

Reimagining Respite Care for Children and Youth in Foster Care

August 2024



Introduction

As of April 2024, roughly 40,000 children and youth ages 0-17 are in foster care in California, many of whom are in home-based settings with resource families, relatives, or non-related extended family members (NREFMs).¹ Caregivers may need to utilize another caregiver temporarily if they are unable to care for their child or youth in foster care due to a difficult situation. Respite care allows for children and youth in foster care to be cared for on a short-term basis by another caregiver who is trained and pre-approved.

The current process for obtaining respite care in California is largely driven by caregivers' needs and often does not sufficiently address the needs and wants of the youth who experience respite care. Moreover, due to the flexibility afforded to counties by the State, respite care services vary widely across counties and many counties do not offer paid respite care to caregivers.

In this report, we review existing research on respite care and its benefits to families. We draw on input from youth currently or formerly in foster care and caregivers, collected through surveys and focus groups, to identify challenges and barriers to accessing and utilizing respite care. We highlight several county respite care programs to illustrate the variety of approaches counties take in providing respite care services. Drawing from this research, we provide policy and program recommendations informed by the perspectives of youth and caregivers to help improve and expand respite care services. Finally, we share creative ways that youth and caregivers have suggested to transform and reimagine the respite care system to make it a better resource for youth and resource families.

Background on Respite Care for Children and Youth in Foster Care

Respite care is prearranged care provided by another trained and pre-approved caregiver when the caregiver for a child or youth in foster care needs someone to temporarily watch the child or youth in their care. Respite care typically lasts less than three days but can be extended up to 14 days in a month with prior approval from the youth's social worker. Respite care is intended to be used on an occasional basis, not as a replacement for regular child care or babysitting.² Respite care differs from babysitting or alternative care (for details, see Appendix). Respite care may take place in the respite care provider's home, in the youth and caregiver's home, or in some cases, in a child care facility. Respite care may be paid for by county child welfare services or can be paid for by the resource family. In some cases, respite care may be provided without pay, or resource families may trade off providing respite care for each other's children.

Respite care providers must be approved ahead of time by the youth's social worker. Providers may be approved resource parents or other individuals who are certified as respite providers by completing a background check, a home inspection, and relevant training that is less extensive than the resource parent approval process. Certified respite providers are approved as respite providers only and not as resource parents, and may be individuals that youth or caregivers select themselves, such as a family member, friend or neighbor.³

While the State provides some basic guidelines for the provision of respite care services, as noted above, there is no dedicated funding source for respite care services at the state level, and there is no

requirement that counties pay for respite care services. There are a few sources of funding that may be used by counties to pay for respite care services (see Appendix), if they choose to do so, or counties may use their own local funding. Counties have a lot of flexibility in whether and how they offer respite care services, including how much to pay respite care providers, if at all, and how many hours of respite care are available for resource families, including relative caregivers and NREFMs. Consequently, respite care programs often look very different from county to county.

In most cases, paid respite care is only available to families caring for children or youth in out-of-home care with open child welfare cases. Resource families approved through Foster Family Agencies (FFAs) usually must access respite care through FFAs and pay out of pocket for respite care. In addition, counties will typically only pay for respite care for children or youth who have an open child welfare case in that county, even if they are placed in a home in another county, and will not pay for respite care for youth residing in their county but with an open case in another county.

Some **exceptions** include:

Ventura County recently added family preservation families to those who can receive paid respite care. In addition, Ventura County does cover respite care for FFA families.

San Francisco County provides respite care for all County-approved resource families, and it also provides respite care for Kin-GAP families.

Counties manage respite care services in different ways. Some programs are operated entirely through the county, and some counties contract out respite care services to community-based organizations (CBOs). CBOs may have the ability to develop closer relationships with resource families, which is helpful when they know the respite provider community well.

For example, **Santa Clara County** contracts with Seneca Family of Agencies to operate the county's respite care program, and due to Seneca's strong relationships with resource families, they are able to set up good matches between respite care providers and children/youth.⁴

In counties that contract or partner with community-based organizations, some CBOs offer additional resources to resource families beyond respite care. For example, **Napa County** contracts their respite care program through Expressions of Hope, which also provides mentoring programs and group support meetings for resource families. The organization also operates a resource center where resource families can access essential items, such as clothes, shoes, and car seats, if they need them. In addition, Expressions of Hope manages the county's funding for enrichment activities for youth in foster care.

Research on Respite Care

Existing research on the impact or effectiveness of respite care services tends to focus on the experiences of caregivers and fails to address the perspectives of the youth themselves who are cared for through respite care. Two studies on the impact and outcomes of respite care on relative and non-relative caregivers found that caregivers experienced overall positive benefits from the use of respite care.⁵ Over 90% of survey respondents in each study reported experiencing a reduction in stress after using respite care. As a result of respite care usage, caregiver respondents also reported better family stability, an improvement in family cohesion,⁶ an increase in feelings of ease and of being supported, decreased feelings of frustration and burden, and feeling more positive about and less strained in their relationship with their child.⁷ These outcomes are significant because respite care can serve as a means of increasing placement stability and reducing placement disruption.



Percent of survey respondents that reported **experiencing a reduction in stress** after using respite care.

Despite the potential benefits of respite care, caregivers may face barriers in accessing respite care. A collaborative study⁸ that included surveys, focus groups, and site studies found that families may be hesitant to use respite care because they may distrust respite agencies or providers, or they may fear being judged by them, and this may be especially true for relative caregivers. In addition, caregivers may find there is a shortage of competent respite providers or the type of respite care service available may not match their needs. Finally, the cost of respite care is a barrier for many because the foster care maintenance rates are not sufficient to pay for respite care in locations where the local child welfare services agency does not cover the cost of respite care.

In California, the Alliance for Children’s Rights recently conducted an online survey of caregivers across California to gather their input on the foster care rate structure and identify potential barriers and gaps in funding information and coverage.⁹ **Respite care was identified as a critical need that the current rate structure does not cover** and as one of the most essential pieces of information that should be communicated to caregivers about the current monthly rate.

Notably, one study that addresses the perspective of children in the respite care experience comes out of Finland, where the Support Family Intervention (SFI) model for respite care is utilized.¹⁰ Through SFI, trained volunteer families called “support families” provide support and respite care to youth and caregivers involved in the child welfare system, typically one weekend per month. The study authors note that SFI and similar respite care interventions are largely driven by adults’ needs and specifically the caregivers’ need for a break from caregiving responsibilities. Despite this, the study found that children see value in the activities and human interaction afforded them through the support family experience, in being able to make decisions about what activities they will engage in while participating in respite care, and in being able to build relationships with other trusted adults. The authors concluded that, **when children are aware of the goals of respite care and participate in decisions around respite care services, they experience greater benefits from respite care.**

Youth and Caregiver Perspectives on Respite Care

In November 2023, to better understand the experiences of respite care in California and how it might be improved, Children Now conducted focus groups and distributed surveys statewide to gather youth and caregivers' perspectives on respite care. Below, we highlight a selection of the survey results.

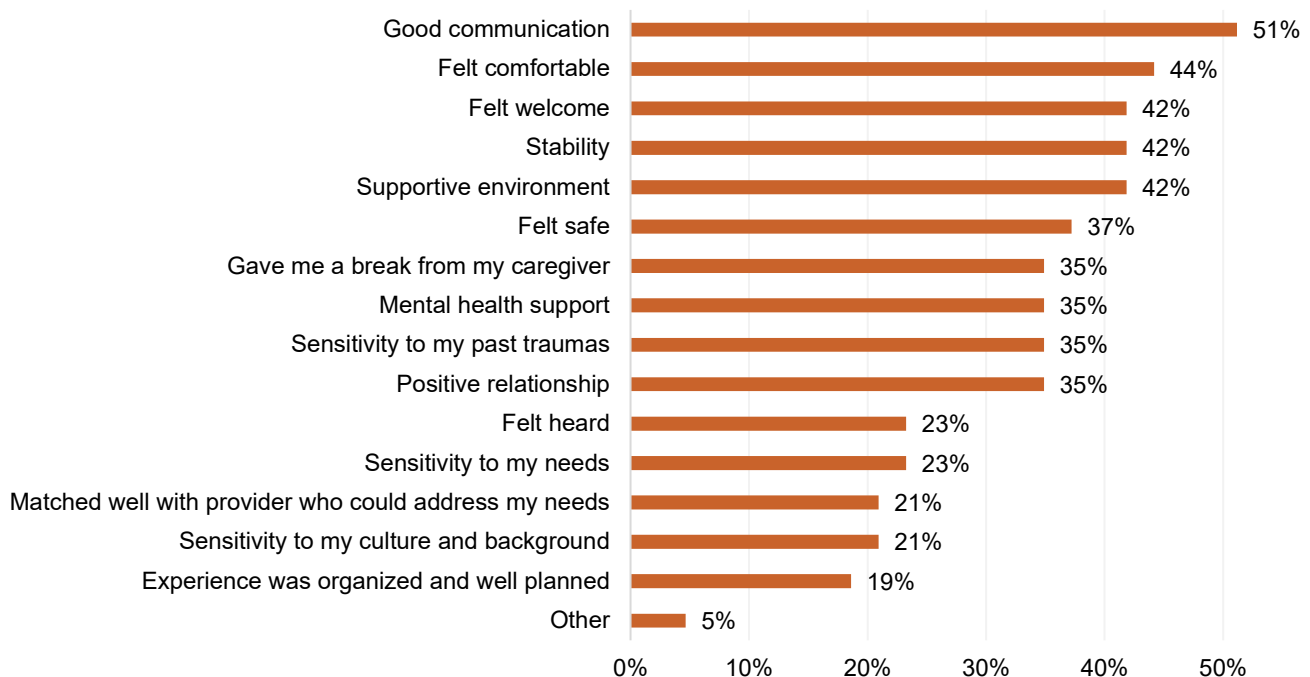
Youth Survey Results

We received completed surveys from 74 youth up to age 26 who were currently or formerly in foster care in California. Among youth respondents, 27 counties were represented. When asked if they had ever experienced respite care, 58% of youth reported they had experienced respite care, 24% had not experienced respite care, and 18% were unsure if they had experienced respite care. Among the 43 respondents who reported they had experienced respite care, 16 youth had experienced respite multiple times, with one youth reporting they had been in respite care 20-30 times.

The survey asked youth to rate respite care on a scale from 1-10 based on what they know or have experienced, with "1" being terrible and "10" being excellent. Among youth who had experienced respite care, the average rating was 6.7. Among youth who had *not* experienced respite care, the average rating was 5.5.

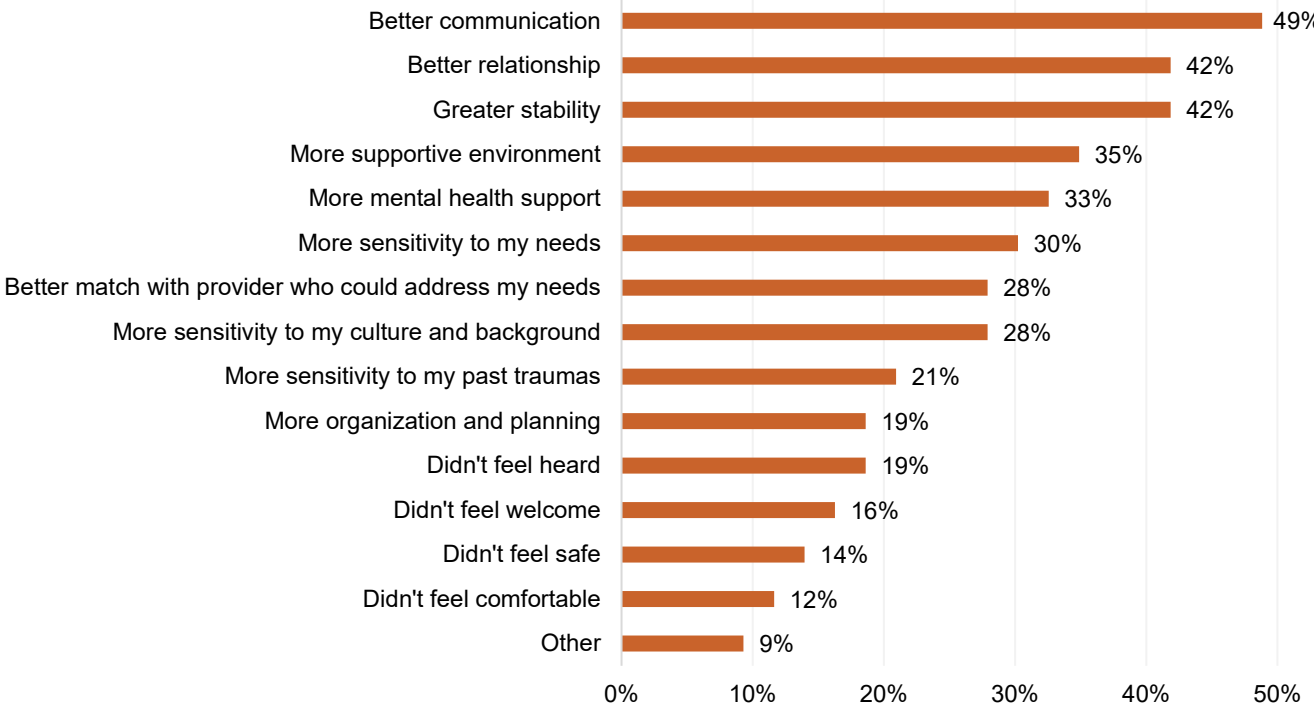
Youth who had experienced respite care were asked what worked well in their experience. Shown in Figure 1, the most common responses included "good communication" (51%), they "felt comfortable" (44%), they "felt welcome" (42%), they experienced "stability" (42%), and they felt it was a "supportive environment" (42%).

**Figure 1. In your experience with respite care, what worked well?
(check all that apply)**



They were also asked what could have been better in their experience with respite care. Shown in Figure 2, youth reported wanting “better communication” (49%), a “better relationship” (42%), “better stability” (42%), a “more supportive environment” (35%), and “more mental health support” (33%).

Figure 2. What could have been better? (check all that apply)



Among youth who had experienced respite care, 56% met or knew the person who was providing respite care before the respite care experience, 42% did not meet or know the person before the respite care experience, and 2% were unsure.

When asked how they felt during and after respite care, youth reported generally positive feelings. For example, more than half (53%) of youth respondents reported feeling happy. One third felt relaxed, 30% felt relieved, and 28% felt cared for. However, youth also reported experiencing negative feelings during and after respite care, including 21% who felt afraid, 21% who felt anxious/nervous, and 14% who felt unsupported. Notably, many youth reported mixed feelings about their experience with respite care.

Caregiver Survey Results

We received completed surveys from 84 caregivers who were currently or had previously cared for a child or youth in foster care in California. Among caregiver respondents, 32 counties were represented. When asked if they had ever sought respite care services before, 69% of respondents said they had sought to use respite care services, 29% said they had not sought respite care services, and 2% were unsure.

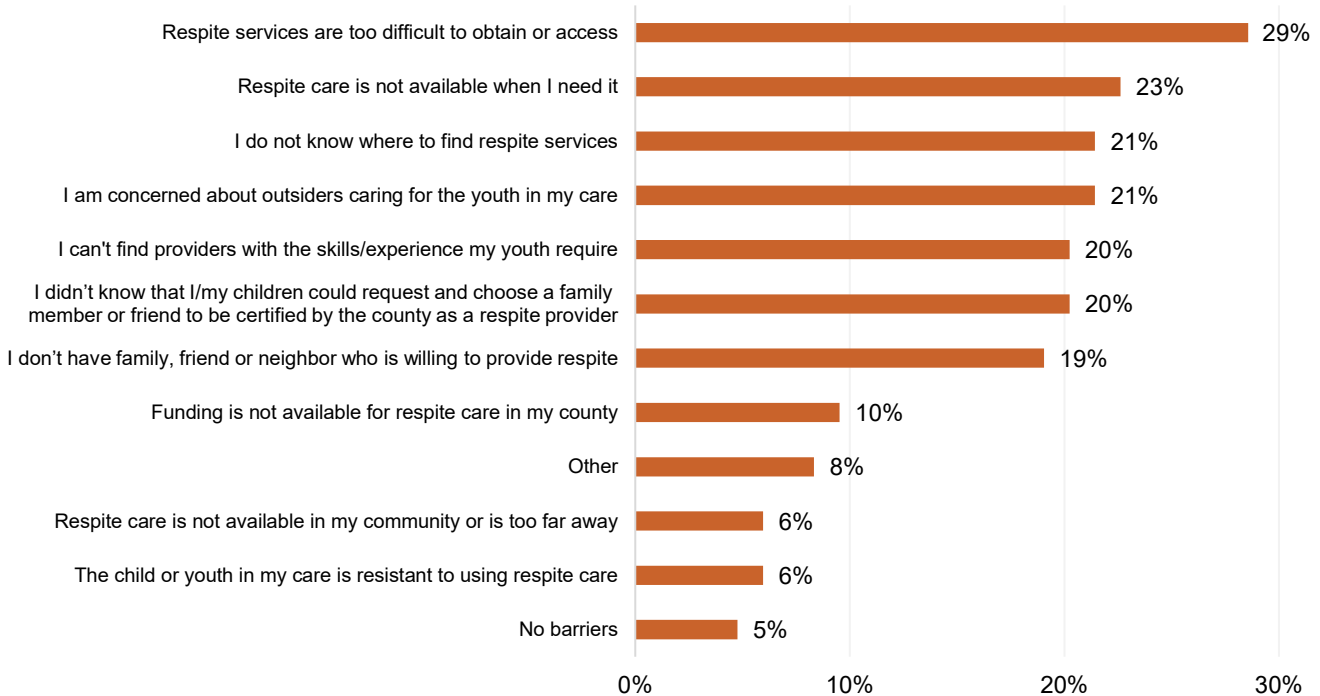
Among respondents who had *not* sought respite care or were unsure if they had sought respite care, the top reason they reported for not seeking respite care was that they were concerned about outsiders caring for the youth in their care (50%), which is consistent with previous research in this area. Other common reasons they reported for not seeking respite care were that they didn't know that they or their children could request and choose a family member or a friend to become certified by the county as a respite provider (31%), and they did not know where to find respite care services (27%).

Among respondents who had sought to use respite care services, more than one third (35%) sought respite care to relieve stress or burnout, 27% were going on vacation, and 26% needed to attend to other family members. Other less common reasons that respondents sought respite care services were to attend to personal needs (i.e., social/recreational, medical or business needs), to participate in caregiver training or a support group, to reduce conflict between the youth in their care and themselves or others in their household, or to complete household chores.

Sometimes resource families may need to go out of town but may not be able to take a youth in foster care with them, for example, because the youth may not be able to leave the state or the youth may have family visitations scheduled that they don't want to miss.

Caregivers who had sought respite care were asked what barriers they had faced to accessing respite care when they've needed it. Shown in Figure 3, the most common barriers they reported facing were that respite services are too difficult to obtain or access (29%); respite care is not available when they need it (23%); they don't know where to find respite services (21%); and they are concerned about outsiders caring for the youth in their care (21%).

Figure 3. What barriers have you faced to accessing respite care when you've needed it? (check all that apply)



The survey asked caregivers to rate respite care on a scale from 1-10 based on what they know or have experienced, with “1” being terrible and “10” being excellent. Among caregivers who had used respite care, the average rating was 7.8. Among caregivers who had *not* used respite care, the average rating was 5.6.

Among respondents who had ever sought to use respite care, 60% reported that they ultimately used respite care, while 34% said they did not, and 5% were unsure. Among caregivers who had used respite care, the largest portion had used respite care for children ages 0-5 years old (57%).

When asked how they felt during and after respite care, a majority of caregivers reported generally positive feelings. For example, over half felt relieved (60%), supported (57%), and happy (54%). Some caregivers reported negative feelings, such as feeling anxious/nervous (23%), afraid (11%), and angry (9%). In addition, some caregivers reported mixed feelings about their experience with respite care.

Finally, all caregiver respondents were asked whether the respite care available meets their needs. Over one third (39%) said yes, one third (33%) said no, and 27% were unsure.

Challenges and Barriers to Using and Experiencing Respite Care

Although youth and caregiver respondents reported generally positive experiences with respite care, input provided by youth, caregivers, and county programs for this report highlights multiple policy and programmatic challenges that prevent youth and caregivers from accessing and utilizing respite care services in a positive manner.



Both youth and caregivers identified concerns about youth in foster care being placed in respite care situations with strangers or outsiders. Youth reported wanting to receive respite care from relatives or other people familiar to them, especially people they are able to choose themselves. Caregivers reported being hesitant to use respite care because they did not trust outsiders to care for their children, which was particularly true among relative caregivers. Counties also reported that relative caregivers typically do not use respite care as often as community resource families, which they attributed to relative caregivers sometimes being hesitant to ask for help or not as comfortable advocating for themselves to the county.



Although the State allows for counties to approve and use certified respite providers, which allows for youth and caregivers to choose respite providers they already know, only some counties take advantage of this option. In addition, **many caregivers were unaware that there is an option to select their own respite care provider** and have them complete the certified respite provider training and background check. Even those who were aware of the certified respite provider option noted that it often took too long for a provider to complete the certification process and be cleared to provide respite care, despite it being substantially pared down from the resource parent approval process.

Some counties (e.g., San Diego, Santa Clara, Tuolumne, and Ventura) use certified respite providers in addition to resource parents to provide respite care, while some counties only use resource parents who have been fully approved through the Resource Family Approval process as respite care providers.



In addition, some youth and caregivers felt that **respite care could exacerbate the trauma that youth in foster care face**, particularly if youth are placed in respite care situations where they do not know the respite care provider or where the provider is not trauma-responsive or sensitive to their unique needs. To address this, youth felt that **respite care providers needed better training and vetting** to ensure providers are safe and able to meet the needs of youth in foster care. Better trauma-responsive training was identified as a particular need. In addition, both youth and caregivers identified the specific need for respite providers who are trained and equipped to care for **children and youth with special needs**.



Notably, **few respondents acknowledged that respite care could benefit youth in foster care**. Both youth and caregivers identified respite care as a way for caregivers to get a break from caregiving responsibilities. This perception could present a challenge to youth and caregivers engaging in and benefitting from respite care, as youth may be resistant to participating in respite care if they believe it is designed to only meet the needs of caregivers.



Because counties have the flexibility to design their own respite care programs, **there is considerable inconsistency across counties in the respite care services available to resource families**. For example, **funding and cost concerns were one of the most common barriers reported by caregivers**. Many counties do not offer paid respite care, or the payment available for respite care providers is so low that it is not attractive to providers. Additionally, caregivers reported that some counties that pay for respite care take too long to pay the provider or reimburse the resource parent, sometimes up to several months.

Among the counties we interviewed, payment for respite care ranges from \$5 to \$24 per hour for the first child. Counties often pay an additional hourly rate for additional children receiving respite care from the same provider. Some pay a higher rate for higher-need children, such as those receiving the Level of Care (LOC) 4 rate or Intensive Services Foster Care (ISFC) rate. Some counties pay different rates for weekday versus weekend respite care. Some counties only pay up to four hours per day.



Additionally, each county determines how many hours of respite care are available for resource families. Caregivers reported that, in many counties, **there aren't enough hours of respite care available to them when they need it**.

Hours of respite care paid for by counties range from 16 hours per month up to 300 hours per year. Most counties allow for exceptions if resource families need more respite care than the standard number of hours offered. In some counties with limited funding for respite care, if a caregiver needs additional respite care hours, they have to arrange and pay for the respite care themselves.



In terms of availability of respite care services, caregivers reported that **there often were not enough respite providers available to meet their needs**, and in some places, respite providers were located too far away to maintain the routines of the child or youth (e.g., a child could not attend preschool while in respite care because the respite provider lived too far away from the preschool).



Finally, **some county programs felt that the State should provide additional guidance on respite care services**, including the differences between respite care, certified respite care providers, alternative caregiving, and babysitting; how to interpret the reasonable and prudent parent standard; and how to learn about the best practices that other counties are implementing around respite care.

Recommendations to Improve the Respite Care Experience

Youth and caregivers identified a number of ways that respite care services could be improved to better meet their needs. First, they identified policy and program recommendations to improve current respite care services by making specific changes to current policy or programs. *Policy recommendations* include changes that would require legislation or budget action in order to make the improvements. *Program recommendations* are changes that counties or the State could choose to implement without needing policy changes. In addition, they identified more extensive recommendations that would substantially transform the way respite care services are managed and provided.

Policy Recommendations

Recommendation 1: The State should provide dedicated funding to counties for respite care so that all counties are able to offer paid respite care services at a sufficient rate. This would allow counties to provide more hours of respite care and more pay to respite care providers.

Recommendation 2: The State should ensure greater consistency across counties by requiring all counties to have a respite care program that meets a set of baseline criteria, including regular outreach to resource families about the availability of respite care, a clear process for requesting respite care, a minimum payment to respite care providers, and a minimum number of respite care hours available for resource families to use. This would ensure that caregivers and youth can access at least a basic respite care program, regardless of the county in which they live.

Program Recommendations

Recommendation 3: County programs should use respite care providers who are known to youth and caregivers whenever possible. For example, counties can support youth and caregivers to identify possible respite care providers through the Child and Family Team (CFT) meeting process. When it is not possible to use a known respite care provider, county programs should ensure there is a process to allow the youth and caregiver to meet the respite care provider prior to the respite care experience, including touring the respite provider's home if respite care will take place in the provider's home, introducing the youth to anyone else who will be in the respite provider's home, and ensuring that communication takes place among the youth, caregiver and respite care provider so the provider is aware of the youth's routines, needs, likes and dislikes.

Recommendation 4: The State should encourage more counties to use the certified respite provider option. This would allow for caregivers and youth to select people they already know to become certified as respite care providers, which would make the use of respite care more comfortable for both youth and caregivers. For relative caregivers, this could be especially helpful in alleviating the uneasiness they may feel around utilizing respite care. This would also ensure a larger pool of respite care providers is available.

Recommendation 5: County programs should provide more training and support to respite care providers. For example, ensure respite care providers receive extensive trauma-responsive training to make sure they are best equipped to help the youth in their care deal with the trauma they have experienced. In addition, provide opportunities for respite care providers to build their skills in providing care for youth with special needs to address the overall lack of respite care providers for these youth.

Recommendation 6: County programs should encourage resource families to utilize respite care, even before they truly need it, so caregivers become familiar with the process and so youth and caregivers can become comfortable with respite care providers. This will ensure that, in the event of an emergency or need for respite care with short notice, there is a greater familiarity with respite care and respite care providers may be more readily available. Social workers should regularly discuss the availability of respite care and help identify possible providers through the CFT process.

Recommendation 7: County programs should create a central location, for example on their website, where caregivers can easily access information about respite care, including a clear explanation of the requirements and limitations of respite care in that county; the available hours and pay; the process for requesting respite care; a list of approved respite care providers, including a list of any organization, if applicable, that is coordinating and managing that county's respite program; and the county's navigator contact information (if applicable).

Recommendation 8: The California Department of Social Services (CDSS) should facilitate regional learning collaboratives through which counties can share respite care best practices with each other and work through challenges and barriers. In addition, CDSS should create a central location where counties can find all relevant guidance for respite care along with examples of best practices that other counties are employing in their respite care programs.

Recommendations to Reimagine Respite Care

While the earlier recommendations have the potential to improve California's existing system, youth and caregivers also lifted up innovative ideas that would reimagine and transform respite care services so they become a support for youth, not just caregivers, and an opportunity to expand the nurturing and supportive community available to both youth and caregivers. In a reimagined respite care system, respite care could be regarded as a way of facilitating wellness and self-care for both youth and caregivers.

Recommendation 9: Youth themselves, not just caregivers, should be able to request and utilize respite care when they feel the need for a break or want to spend time with another trusted adult in their lives. To ensure youth and caregivers understand that respite care can be used in this way, the State and counties should work to change the culture around respite care to present it as a benefit to youth and caregivers alike. For example, respite care could be presented as a form of wellness for both youth and caregivers and as a natural and normal process within families. Notably, youth even suggested changing the name of respite care to make it feel more comfortable for them and to remove the negative connotation that respite care currently elicits among some youth.

Recommendation 10: County programs should identify, both early and often, people known to or who have a meaningful connection with the child or youth and who could provide respite care. Respite care should be provided by people known to or who have a meaningful connection to the child or youth, whenever possible. To facilitate this, social workers should, upon their first entering and regularly throughout their time in foster care, discuss with children and youth who should be part of their network of support. This could be integrated with social workers' efforts around family finding and engagement. Perhaps the youth has extended family members or a teacher or coach they want to stay connected to, who may not be able to take the youth as a long-term placement, but who may be engaged and willing to provide short-term care. Identifying these people at the beginning of a youth's time in foster care can ensure that they have enough time to complete the certified respite provider

process and that they are ready to provide respite care before an emergency situation arises. Social workers should then discuss respite care during CFTs to make sure this list of people is always current and accurate.

Recommendation 11: Every county should have a respite care navigator who serves as an intermediary to help recruit respite care providers and to coordinate respite care services for youth and caregivers. The navigator would ideally be a person outside of, but in close communication with, the county structure who can serve as a neutral party. They would be responsible for building the county list of available respite care providers, matching families with respite providers, and working with resource families to encourage them to use respite regularly, not just in emergency situations. Some counties that contract with community-based organizations for respite care services already have established a navigator position, who has deep familiarity with resource families and respite care providers in the community and who can make effective matches between families and respite care providers based on the specific needs of the youth and caregivers. Additionally, the navigator would be in a position to regularly evaluate families' use of respite care to ensure that youth and caregiver needs are being met and any underlying issues that may be driving more frequent use of respite care, such as unresolved household conflict, are identified and addressed.

Conclusion

Respite care allows caregivers of children and youth in foster care to attend to their needs while placing the children or youth under the temporary care of a trained and pre-approved respite care provider. However, current respite care services are largely adult-driven and do not sufficiently address the perspectives of children and youth in foster care, are vastly underfunded, and vary significantly across counties. By following the recommendations above, policymakers and county programs can ensure respite care services better serve the needs of both youth and caregivers and that a minimum level of respite care services is available consistently across counties. A reimagined respite care system would reframe respite care as a natural process to promote wellness and would allow young people, in addition to caregivers, to request respite care when they need it and to identify people they trust and want to spend time with to serve as their respite care providers. Creating respite care services that are accessible and consistently and reliably meet the needs of both youth and caregivers can strengthen their relationships and promote placement stability.

Appendix

Respite Care vs. Babysitting and Alternative Care¹¹

All of them allow the care to take place in the resource parent’s/caregiver’s home or the home of the respite provider/babysitter/alternative caregiver.

Respite care differs from babysitting and alternative care in the following ways:

	Respite Care	Babysitting	Alternative Care
Time Frame	Less than 3 days, up to 14 days in a month	Less than 24 hours on an occasional basis ¹²	Longer than 24 hours, no more than 72 hours ¹³
Payment	County may pay, or caregiver pays out of pocket	Caregiver pays out of pocket	Caregiver pays out of pocket
Certification Requirements	<ul style="list-style-type: none"> • Provider must be an approved resource parent, a licensed foster family, or certified respite care provider (all of whom have a criminal background check). • Must be 18 years or older. 	<ul style="list-style-type: none"> • No certification or criminal background check needed; caregiver uses Reasonable and Prudent Parent Standard¹⁴ to select babysitter. • May be under the age of 18 if they have the maturity, experience and ability to provide the supervision. 	<ul style="list-style-type: none"> • No certification needed; caregiver uses Reasonable and Prudent Parent Standard¹⁵ to select alternative caregiver. • Must be 18 years or older. • Effective January 1, 2019, a criminal record clearance or exemption is no longer a requirement to be an alternative caregiver.¹⁶
Social Worker Approval	<ul style="list-style-type: none"> • The respite care provider must be pre-approved by a county child welfare agency social worker or probation department. • The county agency must approve the use of respite if it is more than 72 hours. 	No approval needed by the county child welfare agency social worker or probation department.	Approval needed by the county child welfare agency social worker or probation department if care will exceed 72 hours ¹⁷ ; however, caregiver required to provide verbal or written notification to social worker prior to absence. ¹⁸

How Do Counties Pay for Respite Care?

There are a few sources of funding that may be used by counties to pay for respite care services, if they choose to do so, or counties may use their own local funding.

Possible funding sources for respite care services include:

- **Flexible Family Supports and Home-Based Foster Care Funding:** Assembly Bill (AB) 179 appropriated \$50 million General Fund in one-time funding, available for expenditure until June 30, 2025. Respite care is listed as one of the possible uses of the funding. A second allocation of \$50 million was made available to spend until June 30, 2026.¹⁹
- **Complex Care Funding:** AB 153 provided limited-term and ongoing funds to support the urgent and exceptional needs of children and nonminor dependents in foster care. Funding is available for three different categories, one of which is to address child-specific requests for exceptional needs, and respite care is identified as one of the allowable uses of the annual child-specific funding. \$18.1 million has been allocated annually to counties for child-specific requests.²⁰
- **Title IV-E Wraparound program:** Wraparound funds can be used in a flexible manner to provide services to expand or enhance services and resources either indirectly (e.g., training curriculum) or directly for children and families. This can include the provision of respite care.²¹
- **Regional Centers:** Regional centers serve individuals with developmental disabilities, including children and youth in foster care. Respite care is one of the support services provided through regional centers.²²
- **Office of Child Abuse Prevention (OCAP) funding:** CDSS and OCAP encourage counties to use respite care as part of their child abuse and neglect prevention service array. OCAP funding sources that are allowable for use to support respite care services include Community Based Child Abuse Prevention, Child Abuse Prevention Intervention and Treatment and Promoting Safe and Stable Families.²³

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Children Now is on a mission to build power for kids. The organization conducts non-partisan research, policy development, and advocacy reflecting a whole-child approach to improving the lives of kids, especially kids of color and kids living in poverty, from prenatal through age 26.

Learn more at www.childrennow.org.

Endnotes

- ¹ University of Berkeley California Child Welfare Indicators Project. In Care—Point in Time Count. <https://ccwip.berkeley.edu/childwelfare/index/r>
- ² Welfare and Institutions Code (WIC) Section 16501(b).
- ³ WIC 16501.01
- ⁴ For more information on Santa Clara County's respite care program, see the following webinar: <https://www.youtube.com/watch?v=HOpm7ZSBc3I>
- ⁵ Madden, Elissa E., et al. (2016). "The Impact of Formal and Informal Respite Care on Foster, Adoptive, and Kinship Parents Caring for Children Involved in the Child Welfare System." *Child and Adolescent Social Work Journal*, volume 33, pages 523–534. <https://doi.org/10.1007/s10560-016-0447-3>; Owens-Kane, Sandra. (2007). "Respite Care: Outcomes for Kinship and Non-Kinship Caregivers." *Journal of Health & Social Policy*, 22 (3/4): 85-99. https://doi.org/10.1300/j045v22n03_06
- ⁶ Madden, et al. (2016).
- ⁷ Owens-Kane. (2007).
- ⁸ Dougherty, Susan. (2002). *Planned and Crisis Respite for Families with Children: Results of a Collaborative Study*. Child Welfare League of America and ARCH National Respite Network and Resource Center. https://archrespite.org/wp-content/uploads/2022/04/Planned_and_Crisis_respite.pdf
- ⁹ Alliance for Children's Rights. (2023). *Background Survey on Home-Based Family Care Monthly Rates in Home-Based Foster Care (HBFC) Settings*. <https://allianceforchildrensrights.org/understanding-caregiver-perspectives-survey-on-home-based-family-care-monthly-rates/>
- ¹⁰ Svenlin, Anu-Riina, and Lehto-Lunden, Tiina. (2023). "Respite care from the child's perspective – The Support Family Intervention in Finland." *Adoption & Fostering*, Vol. 47(2) 138–156. <https://doi.org/10.1177/03085759231176566>
- ¹¹ For more information on the differences between respite care, babysitting and alternative care, please see California Alliance of Caregivers' webinar with CDSS on this topic: <https://cacaregivers.org/resource/respite-care-babysitting-and-alternative-care/>
- ¹² WIC 362.04
- ¹³ WIC 16501.02
- ¹⁴ WIC 362.05
- ¹⁵ WIC 362.05
- ¹⁶ Provider Information Notice (PIN) 19-09-CRP, https://www.cdss.ca.gov/Portals/9/CCL/Childrens-Residential-Licensing/2019%20PINs/PIN_19_09_CRP.pdf?ver=2019-10-16-085616-047
- ¹⁷ WIC 16501.02
- ¹⁸ See California Alliance of Caregivers' webinar with CDSS: <https://cacaregivers.org/resource/respite-care-babysitting-and-alternative-care/>
- ¹⁹ AB 179, Budget Act of 2022: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB179; All County Letter (ACL) 23-02, <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2023/23-02.pdf?ver=2023-01-20-134434-230>; County Fiscal Letter (CFL) 22/23-42, https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/CFLs/2022/22-23_42.pdf?ver=2023-03-06-151108-100; CFL 22/23-51, https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/CFLs/2023/22-23_51.pdf?ver=2023-02-06-143719-297; CFL 23/24-28, https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/CFLs/2024/23-24_28.pdf?ver=2023-11-29-121708-687
- ²⁰ AB 153 (2021): https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB153; ACL 21-143, <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-143.pdf?ver=2023-09-21-095700-500>; ACL 21-119, <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-119.pdf?ver=2021-10-01-164028-800>; "CDSS Matrix of Spending Examples for Complex Care and Child-Specific Needs," <https://cdss.ca.gov/Portals/9/ComplexCare/Complex%20Care%20Spending%20Examples%20FINAL%20Accessible.pdf?ver=2022-08-09-104519-023>
- ²¹ Email communication with CDSS Flexible Family Supports email box (FFSFunding@dss.ca.gov); CDSS website on Wraparound, <https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/wraparound>; All County Information Notice (ACIN) I-52-15, https://www.cdss.ca.gov/getinfo/acin/2015/I-52_15.pdf
- ²² California Department of Developmental Services, Regional Center Support Services: <https://www.dds.ca.gov/general/eligibility/support-services/>
- ²³ ACIN I-51-16, https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2016/i-51_16.pdf