Home Model

In this model, family care homes with foster care licensing provide care for children. Crisis nursery child care is usually provided up to seventy-two hours for each stay. As a decentralized model, it is effective for rural settings. On a formal basis, families within a community commit time each month to care for children in crisis. Families may also carry a beeper and be on call for certain segments of the month. All providers are screened, licensed and trained. They receive a stipend to help offset expenses for food and necessary supplies. Some providers serve programs as volunteers, while others are paid. Besides family care home providers, the agency uses staff in the community to help with transportation, intake and other duties integral to the operation of the program.

Model 6: Crisis Nursery In-Home Models

In-home crisis nursery programs provide some or all crisis nursery services within the family's home. Caring for the child within his or her home helps provide child care relief with minimal disruption of routine activities. Other in-home models provide temporary child care outside the home and parent support services within the home. These home-based services may include support counseling, activities to enhance parenting skills, or additional information according to individual family needs and assistance in accessing identified resources.

Summary

Crisis nurseries are a type of respite for children at risk of abuse and/or neglect. Crisis nursery services can occur in out-of-home or in-home settings for various lengths of time depending on the needs of the family and available resources. As with other types of respite services, crisis nurseries help prevent out-of-home placements and possible abuse and neglect situations, preserves the family unit, and supports family stability.

References

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Resource Organizations

Clearinghouse on Child Abuse and Neglect and Family Violence Information, P.O. Box 1182, Washington, DC 20013, (703) 385-7565.

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Revised March, 1994

This factsheet was produced by the ARCH National Resource Center for Respite and Crisis Care Services funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau Cooperative Agreement No. 90-CN-0121 under contract with the North Carolina Department of Human Resources, Mental Health/Developmental Disabilities/Substance Abuse Services, Child and Family Services Branch of Mental Health Services, Raleigh, North Carolina. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the ARCH National Resource Center.
