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**To: Placement and Program Focus Area Team**

**From: The Alliance for Children's Rights**

**Date: April 18, 2011**

**Re: Relative Caregiver Surveys –  
Findings and Recommendations**

## Introduction

In November 2010 California enacted Assembly Bill 12, the California Fostering Connections to Success Act, to improve outcomes for transitioning youth. This landmark legislation, which The Alliance for Children's Rights co-sponsored, will enable foster youth to elect to remain in care up until age 21. The goal of AB 12 is to help these young people achieve self-sufficiency by providing them with additional time in which to pursue their education, gain work experience, and live in a supported environment. However, it will take more than three additional years in foster care to realize AB12's goal of improving outcomes and helping these young people achieve self-sufficiency. The challenge before those working to implement AB 12 is to develop a program that shifts the practice of child welfare so that these young adults see foster care as a positive support system in which they want to remain.

The Alliance for Children's Rights is working with the other co-sponsors of AB 12 in order to ensure that critical stakeholder input, including the input of relative caregivers, is embedded into the AB 12 implementation process. This input is critical given that currently more than 35% of youth in care live with relatives, and kinship homes will likely comprise a significant portion of placements for 18 to 21 year-olds. Caregiver input is crucial to ensure that the regulations promulgated to implement the law facilitate and enhance their ability to provide a supportive and successful placement, and are consistent with the values of AB 12

The Alliance for Children's Rights surveyed 145 relative caregivers in nine Northern and Southern California counties during the month of March 2011. The survey asked a series of questions about the needs, concerns and suggestions relative caregivers have related to the extension of foster care beyond age 18. The Alliance also led a series of focus groups with relative caregivers. During these focus groups, relative caregivers were asked discussion questions and talked amongst themselves about AB 12 and the bill's extended services, and about their own experiences providing support and housing to transition age youth. The information from these focus groups supports our overall findings, and will be referenced in this report.

Specifically, relative caregivers were asked questions in several topic areas including: (1) continuing to provide support/housing to a youth beyond age 18; (2) the relationship with the county child welfare agency; and (3) rules for placements.

The following report contains a summary of relative caregiver answers by topics as well as analysis of the data based on the surveys and the responses from the focus groups. At the end of each section is a series of recommended policies that we believe integrate the relative caregiver's perspective while also remaining grounded in the core values of AB 12, which emphasize the voice of young adults; assistance and partnering; love and belonging; the unique needs of youth; maintaining eligibility; and supporting development.

In addition, in the course of analyzing the survey data, we identified several outreach and training needs that should be addressed and also provide a series of recommendations consistent with those training/outreach needs.

## **Continuing to Provide Support/Housing to a Youth After Age 18**

### SUPPORTS AND RESOURCES

Caregivers overwhelmingly (**92%**) affirmed their willingness to continue providing care and support with funding to a youth between the ages of 18-21, and had strong opinions about the supports, services and structure they view as necessary for these placements to work.

It was clear from both the survey results and the focus groups that relative caregivers are very committed to the youth in their care and invested in their success, but often feel they lack the resources or information to assist the NMD. When asked what other resources and support, in addition to the monthly foster care payment, the relative caregivers need to assist these young adults, **73%** of respondents indicated a need for help connecting youth to education programs and **64%** indicated a need for assistance with the youth's transportation. While relative caregiver's indicated a need for assistance with a youth's transportation, only a minority (**35%**) of caregivers were willing to co-sign a car loan in order to permit the youth to obtain his/her own means of transportation.

#### *Recommendation:*

1. Given the large number of relative caregivers indicating a need for help in connecting youth with education programs, we believe that systems should be developed to coordinate services and supports between the child welfare agency, Independent Living Programs, and the higher education community to ensure that youth gain assistance in activities like applying for financial aid, registering for courses, and accessing campus services such as tutoring.

### ASSISTING YOUTH IN MEETING THE PARTICIPATION REQUIREMENTS

When asked whether a caregiver should be required to ensure the NMD is meeting one of the participation requirements, **91.3%** of respondents answered in the affirmative. However, many caregivers qualified their answers, with suggestions that the young adult also have responsibility for verifying his/her compliance.

Most caregivers surveyed (**73%**) believe that NMDs who are not complying with their participation agreement (school or work, for example), be given a chance to remedy the problem; the average time suggested to resolve the situation was 6 months. The majority of caregivers agreed that in cases of non-compliance with participation requirements, a meeting be held with the county social worker, themselves, and the NMD in attendance to discuss the issues and develop a correction plan; while some felt the NMD should work on his/her issues first, prior to social work intervention, more thought the meeting should be held "right away," and that a follow-up meeting(s) take place to ensure that the problem was successfully dealt with.

In the event that a termination of foster care benefits does occur, **86%** of respondents indicated that the Notice of Termination be sent to both the relative caregiver and the NMD.

*Recommendations:*

1. Develop policies that permit, when appropriate, a caregiver to assist with verification of NMD's compliance with participation requirements. However, the caregiver's role in verifying compliance, if any, should be specified in the Shared Living Agreement, respecting the latter's status as an adult and his/her privacy.
2. When a NMD is not complying with the participation requirements, he/she should meet with the county social worker and caregiver as soon as possible to develop a plan that addresses the problems, including how progress will be monitored; the NDM can include other individuals in the meeting and/or the plan whom they feel can provide needed support or resources to assist them in overcoming obstacles.
3. In the event of a decision to terminate foster care benefits, the Notice of Action specifying the reason for the termination and the right to request a fair hearing should be sent to both NMD and his/her caregiver.

ALLOCATION OF FOSTER CARE BENEFITS

Most caregivers surveyed (**86%**) were of the opinion that the NMD should receive a portion of the monthly foster care benefit to, in their words, "help teach the value of money, learn to budget, handle finances and learn responsibility." Respondents were divided about whether or not they have any say in how the money allotted to the NMD is spent/managed, with **47.3%** answering yes, **26%** no, and **26.7** unsure.

*Recommendation:*

1. NMDs receive a portion of the monthly foster care benefit to spend/managed on their own. The Shared Living Agreement should address the foster care benefit, including the monthly amount given to the NMD, and what specific expenses she/he is responsible for covering, (for example, paying for all or a portion of food, transportation, entertainment, etc.). The agreements should be revisited if the NMD has difficulty managing the stipend, or as circumstances change (for example, if the NMD gets a job, or has new expenses, such as textbooks or transportation).

## **Relationship with the County Child Welfare Agency**

### **APPROVAL OF RELATIVE CAREGIVER HOMES AND PLACEMENT CHANGES:**

Caregivers were almost unanimous about the importance of their inclusion in decisions related to the placement, with **91%** agreeing that they should receive a copy of the placement agreement signed by the NMD with the county, stating their mutual rights and responsibilities. However many relatives recognized the NMD's legal status as an adult, with increased independence and control over decisions, and the importance of balancing this with their desire to "know what's going on" so they can offer support when needed.

In response to the issue of whether a 72 hour notice is adequate for removal if a placement is not working, **65.1%** of respondents felt that this time frame was inadequate. Their comments reflected the view that "as much time as needed to find another placement," was necessary to avoid homelessness, with many suggesting at least one month or more.

In response to questions related to licensing/approval standards that may pose barriers to providing care for youth between 18-21, a majority (**68.7%**) believe that a NMD and a same sex youth under 18 should not necessarily be prohibited from sleeping in the same room, and **52.2%** feel that they should not be required to report a NMD who is out of the home for more than 24 hours, as they do an under 18 year old youth. A larger majority (**82.5%**) felt that allowing NMDs to live in the same home with under 18 foster youth could be very positive because they could serve as role models and mentors to the younger youth.

### *Recommendation:*

1. Caregivers should receive a copy of the Placement Agreement signed by the NMD and the county agency. In a situation where a placement is not working, a planned transition occur within a 30 day period with exceptions to this time frame in cases involving violence or threats to the safety of caregiver, NMD or other individuals in the home.
2. There should not be a prohibition on placing 18-21 year-olds in homes with minor foster youth, or having a minor dependent and a NMD share a room.

## Rules for Placements

### HOUSE RULES AND RESPONSIBILITIES

The majority of caregivers surveyed (**over 78%**) expressed the need for a written agreement between themselves and the young adults living in their homes, and stressed the importance of the document being mutual, with each party having a clear knowledge of expectations. Many specified that it be similar to a contract, with an understanding of the consequences for not adhering to the agreement. However, survey and focus group responses indicated an understanding that the young adult might need an “adjustment period” and “chance to come into compliance” in instances when the youth fails to comply with the agreed upon terms.

The survey data shows that curfew and household chores rank highest in importance of the areas to be addressed. However, respondents listed many other topics about which they believe it necessary to have an understanding for the placement to serve everyone's needs and to minimize conflict.

#### *Recommendations:*

1. A comprehensive written document, called a Shared Living Agreement (SLA), be developed and agreed upon by the caregiver and the NMD, (with help from the CSW, case manager or another mutually agreed upon individual, if needed), prior to placement, (for a youth already living with a relative when he/she turns 18 who chooses to remain in that relative caregiver's home, prior to the youth turning 18).
2. An important component of the SLA relates to strategies for resolving conflicts, and many caregivers indicated that although they would first attempt to work out difference on their own, there should be access to an external support, (CSW, case manager, counselor) to help mediate.
3. A SLA, developed based on the survey results and incorporating the array of topics caregivers cited as important to include, is attached. This is a living document, which should be reviewed and renegotiated as conditions/situations change. (SLA attached)

## **TRAINING, RESOURCES AND SERVICES**

Caregivers responded to several questions related to training and resources and service needs for themselves and the young adults in their homes, to both maximize the likelihood of successful placements and support the NMD's efforts to remain in compliance with eligibility requirements.

Respondents identified a number of areas in which training would be beneficial and support the placement. They were divided, however when asked if it should be required: **46.5%** favored mandatory training, **35.9%** preferred voluntary, and **17.6%** were undecided. Caregivers most pressing training needs included: a) rights and responsibilities of young adults, ages 18 to 21; b) duties of the child welfare agency with regard to NMDs; c) conflict resolution strategies; d) information about connecting youth to education and job training. A significant number of caregivers expressed the need for support groups to assist in learning skills for dealing with 18-21 year olds.

The majority of caregivers (**74%**) ranked assistance and resources to connect the young adults in their care to education and job training programs, financial aid, and/or vocational classes as among the most pressing service needs, (as stated above, caregivers also want training in these areas, so they have the ability to support the young adults in these areas). Other services and resources they identified as important include: assistance accessing medical and mental health information, access to conflict resolution/mediation, assistance with NMD's transportation needs. (Please see below for Financial Allocation and Money Management)

### *Recommendations:*

1. Trainings (reflecting the needs identified above) be offered on an ongoing basis to both caregivers and NMDs. These materials should be targeted to the specific audience and clearly explain the benefits of remaining in care, the rights and responsibilities of youth, and the role of the providers. In addition, these training materials should set forth how foster care will change once a youth turns 18 in order to provide the young adult with more autonomy.
2. A current and comprehensive Resource Guide be available to NMDs and caregivers, focused on education and vocational programs and financial resources, job training programs, medical, dental and mental health resources. Specialized social workers, case managers or other identified county staff should be trained and assigned to offer assistance accessing these services and resources. The Resource Guide should be periodically reviewed and updated.