FINDING A NEW APPROACH TO FOSTER CARE FOR SAN FRANCISCO PRE-TEENS & TEENS

Listening Session #1:
Lessons from Professionals in the Field

FREEDOM FWD

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INTRODUCTION

Freedom FWD is planning to pilot a new model of family-based care and wraparound support for the San Francisco pre-teens and teens who have endured the most, and yet experienced the least stability: the youth in our foster care system who face challenges like complex trauma, the juvenile justice system, unstable housing and placements, and commercial sexual exploitation, and who currently tend to be placed in group homes far away from their friends and family. We know that our new approach will be strongest if its design is informed and shaped by the key actors and stakeholders in our city and in the foster care system. We are therefore conducting a series of listening sessions with youth, caregivers, service providers, policymakers, and researchers to help drive the design and development of this innovative new model.

The first listening session took place on September 5, 2018 and included policymakers, providers, and other professionals grappling with these issues. This report summarizes the activities, discussions, and key takeaways from that session.

PARTICIPANTS

We are grateful for the participation of everyone who joined us, including professionals from more than 15 agencies and organizations:

Jakki Bedsole
Brian Blalock
Kate Walker Brown
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Sabrina Forte
Barry Johnson
Stacey Katz
Sherry Lachman
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Sheela Ramesh
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And we are especially grateful for the thoughtful facilitation of the listening session by Jessica Mason, CEO and Founder of The Social Impact Studio.

OVERARCHING THEMES

Youth self-determination: To the extent possible, youth should get to define the services, supports, and people that they want to surround them.

Community-centered, family-based care: Services should be made available in the home or community, and should reflect the cultural norms of the community. It can be helpful when providers look like or have lived experiences similar to youth they work with. It is also important for the professional types of services (such as therapy) to remain secondary to building strong relationships with family or other natural supports.

Normalcy: Kids are just kids, regardless of their experiences. This means at least a few things. For one, youth in foster care should get to experience normal "kid things" like sports, dances, sleepovers, extracurricular activities, time with grandma or other extended family, etc. For another, it means the adults working with them should avoid over-pathologizing them for behaving in normal adolescent ways, which can include engaging in "risky" behaviors.

Transformative relationships: Having at least one unconditionally loving, consistent relationship with an adult is key. Create the conditions for such relationships to blossom and thrive.

Avoiding labels: Calling a youth "CSEC" or "trafficked," or focusing too closely on those experiences as important criteria for inclusion into a particular foster care model, does more harm than good. Be over-inclusive; focus on the whole human.

# ACTIVITY #1: DRAW THE FUTURE STATE OF YOUNG PEOPLE IN THE SYSTEM.

ACTIVITY #1: EMERGING THEMES AND TERMS

self-determination
responsiveness
possibility
youth-led transformative
power
roots intergenerational
uplift family
choice place-specific community
relationships
unconditional
systems-invisibility
youth-centered

ACTIVITY #2:
EXPLORE SELECTED QUOTES AND NARRATIVES OF YOUTH IMPACTED BY COMMERCIAL SEXUAL EXPLOITATION.
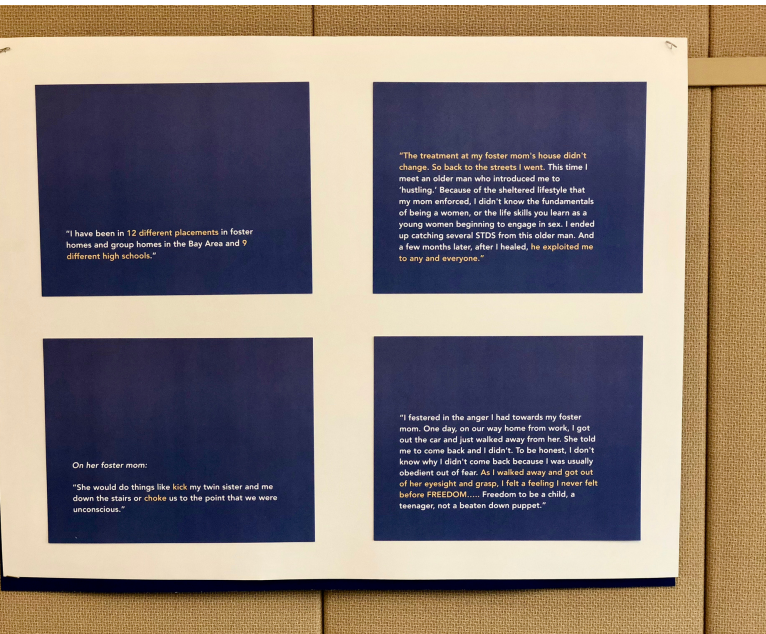
ACTIVITY #2 DISCUSSION

Implicit / explicit bias is present in the ways we describe some youth. (This was evident in the phrase "Rox is 15, African-American, and in love with her boyfriend, who's exploiting her (she doesn't process it as that)."

Racial disproportionality is critical and often only mentioned as a buzzword, rather than deeply considered and addressed.

Undocumented immigrants face additional layers of challenges encountering exploitation and/or systems.

Black families from impacted communities need to be at the table in any effective path to change.

Underlying causes: There is some, though perhaps not enough, research on drivers/general vulnerabilities, as well as protective factors, to exploitation. Having an economy that makes it possible for people to eat, live, and have a home, would certainly help.

Young Women's Freedom Center has been conducting ethnographic research involving 100 interviews with young women. A few statistics that have emerged: 1) Average number of times they've been moved in childhood = 25. 2) Average ACES score = 8.5. 3) Owning a home was the primary stability factor.

Broadening beyond "CSEC," both as a label and as a concept of who deserves what kind of help, is necessary.

Hope is an important factor for youth facing adversity.
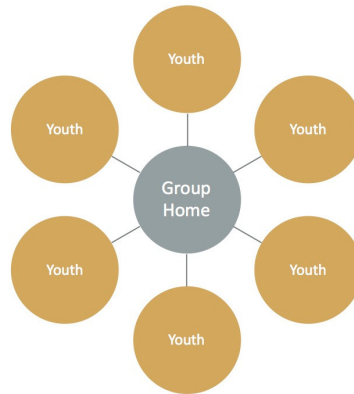
Education is key.

You cannot legislate love, but you can create conditions where love is possible, the conditions in which love thrives.

PRESENTATION: FREEDOM FWD'S PROPOSED APPROACH TO FAMILY-BASED FOSTER CARE

WHY WE'RE HERE

Typical Foster Care Experience for Youth Most Vulnerable to CSE and Other Harms

CHALLENGES

Family homes are difficult to recruit and inadequately supported, resulting in...

- Fully professionalized care, with trauma seen as pathology or delinquency
- AWOL time leading to frequent moves and changing providers
- Lack of healthy, organic relationships with adult mentors
- Lack of healthy peer supports
- High cost model of care with poor outcomes

WHAT WE'VE LEARNED

We studied programs nationwide who were providing family-based foster care to youth who have experienced CSE or other challenges. The key: **families and communities.**
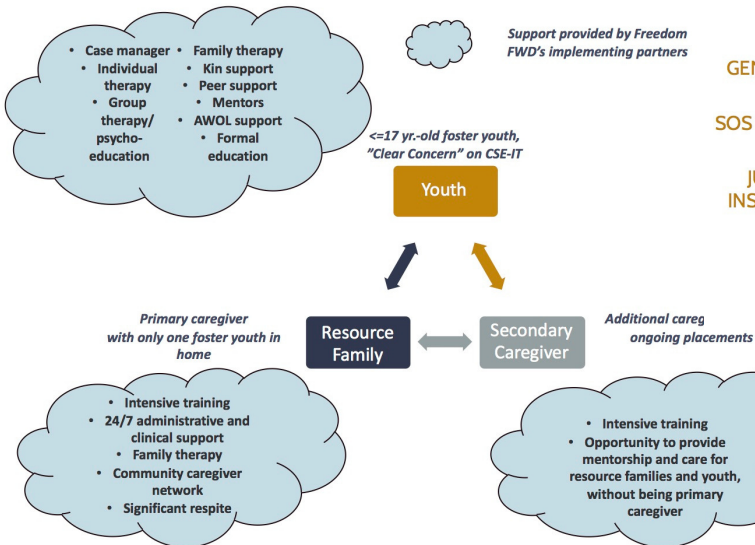
PROGRAMS	PROMISING PRACTICES
CHANCE (Florida)	Limits on the number or age of children in the home
HART (Connecticut)	Intensive training for caregivers on CSE and related issues
CONNECTUP (Washington)	Opportunities for clinical treatment, case management, and mentoring
MOCKINGBIRD (Washington)	Support for caregivers: professional and via networks of caregivers
GENERATIONS OF HOPE (multiple states)	Structuring groups of program homes into communities
SOS CHILDREN'S VILLAGES (Illinois)	Significant, flexible, and organic respite opportunities in community
JUSTICE RESOURCE INSTITUTE SMART TEAM (Massachusetts)	Flexibility and acceptance after a youth goes AWOL
	Consistency of providers when a youth moves homes

PROPOSED MODEL

Support provided by Freedom FWD's implementing partners

- Case manager
- Individual therapy
- Group therapy/ psycho-education
- Family therapy
- Kin support
- Peer support
- Mentors
- AWOL support
- Formal education

<=17 yr.-old foster youth, "Clear Concern" on CSE-IT

Youth

Primary caregiver with only one foster youth in home

Resource Family ↔ **Secondary Caregiver**

Additional careg ongoing placements

- Intensive training
- 24/7 administrative and clinical support
- Family therapy
- Community caregiver network
- Significant respite

- Intensive training
- Opportunity to provide mentorship and care for resource families and youth, without being primary caregiver

POST-PRESENTATION DISCUSSION

It is important to highlight more strongly **how bio families fit in**, and it is important for that role to be a big presence.

We might consider training foster parents to train bio families and/or be a part of visitations. Two models we could look at: (1) Youth Law Center's QPI; (2) A co-parenting model in Australia.

Extracurricular activities for youth are really important. Get coaches/support systems from those activities involved in the youth's team of support (e.g., head football coach).

Lawyers will also be important for youth, who often have a range of unmet legal needs. We should have a "cool legal team" serving youth, and those lawyers should be eligible for a special student loan forgiveness program.

Professional support feels too heavy on Freedom FWD's slides, compared to our description. We should **deprioritize the professional support** in future versions of our visuals.

Caregiver support should include support just for the caregivers, support that has nothing to do with the youth.

Consider ways to make sure it's not just white upper middle class families who would provide care in this program.

Consider the ways in which **child welfare and probation are two very different agencies** and will need to be navigated differently.

Child welfare is working with probation more and more, so maybe this as an opportune time to increase that connectivity.
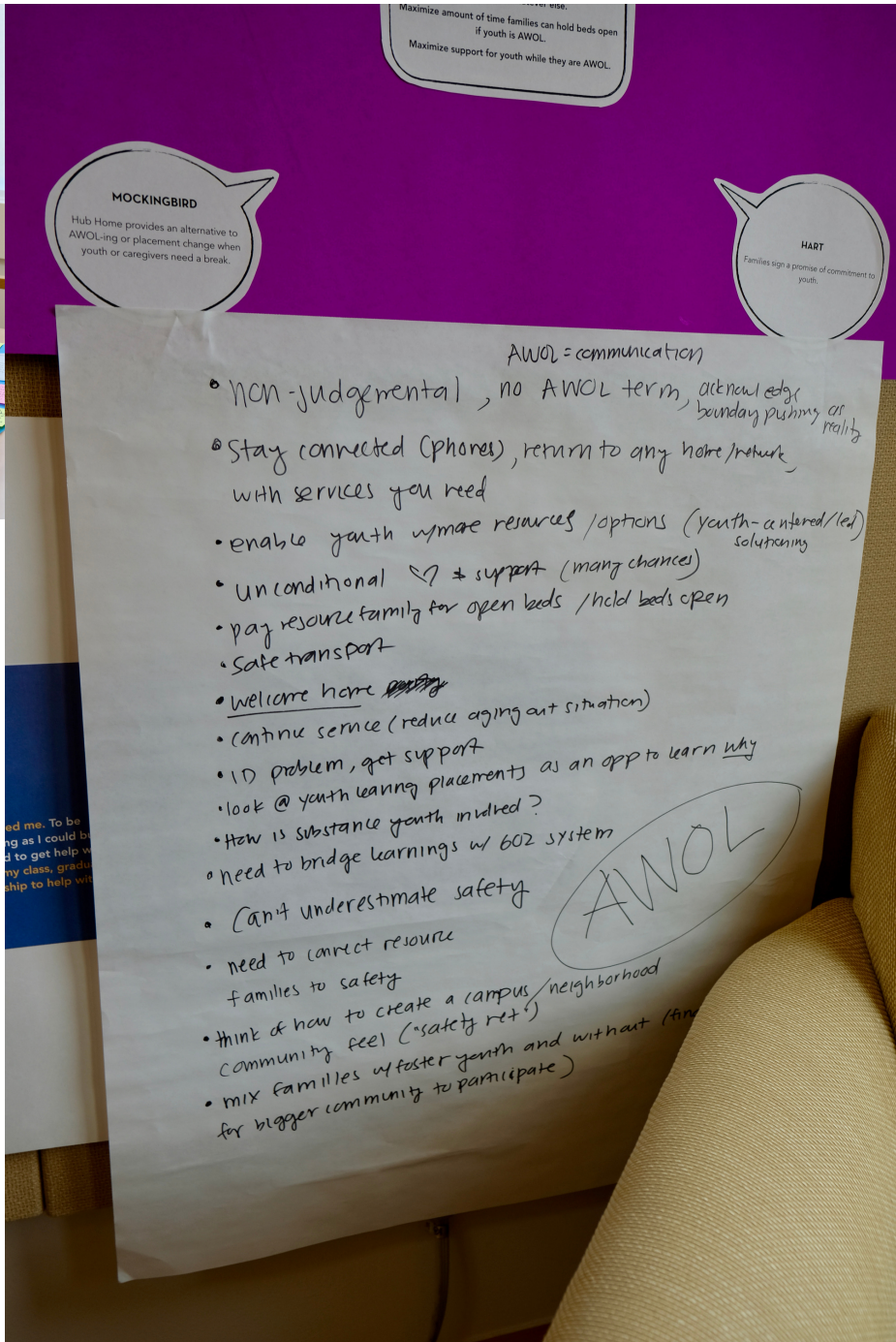
Community culture rootedness is important; the services and activities made available to youth and families should be rooted in their communities and indigenous cultures.

ACTIVITY #3: MODEL COMPONENT IDEAS
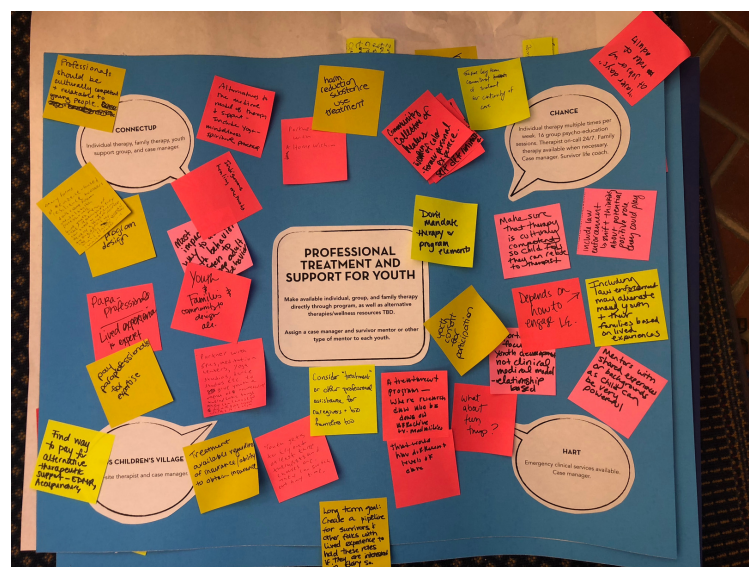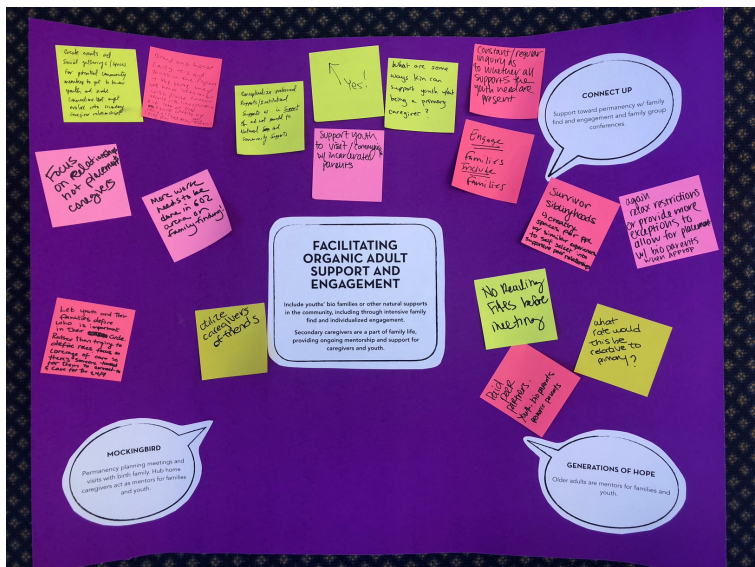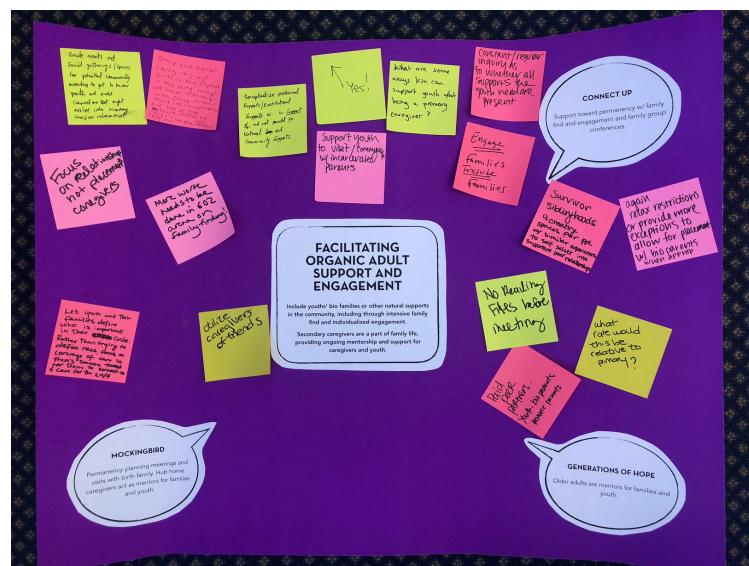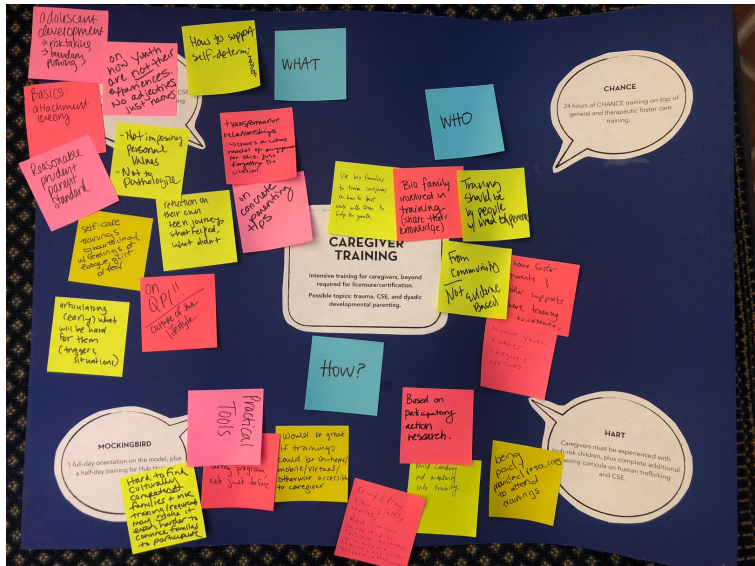
Participants individually noted their ideas for various components of our proposed foster care approach.

ACTIVITY #4: CONSOLIDATING IDEAS INTO THEMES

Small groups each assessed one or two components and the sticky note ideas on them, then collected those ideas into themes and some additional thoughts.

Highlights from these activities and the discussions they yielded are listed on the following pages, organized by component of the proposed foster care approach.

CAREGIVER TRAINING

Who should train?

Involve bio families (bi-directional training).

Make sure people doing the training have relevant lived experience and are part of the "real community," not just professionals providing evidence-based training.

Involve other foster parents and youth as trainers.

How should they train?

Training needs to be convenient for caregivers.

Training should have multiple modalities.

Make all training ongoing and accessible.

Utilize mentors/lead families/co-trainers.

Make sure it is coaching caregivers, not just training them.

It should feel like a learning "experience."

Set it up to be seen as an opportunity—something exciting that builds their skills—rather than as a pure obligation.

What topics should be covered?

Include more than just scare tactics.

Train on supporting youth's self-determination and meeting youth where they are.

Provide a strong orientation to trauma, while emphasizing that youth are more than their experiences.

Utilize attachment theory.

Look into QPI approach.

Provide concrete parenting tips.

Emphasize not imposing personal values.

Train on expectation setting.

Train on harm reduction.

Have caregivers reflect on their own journey as a teen: what helped and didn't.

Vet caregivers for openness and curiosity.

Leading with files as an introduction to the kids is dangerous; be people-based first.

Training approach: things might get tough, but caregivers can see those moments as an opportunity.These relationships can be transformative on both sides. We want to prepare you to be the most effective, to feel empowered. Encourage parents to reach out for support!!

Normalize youth through an understanding of adolescent development (e.g. risk-taking and boundary pushing are normal). They're just children, not aliens.

Toolkit for caregivers should be a set of skills and resources.

Teach caregivers the reasonably prudent parent standard of care.

24/7 SUPPORT

Have tiered levels of support for both youth and families, prioritizing community-based support first.

Who should provide support?
Natural, community, peer supports.
Not police or social workers.
Start with natural supports and progress from there to any professional supports.

How?
Plan for crises in advance.
Plug into San Francisco's upcoming 24-hour response.
Have plan-defined first response families rather than CPS, psychiatric assistance, or police.
First level: Like Next Door/peer-to-peer email/network.
Second level: Light touch (call or text).
Third level: Community support.
Fourth level: Professional support
On most extreme end: Hospitalization.
Should have parallel tracks for youth vs adults: Could we have a youth advocate available by text?

Where should support take place?
No-judgment drop-in center available 24/7, maybe on wheels. This was mentioned several times on sticky notes, though some participants highlighted that this could be abused by the system as a form of "placement."
24/7 support deployed on command as needed.
Transportation should be easy for 24/7 support.
Look into Hop Skip Drive—like Uber but for kids: https://www.hopskipdrive.com/
Have a 24/7 call/text line.

PEER SUPPORT FOR YOUTH

Provide support within schools.

Look at SAGE model, GEMS model (victim, survivor, leader), Saving Innocence (survivor leadership).

Support with wages in hiring peer mentors.

Peer relationships can build through hobbies and activities. Create partnerships to facilitate those activities, such as sports and clubs.

Find ways to support organic peer mentoring.

Set up and fund group outings.

Find peer-run organizations to support the activities youth want to participate in.

Hold **community nights** (e.g., movie nights, musicians).

If we have some kind of buddy/mentor system, have youth meet many potential buddies before matching them.

Support **self-organized writing and reading activities** (e.g., look at "Each One Reach One" approach).

CAREGIVER HOME AND COMMUNITY

A physical community might look like a campus or compound, or something like the Treehouse/Generations of Hope neighborhoods.

Law enforcement partnership can ensure law enforcement will be dispatched in minutes in a crisis. Afterall, doing so can help with their prosecutions.

Building a physical community instead of having isolated homes has both pros and cons in thinking about safety.

One concern is that young people who have difficult histories should get to experience something of a new identity in care, not in a group where they will be labeled or easily targeted for their past. Other concerns are that such communities might be less replicable, too defining of youth, and would unhelpfully remove youth from their natural communities.

Big families should be supported, not just families with a single foster youth.

Support caregiver self-care (e.g., spa day) that has nothing to do with the youth.

Support a cohort of caregivers.

Build community, rather than isolation. This includes placing siblings together.

Use the community as an opportunity to normalize the youth and the experience of foster care.

Consider providing housing support for caregivers.

CONSISTENCY AND FLEXIBILITY, ESPECIALLY AROUND "AWOL"-ING

Running away is a form of communication from youth, and we should *pay attention to what is being communicated*. Use this as an opportunity to learn why they left.

Don't use the term "AWOL" in the program.

Pay resource families to keep beds open.

Create safety and community around the home, with *extended family as a safety net*.

What if we re-thought the bounds of AWOL even more broadly, such that a youth was not considered AWOL unless they left the bounds of the entire community, rather than just the walls of the house?

Encourage youth to stay connected while AWOL (e.g., through phones) and to return to any home/network that feels comfortable.

Provide all services possible while youth is AWOL.

Have families and communities commit to providing *unconditional love and support* while youth is AWOL and, to the extent possible, *welcoming youth home* with celebration when they return.

Connect resource families with safety resources.

TERMINOLOGY

Ask youth!

For families:
"unicorn families"
"sugar families"
"family."

For secondary caregivers:
"village elders"
"fairy godparent"
"go-to"

For communities:
"constellation."

For program/providers:
Avoid clinical terms.
"Family and team"
"Care coordinators"
"Welcome team"
Fictive kin terms

For youth:
"stars"
"invincibles"

During the orientation process, ask youth what they would like to be called. Let these terms change over time.

Have fluid roles and fluid terms. How do we have people move between roles and still participate in the community?

CAREGIVER RECRUITMENT/MATCHING YOUTH AND FAMILIES

Youth should have an opportunity to meet the family before going to live there.
See "P Harmony" by QPI Harland (family matching software).
Maybe youth themselves can help identify and recruit potential homes.

Recruit more foster parents than needed at the beginning. Let youth decide who is the best fit and plug in the parents who are not selected by youth in other ways. This increases investment and agency to youth.

Clear people before the approval process is complete to do events and trips, and assess fit from there.

Build a pipeline of entry points for potential caregivers to come in at different levels.

Create opportunities for people to get involved beyond different levels of caregiving:
They could pay for an activity for youth.
Help child-proof a house for a grandparent.
Provide etiquette lessons by taking youth to a fancy restaurant.

Get rid of caregivers who are less than quality. These work to anti-recruit quality caregivers.

How might we make something that carries status for caregivers?

Stereotypes of foster families abound. When people say why they became a foster family, it was because they saw others that looked like them. *It was "someone like me" that made them pull the trigger.*

FACILITATING ORGANIC ADULT SUPPORT

Create conditions for organic connections to develop. See that as an ongoing part of the support process, which might require coaching/training to scaffold relationship building.

Bio families are important, both as placement options and as supports when they're not placements.

Recruit kin; consider facilitating multi-generational involvement.

Honor and trust caregiving practices outside the mainstream.

Youth should choose most of their adult support system themselves, through a process of guidance and building confidence/trust.

RESPITE

Have constellations of families supporting each other.

Don't call it "respite."

Everyone should go on vacation and have funds to support this.

"Respite" itself should not be a program.

Youth and families should decide who to be with.

For short-term, daytime opportunities, consider community orgs for fun and support (e.g., YWCA, spa days, Exploratorium).

PROFESSIONAL TREATMENT FOR YOUTH

Life coaches to help with goals: both adult and peer-based.

Prioritize **race, language, accessibility** of professional services.

Consider "treatment" that is much more expansive than Medi-Cal would necessarily cover. For example, consider harm reduction approaches, meditation, yoga, indigenous healing, etc.

Self-determination is key. Do not mandate services. Instead, approach should be "what are YOUR goals and how can we move towards them?"

Treatment should not be crisis oriented. All items should be available at all times.

Services shouldn't be contingent on level of engagement with system.

Professional services should not be or feel punitive (e.g., mandated therapy, juvenile hall).

Remember that the goal is wellness/growth.

Consider not adding case managers to the professional team. Youth have enough case managers as is.

Advocate for different healing modalities.

Providers should look like youth and be "dope."

MISCELLANEOUS THOUGHTS/SUGGESTIONS

How might we provide incentives for youth to report bright spots and challenges?

Review feedback given by providers.

Look at self-determined factors of resilience.

Allow youth to try new things/opportunities.

Take an expansive view of what might be considered healing.

Could we give families in this program free stuff? We honor and praise veterans with free stuff when they go places. How could people in this pilot be praised similarly?

See youth and caregivers as entrepreneurs of the program.

Provide youth access to opportunities for leadership or mentorship of others.

Support the development of basic soft skills. Caregivers might have the opportunity to role model certain soft skills to youth. How can this be incorporated into caregiver training?

What happens after 18 months of piloting?

Incorporate sexual health education.

Incorporate civil legal advocacy/know-your rights training/opportunities for self-advocacy.

Allow youth to paint rooms, and/or provide funds to make their home their own.

Consider a Q&A session for youth with system officials.

Consider arranging meetings or experiences for youth, based on their top 5 people or things they want to meet/see/eat/etc.

ACTIVITY #5: WHAT CAN WE PRESSURE-TEST BEFORE A PILOT?

What services are youth already receiving? Don't duplicate those services.

What would a kid want 24/7, when in crisis? What has been helpful?

Categories of roles (e.g., primary and secondary caregivers).

Levels of adult involvement and the conversion process from one role to another (e.g., from providing secondary caregiver assistance to becoming a primary caregiver).

CCL/Punishment of FFA/licensing issues.

Terminology: Pressure test possible terms with youth and caregivers, and pressure test concept of individual youth and caregivers deciding their own preferred program terms.

How many new caregivers can be recruited from untapped sources? (Holding beds involves a volume problem. Beds need to be additive to what city already has, rather than solely using existing beds).

Pressure test overall pilot concept with young people.

Case studies of barriers to fostering: Have youth refer potential families (say, 10-20 possible candidates), and then talk with them about what the barriers might be for them to become families in our pilot.

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