Respite Care (RC)

## Purpose

Respite Care reduces caregiver stress, promotes the well-being and safety of care recipients, prevents out-of-home placements, and contributes to stable families.

## Definition

Respite Care programs provide temporary relief to caregivers with responsibility for the care and supervision of adults or children who: have physical, emotional, developmental, cognitive, behavioral, or mental health disabilities; are at risk of abuse or neglect; or are in foster care.   
  
Respite Care provides a supportive, enriching, and therapeutic environment in the caregiver’s home, in the service provider’s home, in a program facility, or in the community. Respite care providers can include employees, independent contractors, volunteers, and foster parents. Generally, care is provided for a few hours or days at a time. Services can be provided on a planned or as needed basis, including in response to a crisis.

Families experiencing medical emergencies and stressful home situations, such as domestic violence or homelessness, may request crisis nursery respite care. Crisis nursery and short-term residential respite services can extend to a few weeks or a month at a time. When services are provided in response to a crisis, the timeframes may be less predictable and dependent upon resolution of the crisis.

**Note:** *When an agency is completing the Family Foster Care and Kinship Care Services Standards (FKC) their respite program is covered under* [*FKC 22*](https://coanet.org/standard/rc/)*: Respite Care unless they provide respite services for children and families outside of the family foster care/kinship care program. In this instance, the organization will also need to complete RC to capture all aspects of assessment, service planning, and coordination for these families.*

**Note:** *Please see* [*RC Reference List*](https://coanet.org/standard/rc/) *for the research that informed the development of these standards.*

**Note:** *For information about changes made in the 2020 Edition, please see the* [RC Crosswalk.](https://coanet.org/standard/rc/#300000000aAU/a/1T0000006dNB/P7kFaH.dJdpX8fL2w6z5Q4wt5n_gFssaXEEWzU5NPn8)

# RC 1: Person-Centered Logic Model

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

**Note**: *Please see the* [Logic Model](https://coanet.org/standard/fkc/22/#300000000aAU/a/1T000000p05H/XvrhmC.bjHkrW7CtebqzH4NAYG5lQJsWNP.f90tIpYE) *Template for additional guidance on this standard.*

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * See program description completed during intake * Program logic model that includes a list of desired outcomes being measured | *No On-Site Evidence* | * Interviews may include:  1. Program director 2. Relevant personnel |

## RC 1.01

A program logic model, or equivalent framework, identifies:

1. needs the program will address;
2. available human, financial, organizational, and community resources (i.e. inputs);
3. program activities intended to bring about desired results;
4. program outputs (i.e. the size and scope of services delivered);
5. desired outcomes (i.e. the changes you expect to see in individuals and families); and
6. expected long-term impact on the organization, community, and/or system.

**Examples:** Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation’s PQI Tool Kit for more information on developing and using program logic models.  
  
**Examples**: Information that may be used to inform the development of the program model includes, but is not limited to:

1. characteristics of persons served;
2. needs assessments and periodic reassessments;
3. risks assessments conducted for specific interventions; and
4. the best available evidence of service effectiveness.

## RC 1.02

The logic model identifies desired outcomes in at least two of the following areas:

1. change in clinical status;
2. change in functional status;
3. health, welfare, and safety;
4. permanency of life situation;
5. quality of life;
6. achievement of individual service goals; and
7. other outcomes as appropriate to the program or service population.

**Interpretation:** *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See* [PQI 5.02](https://coanet.org/standard/pqi/5/02) *for more information on disaggregating data to track and monitor identified outcomes.*

# Respite Care (RC) 2: Personnel

Personnel have the competency and support needed to provide services and meet the needs of individuals and families.

**Interpretation:** *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * List of program personnel that includes:   + Title   + Name   + Employee, volunteer, or independent contractor   + Degree or other qualifications   + Time in current position * See organizational chart submitted during application * Table of contents of training curricula * Procedures for health evaluations * Procedures or other documentation relevant to continuity of care and case assignment | * Documentation tracking staff completion of required trainings and/or competencies * Sample job descriptions from across relevant job categories * Training curricula * Caseload size requirements set by policy, regulation, or contract, when applicable * Documentation of current caseload size per worker | * Interviews may include:  1. Program director 2. Relevant personnel  * Review personnel files |

## RC 2.01

Supervisors are qualified by:

1. an advanced degree in social work or a comparable human service field with one year of relevant experience; or
2. a bachelor's degree in social work or a comparable human service field with two years of relevant experience.

## RC 2.02

Respite care providers are trained on or demonstrate competency in the following, as appropriate to the services provided:

1. assessing the need for additional services;
2. identification of changes in functioning;
3. identification of medical needs or problems;
4. use of adaptive equipment, such as braces and wheelchairs;
5. providing personal care, including lifting techniques;
6. promoting positive behavior and implementing appropriate discipline techniques;
7. determining if a crisis situation is imminent and how to intervene using appropriate resources;
8. providing safe, non-discriminatory, and supportive care to an individual of a different race, ethnicity, culture, religion, sexual orientation, or gender identity; and
9. any other specialized care needs specific to persons served.

## RC **2.03**

The organization provides opportunities for caregivers and care recipients, when appropriate, to participate in developing and administering training for respite care providers.

**Examples**: Training may involve formal presentations and content development and/or individualized, in-home instruction.

## FP[[1]](#footnote-2)RC 2.04

There is at least one person on duty in each respite setting whenever care is being provided that has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

## FPRC 2.05

Individuals that provide personal care or basic health services receive a health evaluation prior to providing care to determine their ability to perform the essential functions of the job, with or without reasonable accommodation.

**Interpretation:** *While a physical examination is preferred, personnel should receive a general health screening performed by a qualified medical practitioner, provided that the screening addresses communicable diseases.*

**NA** *The program is not designed to serve individuals with personal care or health services needs.*

## 

## RC 2.06

Respite care providers sign a statement agreeing to:

1. report suspected abuse and neglect;
2. employ positive discipline techniques;
3. refrain from using physical and degrading punishment; and
4. ensure that others refrain from using physical and degrading punishment.

Related standard: ASE 2.06

## FPRC 2.07

1. Screening and selection procedures for respite care providers include: completing a criminal record and abuse registry check for all adults living in the provider’s home;
2. contacting references;
3. ensuring providers have relevant caregiving experience and specific knowledge or skills related to the persons served; and
4. allowing caregivers and care recipients to identify or select their respite care providers, when appropriate.

Related Standards:  
[HR 2.03](https://socialcurrent.my.salesforce.com/sfc/p/300000000aAU/a/500000000Afg/yRXvlNbTDdLJkulzvN7kl_mEiXptKfUA7gN3F7sF_qg)

**Interpretation:** *When a finding of child or adult abuse, neglect, or exploitation is indicated, guidelines should be used to determine the appropriateness of provider responsibilities.*

**Interpretation:** Background checks for other adults living in providers home only are required *if respite care is delivered in the provider's home.*

## RC 2.08

Employee workloads support the achievement of positive outcomes and are regularly reviewed.

**Examples:** Examples of factors that may be considered when determining employee workloads include, but are not limited to:

1. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
2. the work and time required to accomplish assigned tasks and job responsibilities; and
3. service volume, accounting for assessed level of needs of persons served.

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
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# RC 4: Intake and Assessment

The organization ensures that individuals and families receive prompt and responsive access to appropriate services.

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * Screening and intake procedures * Assessment procedures * Copy of assessment tool(s) | * *Outreach strategies and informational materials* * *Community resource and referral list* | * Interviews may include:  1. Program director 2. Relevant personnel 3. Persons served  * Review case records |

## RC 4.01

The organization assesses the need for respite care in the community and collaborates with other providers to:

* 1. promote accessible and affordable respite care;
  2. address and challenge any beliefs or stigmas that may discourage caretakers from seeking help; and
  3. connect caregivers with respite care before they become overwhelmed with care-giving responsibilities.

Examples: In regards to element (b), caregivers may believe that respite care providers are ill-equipped to care for their family members with complex care needs, or they may have feelings of guilt related to leaving their family member in the care of someone else. Discussing these concerns with caregivers can mitigate any barriers to receiving services.

## RC 4.02

Caregivers and providers are screened and informed about:

1. how the caregiver’s request and the dependent person’s needs match the organization’s services;
2. the guidelines for eligibility and availability of services; and
3. what services will be available and when.

**NA** *Another organization is responsible for screening, as defined in a contract.*

## FPRC 4.03

Prompt, responsive intake practices:

1. ensure that individuals who reach out to the organization are treated equitably;
2. address any concerns and provide emotional support, as needed, regarding the use of respite care;
3. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
4. give priority to individuals with urgent needs and emergency situations;
5. support the timely initiation of services; and
6. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

**Interpretation:** *When a crisis respite program is at full capacity and cannot provide services to a family, the organization should assist the family in developing a plan to provide safe care for the child or adult and refer the family to another appropriate emergency service provider.*

## RC 4.04

Caregivers and, when appropriate, care recipients and/or family members participate in an individualized, trauma-informed, culturally and linguistically responsive assessment that is:

1. completed within established timeframes;
2. updated as needed based on the needs of persons served;
3. relationship-focused, allowing time to build rapport, answer questions, and acknowledge concerns; and
4. focused on information pertinent for meeting service requests and objectives.

**Examples**: In regards to element (d), an assessment may focus on (1) understanding the caregiver’s past experiences and level of satisfaction with respite care, and (2) discussing how caregivers can best utilize their respite time to meet their specific needs.

**Interpretation:** *The* [Assessment Matrix - Private, Public, Canadian, Network](https://socialcurrent.my.salesforce.com/sfc/p/300000000aAU/a/Hs000001M7SW/5dwGmVulIkgXQ3wrzy1mV.XWElVfkW2TqZJ0H5GyDUc) *determines which level of assessment is required for COA Accreditation’s Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

# RC 5: Service Planning and Monitoring

Caregivers and, when appropriate, care recipients and/or family members participate in the development and ongoing review of an individualized service plan that is the basis for delivery of appropriate services and support.

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * Service planning and monitoring procedures | *No On-Site Evidence* | * Interviews may include:  1. Program director 2. Relevant personnel 3. Persons served  * Review case records |

## RC 5.01

An individualized, family-centered, assessment-based service plan is developed in a timely manner with the full participation of the caregiver and care recipient and includes:

1. agreed upon goals, desired outcomes, and timeframes for achieving them;
2. services and supports to be provided, and by whom;
3. possibilities for maintaining and strengthening family relationships and other informal social networks;
4. procedures for expedited service planning when crisis or urgent need is identified;
5. guidelines for requesting additional planned or emergency respite care;
6. fees and payment arrangements, when applicable; and
7. documentation of the family’s participation in service planning.

**Interpretation**: *In regards to element (b), caregiver preferences for the location, hours, activities, and other aspects of respite care delivery should be acknowledged and accommodated to the extent possible.*

**Examples**: Assisting caregivers in setting specific goals for how they want to spend their respite time may increase caregivers’ satisfaction with respite care.

## RC 5.02

The organization works in active partnership with persons served to:

1. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
2. ensure that they receive appropriate advocacy support;
3. assist with access to the full array of services to which they are eligible; and
4. mediate barriers to services within the service delivery system, including transportation or fees.

**Example:** Examples of services referenced in (b) and (c) may include, but are not limited to: (1) support groups and counseling services; (2) physical and behavioral health services; (3) domestic violence services, (4) housing services; (5) financial assistance; (6) social, recreational, and day programs; and (7) mentor services.

## RC 5.03

The worker and a supervisor, or a clinical, service, or peer team, review the case to assess:

1. service plan implementation;
2. progress toward achieving goals and desired outcomes; and
3. the continuing appropriateness of the agreed upon goals.

**Interpretation:** *Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.*

## RC 5.04

The worker, caregiver, and care recipients and/or family members when appropriate:

1. review progress toward achievement of agreed upon service goals; and
2. document revisions to service goals and plans.

# RC 6: Care and Supervision

Care recipients receive individualized care and supervision that promote their safety and well-being.

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * Procedures for matching care recipients with respite care providers * Health and safety procedures * Care recipient/provider ratio | * Most recent safety/risk data, if available * Monthly care recipient/provider ratios and coverage schedules for the previous six months, as applicable | * Interviews may include:  1. Program director 2. Relevant personnel 3. Persons served  * Review case records * Observe ratios and coverage at each unit or group, if applicable |

## FPRC 6.01

Families are matched with respite care providers that can meet their needs or receive information to enable them to select a suitable respite provider.

**Interpretation:** *Care recipients that require therapeutic or medical treatment should be matched with a provider that has appropriate skills and qualifications.*

**Examples**: Respite care programs can select providers that best meet the needs of individual families by matching families with providers who, for example: (1) speak the same primary language as the care recipients; (2) have personal or professional experience caring for individuals with similar needs as the care recipient; and (3) live in the same community as the family.

## RC 6.02

The organization provides consistent and predictable care by:

a. assigning a respite care provider at intake or early in the contact; and

b. scheduling the same provider for each respite experience, to the extent that availability allows.

## FPRC 6.03

Respite care providers are familiar with the care recipient’s daily routine, preferred foods and activities, and needed therapeutic or medical care.

**Examples**: Organizations may use smartphone apps and other technologies to help families and respite care providers: (1) share information on the care recipient's history, routines, medical needs, or other pertinent information, (2) monitor the care recipient’s health status, and (3) give feedback, share concerns, or communicate other preferences or needs.

## RC 6.04

The program offers flexible activities with content appropriate to the interests, age, development, physical abilities, interpersonal characteristics, and special needs of the care recipient.

**Interpretation:** *When the care recipient is involved in regular therapeutic, educational, or employment activities, the respite provider should work with caregivers to plan for continued participation.*

## FPRC 6.05

Crisis respite care provides needed developmentally- and age-appropriate interventions to help the care recipient cope with trauma or stress associated with the crisis.

**NA** *The organization does not provide crisis respite care.*

## FPRC 6.06

The program provides close supervision of care recipients to ensure safety and service quality, and provider-care recipient ratios do not exceed:

1. one to eight during waking hours;
2. one to twelve during sleeping hours; and
3. one to four during both waking and sleeping hours when children are under school age.

**Interpretation:** *Ratios should be adjusted to meet the special needs of individuals that require therapeutic or medical care, or close monitoring, and include all other children or adults being cared for in the home or facility. Ratios should demonstrate capacity for safe evacuation of care recipients in case of an emergency.*

## FPRC 6.07

When care recipients experience accidents, health problems, or changes in appearance or behavior, information is promptly recorded and reported to caregivers and administration, and follow-up occurs, as needed.

## RC 6.08

Care recipients can have private telephone conversations and any restrictions are:

1. requested by the caregiver;
2. approved in advance by the program director or an appropriate designee; and
3. documented in the case record.

**NA** *The organization only provides care for infants and young children.*

## RC 6.09

Care recipients receiving overnight respite care have sufficient uninterrupted sleep and, when practical, follow their usual and familiar routines for bedtime, bathing, and meals.

**NA** *The organization does not provide overnight respite care.*

## RC 6.10

Caregivers and other family members or relevant service providers have access to the care recipient while in care.

## FPRC 6.11

Procedures for departure ensure that:

* 1. care recipients are returned to the caregiver or another person approved in writing by the caregiver;
  2. care recipients are not returned to anyone who poses a safety risk; and
  3. providers intervene when an unapproved or unsafe person attempts to pick up the care recipient, using relevant organizational or community resources as needed.

**Examples:** Individuals who pose a safety risk can include those who are intoxicated by drugs or alcohol and those who are mentally or physically unstable.

# RC 7: Service Environment

Respite care is provided in an environment that ensures the individual’s health and safety.

**Note:** *Please see the* [Facility Observation Checklist](https://coanet.org/standard/rc/#300000000aAU/a/5000000008YJ/DIzEPeE559fVx.reT.wx1vkOE7SPRehuI38iNmKdiAk) *for additional guidance on this standard.*

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| --- | --- | --- |
| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * Procedures for reviewing and approving respite homes * Procedures regarding care recipients' rights to make telephone calls | * Documentation of licensing/approval * Sample of safety plans, if applicable | * Interviews may include:  1. Program director 2. Relevant personnel 3. Respite providers 4. Care recipients  * Review case records * Observe facility |

## RC 7.01

The caregiver receives respite care in a location appropriate to their needs and preferences.

**Examples:** Respite care can be provided in the family’s home, the provider’s home, the community, or a facility.

## FPRC 7.02

Prior to use, all facilities and provider homes are licensed or approved as required by law or regulation, and regularly inspected to evaluate:

1. fire, health, and safety hazards;
2. cleanliness;
3. adequacy and appropriateness of space and furnishings; and
4. the safety and appropriateness of toys, materials, or equipment.

## RC 7.03

When overnight care is provided, accommodations include:

1. sleeping arrangements appropriate to the number and unique characteristics, needs, and preferences of the individuals in the home or facility;
2. adequately and attractively furnished rooms with a separate bed for each resident, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
3. a non-stacking crib for each infant and toddler that is 24 months or younger that meets safety guidelines, as applicable; and
4. a safe place, such as a locker, to keep personal belongings and valuables.

**NA** *The organization does not provide overnight respite care.*

**Interpretation:***Characteristics and needs that should be considered include age, developmental level, necessary accommodations, ability to adjust to a group, gender, gender identity, and gender expression. Transgender and gender non-conforming individuals should be given access to sleeping quarters and bathroom facilities based on their preferences and in accordance with applicable federal and state laws.*

**Interpretation:** *When overnight care is not provided in a facility run by the organization, the organization should ensure these accommodations are reviewed and documented during the home licensing or approval process detailed in RC 7.02.*

**Examples:** The Consumer Product Safety Commission (CPSC) provides standards to ensure safety for cribs.

## RC 7.04

When respite care is provided in a facility, space and amenities are adequate to meet the needs of persons served, and include:

1. indoor and outdoor recreation areas;
2. space for social activities, including accommodations for informal gathering;
3. dining, bathing, toileting, and personal hygiene facilities;
4. private areas for meetings with individuals and caregivers;
5. space for resting; and
6. rooms for providing on-site services, if applicable;

**NA** *The organization does not provide respite care in a facility.*

## RC 7.05

When overnight respite care is provided in a facility, space and amenities are adequate to meet the needs of persons served, and include:

1. supplies and equipment for food preparation, housekeeping, laundry, maintenance, and storage, and administrative support functions;
2. at least one room suitably furnished for the use of on-duty personnel; and
3. private sleeping accommodations for personnel who sleep at the facility, if applicable.

**NA** *The organization does not provide overnight respite care in a facility.*

Related standard: ASE 2.05

## FPRC 7.06

When respite care is provided in the caregiver’s home, the provider is familiar with the safety plan for the home.

**Interpretation:** *The provider should be familiar with the location of first aid, medical, emergency, and other supplies needed to provide care, and the ways to safely evacuate the individual receiving care.*

# **NA** *The organization does not provide respite care in the caregiver’s home.* RC 8: Short Term Residential Respite and Crisis Nursery Services

Services are designed to meet the needs of care recipients that require a short term stay in a residential respite or crisis nursery program.***NA****The organization does not provide residential respite or crisis nursery services.*

**Note:** *Please see the* [Facility Observation Checklist](https://coanet.org/standard/rc/#300000000aAU/a/5000000008YJ/DIzEPeE559fVx.reT.wx1vkOE7SPRehuI38iNmKdiAk) *for additional guidance on this standard.*

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| --- | --- | --- |
| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * Rules and behavioral expectations | * Schedule of social and recreational activities | * Interviews may include:  1. Program director 2. Relevant personnel 3. Care recipients  * Review case records * Observe facility |

## RC 8.01

Program personnel provide care recipients with predictability and structure by establishing daily routines, expectations, and scheduled programming developed with care recipients and their caregivers.

## RC 8.02

Care recipients, and their caregivers when appropriate, receive social, recreational, educational, and therapeutic activities that are:

1. matched with their needs, preferences, and goals; and
2. provided in individual, family, and/or group format.

**Interpretation:** *The organization and the caregiver should plan for continuation of educational services for children and youth, and the organization should coordinate educational services with relevant school districts.*

**Examples**: Crisis nursery services may provide services such as parenting education, case management, mentoring or peer support, and aftercare in addition to respite care.

# Respite Care (RC) 9: Case Closing

The organization works with caregivers and, when appropriate, care recipients and/or family members to plan for case closing and, when possible, to develop aftercare plans.

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| Self-Study Evidence | On-Site Evidence | On-Site Activities |
| * Case closing procedures | *No On-Site Evidence* | * Interviews may include:  1. Program director 2. Relevant personnel 3. Caregivers  * Review case records |

## RC 9.01

Planning for case closing:

1. is a clearly defined process that includes assignment of staff responsibility;
2. begins at intake; and
3. involves the worker, the caregiver, and others, as appropriate to the needs and wishes of the caregiver.

## RC 9.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

## RC 9.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.

**Interpretation:** *The organization must determine on a case-by-case basis its responsibility to continue providing services to caregivers whose third-party benefits have ended and who are in critical situations.*

1. Standards with an FP designation are fundamental practice standards.  These standards prioritize client rights, health and safety, or organizational effectiveness and must be implemented in order to achieve accreditation.  [↑](#footnote-ref-2)