Iowa: ChildServe Respite Services

ChildServe Respite Services

The needs and priorities of caregivers and their children are foremost in the development of respite options offered by ChildServe (CS) including individual and group respite services. Caregivers with children birth to 25 years with a wide range of needs, including complex medical, autism, behavioral, and physical disabilities, can receive planned respite through ChildServe.

The respite can be in-home, center-based, community-based, or at summer camp according to the families’ requirements. Their person-and-family-centered approach is unquestionable. The respite providers, which include non-licensed care providers and in some cases nurses, are carefully screened and trained. Recognizing that some caregivers and their children feel more comfortable in the care of someone they are familiar with, provided they meet strict screening guidelines, ChildServe will hire and train providers identified by the caregivers.

ChildServe helps parents access funds to pay for the respite through home and community service waivers. ChildServe collects outcome data and has implementation guidelines that can be used for replication. Learn more about their outcomes, service model, and implementation procedures on their website.

During the COVID-19 pandemic, the Governor of Iowa started limiting the size of gatherings and closed day programming for adults. In accordance with these changes, ChildServe suspended the group respite program in mid-March since this space was needed to address other COVID-19 service needs (e.g., social distancing) that were ongoing including long term care. ChildServe continued individual respite services provided in the home and addressed staff and family needs.

Planning and Guidance for Respite Services (Individual and Group)

- Convened an internal COVID-19 Command Team including administrative, human resources, marketing, and health/nursing leadership staff. The Command Team meets on a regular basis to discuss ongoing COVID issues related to health and safety, communication, coordination, and providing an array of CS services.
- Researched COVID-19 information and resources through the Centers for Disease Control and Prevention (CDC), Governors Orders/Guidance, Iowa Department of Public Health, and local health departments.
- Conducted financial planning to address pandemic service delivery funding issues including:
  - Reassigned respite staff to other ChildServe programs to ensure ongoing employment. Briefly furloughed some staff due to funding.
  - Applied for and received a CARES Act Paycheck Protection Program (PPP) loan from the federal government to address additional costs associated with providing respite during the pandemic.
  - Administrative staff maintained ongoing contact with families via mail, text messaging and email to provide support and share updates around respite services and protocols.
  - Identified families who might have more significant needs for respite supports. Reached out by phone to discuss their specific needs and concerns.
  - Provided ongoing information and resources to families and staff through ChildServe webpage – COVID-19 (Coronavirus) Updates: Keeping Families, Children, and Employees Safe.
- Planned for how to safely use the respite program space for both respite programs and other ChildServe services that were ongoing during the pandemic, including social
distancing by making use of large building space and ongoing sanitizing procedures.

- Developed a Return to Service Plan for group respite program including protocols for building entry, cleaning surfaces, conducting screenings, providing food, staff comfort, and unexpected circumstances which followed COVID Command Team guidance. Guidance was adapted as needed for respite group program.

- Looked at medical acuity and underlying medical conditions as two measures for whether to provide group respite services. Nursing supervisor tracked and considered how much hands on assistance a child required as well as medical conditions such as autoimmune illnesses, asthma, etc. Communicated directly with families by email and phone and asked specific questions including whether there was anything we don’t know about that could make them vulnerable. Follow up was done as needed.

- Developed family and staff guidance for providing respite:
  - Provided Personal Protective Equipment (PPE) such as masks, gloves, and face shields in zip lock bags for group respite including thermometers that could be used by any staff to do self-screening.
  - Educated staff and families about social distancing. For in-home respite discouraged community outings to restaurants and stores. For group respite started with smaller groups and provide respite at group site.
  - For in-home respite it is up to the family and staff whether they mask unless they have shown symptoms. Respite recipients are screened but they don’t have to wear a mask. Before respite is provided family and staff both need to agree to protocols.
  - For group respite, followed specific protocol including drop off at door for parents/family or transportation provider, screening at door including taking temperature, and masks required for everyone. Documentation on service spreadsheet is required.
  - Used Zoom to hire new respite staff and to enroll children in respite services.
  - Developed Group Respite Program policies and procedures and screening protocols for program reopening in August 2020:
    - At reopening started with two weekends a month and 6 children and now up to 9 children per weekend. Previously served 10-12 children most weekends.
    - Overstaffed for group respite schedule to ensure respite services could be provided if some staff did not pass screening.

- Staff Screening. See online screening form.  
- Family Screening. See online screening form.  
- COVID-19 Guidance for ChildServe Team Members – Should I Come In To Work or Stay Home Chart  
- Staff/Family Requirements for COVID-19 Safety – ChildServe Respite.SCL.Day Hab COVID-19 Requirements

COVID-19 Staff Training and Resource Dissemination

- Conducted COVID-19 virtual training for respite staff via Zoom. Training offered multiple times for staff. Training included:
  - staff sharing their stories from working throughout the pandemic
  - importance of screening
  - how to complete their own screenings
  - safety protocols including masking and what to do when?
  - purpose and use of the isolation room
  - logistical issues (e.g., ensuring families/parents drop off children and don’t walk into the respite center as they used to)

- Addressed staff comfort for providing respite by having them complete surveys to determine if they were comfortable returning to work. Also had the option to work in other settings or work from home in some situations; 70% have returned to work as of October 2020. Although staff were anxious at the beginning, their comfort has increased over time. Continuing to stay in touch with staff and have now encouraged staff to provide a “return to work” date.

Challenges and Opportunities

- Starting the planning process was a challenge as there were daily phone calls, updates, and considerations as the pandemic situation evolved. We wanted to be sure we were making the right decisions for our families and our staff.

- Addressing specific COVID-19 concerns such as individuals who might be asymptomatic, and not knowing if everyone was appropriately social distancing in the households and communities.

- Managing the volume of staff and families, including need for increased communication, and more detailed coordination and logistics for providing services.
• **Maintaining daily data collection efforts** to ensure that respite services are meeting family and staff needs and are being provided safely.

• **Significant positive** was that there has not been a known spread of COVID-19 through ChildServe services and programs.

• **Finding ways to stay flexible and responsive** as pandemic evolved and priorities changed. For example, originally had family respite providers screen, but now if family member providing respite is living in the home they no longer need to screen.

### Respite Service Continuation

• **Anticipate that all pandemic-related respite program changes** will stay in place for the foreseeable future.

• **Continuing enhanced communication with staff and families** so agency can be responsive when providing respite services.

• **Committed to remaining flexible** as agency responds to the expected day-to-day changes and the evolution of the pandemic.

• **Anticipate continuing to use virtual resources** when enrolling families, holding team meetings, hiring staff, and “onboarding” and training staff. Zoom proficiency has provided flexibility for staff and families.

• **Focusing on celebrating successes**, such as increasing group respite hours from 300 hours in July to 1,000 hours in September, and also providing 6,000 hours of individual respite.

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**Respite Contact, Email and Phone Number**

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https://www.childserve.org

https://www.childserve.org/community-based/respite

https://www.childserve.org/family

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**Website Link URLs**


5. https://www.surveymonkey.com/r/COVID_Family_Screen

6. https://drive.google.com/file/d/11drZr7HasMHkViUPbLSJFUDB1exgj_J/view?usp=sharing


8. https://drive.google.com/file/d/1noE55PFbDKRWdvLoXnYf60P9DubPeW81/view