



Respite, Crisis Care, and Family Resource Services: ***Partners in Family Support***

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Introduction

This fact sheet is intended to encourage collaboration among *respite*, *crisis care*, and *family resource* services. Collaboration among these services broadens and diversifies their funding base. Collaboration also benefits the families who use the programs by making a broader range of less fragmented services easier to access.

The recent consolidation of several of the federal funding sources which support these services has provided yet another reason for them to form partnerships at the state and community level. In 1996, the Temporary Child Care Act (TCCA) and the Community Based Family Resource Program (CBFRP) were consolidated into the Community Based Family Resource and Support (CBFRS) program (the TCCA had provided start-up funding for *respite* and *crisis care* services, and the CBFRP had provided funding for *family resource* services).

The newly formed CBFRS program promotes the development of statewide networks and provides funding for *family resource centers*, *respite* and *crisis care* services and other related family support services.

Since many readers may not be familiar with all three types of services, the following section gives brief descriptions of each. The second section describes the benefits of collaboration and gives examples of ways in which collaboration is already occurring.

Description of Services

Respite and Crisis Care

When family caregivers are asked what kind of help they need, the most frequent response is "I need a break!" When family caregivers are not able to take a break from constantly providing care and supervision for dependent family members, they are less able to nurture one another, less able to be productive workers and students, and less able to participate fully in community life. Stress builds, and this elevated stress can lead to increased incidences of abuse, divorce, and out-of-home placement of the dependent family member. *Respite* and *crisis care* services provide the break caregivers request most.

For caregivers in stressful situations (they may be parents, foster or adoptive parents, or other relatives or guardians), *respite* and *crisis care* services provide temporary relief from the ongoing responsibilities of caring for loved ones in the home. *Respite care* services provide short term care to children and adults who have disabilities, or chronic or terminal illnesses, or who are in danger of abuse or neglect, or who have experienced abuse or neglect.

Respite services are provided in a variety of settings, within, or outside of, the family home. Services are generally short-term care (ranging from a few hours to a few weeks) and are provided on either a planned or emergency basis.

Crisis care is a unique form of *respite*. It is provided to children, with or without a disability, when the family is in crisis. *Crisis care* services may be referred to as "crisis respite," "emergency respite," "crisis nursery," "crisis stabilization" or "shelter care."

Both *respite* and *crisis care* services can be provided by other family members, friends, neighbors, community recreation programs, child/dependent care providers or centers, home health aides, *family resource centers*, community human service providers and *respite/crisis care* agencies. In addition to care and supervision, many *respite* and *crisis care* providers also offer a variety of support services to families including referrals to other programs, counseling, case management, meals, transportation, social activities, lodging, medications, personal care, and assistance with activities of daily living.

In the United States, *respite* and *crisis care* services began in the late 1960's. *Respite* and *crisis care* services are very new and are growing quite rapidly. There are approximately 10,000 *respite* and *crisis care* programs in the U.S., serving an estimated 730,000 families. It is also estimated that there are at least 85,000 families on waiting lists for these services at any given time. The need for *respite* and *crisis care* services is expected grow as the number of individuals with disabilities living at home increases, the number of children at risk increases, the number of families in crisis increases, and natural supports, like the extended family, become less available.

Most funding for *respite* and *crisis care* comes from the federal government, although local and state governments and private sources provide some support. Federal funding for *respite* and *crisis care* services can be found under Medicaid, Mental Health, Child Welfare, Family Preservation, Education and Developmental Disability programs. Each state decides how to use each of these federal funding sources, and in some cases they being used to provide *respite* and *crisis care* services.

Family Resource Centers

Family resource centers are sometimes called family support centers, family centers, parent-child resource centers, family resource schools, or parent education centers. Each *family resource center* works with community members to develop specific services that meet the needs of the people who use the center and the community that surrounds it. This is accomplished by involving parents in design, implementation and evaluation. Many centers require that advisory boards oversee the day-to-day operation of the centers, and that more than half of the board members be parents.

Family resource centers are located in a variety of community settings and serve diverse populations. Depending upon the resources available in the community, *family resource centers* may be located in churches, school buildings, hospitals, housing projects, restored buildings and new structures. Based in the places where families naturally congregate, *family resource centers* serve as a central support within the community around which families can build their lives, regardless of the challenges they face.

In the mid 1970's, a broad based, grass roots movement revitalized the idea of community based services that emphasize support for families. Borrowing from other self-help movements and the tradition of settlement houses, these services promoted both the strengthening of families through formal and informal sources of support, and the restoration of a strong sense of community. *Family resource center* services may include parent skill training, drop-in centers, home visiting, job training, substance abuse prevention, violence prevention, services for children with special needs, mental health or family counseling, child care, literacy, *respite* and *crisis care* services, assistance with basic economic needs and housing.

There are thousands of *family resource centers* located in all fifty states and several territories, and their number is growing rapidly. Some states have an extensive system of state-funded *family resource centers*, while in other states these programs receive less support and state supervision.

Most *family resource centers* have a variety of funding sources, but they receive the greatest part of their funding from Family Preservation and Family Support, Community Based Family Resource and Support, private contributions and state appropriations for children and families.

Collaboration

Reasons to Collaborate

When *respite*, *crisis care*, and *family resource* service providers do collaborate, they find it very easy to work together, because they have so much in common. All of these services support children and families; are community-based and family-centered; serve families on a voluntary basis and in a non-stigmatizing way; provide a variety of family support services, based on what families need; have high customer satisfaction; and refer families to other services once their initial needs are met.

Although some *respite*, *crisis care*, and *family resource* service providers are already working together, many still serve only families with targeted needs, and are not linked to one another. Often, this forces families who have a child with a disability to seek services from one program, while families whose children do not have disabilities go to a different program. It is very inconvenient for the many families who have children with diverse needs and who must go to two different programs for the services they need. An inclusive program which serves children with or without disabilities and their families would be ideal.

In small towns and rural areas, it is not likely that sufficient resources will be available to support a *respite* service provider, a *crisis care* service provider, and a *family resource center*. It is much more efficient for these three services to combine forces and operate as one.

Another reason for collaboration is that these services share several important federal funding streams. Both Family Preservation and Family Support (FP/FS, recently re-named "Promoting Safe and Stable Families") and Community Based Family Resource and Support (CBFRS) can provide funding for *respite* and *crisis care* services and for *family resource centers*. In fact, the CBFRS legislation identifies *respite*, *crisis care* and *family resource centers* as core services to be provided with this funding. In addition, there are also several other federal funding sources that fund one or two, but not all three, of these services. Collaboration among these services provides opportunities to diversify funding sources.

Another excellent opportunity for collaboration comes through the many existing statewide coalitions and networks of *respite*, *crisis care*, and *family resource* services. These groups will be stronger and accomplish more if they can find ways to work together on projects of common interest (like family support legislation).

Yet another reason for collaboration is that there are still many gaps in the service system. Many communities do not have the *respite*, *crisis care*, and *family resource* services they need. Since the primary sources of federal funding for starting new *respite*, *crisis care*, and *family resource* services (the TCCA and the CBFRP) were consolidated into CBFRS, these services now have the opportunity (and the responsibility) to work together to close these gaps.

Current Trends

Many *respite* and *crisis care* service providers also provide other family support services, such as counseling, substance abuse prevention and treatment, sibling care, case management, parenting classes and information and referral. Some *family resource centers* also provide *respite* and *crisis care* services. For example, the Family Resource Center of Carroll, Iowa, provides *respite* and *crisis care* as well as a variety of other family support services. They have found that families are well served by a model which uses registered day care homes as providers of *respite* and *crisis care*.

In their FY '97 CBFRS program applications, nineteen states specifically named *respite* as one of the services which qualify for funding, and nine states listed *crisis care* services in the same way. Several states have line items in their CBFRS budgets for support of *respite* services and/or statewide *respite/crisis care* coalitions. The new CBFRS legislation requires the creation of statewide networks of Community Based Family Resource and Support services. This mandate creates an opportunity and a structure within which *respite*, *crisis care* and *family resource center* consumers, service providers, coalitions, networks and administrators can join forces across the state.

In many states, the same division of state government (and sometimes the same person) oversees CBFRS, FP/FS, *respite*, *crisis care* and *family resource* services. Many of these state level staff are participating in *respite* and *family resource center* conferences and network activities.

Finally, two national organizations which support *respite*, *crisis care*, and *family resource* services (The ARCH National Respite Network and the Family Resource Coalition of America), are partners in the FRIENDS project (the national resource center for CBFRS programs).

Statewide Respite and Crisis Care Coalitions

In the past few years, family caregivers and *respite* providers in many states have been joining together, and the formation of statewide groups is occurring at a rapid pace. Over half the states now have, or are in the process of forming, a statewide *respite* and/or *crisis care* organization.

These statewide groups have sprung from the grass roots in order to create opportunities to communicate, coordinate, and collaborate. Group members provide a support system for one another and work together to make the most of opportunities and solve problems that are too big for any one person or organization to manage.

Statewide groups have many different names (coalition, association, network, council, task force, or group), but they all have a common goal: to promote and improve *respite* and *crisis care* services. Statewide events and activities include *respite* and *crisis care* awareness days, conferences, training events, public policy activities, information and referral services, service coordination and networking.

Respite and *crisis care* consumers and service providers are also networking at the national level, with leadership being provided by the National Respite Network (NRN). The mission of the NRN is to keep families together by promoting the development of *respite* options nationwide. The NRN has two divisions. The ARCH National Resource Center for Respite and Crisis Care Services offers consultation nationwide on a broad range of subjects relating to the provision of *respite*. Services include free telephone consultation, informational resources, training, an annual conference, a newsletter, and product development. The National Respite Coalition helps states and local communities to understand policy, educates policy makers and builds strong advocacy coalitions.

Statewide Family Resource Networks

Many *family resource* service providers are finding that isolated efforts to serve families are not enough. Networking with each other is a necessary step if families are to have access to the resources and support they need. *Family resource* networks are most often developed as a means of giving and receiving technical assistance, advocating with and for families, offering support to member organizations, sharing information, providing public education and arranging professional development opportunities.

Approximately fifteen states currently have regional or statewide *family resource* networks, and many more state, county and municipal networks are forming. These networks enable service providers, advocates and other interested individuals to facilitate communication, coordinate action and accomplish mutual goals that could not be achieved on an individual basis. Networks are attractive because they allow people and organizations to work together and pool resources without having to give up their autonomy.

Family resource consumers and service providers are also networking at the national level, with leadership being provided by the Family Resource Coalition of America (FRCA). FRCA is a national membership, consulting and advocacy organization that has been advancing the movement to strengthen and support families by providing technical assistance, information and support to service providers, practitioners and policy-makers. FRCA activities include working with states to increase their capacity to advance a broad-based, inclusive family support agenda; working to develop and strengthen statewide and regional networks; and producing a bi-annual conference, a newsletter, and other publications.

Conclusion

Collaboration enriches *respite*, *crisis care*, and *family resource* services by expanding and diversifying their funding base. Collaboration also benefits consumers by making services easier to access and less fragmented. There are many reasons to form partnerships, but the most important one is that when all of these services work together, families and communities benefit.

Resources and References

ARCH National Respite Network
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
phone: (800) 473-1727

fax: (919) 490-4905

FRIENDS National Resource Center for CBFRS Programs
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
phone: (800) 888-7970
fax: (919) 968-8879
web site: <http://www.frca.org/friends.htm>

Family Resource Coalition of America (FRCA)
20 North Wacker Drive, Suite 1100
Chicago, IL 60606
phone: (312) 338-0900
fax: (312) 338-1522
web site: <http://www.frca.org>

Bringing Respite to Your Community: a Startup Manual, ARCH National Resource Center for Respite and Crisis Care Services, 1996.

[National Respite Guidelines](#), ARCH National Resource Center for Respite and Crisis Care Services, 1994.

Family Resource Coalition of America Guidelines for Family Support Practice.

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