

2019 REPORT

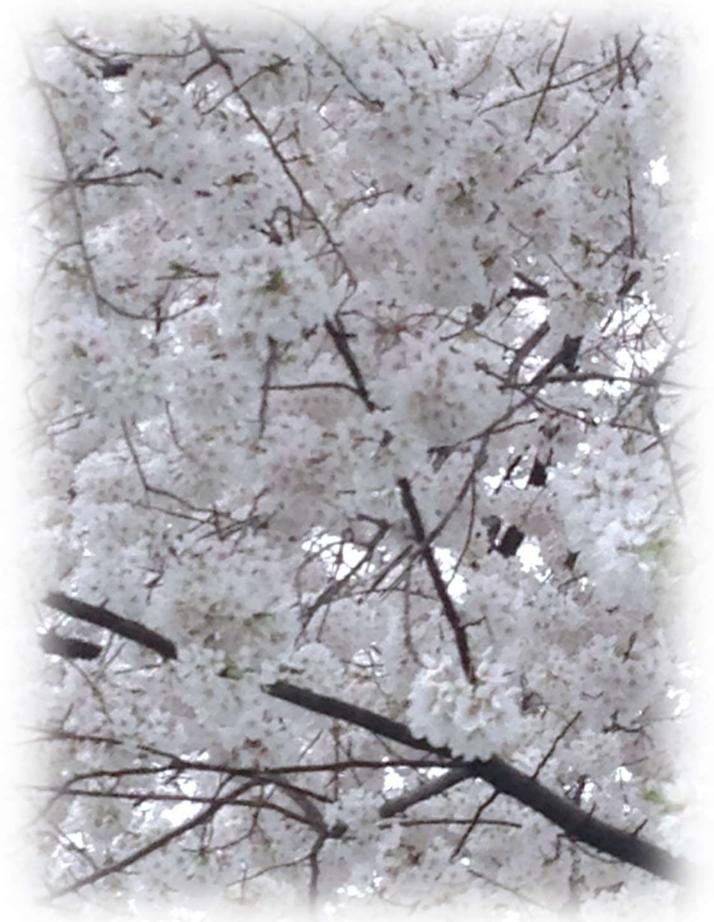
Relative Support Services

Focus Group

Susana M. Bonis

Monica Chu

August 2019



Introduction

In 2018, SBCC piloted a Relative Support Services (RSS) program to support caregivers of children detained by the County of Los Angeles Department of Children and Family Services (DCFS) for reasons of child safety. DCFS seeks to place children with relative or non-related extended family member caregivers whenever possible. Such placements can provide continuity, lessen the trauma of separation, and preserve family ties; they also offer opportunities for growth and development within the context of the child's culture and community. While the caregivers are ready to open their hearts and homes to these children, they often are not prepared for the responsibility financially; do not have much experience navigating complex government systems and legal issues; and do not know about available resources. Caring for children who have experienced trauma can also be a challenge for caregivers.

Through the RSS program, outreach workers serve as a "one-stop shop" to caregivers, providing them with referrals and resources. This alleviates the stress of searching for information on their own or dealing with the extended wait times and circuitous path it can take to get responses from DCFS. Outreach workers check in with caregivers at least once a month. Caregivers are also able to call an outreach worker whenever needed. Through this one-to-one contact, caregivers may develop relationships with their outreach workers. They are also invited to activities offered by RSS for themselves and their families, where they could build additional relationships and begin creating a network of support.

SBCC as an organization is committed to continuous improvement and evaluation. In 2019, a second focus group was conducted with several participants of the RSS program. The purpose of the focus group was to better understand the specific needs of caregivers and their children, to reflect on what has been working well in the RSS program, and to identify opportunities for growth in the program.

Research Method

A two-hour focus group was held with eight participants of the RSS program. Questions in the focus group protocol centered on legal relationships, caregiver needs, children's needs, and resources, including the RSS program itself. The focus group was facilitated primarily in English. Since there were two Spanish-speaking participants, the facilitator engaged them in Spanish. Notes were taken during the focus group; the conversation was also recorded. Transcriptions, along with the notes, were then analyzed for themes that form the base of this report.

Legal Guardianships

During the two-hour session with our participants, a great deal was learned about them, the children in their care, and their families' needs. So that the reader may understand the context of the needs presented in this report, organized in the Table 1 below is background information each of the caregivers who attended shared with the group.

Table 1: Caregivers' Legal Relationships

| | | |
|-------------|---|---|
| Caregiver 1 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Girl, age 5, great niece • Girl, age 3, great niece | Yes |
| | How was legal relationship with child(ren) formed? The older child came to this caregiver at one month old because both of her parents had mental disabilities, and exposed the children to drugs. Since she already had custody of the one child, a hospital social worker contacted the caregiver to care for her sister as both parents were still incapable of caring for the children. | |
| Caregiver 2 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Boy, grandchild • Girl, grandchild | Yes |
| | How was legal relationship with child(ren) formed? The children's mother abandoned them. The children's grandmother has had them for 17 years. | |
| Caregiver 3 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Girl, age 16, niece • Boy, age 5, nephew | Yes, legal guardian to 5-year-old. Working on becoming 16-year old's guardian |
| | How was legal relationship with child(ren) formed? Her sister's children were removed from her care because she was addicted to drugs. | |
| Caregiver 4 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Boy, age 7, nephew • Girl, age 9, niece • Boy, age 17, nephew | No, she is conservator. Applying for full custody of all three children. |
| | How was legal relationship with child(ren) formed? This caregiver's mother gained custody of her sister's five children seven years ago. The children and their mother were homeless as the mother was addicted to drugs. The caregiver's mother and another sister were legal guardians of the children, and so were split. When the caregiver's mother became ill, she moved her and the children to her home. When she died, this caregiver immediately became the conservator. This caregiver, as conservator, has all the children in her home together now, and is in the process of applying for full custody. Of the five children, two of them are now adults (ages 19 and 20), and working and in college. | |
| Caregiver 5 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Girl, age 5, grandchild | Yes |
| | How was legal relationship with child(ren) formed? Caregiver is a legal caregiver in the foster care system, and is looking to adopt this child. Both of the child's parents lost rights to the child due to sexual abuse, mental illness and drug addictions. The child's mother, who is the caregiver's daughter, has had mental illness with multiple hospitalizations since the age of 10. The child's mother is now incarcerated. | |
| Caregiver 6 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Boy, age 6, nephew • Girl, age 4, niece | No |
| | How was legal relationship with child(ren) formed? These children had a chaotic life before coming to this caregiver. They were taken from her sister, who has mental health issues, due to a long history of child neglect and drug abuse. This caregiver's mother is the legal guardian of the four older children: ages 23, 20, 18, and 15. | |

| | | |
|----------------|---|---------------------------------|
| Caregiver 7 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Two boys, grandchildren • One girl, grandchild • Ages 6, 4, 3 | Information not obtained |
| | How was legal relationship with child(ren) formed? | |
| | This caregiver's daughter was in an abusive relationship with the children's father, who is a bipolar drug addict. As the children's mother also became a drug addict, the children were removed from her care. | |
| Caregiver 8 | Child(ren), Age(s), & Relationship(s) to Caregiver | Legal Guardian or Becoming One? |
| | <ul style="list-style-type: none"> • Girl, age 1, grandchild • Boy, age 3, grandchild | Yes |
| | How was legal relationship with child(ren) formed? | |
| | The girl had a tumor, which they discovered were fractures, leading to both children being removed from their mother's care. | |

As the caregivers bravely shared their personal and very sensitive stories in a room full of strangers, the mood in the room quickly shifted from guarded to supportive. These caregivers opened their homes and hearts to children that created a great deal of stress in their lives, and the women recognized those shared feelings. It was soon clear that while the children suffered through a variety of abusive situations, the caregivers had also experienced emotional trauma.

The stories about how these caregivers came to care for these children are similar in that they are rooted in mental health and abuse crises. In all cases, they are relative caregivers. Of the eight participants, five of them were already legal guardians of the children in their care. Of the three who were not legal guardians, one caregiver is in the process of becoming the legal guardian. One of the caregivers (counted with those who already have legal guardianship) has one child for whom she is the legal guardian, while she is in the process of becoming a legal guardian for the second child in her care. The age range of the children spanned from 1 to 17 with distribution between girls and boys being nearly equal. Of the population of children in this group, 53% are age 5 or less and 47% are age 6-17.

The reasons why the caregivers who are not in the process of becoming legal guardians have not pursued that legal relationship was not expressly clear. The paths they followed as they transitioned from relative caregiver to legal guardian has not been easy, and at times, fearful. One participant expressed fear in losing her grandchildren whom she has cared for 17 years: *"I took the kids. I love the kids and they have always been my kids. But sometimes there are a lot of problems and sometimes there are problems with social workers too."* This caregiver's children have equally expressed their fear in losing their grandmother. She tells the group how the children tell her she is "their mother – not their grandmother". Fearful sentiments surrounding fear of losing their children at the hands of social workers were echoed in the 2018 focus group¹. More specific details describing problems the caregivers have experienced with social workers is provided below.

While the precise steps taken by the caregivers to become legal guardians was not discussed, the group shared some of the hardships they faced during the process. One participant spoke about the unique legal structure in her case due to the number of legal guardians already established. Since there were five

¹ *Relative Support Services Demonstration Project: Focus Group Results (Spring 2018)*, pp. 5-6

children, they were split between two relatives – each of whom served as those children’s legal guardians. A judge wanted to have all the children together under one roof; and so, care was transferred to this caregiver who now has to change her legal relationship from that as conservator to legal guardian. While she was happy to do so, the process has taken much time and complicated effort.

Conversation moved from hardships to information they wished they had had to become legal guardians, misinformation that was given them, and the best way to share this information with others. This conversation raised **several issues that became themes** echoed throughout the two-hour focus group session: **the need to be your own advocate, the need to navigate care in a complex legal system that has loopholes and financial gaps in services, and the specialized parenting skills needed to cope with traumatized children on a daily basis.**

To drill down further on the **need to be your own advocate**, we asked what information the caregivers needed to become better advocates. Some of the women recalled at the start of their caregiving journey, they needed to learn what were the right questions to ask. As they progressed, they quickly learned the value of documentation to gain access to resources. One aunt shared her difficulty in getting medical care approved to treat her nephew’s asthma. Keeping copies of documented conversations with her social workers was the key to finally gaining approval. As she would speak to one social worker about asthma care, she requested them to document the need for her nephew. Then, a new social worker would be assigned to her, only to find out that the previous social worker had not made the documentations about his asthma, which put her back at square one. She learned the importance of using the appropriate communication tools to document critical details, and several of the participants agreed with her approaches and offered tips of their own. For instance, conversations via texts are not reliable. Some caregivers forward text conversations to their email to save them. In general, email is used for more formal requests. With email, the caregiver can copy their social workers’ supervisor on requests, and add attachments as backup to their requests. Another type of documentation that is helpful are recordings of their children’s behavior that only the caregiver frequently witnesses. These videos can be shown to professionals to request assistance.

In one case, the caregiver shared her story of how helpful it was to her case to have a written letter from the children’s biological mother, handing over care of her children to the grandmother. In giving her rights to care for her children, social services might better support them. However, just as she was about to receive assistance, the court system returned the children to their biological parents and the children predictably became homeless once again. Using the mother’s letter from before, the grandmother was able to regain care over her grandchildren, but the social services social worker told them, *“You get nothing. Those are your grandchildren. You are taking care of them. There is your letter.”* So, the family retained a children’s attorney because there were custody battles within the family. Now, the only assistance the children receive is Medi-Cal, but the oldest child, who has severe mental issues, was not approved for Medi-Cal. Because this caregiver is not yet their legal guardian, she cannot apply for Medi-Cal on his behalf.

In speaking with these women, it is clear that the **legal issues** can be very complex, and **navigating the gaps in care** they encounter further complicate their lives. Strategies to help others find information such as legal custody or steering through loopholes was discussed. Here are some of the participant’s

responses, which garnered information about successful support, some unmet needs, and surprising challenges the caregivers encountered as they took on their new role:

- *“I didn’t expect the need to fight for custody of the children with their previous caregiver, who is not related, but wants to retain custody of the children so she doesn’t lose funds tied to them.”*
- Relative caregivers do not have a say or rights in court unless they have formed the legal relationship as guardian. At times, the courts favor the biological parents even if they are not stable.
- One caregiver was pleasantly surprised by the speed with which she got to speak to someone at SBCC. She didn’t expect to have someone to help her until after the children were placed with her. *“Services like SBCC up front before the children are placed in your care is helpful because they can start breaking down the needs. The questions [the RSS outreach worker] asked me were very helpful.”* Those helpful questions were: Do you have Medi-Cal? Do you have an income? Does anyone have a mental health issue? All of the caregivers recommend this kind of initial interview as an assessment of their needs. They suggest it as a first step when starting as a caregiver.
- Distribution of information to the public is vital. Having access to multiple service providers in one location such as a health fair makes shopping for programs that meet your needs easier. One caregiver told the story of how she met SBCC through a health fair:

“When I met SBCC, it was like a light at the end of the tunnel! They sat me down and gave me a lot of information. Information is the best resource because as we’ve said, you have to be your own advocate.... The library doesn’t have these resources.”

SBCC was a central source for both material and informational resources for this caregiver who attended that health fair. The RSS outreach worker gave her support that very day, giving her a backpack full of necessities and connecting her with grief counseling.

- The participants look to SBCC for information they need to help them cover gaps in care by accessing various partner programs in the community. For example, when one caregiver wasn’t approved for subsidized daycare, SBCC helped her find solutions, putting her in touch with other resources such as after-school care. SBCC can be the “bellybutton” for this kind of information, linking caregivers to services and support they need. This way, the caregivers spend less time researching programs, and less time negotiating for support to attain those services, so they can spend more time providing care to their children.

Another surprising challenge discovered by the caregivers was the specialized parenting skills needed to care for traumatized children. Most of these caregivers had children of their own, but their parenting skillset did not meet the needs of these challenging children for whom they were now responsible. Therefore, the need for classes/information on how to be a good caregiver was identified. Not all styles/parenting strategies work for every child, so caregivers may need to try different approaches to find one that works for them. Some children may respond to the softer approach, while others need more structure with strict, consistent rules to make them feel safe.

Having knowledge about various parenting styles can help caregivers implement a variety of strategies as they deal with their children's special needs. The group spent the last few minutes on this topic discussing successful methods tried in their homes:

- ✓ Using positive reinforcement and praise with rewards for preferred behavior.
- ✓ Praising the kids for following basic requests such as waking up on time. While this is considered a basic skill for most of us, for a child who begins life in a chaotic environment without rules and consequences, it is a great accomplishment that deserves recognition in order to reinforce this healthy behavior.
- ✓ 'Time in' instead of 'time out', which works by keeping the child next to you and giving them a job, such as stapling papers. Free time can set-up a child for trouble, and 'time in' works to build their morale while keeping them active.
- ✓ Having the children use playdough while you talk to them stimulates their senses so they keep focus.
- ✓ Controlling your own temper.
- ✓ Negotiating with the children when you recognize some battles are not worth fighting: *"It's Ok not to brush your hair as long as you brush your teeth", or "If you do not want to get dressed, then you can stay in your pajamas at school"*.

Some courses are offered online at no cost to the caregiver, but as some in the group pointed out, not all caregivers are able to do an online class. This discussion was a great transition to learning more about information and resources the families need to flourish.

Needs of Caregivers & Children

As a way to discover needs and whether/how those needs are being met, the discussion was led towards identifying common stressors and how the caregivers manage them. Valuable information was generously offered by the participants as they shared many of the same concerns such as **access to mental healthcare, financial stressors and gaps that exist in care**, and the caregivers' need for **self-care**. In this way, specific needs were gleaned, commonalities in need were identified, and specific programs were named. Many of SBCC's existing programs thankfully have filled some of the gaps that exist in care, and those programs are named below. And, we can improve for these brave caregivers, who could use more support, information, and material resources.

Mental Health Care

Mental health was a recurring theme throughout this focus group's session. This need exists for both the children and their caregivers. It was noted that often times mental health issues can lead people down a path that puts them at risk for drug abuse, sexual abuse, and even incarceration. As a parent experiences untreated mental health issues that negatively impact their children, they lose custody. These children, who now have developed mental health issues of their own—likely due to both biological and environmental factors—come to their new caregivers suffering the effects of trauma as well as undiagnosed mental and behavioral issues. The new caregiver can benefit from counseling as they experience extraordinary stress taking on this responsibility under such circumstances. Counseling

services can serve the great need to break the cycle of abuse that has a compounding effect in society. By addressing mental health issues, the effects of abuse can be addressed, and drug abuse can more successfully be treated. The focus group participants all agreed that **access to therapy and counseling** is one of the things that helps their family most. It is through therapy that one caregiver uncovered a previously unknown trauma—sexual abuse that occurred many, many years ago and was probably the source for much of her grandchildren’s anger.

However, access to mental health care services is not always easy for the caregivers, and they shared their many specific struggles in the process. A difficult story to hear was the trouble one caregiver (here named ‘Martha’ to protect her identity) had in accessing mental health services for her great nieces because of the gap in care that exists between the time they leave the DCFS system and fall under the care of their new legal guardian. While Martha’s regular therapy and psychiatrist costs were covered by her own health insurance, she was not able to find mental health care services for her children and they remained without care for two years before finally being assessed through the DCFS.

“When I knew that something was wrong with [children’s names omitted], I had the hardest time getting help. Calling numbers, calling numbers, only to be told, ‘I’m sorry you’re no longer active in the system.’ You’re then pretty much on your own as far as mental health resources....I’m trying to get information to get them assessed – to see if they’re on the spectrum – to see what the issues are – to see if the ADHD, social-emotional, or cognitive deficiencies are causing [the extreme behavior described]. I was asked, ‘Are you calling for a rate increase?’”

Martha broke down in tears as she told this story. She was so frustrated to have been calling for months to seek mental health care services only to be accused of ulterior motives. [Note: She receives \$6,000 per month in support for her own care as she suffers with multiple physical ailments. She has no monetary motivation in requesting assistance for the purpose of obtaining a rate increase. She simply needs help for her children.] When her great niece was finally assessed through the Regional Center, who set-up a meeting with the school district, she learned that the child has social and emotionally aggressive behavioral issues. Martha endured the aggressive behavior without the benefit of support as her niece threateningly pulled a knife on her multiple times until she was able to finally receive the assessment. Prior to her niece’s diagnosis, Martha was dismissively told, “All she needs is a speech IEP.” The girl’s younger sister has even more severe behavioral and emotional issues as she was born prematurely with crystal meth in her system. Both are in treatment now, and Martha’s next task is to find a group of professionals that understand her challenges as a caregiver as much the challenges that are faced by her children. The children’s current therapist requested the caregiver to bring the girls for appointments separately since she cannot handle both of them at the same time. This request stretched Martha too much, and she felt it was insensitive to the many demands she already has to meet.

‘Martha’s story is illustrative of common problems all the caregivers face as they try to access mental health care services: difficulty obtaining referrals, difficulty getting accurate assessments, receiving improper diagnoses, discovering the right fit with a therapist, finding the right type and dosage of medications, and just the sheer complexity of their cases. In many cases shared by the caregivers in attendance, referrals for mental health care were not given until the child’s needs were documented by the school where they are having problems. One woman recounted her interaction with a social worker

who even witnessed the children's behavior, who remarked, *"Oh, she's off the chain"*. Though, this caregiver was looking to the social worker to guide her to a solution.

Caregivers need to be their own advocates. They are navigating a system that is stressed with a shortage of healthcare and social workers. While both of those disciplines have made significant efforts to recruit and train qualified new hires, the system is fatigued by frequent turnover and a resulting lack of experience and/or knowledge in their respective disciplines. (Vernon W. Lin, 2015) Listed below are examples of instances where caregivers felt the need to strongly advocate for themselves and/or their children:

- Some of the children have sensory issues that require occupational therapy to treat, and too much time passes between raising the need to their social worker and obtaining treatment for that issue.
- One child was diagnosed with ADHD, and through subsequent testing, it was discovered she was actually autistic. The caregiver had described behaviors consistent with autism over and over to her social worker, yet had difficulty getting a proper assessment in order to receive the correct diagnosis.
- Another respondent described the need to consistently request therapy for her children. Even with their background of sexual and physical abuse, it took over a year to get the necessary referrals.
- When the psychiatrist, therapist, or medication are not working, caregivers frequently feel the need to advocate for a re-assessment. However, they experience pushback in changing therapists or treatment plans. It took a year for one child to find the right treatment plan.
- Some of the participants work in the healthcare industry and so they are savvy enough to know what questions to ask to get the appropriate care for their children. One woman *"knew something was wrong with her kid and tried different diets and behavioral strategies at home, because she wanted more than a prescription"*. But what of those custodians who don't have a background in healthcare and do not know the right questions to ask? How do they affectively navigate the fatigued system?

The program participants drilled down on specific problems with social workers that they have experienced. An inconsistent quality of engagement exists, as some are more knowledgeable than others, and some are more open with information than others. There are social workers who seem suspicious of caregivers for wanting increases in support money. Then, when certain social workers come to visit, they only spend about 15 minutes in the home, which is not nearly long enough time to observe/witness behaviors and make appropriate assessments, nor to discuss needs and available programs to meet those needs. Social workers' concerns frequently are about how children are being disciplined rather than discussing treatments they need. When they don't document details about children's needs (i.e., asthma), caregivers cannot pursue accessing resources to meet those needs.

Imbalances will exist as the system seeks to right itself. On the one hand, there may be a psychiatrist in the system who is, due to his/her own resource constraints, only capable of writing a prescription rather than doing the hard work of therapy and getting at the root cause of a behavioral issue. This is where the balance comes into play; because on the other hand, there are some children who in fact need the

medication to stabilize themselves enough physically so that they can cognitively tune-in. These are complicated issues and need thoughtful professionals who can help solve these problems for the caregivers.

Financial Stressors & Existing Gaps in Care

A financial burden is created for the caregiver as they accept the needs of their new children by paying for the daycare, sports equipment, instruments, etc. needed to support them. Therefore, by default, the needs identified here are actually those of the children. About half of the children discussed in this group are at an age when they begin to become involved in social activities and programs, like sports. They often do not understand why they are unable to participate in an activity because their caregiver cannot afford it. So, **access to more affordable social activities and programs** is a continued need.

For those with children under the age of 5, **access to affordable daycare** was also in need. Once again, the **gap in support for those who are no longer in the DCFS system** was highlighted. *“I don’t qualify for daycare, Crystal Stairs, because they are not active in the system anymore.”* The only financial support one caregiver is able to receive is full scope Medi-Cal and a monthly stipend, which is not enough to cover the costs of daycare. Asking for help from family members is not always a solution since many of them will shy away from caring for children with social-emotional and impulse control issues.

The caregivers also spoke about material needs both they and the children have. **Housing** was a concern shared by several participants – one of whom said the five children, adults, and one extended family member all lived together in a small two-bedroom dwelling. They are not yet eligible to receive assistance from the system since she does not have legal custody of the children. This was a problem identified by the 2018 focus group participants². When this same family lived in Apple Valley, they were able to better afford access to programs, or even going out to eat as a family, because the cost of living there was so much less expensive compared to where they live now.

Caregivers are financially strapped between upgrading housing as needed to properly meet DCFS’s guidelines, and paying for healthcare, program fees, food and clothing, or any other numerous expenses associated with children. All of these expenses must be met by the caregivers until their legal relationship is formalized. While reimbursement applications can be made, the participants described a seemingly unequal access to them as some participants said they were able to obtain a reimbursement quickly and easily while others could not.

As the lack of affordable daycare was highlighted above, it revealed how **gaps in care** exist. There are many programs and services available but not everyone knows about them, or may not qualify for access to them; so, there is a group of people who are falling through the cracks. While the caregivers want to obtain legal guardianship, they then lose access to other services. There is nothing in place to help with that transition. As much as one year passed before one woman received income after winning legal guardianship. When the question was posed about what types of programs, information, or support is needed to close the gaps, most everyone chimed in that the social workers need to consistently inform them of available programs that help close the gaps in care.

²(Relative Support Services Demonstration Project: Focus Group Results (Spring 2018), p. 6

Self-Care

As the group continued sharing their concerns, the topic of self-care arose, and one participant exclaimed: *“Do you ever just sit on the couch and talk to yourself sometimes? I do.”* This brought the discussion to focus on needs of the caregivers that will support them personally—the self-care, such as the need to be heard, or for respite. These women wear many hats: employee at a job, cook, maid, advocate, shuttle driver, problem solver, and consoler—to name a few. They seek relief from the concern of the heavy load on them. One caregiver chimed in: *“I have anxiety.”* They work eight hours a day, Monday through Friday. While they are at work, they are moving a hundred miles an hour to make phone calls or schedule appointments during their work day. Then, they come home to supervise homework, baths, make dinner, talking to the children about their day, leaving little time for self-care—especially if they don’t have someone they can trust to help supervise the children. It is common for all the women to get to bed late because they are busy getting food and clothes ready for the next day, and the children all have problems with sleep (both getting to sleep and staying asleep).

Restful sleep is a pillar of self-care; yet for at least two of the caregivers in this group, sleep alludes them. One woman regularly receives only three to four hours of sleep a night. For different reasons, both of these caregivers sleep on their living room sofas. One participant said she is frequently awakened to a child standing over her and staring as she sleeps, making sleep uneasy unless it’s not in her bed. Another caregiver has problems sleeping because her 3-year-old will wake up in the middle of the night and leave the home. She sleeps on the sofa, guarding the front door from escape. They have strong fears leaving the children unsupervised as every minute presents a possible danger. The children are violent towards each other as well as towards their caregiver. This kind of environment makes relaxation difficult and sleep next to impossible.

Other wishes for self-care were listed:

- Turning off your phone for two hours to get a pedicure or massage. *“When I look at my pretty toes, it makes me feel better during the hard times.”* However, not all caregivers have access to someone who can come and watch the children.
- Gift giveaways perhaps to the movies—even a matinee while the kids are in school—or a restaurant so I can eat a nice meal in peace. *“I would like to go see a movie but it’s two and half hours and I can’t be gone that long.”*
- Caregivers need time to get to their own doctor and dentist appointments.
- One woman used to enjoy long showers before the children but can no longer do so because she cannot have the children together in the same room. Her solution is to keep the aggressor with her in the bathroom as he watches a movie on her phone so that he does not hurt his sister. A spa day would be great!
- Another respondent described her challenge with getting the laundry done because she has to travel to a laundry mat with the children. Sometimes, if she cannot get their clothes cleaned for the week, she is so overwhelmed that she rather goes to buy the children new underwear or pants than to the laundry.
- Another SBCC winter gala would be a lovely social opportunity for everyone to get dressed up.

Several programs were mentioned that offer necessary support. Regional Services provides four hours per month respite. However, not all caregivers qualify for the program. Another woman mentioned the After School League Program and the Boys and Girls Club of Carson, which both offer a place for children to remain supervised outside of school hours. Caregivers then use this time to accomplish tasks that are impossible to do with the children, or for self-care. Other after-school programs mentioned: Star, All-Stars, Children's Institute, Volunteers of America for Head Start, and LEAP.

The caregivers were specifically asked whether or not anyone else helps them provide care for the children. Every participant in the group said they are alone. If they have extended family close enough to ask for assistance, they cannot depend on them because as soon as caring for their children gets hard, the family member pulls away.

A participant pleaded: *"We need more people to listen to all of this that we have going on....I'm holding back tears because I'm overwhelmed all of the time."* While RSS does some of that with the caregivers, the participants talked about the need to share strategies with each other. They can glean ideas how to advocate for their children's care, or how to control behavioral issues. *"Dealing with all the chaos changes you."* As they spent a few minutes venting about common daily struggles, they were able to relieve stress in knowing their struggles are not unique, while learning new coping mechanisms. A feeling of hope entered the room as the more experienced caregivers offered a glimpse into a more stable future: *"It DOES get better with age, as they get older, as they get the therapy, as they get somebody to talk to them, as they get somebody else to hug them...It DOES get a little better with time. It's starting to be a lot better for me financially too."*

The need for self-care is not necessarily one that exists solely for the caregiver, but the group focused on the caregiver as they bear a steep responsibility from which they at times need a break. In many ways self-care ties back to the needs identified in mental health care. However, the gap in care here is wide enough to highlight, yet one we can easily close if we turn to the surrounding community to help support the foundation of our society—our caregivers.

Access to Resources

Thankfully, SBCC offers many supportive resources. It offers programs that support the entire family and is continuously looking to improve. Most of the focus group contributors have attended SBCC events and programs. Partner organizations also play an important role in meeting the many needs of caretakers. Caregivers had useful narratives surrounding what programs worked and where they needed to improve.

Support Received

One participant recalled the time she brought her children into her care. She told the group how distressed her three children first were and how much they all needed counseling to get through this situation together. Her interaction with the RSS outreach worker and the information and access to resources she provided helped the woman and her children to get oriented in their new life together. She said:

"When I got [the children], they were very, very distraught. [The RSS outreach worker] literally helped me out a lot. She connected me with grief sessions, connected me with the Guidance Center for therapy. Through my care there, I also discovered that one of my children is autistic."

Since the time that this family has been involved in SBCC's programs, she's seen all three children improve in two and a half years.

"[Child's name omitted] is in wrestling and extremely smart— in first grade but reading on a third-grade level. [Child's name omitted] is getting all the help she can at school and doing really well. She is a singer in the choir at St. Peter's. My 17-year old boy is a city-champion wrestler, city-champion football player, has a 3.8 GPA, and just learned how to play the piano....When my mom got them, they were homeless. And these children were exposed to a lot and went through a lot being abused. Now, they're thriving!"

Were it not for the support of SBCCs programs and other area supportive programs, many of these families would not be able to afford access to such life-changing activities such as wrestling and piano. Examples of that support are the scholarships for soccer and swimming at the YMCA provided by SBCC, and free camps offered by Beat the Streets LA. Helping to bear the financial burden of the costs associated with programs such as sports helps relieve a significant source of financial strain on their caregivers.

Throughout the focus group session, the caretakers mentioned many programs they currently use, including:

- LEAP, an on-school campus after-school program until 6pm, is offered free of charge. They provide a snack and homework assistance for kindergarten and above.
- ISAM (Infants of Substance-Abusing Mothers) at Harbor-UCLA to help with children's sleep issues. One child who only sleeps about 2-3 hours per night is receiving comprehensive care to address the chronic problem with a sleep study and access to specialist who will check her nose and throat to discover the cause of her sleep issues.
- Children's Institute needs better communication with caregivers, who would like more detailed information about their children other than "they had problems today".
- In ABA, the caregivers are required to attend therapy with their children. As they do so, they observe and participate with their children and learn hands-on skills to deal with their children's behavior.
- ChildNet is helping one family get approved for a home. The organization also donated material resources, such as car seats and bedding. They offered training to become a foster parent.
- Harbor-UCLA Ties for Families offers services such as individual consultation on children, transition services, support groups, speech/language evaluations, and many more.
- The CASA organization provides trained, court advocates for the children. The RSS outreach worker shared information about this group, and underscored the importance of caregivers' need to advocate for themselves and their children. *"That was an important lesson she taught me."*

Support Needed

The specific support needs were identified in the narrative section above addressing both caregiver's and children's needs. The kind of support detailed here relates to helpful information, resources, and organizations.

One mother expressed an interest in having her family join the YMCA, and discovered the cost for her family would be \$80/month. Her son wanted to join a soccer program at a cost of \$325 for the season. She cannot afford either program. However, she worked with the coach to do a gift card fundraiser that would help cover the expenses. So, sharing information about ways to fund a program with caregivers and those interacting with them, such as the coaches, will help to get them involved in those programs that may otherwise be out of reach financially. Sharing tips about where to purchase previously used equipment or instruments, or how to access recycled uniforms is also helpful to keep participation costs within reason. Organizations that offer scholarships—even if they are partial—can help pay down the costs associated with the programs and keep them within reach of these families.

Another desire raised by the caregivers was the ability to take their children out to eat as a family. Added to the financial constraints of housing and social activities/programs discussed above, they cannot afford such a luxury. Information or tips about events that provide meals, such as spaghetti dinners at area churches, would be helpful for families. Advertising restaurant week to the community may reveal opportunities for families to enjoy a better-quality meal at a restaurant. Developing partnerships with area restaurants that offer RSS families special coupons may help bring a night out with the family within financial reach. Any opportunity to help give a night out with the family and a night off from cooking for the caregiver would go a long way to lifting their spirits.

SBCC's RSS Feedback

When the focus group was asked to share their thoughts about RSS and their staff:

"[The RSS outreach worker] comes to the house. She talks to me to find out what's going on, if I need anything—just out of the blue. I never have to call her for anything. She's always calling me and asking me. And she tells me about events too, like free yoga."

"I always ask [the RSS outreach worker] if I can bring my kids [to an event] and she never says 'no' because she understands otherwise, I can't really use the benefit'...And they always provide qualified childcare at events which is really helpful."

"I think it's awesome! She [RSS outreach worker] called me last week to tell me about this meeting. It gets the kids out of the house. It gets me out of the house. And it gets me to talk and hear other stories and I think that's awesome. Just that alone is good."

The group offered feedback about the resources RSS provides them. When RSS informs caretakers about available resources, they are able to help close the gap that exists for those families who have not yet formalized their relationship legally. They are successful in helping them navigating the waters of a complex legal system.

When one woman had problems accessing services for therapy, SBCC helped put in the referral for it when her pediatrician did not: *"They are very good with navigation of services."* Another program referral made by RSS staff helped several families enjoy a bountiful Christmas thanks to her referral to Wilmington firefighters who were giving bags of toys, pajamas, clothes, bedding, food, shoes, etc. *"I was crying. I was so happy. I wouldn't have had Christmas...I had no money for Christmas!"* The focus group participants lamented how they do not learn about these programs from their social workers. It was the RSS outreach worker that shared information about their caretaker spa day. All of these programs not only fill the gaps in need, but also enrich the lives of overwhelmed families.

Having heard the positive ways SBCC is helping resolve issues by connecting caretakers to services, such as free resources or access to mental health care, the facilitator asked if there was something more SBCC could be doing or any other gaps in need it could help fill. The immediate response from focus group members was help with respite for self-care. The next request was to repeat this event as it was both enjoyable and informative while being social. The caregivers would benefit from a type of social/support circle.

It is hard for one organization to hold all the information and disseminate it. Even if SBCC has the most wonderful staff, the challenge of sharing such a volume of information can be an unrealistic expectation. The group identified that many of them share the same struggles. Listening to one another's stories helps to glean fresh ideas and strategies. However, they could benefit from the added advice and guidance by a social worker, licensed clinical social worker, or other similar professional to lead the social support circle. *"We're all similar in our needs and it would be an efficient [model] to link services with our needs."*

The request for this sort of social support circle surfaced in the 2018 focus group³. In response to the request, SBCC launched a social time for relative caregivers. Participants reported that the discussion was slow until questions were asked that sparked supportive conversation similar to this focus group. It was *"casual yet structured"*. This kind of interaction, a structured conversation, is valuable.

Many of those people participating in today's session also attended the social, and felt ways to improve it include: perhaps even more structure to stoke the fire of the conversation; more awareness of the event/promotion since attendance was low; needs to be attended by a licensed clinical social worker so that the group has guidance by a professional; extending the hours (only offered for one hour from 6-7pm); change the day of week (due to traffic concerns); and rotate the location of the program.

Conclusion

Without the caregivers, these children would have few options for care and a dimly lit path to follow out of trauma to a place of healing. The caregivers open their homes and hearts freely to both relatives and non-relatives so that the children have a place to heal while they continue to grow without fear of abuse or neglect. They do so oftentimes at great personal financial cost; and in all cases as they do so, they bear

³ *Relative Support Services Demonstration Project: Focus Group Results (Spring 2018), Suggestions for Improvement p. 9*

great emotional pain too. They deal with this and so much more on a daily basis, which is over and above to which they are already committed with their own biological children. While the needs of the biological children were not even touched upon today, it is worth mentioning they, too, are phenomenal. They share their biological parent with another child who is distantly related. Some of these women had moved passed the “mom” stage, having grown children that have left the house, have their own jobs and homes, or have left for college. Suddenly, the women were plunged back into the world of motherhood, and at times, had to do so with little or no notice and preparation. These are simply wonderful caretakers!

SBCC supports caregivers through its RSS program. Without the information, programs, and services offered by RSS, many caregivers would be even more frustrated. They would be missing access to critical services such as mental health care and daycare. These are two types of services to which it is difficult to gain approval unless the child is in the DCFS system. Once the child is taken in by a relative caregiver, they cannot qualify for these services until they are established as the child’s legal guardian. This presents an undue financial burden that can easily break a family’s budget. The focus group participants all agreed that the RSS program helps to bridge those gaps and help turn pain into purpose.

As we invest in the foundation of society—the children—we have to remember to support the children’s home base—their caregivers. In this way, we ensure the children have stability in their homes and the community benefits from that stability as well.

Works Cited

Vernon W. Lin, J. L. (2015, November 13). U.S. Social Worker Workforce Report Card: Forecasting Nationwide Shortages. *Social Work*, pp. 7-15.