

Relative Support Services

SBCC Thrive LA

Spring 2018 Focus Group

**Relative Support Services Demonstration Project:
Focus Group Results (Spring 2018)**

The County of Los Angeles Department of Children and Family Services (DCFS) seeks to place children detained for reasons of child safety with relative or non-related extended family member (NREFM) caregivers whenever possible. These caregivers 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. Related and NREFM caregivers often step into this role on short notice and motivated by the desire to help young, vulnerable family members. While their heart is in the right place and they are ready to act as surrogate parents, many caregivers may not be prepared for the responsibility financially or may not have the knowledge to access available resources. Although DCFS does provide caregivers with training, social workers, and kinship support services, a need still exists for relative caregivers and NREFM to more easily connect with information and services.

This is where the Relative Support Services (RSS) demonstration project comes into importance. The purpose of the project is to improve the overall support available to relatives and non-related extended family members (NREFM) caring for children under the supervision of the Los Angeles County Department of Children and Family Services (DCFS), the Probation Department, and the Juvenile Court. RSS contractors are expected to work with DCFS staff, other County and governmental agencies, Relative Home Assessment Service (RHAS) contractors, and community-based organizations to provide assistance in Service Planning Areas (SPAs) across Los Angeles.

SBCC is implementing an RSS program in SPAs 5 and 8. Outreach workers serve as a "one-stop shop" to relative and NREFM 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 for themselves and their families, where they could build additional relationships and begin creating a network of support.

Since the RSS program is new for SBCC, the organization sought feedback from participants as part of its commitment to continuous improvement. A focus group was held with eight women involved in the program. The women were very open with one another, sharing their stories and experiences, and they generously gave of their time. The energy of the discussion, along with the comments themselves, underscored the great need for RSS and the value that it brings to the community. This report presents the major themes and ideas from the conversation.

Method

To better inform design of its RSS program, it is important for SBCC to understand the experiences of its clients with both DCFS and the RSS program. The focus group protocol included questions related to DCFS and its contractors (e.g., for Relative Home Assessment Services), as well as SBCC's RSS program. Emphasis was placed on identifying strengths, opportunities for improvement, and effectiveness of communication. The focus group was conducted in English and included eight women. The discussion was documented through typed notes and a digital recording. This information was reviewed and synthesized into themes with supporting quotes and anecdotes.

The Caregivers and the Children in Their Care

Of the eight participants, six are relative caregivers and two are NREFM. Three relatives are caring for a niece or nephew and three are caring for their grandchildren. The majority of these children are under the age of ten. Only two women have teens in their charge. Two women care for children with special needs. All except one have biological children living in their homes, with the ages varying from infancy to adulthood. Only one woman had previous extended experience as a relative or NREFM caregiver. The remainder have been caregivers for less than one year. Table 1 presents this information graphically.

Table 1 Caregiving Context

Caregiver	Children in Care	Relative	Began as Caregiver	Biological Children
1	1 child – 4 years old	Yes - niece/nephew	May 2017	3 children
2	3 children – 8 months, 2 ½ years, and 7 years old	No	June 2017	
3	7 children, ages ranging from 7 to 14	Yes - grandchildren	February 2017	2 adult children
4	2 children – 14 and 15 years old	Yes – niece/nephew	2 years ago	2 adult children
5	1 child – 18 months old	Yes – grandchild	June 2017	2 adult children
6	1 child – 11 months old	Yes – grandchild	October 2017	2 adult children
7	4 children – ages 4, 5, 7, and 9	No	June 2017	4 children (11 months, 11, 13, and 14 years old)

8	2 children – 2 and 3 years old	Yes – niece/nephew	Nov 2017	2 adult children
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In most cases, the circumstances that led to children being in the care of a relative or NREFM involved significant trauma. For example, one woman’s special needs daughter was picked up by human traffickers who preyed on her vulnerability. She rescued her daughter from the situation and placed her in a drug treatment program for her own safety. She then became the guardian of her autistic granddaughter. Another woman’s adult daughter was killed in the front yard of the family home. She became the caregiver of her five grandchildren. Others in the focus group shared similar heartbreaking stories involving natural death, drug abuse, and incarceration. Among the sources of stress and anxiety for caregivers is this original trauma, which has effects both on the children in care and on the caregiver.

Stressors

“*I am constantly stressed, and the kids feel my stress,*” stated a participant. Her words were echoed by others in the focus group. In addition to the original trauma discussed in the previous section, three sources of stress for caregivers include finances, housing, and fear of losing the children. The stressors are interrelated, and to some extent are exacerbated by policies and practices of DCFS.

Taking additional children into a home immediately affects family finances with the need for food, clothing and other basic necessities. To comply with DCFS regulations, families may also have to make modifications to their home. While new expenses appear, the income sources caregivers once relied on may change and new income sources may take longer to materialize. Some families have had to alter their employment status as a result of taking on caregiving duties. “*Before the kids came, I could work,*” shared one woman. “*Now, I can’t. I have a child with special needs.*” Then, the timeline for DCFS approval as a foster parent or guardian often extends long after a caregiver has had children in their care. Approval is needed to access funding. Since DCFS does not provide funds retroactively without an appeals process, caregiving families are often paying out of pocket for several months before receiving government support. The following anecdote provided by one caregiver mirrors the stories shared by other focus group participants:

I took classes and did all the things asked of me. I got approved in February but I had the children since June. I’m so behind on rent. I had to take from my rent money to provide for the kids. They can’t go to school in rags or they will be bullied. They also need snacks and lunch. I tried to get food stamps, but I was denied because I am not a blood relative.

Even once funding from DCFS begins, caregivers can run into challenges with the process to obtain payments and the timeliness of checks. Individuals in the focus group have had different experiences with the payment process. Some individuals submit monthly vouchers for

payment; others are paid directly. Whenever there are changes to the process or the timeline, families may be affected because they rely on this support.

A second source of stress brought up as a concern by several participants is housing. With more children in their care, families may either struggle with paying the rent as they now cover more expenses, or they face discrimination by their landlords. *“There is prejudice against foster parents,”* explained one woman. *“People won’t rent to you.”* Then, relative and NREFM caregivers currently are not eligible for Section 8 housing on that criteria alone. The anxiety caused by housing is captured in this narrative:

I have a three-bedroom apartment and five new kids. My landlord is a slumlord and I’m worried that having too many kids will be a problem with him. Then, I’ve got housing requirements to meet with DCFS. I feel like I’m damned no matter what I do. It’s why I was scared to go through the (approval process) with my grandchildren. I had been through it before and I really thought about not putting them in the system.

The third cause of stress is the fear of losing the children. Most caregivers in the program have a close connection to the children in their care and they feel a strong moral obligation to act as parents to the children. They worry that DCFS does not always look at the bonding between a child and a caregiver. Sometimes a more immediate relative will be chosen over a less immediate one, despite the lack of bonding between the individual and the child. Caregivers are also concerned about how their ability to meet DCFS requirements could impact their role as foster parents or guardians.

The climate of DCFS from the perspective of some of the respondents puts caregivers on the defensive. *“On top of everything, you feel threatened by the whole process,”* mentioned a participant. One caregiver shared her frustration at trying to meet expectations.

I have (social) workers in my house every Thursday. It stresses me. Sometimes I have lots of workers, then I have few, and then they change. They won’t just let me be a parent to my nephew; they want to be involved and push me to do this or that but then they don’t pay or help in other ways.

In another example, a someone described how she felt after a visit to her home by a social worker. *“I tried my best to set up everything as expected. I had one lock and one screen missing. They made me feel like I was a bad mom. They demand much.”* Another person shared her experience missing an appointment because she no longer had access to a car and had to use a bus token. *“I was so worried that I looked neglectful,”* she said. She and other caregivers emphasized often that they are the best suited to serve as foster parents and guardians and expressed worry that the system doesn’t always recognize this in their practices and policies.

The stress related to finances, housing, and the fear of losing the children in their care is a burdensome combination. *“I feel like we are being set up to fail,”* declared one woman in exasperation. Another remarked that *“we are being slid into poverty.”* While there was much discussion of the financial challenges of serving as a foster parent or guardian, this came from

wanting to give the children in their care a better quality life. At the end of the focus group, one person shared the following reflection.

It makes me sad that the primary topic becomes money. Then we are seen like we are doing this for money but that is not true. Money is such a basic part of what we need to do our work. If we can't meet the basics for our children, it takes over other good things that we could be doing for our kids like counseling, therapy, support groups, and making them college bound.

Experience with DCFS

The previous section highlighted some policies and practices of DCFS that have caused stress for relative and NREFM caregivers. Policies raising the most concern include the following:

- tying funding to approval as a foster parent or guardian, not to placement date;
- not offering immediate retroactive payments¹ for the time between placement and approval;
- not providing financial support for changes that must be made to a home to meet approval requirements; and
- not placing sufficient value on bonding between a caregiver and a child when making placement decisions if a more immediate family member is available for the caregiving role.

In addition to challenges with policies, caregivers have struggled with communication with DCFS. *“I was told in my training to keep a paper trail, and the instructor was so right,”* noted one person. Individuals described difficult exchanges with DCFS that involved disputes about meeting and due dates, and missing paper work. Keeping copies of emails and documents is considered best practice among participants for interacting with the department. In addition, the length of time for responses from DCFS far exceeds the time given to caregivers to provide information.

Further complicating communication is involvement with multiple social workers. Sometimes, social workers are changed as a matter of policy as caregivers move through different stages of the approval process. In other cases, there is simply turnover among social workers. The hierarchy in the bureaucracy prevents individuals from going to a source in the department other than their assigned social worker(s) if they have questions or concerns. *“If you go over a social worker, it will cause trouble,”* explained someone.

This situation then makes the quality of a social worker all the more significant to the caregiver's experience. There are some social workers who have access to helpful information that they share with caregivers, and some who are willing to take extra steps to offer support.

¹ One woman talked about making an appeal to receive retroactive payments. Not everyone was aware that this might be an option.

For example, one woman's social worker assisted her in submitting an appeal to receive retroactive payments.

In other instances, however, individuals seem to receive mixed messages. In the focus group, it was evident that not everyone had access to the same information or had access to conflicting information. For example, focus group participants briefly debated whether DCFS funds could cover babysitting. One respondent said babysitting could be covered based on information she had received, while someone else disputed it based on her knowledge. For the most part, the majority of individuals spoken with began their interaction with DCFS at about the same time, yet their knowledge of the process and resources and services available to them varied greatly.

Experience with Relative Home Assessment Training

As was the case with social workers tied to DCFS, the quality of the training received by caregivers depended greatly on the quality of the trainers. How the training was received was also dependent on the prior knowledge of caregivers. For those with more knowledge, the training was somewhat redundant. For those with less, the training was considered helpful. One woman shared that the training enabled her to have greater empathy and inspired her in her new role. She said that, *"I learned a lot. I came to better understand some of my niece's issues, like hoarding. I was also told that because my niece was so small, she would blossom like a flower as she grows. That gave me hope."*

One main take away from the conversation is that trainers should be honest about the process up front and provide accurate information, so that prospective caregivers can make an informed choice as to whether they can handle the situation. Some trainers told the women that the approval process could take a while and gave them tips to navigate the process. Not everyone's trainer did so, and they would have appreciated such information. One woman explained the importance of this transparency in the following way:

The first training should be to explain the process and be honest and truthful to families: It will take time. You won't get paid for a while. We need this information so we can decide if we can do this—if we can afford it. I have kids of my own. I can't take from them to provide for other kids.

A specific topic on which correct information should be given is on support for making changes to a home so it meets approval requirements. One woman shared that her trainer told her she would receive a stipend to make certain repairs. *"I believed this,"* she acknowledged, *"but when social workers came my house, they told me what the trainer had said was not true."*

Experience with SBCC Outreach Worker

The experience that caregivers had with their SBCC outreach worker validated the rationale for the creation of the Relative Support Services (RSS) program. The quote below shows that the RSS is becoming a “one-stop shop” for information, resources, and referrals.

RSS has done more for me than DCFS. It has connected me to lots of resources for foster parenting. It is less stressful because I am turning to one place for my needs.

Caregivers feel that their outreach worker is very accessible, supportive, and knowledgeable. Outreach workers can be easily reached by text or phone call. Frequency of meetings vary. Some connect with their outreach worker once a week, others monthly, and others as needed. Outreach workers demonstrate compassion, active listening, and a proactivity that caregivers appreciate. The anecdote below illustrates some differences in working with the SBCC outreach worker and DCFS.

It was a such a relief to be able to talk and be heard. My outreach worker listened patiently as I vented and ranted. I was worried that I might wear her out, but she heard so much of what I said. After we talked, she sent me a big list of resources. She was so efficient with her information. Later, when I talked to DCFS and raised similar concerns, I got a more hesitant response and less information.

In describing interactions with their outreach worker and DCFS, two individuals noted that their DCFS social worker did not speak positively about the RSS program when it came up in conversation. It may be that to a few social workers at DCFS, the RSS program may seem like a threat to their own role. From the perspective of focus group participants, however, the RSS program is a tremendous source of support.

Participants shared numerous examples where their outreach worker took initiative and provided them with tangible support. An area where they much value assistance is in handling rent and bills, and applications for affordable housing. One woman described her outreach worker as her “angel” for dealing directly with her apartment manager to address unpaid rent.

Outreach workers also introduce caregivers to many useful resources in the community. The quote below demonstrates the extent to which outreach workers surpassed expectations that caregivers had when they joined the RSS program.

I thought she (outreach worker) would only check up on me every now and then, but she informed me of things I didn't think she could help me with. For example, I needed a high chair. While she couldn't get me the high chair herself, she connected me with someone who could.

Some of the resources and services that participants found especially helpful included the following:

- An opportunity for “shopping” at Kohl’s, where children were able to receive free clothes.

- Access to appliances like TVs and heaters and baby items like cribs, car seats, and diapers through local organizations.
- Programs and classes at SBCC, such as the support group for grandparents raising their grandchildren.
- Community outreach events for families through local oil refineries.

One caregiver described the highly positive interaction with a local oil refinery made possible by her outreach worker. The following narrative recounts her experience.

The oil refinery adopted my kids. They gave us so many things. When I told them about the murder of my daughter and about her five kids sleeping in one room, they bought my kids bunk beds. They also gave us clothes, toys, and a large TV. I was crying so much. I was even able to give presents to all the children in my care. All the years I had been with DCFS with other children, I never experienced anything like this. It was thanks to the connection made at SBCC.

Participants are grateful for all information shared with them. When asked if they needed anything in particular, one woman summarized the sentiment of all: “*Just inundate us with resources—it all helps us.*”

Suggestions for Improvement

Feedback on the RSS program was overwhelmingly positive. Two recommendations stem from the experience of the focus group itself. Individuals greatly appreciated the chance to come together as a group to share their worries and frustrations with others going through a comparable situation, and to exchange ideas. The focus group was originally scheduled for an hour and half and went over two hours. At the end, the women created a phone list so they could keep in contact. The value they found being together can be noted in this quote:

Rather than being in our little homes crying and venting and feeling alone, when we come together like this and hear stories, we feel like we are not the only one going through difficult circumstances.

Another woman remarked that “*I’m so glad we did this. Thank you for the focus group. Please keep doing them. We’d like to see each other on a regular basis.*” The clear message given was that a potential complement to the individual contact with outreach workers would be periodic support groups for relative and NREFM caregivers. While it is true that SBCC offers a program for grandparents that at least two participants were familiar with, relative and NREFM have unique needs that could benefit from time together. For example, in this focus group alone, they shared tips about interacting with DCFS and accessing resources. They also began comparing their struggles and noted policy and systems changes that would be important to work towards.

This leads to the second programmatic suggestion. Several of the women were very motivated to look into the possibility of advocacy efforts to address policies and practices at DCFS and HACLA (Housing Authority of the City of Los Angeles). They felt that meeting

regularly would be one way to begin compiling data that could be used for advocacy. Two policies they were interested in focusing on were retroactive payments to cover the time between placement of children with caregivers and approval as a foster parent or guardian, and eligibility for Section 8 housing for caregivers in the program. “*One person shouldn’t fight alone,*” explained one woman. “*I am ready to become an advocate,*” declared someone else. Another person remarked that if they could become “*a strong community voice*” with the support of SBCC, they could address some of the challenges that they face.

The drive for advocacy stemmed from the realization that the difficulties they encounter have their roots in policies and systems that are not set up to support them and the children they care for.

If city/county/state would treat us and the kids in the way that we should be treated, we wouldn’t have to get things in bits and pieces from different places. I appreciate all that we get from various programs and consider them a blessing, but it also feels like we are begging for things. Before being a caregiver, we didn’t ask for help. It is new for me to be in this position. It’s not a good feeling. The kids and us deserve to be treated with dignity.

Closing

The conversation with program participants revealed that the Relative Support Services implemented by SBCC effectively meets a significant need among relative and NREFM caregivers. Through their outreach workers, caregivers have access to many resources and services in a timely manner. The communication of caregivers with outreach workers is often more positive than communication with their DCFS social worker. The result is less stress for families and more tangible assistance. The focus group also revealed that several women involved in RSS would welcome meeting regularly both to support one another and to potentially take action to encourage improvements in the system. In summary, RSS is a promising new program with great potential to have an impact on multiple levels.