



Shared Family Care

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Description

Shared Family Care (SFC) offers a unique opportunity to help families achieve permanency for their children and move toward self-sufficiency. In this program model, whole families are placed in the homes of community members who mentor the families and work with a team of professionals to help the families obtain the skills and resources they need to achieve these goals. By providing services to the whole family, SFC enhances a family's ability to cope with the stresses of daily living while ensuring the safety of the children.

How Does SFC Differ from Other Family Support/Child Welfare Services?

Having an entire family reside in another family's home is the most striking difference between SFC and more traditional child welfare programs. Also, unlike traditional foster care placements, the birth parent(s) maintains primary responsibility for the care of her child(ren), and the parents and children learn to live together as a family. Following are additional characteristics of SFC:

- SFC is an **around-the-clock parenting program** where parents learn practical parenting skills in the context of daily living.
- SFC incorporates the **client's perspective and input** throughout all phases of the placement. Although SFC can be court mandated, clients generally participate on a voluntary basis.
- Each family has a **family support team** that helps the family identify their goals, ensure that the goals are consistent with the court plan, and develop a plan for achieving them. The team also provides the family with intensive case management services and linkage to community resources; monitors and facilitates the client's

progress in achieving her placement goals; and offers 24-hour crisis intervention services as needed. Case managers from SFC programs spend a considerable amount of time with the mentors and clients individually and together, and typically make home visits at least once per week. This intensity of services provides an opportunity for more meaningful, timely support to and assessment of families.

- SFC can be used to **prevent** a family from being separated; provide a safe, supportive environment in which to **reunify** a family that has been separated; or help parents **decide** whether or not to relinquish their parental rights.
- Most SFC programs provide **housing assistance and aftercare services** both formally through agencies and informally through ongoing contact with mentors. Although placements typically last 6 to 12 months, mentor-mentee relationships often last well beyond the placement.

Current Implementation of Shared Family Care

Although relatively new in the United States, several SFC programs exist throughout the country. Between 1997 and 2002, the National Abandoned Infants Assistance Resource Center at the University of California at Berkeley evaluated 3 programs in California and 1 in Colorado. Two of those programs were discontinued in 2001. The following programs currently exist:

- *The Employment and Human Services Department* in Contra Costa County, CA contracts with *FamiliesFirst, Inc.* to provide SFC to families throughout the county who are involved in the child welfare system. Placements last approximately 6 months. During this time, families receive intensive case

management services, and work with a housing specialist who helps each family secure permanent housing and prepare for independent living. Additionally, families are provided with 6 months of aftercare services after they leave the mentor home to help in the transition.

- *CHINS UP* provides SFC to a variety of families in El Paso County, CO. Although involvement in the child welfare system is not a requirement of the program, most of the clients have open cases. While in placement, several families in this program have decided to voluntarily relinquish their parental rights, thus freeing their children for adoption. The average placement length is 3 months.

Other SFC programs throughout the country include:

- *A New Life (ANL) Program*, at Crime Prevention Associates in Philadelphia, PA, has used SFC since 1991 as part of an intensive outpatient drug treatment program for pregnant and/or parenting women. Mothers are placed with their infants in mentor homes for an average of 5.5 months while they participate in the treatment program. In addition to receiving assistance with parenting and life skills, the clients receive intensive in-home services and on-site childcare. Graduates also have access to one year of transitional housing operated through ANL.
- Between 1990 and 2001, Growing Homes' *Whole Family Placement Program* in St. Paul, MN, placed more than 100 families in mentor homes, which were licensed as treatment foster homes. Although all referrals came from child welfare services, the families' needs and circumstances varied considerably. Placements lasted an average of five months but ranged from one month to two years. In 2002, the program was redesigned to focus specifically on adolescent mothers.

Who are the Mentors?

Mentors involved in SFC come from diverse ethnic and socioeconomic backgrounds. The majority are women, although almost half are married, and several are single men. The average age of the mentors is 46 years, and almost half have their own children (or grandchildren) living with them. About

75% have at least some education beyond high school, and most either work full-time (69%) or are retired (20%). While 27% of the mentors had previous foster care experience, the most frequently stated reason for becoming a mentor is to strengthen their community.

Who are the Clients Involved in SFC?

The clients of SFC projects typically are single women with young children, although two-parent families and single fathers also have participated. Clients in the SFC projects in California and Colorado are diverse both demographically and in their life experiences. They are an average age of 28 years and have an average of 2 children. They typically are very poor, isolated, lack stable housing, and have little education. More than half of the clients have a history of substance abuse.

SFC Outcomes

Of all the clients placed in SFC in CA or CO since 1997 (N=87), 57% graduated successfully, and 36% terminated early (7% were still in placement at the time of the report). An evaluation of the SFC program in Contra Costa County, CA revealed positive outcomes for graduated clients (N=25) in terms of self-sufficiency and re-entry to foster care:

- **Income/Employment:** Graduates' median monthly income increased from \$520 at placement intake to \$1,100 at graduation. This reflects the number of families who gained employment while in the program (from 36% having employment at intake to 76% at graduation).
- **Housing:** The percentage of families living independently (in permanent or supported transitional housing) increased dramatically from placement intake (18%) to graduation (76%).
- **Re-entry to the child welfare system:** Data gathered from 1998 to 2002 revealed that 3 children from 1 graduated family (4%) re-entered foster care within one year of completing the program. With a total of 36 children, this represents an 8% re-entry rate. In comparison, 13% of children in California, and 15% of children in Contra Costa County, re-

enter care within 12 months of reunification after regular foster care.

Financing Shared Family Care

Currently, state and federal Family Preservation programs are the most viable source of funds for SFC. Title IV-E (Foster Care and Adoption) funds can finance the placement of *adolescent* parents in mentor homes, as well as adult-headed families with a IV-E waiver. TANF funds can be used to support client families and finance some support services, as well as housing subsidies for graduates. State and local child welfare programs, in addition to substance abuse and homeless programs, also may be available to finance certain parts of SFC; and targeted case management through Medical Assistance may be a viable source although, to date, it has not been used for SFC. Private resources can support SFC planning, start-up and evaluation, and may be needed to fill in other funding gaps (e.g., respite, training, and aftercare). Additionally, some of the costs may be offset by parental contributions. In any case, innovative, flexible funding streams are necessary in order to ensure more widespread use of SFC.

What is the cost of a SFC placement?

Based on a family of three—a single parent with two children—the average monthly cost of a SFC placement in Contra Costa County, CA is close to \$3,000. This includes the monthly stipend provided to the mentor (\$1,200), the estimated monthly cost of case management services (\$533), and other administrative expenses including pre- and post-placement services (\$1,225). Based on an average placement duration of 6 months, the total placement cost for one family is approximately \$18,000, including all administrative expenses. Therefore, SFC appears to be slightly more expensive than basic foster care, but considerably less expensive than treatment foster care, which typically lasts longer. Moreover, these costs must be weighed against the community savings resulting from providing housing to parents as well as children, providing employment support and other services to parents, preventing (or minimizing) parent-child separation, and reducing the risk of children re-entering foster care.

Case Examples

Roxie graduated from Shared Family Care two years ago. Through her consistent progress, she continues to demonstrate the long-term benefits of the program.

Prior to entering Shared Family Care, Roxie was homeless, unemployed, and struggling with her addiction to methamphetamines and alcohol. A positive drug and alcohol tox screen at the birth of her fifth child prompted CPS to take custody of the newborn and her three sons, the fourth having already been given up for adoption. Roxie describes the shock she felt, as her children were taken from her at the hospital, as a "wake-up call" to deal with her addiction.

At 37 years of age, Roxie did not know how to live independently, having lost every job and every stable living situation to her addiction. The opportunity to be paired with a mentor, someone who could support her in gaining the important living and parenting skills she so badly needed, was what Roxie cites as giving her the most hope for the program.

Upon entering the SFC program, Roxie was reunited with her youngest son. Although Roxie maintained her sobriety, she was aware of the challenges she would face: she had not completed high school or held a job in nearly 10 years, she struggled to be a parent to her children, and she had low self-esteem as a result of the damage to her physical appearance caused by years of drug use.

Roxie and her mentor immediately developed an intense bond, one that extended to the mentor's entire family, who included Roxie and her son in many family gatherings. Roxie's visits with her other two sons gradually increased. Roxie also developed positive relationships with her sons' foster parents, teachers, and therapists, and began working on plans for reunification. After three months in SFC, Roxie got dentures, boosting her self-esteem and confidence. She also began taking classes in preparation for the GED. She continued to work hard in therapy, and maintained her sobriety.

After nine months in SFC, Roxie graduated from the program, and she and her youngest son moved into their own apartment. Since then, Roxie has

continued to progress as a parent and independent woman. She earned her GED and got a job for the first time in almost a decade; and the state closed the case on her youngest son. She also moved from transitional housing into her own permanent 2-bedroom apartment.

Although Roxie remains very involved in her older sons' lives and has plans to reunify with them once she becomes more financially stable, SFC helped her to understand her limits as a parent. Thus, she currently has overnight visits with her 8- and 10-year old sons several times a month. She is in close contact with their foster family, and speaks with her sons' therapists on a regular basis. Having had her youngest son with her for the past two years, Roxie now feels prepared to resume full parental responsibility for her middle child and is in the process of reunifying with him. Additionally, she states that she and her sons continue to benefit from therapy, and she continues to attend NA meetings.

Roxie also maintains a close relationship with her mentor, who provides childcare for her son while she is at work. Both families go to church together and spend holidays with each other. Roxie still feels very close to her mentor and her mentor's family. Through these relationships, Roxie has created a healthy and nurturing support system for herself and her boys. With her tenacity, spirit, and hard work, Roxie is a shining example of how Shared Family Care can help families turn their lives around.

James enrolled in SFC with his 11-year old son, Travis. His story illustrates that SFC is not just for mothers, and that it can be effective at reunifying families with older children who have been separated from their parents for a long time.

Travis had been living with his grandmother for years while his mother was in and out of jail and on drugs. Clean for six years and at the same job for several years, James wanted to become a father to his son, but he was afraid.

When Travis' grandmother became ill, James realized that he needed to step in, but he didn't know how. Even with a steady job, James shared a room in a flat that could not house a boy, and he lacked confidence about his ability to raise a pre-teen son.

A social worker helped him enter SFC, where he was placed in the home of a male mentor.

After James had a month to settle in, Travis joined him in the mentor's home. The son tested his father for months, but the mentor and social worker provided around-the-clock support and encouragement. They taught James how to pick his battles, set limits, and communicate effectively with his son. The SFC housing specialist also assisted James in locating independent housing. Gradually, Travis began to trust his father and, after a few months, for the first time he told his father that he loved him.

After six months of living with the mentor, Travis and James moved into an independent home. A few months after that, Travis' older sister joined them.

Additional Resources

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