

**SAN FRANCISCO DEPARTMENT OF SOCIAL SERVICES**  
**PROVISION OF SUPPORT SERVICES: RELATIVE CAREGIVERS**  
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**INTRODUCTION:**

One of the most difficult challenges facing the current foster care system has to do with the increasing numbers of foster children who are in long term placements with relatives. Over the past several years and throughout the state of California, the number of young children placed with relatives, mostly as a result of substance abuse and parental negligence has risen dramatically. Contributing factors include the increasing number of children in care overall and declining numbers of traditional foster homes.

California serves approximately 20% of the nation's children in out-of-home care and places over 50% of those children with relatives. About 213 of the state's increase in placements over a 5 year period of time involved children placed with relatives.

The benefits of family care over foster care are recognized as being more child-focused. Kinship care offers children familiar caregivers during a time they are experiencing the crisis of removal from birth parents and provides an opportunity for siblings to maintain their relationships. Kinship placements also offer the advantage of maintaining familiar ethnic, racial and cultural continuity for children. The children have significantly more stable placements than children placed in licensed foster homes. Moves that occur are usually from one relative's home to another and therefore less traumatic.

The children in kinship care are predominately young (age 7 to 8) African Americans. Their problems are similar to children in traditional foster care in that they are performing below grade level and have health, mental health, and behavioral problems. The average age of relative caregivers is 50 years old and they are generally single, employed maternal grandmothers or aunts. They are generally in more fragile health and less financially stable than licensed foster parents.

Relatives receive priority consideration when placement decisions are made but their ability to provide for all of a child's complex needs may not be fully assessed until well into the placement. Kinship caregivers are not provided with the preparation and training that is made available to licensed foster parents. Staffing and workload burdens often contribute to relatives receiving less support, services and monitoring. The types and amounts of training, benefits and services which should be available to relatives once they enter the dependency system should be flexible and focus on specific family needs.

Public agencies are acknowledging that in order to demonstrate better outcomes, they must restructure their programs, contract with private agencies and provide more community-based services.

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## **Background:**

This case study describes San Francisco City & County Department of Social Services Family & Children's Program and their efforts to serve their population of relative caregivers. I was particularly interested in studying San Francisco because they share similar demographics with Alameda County in terms of their children placed in care. San Francisco has approximately 2,100 children in Long Term Care, approximately 84% are African American, and about 40% are placed with relatives. In Alameda County, there are about 2,800 cases in the Long Term Care Section, with about 74% African American and close to half living with relatives.

San Francisco and Alameda Counties have experienced similar nation-wide trends. African American children are placed more frequently with relatives than children of other ethnic groups. When compared statewide; children in kinship care in Alameda County are less likely to be reunified and more likely to remain in care longer. Children placed with relatives are rarely adopted, but guardianship is frequently used as an exit from foster care. Unfortunately, both adoption and legal guardianship often present clinical, legal and/or financial obstacles for many relatives.

San Francisco has several ongoing approaches to address the increasing numbers of African American children in foster care. Some of the impetus for change resulted from a State Department of Social Services audit which determined that the Family and Children's Program had been out of compliance with State requirements pertaining to performance evaluation and reporting since 1986. A corrective action plan was developed by the San Francisco City & County Department of Social Services to comply with the State's Child Welfare regulations and was approved by the State in 1993. The plan addressed the needs of children in Long Term Care placed with relatives.

Management made a commitment to providing different levels of services to this greatly underserved population. For a long time, management and staff had been aware of how the system was not designed for serving a large population of relative caregivers, as these cases utilize dwindling resources and place unrealistic workload demands on staff. Also, sadly, there were few positive outcomes for children and families. It was hoped that if services were delivered in more efficient, effective ways, relatives could be strengthened to the point of self-sufficiency. By focusing on a strengths-based model, some important objectives could be achieved. Relatives might be assisted in overcoming some of the obstacles to pursuing legal guardianship or adoption for some of the children they are caring for. Consequently, the numbers of children in out-of-home placement and worker's caseloads could be significantly reduced.

When I became the Program Manager for Long Term Care in May of 1994, I was disturbed by the high caseloads (60 children) workers were managing and by the fact that there was still an unassigned "bank" of close to two hundred cases. Increasing caseloads was not an option, given that morale was low, workers were providing minimal services and they were barely meeting mandates. Alameda County is interested in a number of strategies by which we could either serve relatives more efficiently and effectively or serve much fewer relative cases. Several agency and department strategic planning processes are underway. I was interested in studying San Francisco City & County's approaches to handling Long Term Care cases, particularly relatives,

and to perhaps being able to duplicate or adapt some of their strategies to better serve our families.

I was also interested in their Family Preservation/Family Support Planning process. As we are going through our own five year FPFS planning process and gathering information from the community, we are finding that a system of neighborhood services could readily address some of the dilemmas surrounding relative placements. For instance, our service delivery system as envisioned by Family Preservation/Family Support would build on the resources and strengths, rather than the deficiencies and weaknesses of relative caretakers. The continuum of services offered would be family-focused, accessible and respectful of cultural and community characteristics. Community-based, preventive services that alleviate stress and promote family competencies should be created or enhanced. Relatives identify these most needed services as respite care, training, parenting classes and support groups.

San Francisco's Family Preservation/Family Support planning committees all agreed on the need for neighborhood resource centers. They have also discussed the possible development of a kinship resource center, perhaps with outstationed workers in a neighborhood with a large clustering of relative cases.

The Kinship Support and Resources Program addresses many aspects of how to effectively manage large relative caseloads by contracting out some of the services to private agencies and eliciting the communities to assist and respond to the families needs. If kinship foster care can be viewed as a form of extended family preservation, original ties to the family can be maintained, but under the joint supervision of the Child Welfare Agency and a community-based agency. If the collaboration is successful, then perhaps the public agency will no longer need to be involved and the community will pick up whatever supports and services remain to be provided.

Administrative Reviews are a process by which San Francisco identifies those families which are most appropriate for the Kinship Support and Resources Program. By periodically reviewing the cases in Long Term Care, staff are finding that perhaps more families would assume legal guardianship or adopt iservices and supports were put in place to help them do so.

### **Design and Implementation:**

#### **Kinship Support & Resources Program:**

The concepts and philosophies regarding the Kinship Support and Resources Program (KSRP) originated with a group of health professionals at San Francisco General Hospital in 1989. Grandparents Who Care (GWC) was formed to address the unique and varied needs of relative caregivers. Their primary objective was to provide mutual support groups, advocacy and respite care for grandparents caring for their grandchildren.

Edgewood Children's Center (ECC) was founded in 1851 and was wellrespected in the community as an institution serving seriously emotionally disturbed children and their families. In addition to being a strong advocate for children's rights, they have reached out into the community to serve families through school and community-based programs. In an effort to

provide more community based services to families and children in San Francisco in the area of relative/kinship caregiving, they connected with Grandparents Who Care.

After a year long collaboration and merger between the two groups, data had been gathered about what these families needed. This information was used to expand the collaboration to include San Francisco's Department of Social Services and San Francisco Community Mental Health. ECC developed the Kinship Support and Resources Program as a private sector service response. The goal was to serve relative caregivers in a comprehensive, monitored, responsive, culturally competent manner. In addition, the program had to be cost effective and meet the mandates of the public social service system. The program philosophies of preserving placements and assisting at-risk children to achieve their maximum potential are consistent with the Social Services Agency Mission.

A needs assessment conducted in 1993 identified relative families needs. They were asking for help with respite, money, housing, health, peer~support, parenting, dealing with their children's behavior problems, and getting through bureaucracies. Not surprisingly, many of their children had school problems or therapy needs which had not been addressed.

Grandparents were hired as community workers, and as peers they could develop a respectful working relationship and play a significant mentoring role with the families. They are trained as co-facilitators for trainings, workshops and support groups and are respite, transportation and resource providers. There are currently four part-time grandparent community workers. They are coordinating with twelve social workers who train them in how to assess families and co-facilitate the support groups which are meeting at six locations once a week throughout the city. They stress the importance of community workers being accessible to a grandparent who may be angry and isolated, sometimes simply needing someone to talk to.

### **Outcomes/Measures:**

KSRP received funding to evaluate the program and designed a measurement of children and families outcomes. The goal was to longitudinally examine outcomes in terms of reunification with parents, meaningful participation in the community and their ability to use other community services such as mental health. The evaluation included eight quantifiable percentages: They deal with issues of placement stability, school attendance, health, participation in organized activities, ability to negotiate bureaucracies, and enhancing selfsufficiency. There was the recognition that qualitative analysis is also important to use because of the caretaker's tendency to minimize problems in order to maintain placements. Therefore, these qualitative measures were complimented with clinical examples and case studies.

### **Funding:**

Edgewood Children's Center/Kinship Support & Resources Program contracted with San Francisco Department of Social Services to provide support services to relative caretakers for \$165,000 (\$125,000-SFDSS & \$40,000-Senate Bill 910). In its first year, the KSRP had successfully leveraged \$50,000 through SB91 0, which provided a mechanism for claiming federal funds for medi-cal. \$40,000 in additional funds were leveraged to add to the counties

funding of \$125,000. Ongoing evaluation of program processes and client outcomes, including followup assessment of family stability was supported in part by a grant from the Stuart Foundations.

### **Methods/Procedures:**

All families referred by SFDSS are accepted by KSRPISP. The referring casecarrying worker indicates those services they believe the relatives could benefit from. After a referral is sent by SFDSS and received at KSRP, an intake worker calls the family. If they are reluctant to accept services, the worker continues to reach out, encourage and guide them to accept some services. The intake worker makes a home visit and develops a service plan with the family. The service plan can be revised and redefined and is used to set objectives and monitor progress. The family is then assigned to a community worker who becomes the ongoing contact person with whom the relationship and partnership with the family can be developed. The case gets transferred to one of two agency kinship caseworkers. Understandably, relatives often become confused with having a number of staff from the two agencies involved with their cases. There are two agency case workers who each have sixty kinship cases each. They are responsible for the mandated services such as funding and the face-toface contacts which do not count when made by the contract staff.

Agency workers are finding that these families have a multitude of problems which have not been addressed for long periods of time. They uncover problems and marginal situations such as families having no furniture, facing eviction because they haven't paid rent, abusing alcohol, and using inappropriate discipline. The percentage of time they spend on new court activity and filing petitions-for children's removal from relative placements has increased. KSRP works with the Casey Foundation which recruits and trains families for children who must transition from relatives who can no longer care for them.

The two agencies hold joint monthly meetings, but there seem to be problems with coordination and clarification of expectations, roles and responsibilities. For example, the two workers do not make an initial joint home visit, at which time they could explain their respective roles to the families. Also, the contract workers certainly do not have an equal amount of authority or leverage with the families, and yet there is an attempt to have them feel empowered as they are developing a trusting relationship with the families.

In general, the partnership between SFDSS and KSRP seems to be a successful one. Contracting with a private agency may be a significant part of the solution toward providing quality services to relative caregivers.

### **Administrative Review:**

In August, 1994, SFDSS re-initiated the conducting of Administrative Reviews of the cases in their Long Term Care Program. They had originally utilized Administrative Reviews as early as 1978. Under the revised process, the selection of children reviewed, staff notification, structure and content of the reviews was much improved. This is also the formal process by which cases are identified as needing kinship services. One of the purposes of the review is to obtain information that will assure the most appropriate plan for-the child. Young children who end up

growing up in foster care should be periodically assessed to determine if a more permanent plan can be attained for them. Another purpose was to identify the pattern of behaviors precluding implementation of the plan. Lastly, the Department wanted to identify current and future services and resources that needed to be developed.

Phase 1 of the Administrative Reviews is being conducted for children who are freed for adoption but not yet adopted, and children identified as Potential Return Home. Phases 2, 3 and 4 will cover those children placed with relative legal guardians, relative caregivers, non-related legal guardians and those in regular foster placements.

The reviews are scheduled one morning per week by unit, and both the supervisor and worker receive a memo that gives the name of the child to be interviewed along with the date and time. A panel consists of the Assistant General Manager, the Program Manager for the Long Term Placement and Family Services Unit, the Child Welfare Supervisor for the Partners in Parenting Program, a consulting psychologist, and an Adoptions Supervisor. As the workers present children, the process is a comfortable one, with everyone providing input, guidance and concrete suggestions, in the form of referrals. In each case, the child's current placement plan is reviewed and either revised or determined to still be appropriate. A Case Plan Update Form becomes part of the case record and is utilized as a follow-up monitoring tool.

Having the services of a consulting psychologist seemed critical in the review process. She reviews psychological evaluations, facilitates referrals and is able to gather information on the children on an ongoing basis. She is a part of the team and her recommendations are appreciated and respected. The process is successful, in that several children have been identified as adoptable, with the supports put in place to facilitate the plan.

### **Summary/Conclusion:**

My research in San Francisco County highlights the importance on focusing on a group of caregivers and applying a variety of approaches. It emphasizes the importance of utilizing community workers, training staff, allowing for reasonable caseloads, and supporting neighborhood based services.

One of the unanticipated consequences of the KSRP has been issues around confidentiality with the community workers. Many of the families are clustered in the same geographic areas with the community workers and many know each other. Training should be set up to assist the community workers in how to handle sensitive, confidential information. I was also warned that some relative caregivers become overly dependent when intensive services are provided and come to expect to be given extras. The focus must be on empowering them to be independent. Another concern was taking the time to properly train the community workers before sending them out into the field. We are currently focusing attention on our Kinship Program in the Long Term Care Program, and contracting with Family Support Services. An overview of the process and, suggestions which SFDSS offered were extremely helpful as we look at expanding our program and including more families. There are regulations and compelling casework reasons for us to set up a formal process for periodically reviewing the status of all the children in Long

Term Care. It is a beneficial form of accountability, could potentially lead to reduced caseloads and it would not be a difficult process to duplicate.

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