

May 2008

**Final Report
To the Majority Leader
Illinois House of Representatives**

**DCFS Family Matters Program:
Second Year Report**

Permanency and Stability for Children
in the Care of Elderly/Frail Adoptive
Parents and Subsidized Guardians



Center for Law and Social Work

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May 15, 2008

The Honorable Barbara Flynn Currie, Majority Leader
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FINAL REPORT ON YEAR 2 OF THE DCFS PILOT PROGRAM:
PERMANENCY AND STABILITY FOR CHILDREN
IN THE CARE OF ELDERLY/FRAIL CAREGIVERS

We are pleased to submit this Final Report for FY 2008 pursuant to the Memorandums of Understanding (MOU) between the Illinois Department of Children and Family Services and you as Majority Leader of the Illinois House of Representatives.

The MOU established a pilot program to provide combined social work and legal services for older (age 60 and over) and ill caregivers who have adopted or take guardianship of children through DCFS. The goals of the Family Matters program are:

- 1) To develop secure future legal care and custody plans for children;
- 2) To provide information to caregivers and families about legal options for future care, including standby guardianship, guardianship, standby adoption, and adoption; and
- 3) To assist the families in the completion of the identified secure legal care and custody backup plans.

The MOU also required an assessment of state policies and procedures to allow social work and legal services to continue to be provided in a timely and cost-effective manner to families.

Interim and final reports were to be provided to the legislature.

This final report of the second year of the pilot program is a supplement to our far more detailed report on the first year of the program concerning history of the problem and need. This report provides details on program progress and the identified needs of these families. It also presents preliminary recommendations for additional resources and potential changes in policy and law.

Final Report on DCFS Pilot Program: Permanency and Stability for Children in the Care of Elderly/Frail Adoptive Parents and Subsidized Guardians

INTRODUCTION AND OVERVIEW

Each year more than 400 former foster parents who have adopted children die. Their deaths leave an average of 650 children at risk for reentry to the foster care system unless a plan has been made as to who will assume legal care and physical custody for the child. These plans are known as “backup plans.” The Family Matters Program is completing its second year of providing backup plans for older or ill adoptive parents and guardians of children who were previously in foster care. Over this two-year period more than 200 families have received legal and social work services from a highly skilled team of practitioners.

The Family Matters Program has developed policy recommendations, a training protocol and procedural manual, which can be used statewide to assist DCFS and others in backup planning.

It is often said that adoption is a lifelong process. Historically that has referred to the life of the child. Little work has been directed to the life of the family and the potential declining capacity of the parent in the adoption. The Family Matters Program is helping to change the face of adoption and family for children and families previously involved with the foster care system in Illinois. This report will provide an overview of the reason the program was created, outline services the program provides and will continue to provide and offer suggestions for programmatic and policy changes for child welfare in Illinois. This brief report is a supplement to our detailed report on the first year of the program and the reasons contained therein for the programs’ creation.

SUMMARY

WHY THE FAMILY MATTERS PROGRAM WAS CREATED

The Family Matters program was created to assist older or ill caregivers make a legal plan for their children while the adults are still alive and able to do so. This plan helps to assure continuity of physical and financial care for the children and is aimed at preventing the return of children to foster care.

WHAT THE FAMILY MATTERS PROGRAM DOES

Working as a team, a lawyer and a social worker make home visits to families who have expressed an interest in backup planning. During the first home visit backup planning is begun and all steps needed to implement it are outlined. The project has found that within 3 or 4 contacts, through home visits and telephone contact, a plan can be developed and the implementation begun. We have found that most families wish to complete short-term guardianship forms either as their final plan at the time of the initial contact or as an interim backup plan pending court proceedings.

Every family receives short-term guardianship forms during the first home visit. The forms are completed to either become effective immediately or upon the occurrence of a specified event in the future. As short-term guardianship forms do not survive the death of a parent, we encourage families to use them as an interim or short-term plan while waiting a court date for guardianship or adoption.

Legal services include short-term guardianship forms, which are completed with every family during our first contact with them, guardianship transfer, standby guardianship, successor adoption and power of attorney for property and or health care and referrals to community or other agencies. Lawyers and social workers also help families develop written plans for children when the family chooses not to go to court at this time.

Social work services include extended family meetings, mediations, contacts with collaterals, exploration of children's benefits with DCFS and other agencies, referrals and linkages with ongoing counseling and other support services.

At the end of each home visit, the family receives a written summary of the visit including who participated in the visit, what issues or topics were discussed, who will carry out what tasks prior to the next home visit or telephone contact and when that contact will take place. The date of the next scheduled contact is included in this summary form. All present at the meeting sign the form and copy of the form is taken back to the office by the Family Matters staff. Based upon the immediate needs of the family, their next contact may be with the social worker, the lawyer or both. As needs change over time, their primary contact person may change. Every family is informed that Family Matters staff is a team and we are all available to help them.

WHAT THE FAMILY MATTERS PROGRAM HAS FOUND

The Family Matters Program of the Center for Law and Social Work has provided in-home social work and legal services to 200 families to assist in the development of legal backup plans for children in the care of older, fragile, or ill caregivers. Families have been referred to the program from the DCFS post adoption unit, as a result of an outreach mailing or presentations to older caregiver groups in the community by CLSW staff and word of mouth from clients and social service providers.

Here is a summary of our findings.

1. Most older or ill caregivers recognize the need for a backup plan for children but lack information concerning:
 - Available Illinois legal options for backup and temporary care planning;
 - Children's continuing eligibility for and access to benefits;
 - Services to help stabilize placements, particularly around educational, behavioral and mental health services for children and adolescents;
 - Understanding that a termination of parental rights is permanent, forever that an adoption cannot be "undone" and that the children are their continuing legal responsibility;

- Banking information such as access to the child's subsidy check if the parent is incapacitated, Powers of Attorney for Property and Health Care and simple wills are legal services needed by this population in conjunction with backup planning for their children.

2. Families approach backup planning in ways that are dependent on the caregiver's health status or age:

- All families want to make a plan for their children;
- Most families will be able to make a backup plan;
- Some families will never be able to make a backup plan;
- Some caregivers may already lack decision-making capacity due to stroke or other medical problems. Legal and social work services to identify these families and provide additional legal services such as adult guardianship need to be provided before a backup plan can be implemented;
- Few if any families want their children to return to foster care due to parental death or illness;
- Most families are willing to use short-term guardianship forms and will complete them during our first contact with them;
- Older caregivers and their families are more willing to use short term guardianship forms and want to avoid involvement with the courts for standby orders;
- Ill caregivers are more likely to develop specific court ordered backup plans than those who are merely older and in good health;
- Guardianship is preferred over adoption as the backup plan in related cases;
- A backup plan, which will allow the child to remain with the adoptive family, is more likely to be developed if adult children of the adoptive parent have been supportive of and involved with the adoption of the child from the time of initial foster placement. Without this support, many families are unwilling or unable to involve themselves in developing a backup plan for the child, as they have never truly viewed the child as part of their family.

3. Systemic barriers encountered:

- **Insufficient DCFS staff and/or resources.** The post adoption unit of DCFS has an average of six staff members to assist more than 40,000 families who may seek services at any point in time. They are also required to complete subsidies, court reports and other documentation related to backup and stand by plans. Such a small staff cannot manage this task. The Family Matters staff has been providing the Adoption Court of the County Division with Investigative Reports for those families seeking Standby Adoptions. This is an inadequate solution to an ongoing staff shortage;

- Caregivers often state that they are unaware of the Post Adoption Unit's existence, or that they have been unable to connect with a Post Adoption worker or receive a resolution to a post adoption problem;
- Current child welfare practice currently requires adoptive parents and subsidized guardians to identify potential backup caregivers. Families believe that this constitutes the implementation of a backup plan which it does not;
- DCFS lacks policy and procedure concerning backup planning other than the OIG 60 + program which requires that caseworkers meet with the foster parent over 60 and the proposed backup caregiver to discuss the child, the proposed subsidy and the responsibility the caregiver is agreeing to assume in the future as the need arises. The backup is provided with telephone numbers of DCFS Post Adoption staff and Adoption Preservation Services. This is a relatively new process for DCFS. No specific directions are provided concerning what needs to be done should it become necessary for the backup plan to be implemented;
- Need for initial and ongoing child welfare staff training concerning backup planning, assessment of aging caregivers and acceptance of the child by the extended family, rather than merely the foster/adoptive parent;
- Insufficient documentation of family backup plans in child welfare agency files;
- Adoption is the only legal option available for children in the DCFS "subsidized guardianship control group waiver;" and
- Lack of standards for reinstating custody or restoring parental rights to rehabilitated birth parents. Some families wish to choose rehabilitated birth parents as backup caregivers. There is no current standard for social service providers, DCFS or courts to evaluate the capacity of a rehabilitated birth parent to resume parenting responsibilities for children who were previously removed from their care by DCFS.

4. Recommendations:

- Pass legislation to require DCFS to implement DCFS policy and procedure to require all families of any age to develop a backup plan;
- More social work services need to be provided to the extended foster/adoptive family prior to the entry of any permanency orders to assure that the child is being accepted into the extended family unit, and not merely by the adopting parents;
- Backup plans should be concretely developed at the time of adoption, and documentation of this plan must follow the child both in their subsidies and at the Post Adoption Unit of DCFS;
- Continuation and expansion of the Family Matters program to serve additional clients, both inside and outside of the general child welfare population, with funding increases to reflect actual cost of services provided;

- Resource guides need to be developed and distributed at medical center, educational facilities, libraries, pharmacies, social service agencies and the like to help families navigate the myriad of services and legal options available to them;
- Train child welfare staff to identify and assist caregivers with permanency and stability issues prior to the entry of adoption or subsidized guardianship orders;
- Services for incapacitated caregivers must be expanded. They need adult guardians to make decisions regarding the children. Their extended families need legal representation to obtain a guardian of the person of the incapacitated caregiver. As more and more older caregivers adopt or take guardianship of children, the population of caregivers who lose capacity to make decisions is likely to grow. A multidisciplinary response that involves DCFS, juvenile, adoption and probate courts, eldercare organizations, appropriate state and local agencies, and the adoption and guardianship attorney associations needs to be coordinated to help respond to the needs of children for permanency and stability. Family Matters Program staff has held meetings with the Presiding Judges in both the County and Probate Divisions of the Circuit Court of Cook County to develop a coordinated and streamlined system to assure that the children under the legal care of incapacitated adults are provided with new legal caregivers in a timely manner; and
- Standards and statutes must be developed to provide guidance or direction for courts, families and professionals on the growing issue of restoration of parental rights. The Center for Law and Social Work is participating in a work group with other professionals to draft appropriate legislation and guidelines concerning this controversial matter.

THE FAMILIES, THEIR NEEDS, AND FAMILY MATTERS INTERVENTIONS: CASE EXAMPLES

♦ Case Example 1: Birth Parent as Backup Plan

Great Aunt, who has been the guardian of five children for seven years, was quite ill and about to move into senior citizen housing with her husband. At the time of our initial visit she and the children's birth mother were present in the home and informed us that the plan was for the children to immediately be transferred to the mother's care. Both women wanted the DCFS financial subsidy to be sent to the birth mother. This plan was not feasible for the following reasons:

- Approximately 10% of the families have expressed a desire to have the child's birth parent serve as the backup caregiver. Currently this is not legally feasible under Illinois law, as no standards exist for the Courts to evaluate whether a parent is sufficiently rehabilitated to resume care of a child for whom their parental rights were previously legally terminated.
- At the time of a discussion of a backup plan, those birth parents who are still involved with the child and adoptive parents have demonstrated a lack of understanding of the legal implications of a termination of parental rights order, an adoption order or guardianship order. Repeatedly both adoptive parents and birth parents have told us that they view the adoption or guardianship as a "temporary plan" until the birth

parents made sufficient changes in their lives to be able to resume care of the children and have their parental rights reinstated.

- No current standard exists for social service providers or the Court to evaluate the current circumstances and capacity of a birth parent whose rights to the child in question were previously terminated when that parent is being considered as a successor parent or guardian. Thus if a family's "backup" plan is the (now rehabilitated) birth parent, there is no process or standard for reinstating parental rights to children.

♦ Case Example 2: Three Generations of the Family Assist in the Development of a Plan

Mrs. A is 92 years old and the adoptive mother of her 15-year-old great grandson. She called Family Matters in response to a letter she received from our staff informing her of our services. She stated that she was in very good health for a 92 year old and had an outstanding supportive family but liked the idea of putting a backup plan in place now rather than later. She asked if we could come to meet with her and her daughter, but not let them know that she had requested our services. Mrs. A, her 52-year-old daughter and her 25-year-old granddaughter were at the home when our social worker and attorney arrived for the first interview. They were present to make sure that we were not coming into the home to cause any harm to Mrs. A. Once our program was explained to them and we discussed the needs and wishes of the family a plan was developed. Short-term guardianship forms were completed at the time of the initial home visit. A Court order was recently entered naming Mrs. A's daughter as the standby guardian. Based upon his age, the 15 year old was present in court and consented to the appointment of the standby guardian. The family knows to contact Family Matters staff should Mrs. A's health deteriorate and it become necessary for her daughter to step forward and be appointed full guardian by the Court.

♦ Case Example 3: Backup Planning Prior to the Appointment of a Guardian

Mrs. C is a healthy 64-year-old woman. She has adopted five unrelated children over the past several years. She is in the process of being appointed as the subsidized guardian of a 13-year-old female. Based upon her age, Family Matters was asked to help her develop a backup plan for the 13 year old. Following a meeting with Mrs. C and her adult daughter, plans were made for her adult daughter to become the short-term guardian for all six of the children. Short-term guardianship forms are being completed for the five children previously adopted and will be completed following Mrs. C's appointment as the Subsidized Guardian of the 13 year old.

♦ Case Example 4: Dying Guardian and a 2-Step Plan of Succession

Mrs. D is dying of cancer. She has guardianship of her deceased adopted daughter's daughter. She has selected one friend who resides near her home to act a short term guardian for the child and another friend to accept guardianship of the child following Mrs. D's death. Family Matters staff is assisting the family with all of the legal and social work services needed to fulfill Mrs. D's plans for her daughter.

◆ Case Example 5: Making a Backup Plan at the Time of the Initial Adoption

Mr. and Mrs. E are 82 and 83 years old respectively. They are in the process of adopting a 3-year-old unrelated child. Family Matters staff facilitated the entry of the Order for Adoption as well as the Order for the Standby Adoption by another at the same time in the same proceeding. This was a case of first impression and was done as a coordinated effort between the assigned casework agency, Family Matters Staff and the Circuit Court of Cook County, County Division

SUMMARY OF CURRENT CASE STATUS

- The preferred backup plan for relatives who adopted children from foster care is guardianship rather than adoption. This seems to grow from their wish to not further distort the original family relationships. We have encountered many instances where it will not be possible to implement a guardianship rather than an adoption due to the subsidized guardianship “waiver” and the issues related to the “control group” as part of the waiver. Several of these children may need to return to foster care in the home of their current relative caregiver due to subsidized guardianship not being a legal option for them and the child’s severe mental health and behavioral needs. Unfortunately approximately 9 children have been returned to foster care following the death of their prior adoptive parent or guardian, despite the efforts of Family Matters and other programs to arrange for a successor parent or guardian.
- In 2 different cases, 5 children are being returned to foster care because the adoptive parents and her extended families are fearful of the children, do not want them and no other backup plan exists. The children have severe mental health and behavioral problems, and have threatened the adoptive parents and the children themselves.
- Six cases are scheduled in Probate Court for the appointment of guardians for the children, and an additional 6 cases are ready for filing. We will be asking DCFS to complete background checks, home studies and new subsidies prior to completion of the guardianships.
- Six cases are in the process of moving through the Court for the appointment of standby adoptions.
- In 7 or 8 cases the proposed backup plan was the immediate return of the children to the birth family with whom the children have had an ongoing relationship. These returns are not currently legally possible as there are no existing standards for the Courts to evaluate social work recommendations of parental rehabilitation.
- More than 90% of our families have short-term guardianship forms, which they are utilizing currently, or awaiting the occurrence of a future triggering event.
- Three families wish to proceed immediately to a successor adoption due to the advancing Alzheimer’s disease of the adoptive mother. One family is also seeking assistance with finding larger and safe affordable housing to accommodate a family of 8.

TIME REQUIRED FOR THE DEVELOPMENT OF A BACKUP PLAN

Our preliminary research findings reveal that the average case requires 1.7 home visits, 10.8 telephone calls, 3.9 emails and 1.8 letters to develop a workable backup plan. This involves approximately 12 hours of staff time. Court activities to implement either standby or permanent guardianship or adoption orders involve another 10 hours of average work.

Our evaluation process also shows that families know the legal backup plan they would like but do not know how to implement it. Sixteen out of 17 families in the sample families who wanted a backup plan at the beginning of our work with them were able to implement a workable plan.

Nearly 90% of all families worked with have completed short-term guardianship forms at a minimum, even if they are not yet ready or willing to proceed to a court ordered plan. The complete evaluation report is attached.

CONCLUSION

The Family Matters Program created through the MOU is the first DCFS program to take an in-depth look at addressing permanency and stability needs of children whose adoptive parents or guardians are older or ill. Prior to the establishment of this program, DCFS lacked resources to devote to the issue of planning for children who are at risk of—or who have become— orphaned after adoption or guardianship. This program provides a first step toward building a more systemic program of information and supportive services for these families to help them secure future permanency for children; and training, policy and resource development to better equip the department and private agencies to assist these families.

RECOMMENDATIONS

In addition to the above recommendations, we believe that backup planning should be immediately implemented statewide by DCFS for all families pursuing adoption or guardianship. The existing Family Matters Program is funded with \$500,000 by DCFS pursuant to the MOU. This funding provides for services to 200 families, policy and evaluation research, development of new protocols for documentation of backup plans, development of a protocol for identifying elderly and ill caregivers who may be in need of future care and custody planning, and development of recommendations concerning DCFS and private agency training regarding legal options and documentation of backup planning. Other program components, such as staffing of the project's Advisory Committee and completion of this report are being contributed at no charge to the Department. A budget of \$750,000 should be sufficient to provide services in Cook and the collar counties with an additional \$350,000 to meet the needs in the rest of the state.

•Continue and expand the current pilot program: This program needs to continue and expand so that more cases can be accommodated.

- DCFS estimates that approximately 27.4%, or 500 newly entering yearly adoptions and guardianships involve caregivers age 60 and above.

- More than 3500 additional existing cases involve caregivers who are now over 60 years of age in Cook County alone—and most are without a plan for the child’s future care and custody.
- Approximately 400 children each year who have been adopted through DCFS have been orphaned.

The current staffing level of 2 full-time attorneys and 4 full-time social workers and one administrative assistant is sufficient at the present time. The \$500,000 budget is very tight. A per case cost is being developed. Additional funding needs to be raised by the Center for Law and Social Work to significant cover operating expenses incurred by the program such as court costs. The program continues to develop a procedure and policy guide and training materials to be used to replicate the program statewide.

•Train child welfare staff on legal options and ways to assist older and ill caregivers with successor caregiver planning: Training of DCFS and private agency staff on legal options and backup planning for older and ill caregivers also needs to take place. Training should include how to complete an assessment of the future backup caregiver, legal options available to Illinois families, case benefits assessment and coordination of benefits with available legal options, methods of safeguarding access to financial benefits for children, disclosure of illness within families, cultural issues that impact future planning for children, short-term guardianship as a temporary private guardianship measure, and how to assist families when caregivers lack the capacity to provide legal consent for temporary or future care. Family Matters staff has begun and continues to do this training. Staff is available to train and provide other agencies statewide on the procedures and protocol used for backup planning. We are unable to expand beyond Cook and the Collar Counties ourselves at this time.

•Conduct outreach for the purposes of informing the community of subsidized adoptive parents and guardians of the availability of backup planning and services. Community outreach should include child welfare agency adoptive and foster parent groups, DCFS foster parent groups, and groups of grandparents raising grandchildren previously in the care of DCFS. Family Matters staff has begun and continues to do this outreach.

Sincerely,

Dana L. Corman, JD, LCSW
Executive Director
Center for Law and Social Work

Linda S. Coon, Attorney at Law
Co-Chair
Family Matters Advisory Committee

cc: Honorable Rod R. Blagojevich, Governor, State of Illinois
Honorable Michael J. Madigan, Speaker, Illinois House of Representatives
Honorable Emil Jones, Jr. President, Illinois Senate
Erwin McEwen, Acting Director, Illinois Department of Children and Family Services

³ Procedures 359: Authorized Child Care Payments includes a section c) Interim Payments for Dissolved Adoptions, including adoptions that are dissolved due to death of an adoptive parent. These payments take effect on the date an “interim subsidy agreement” is signed by all appropriate parties—a process that can take approximately 2 months to complete. No provision is made for the payments for the 2-month “gap” period.

Appendix 1

DCFS Pilot Program
Elderly/Frail Child Caregivers

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING, is entered into this 7th day of May, 2006, by and between the State of Illinois, acting through the Department of Children and Family Services, hereunder referred to as the “Department” and State Representative Barbara Flynn Currie, Majority Leader of the Illinois House of Representatives.

WITNESSETH

WHEREAS, the State of Illinois has the duty to provide for the health, safety, and welfare of its residents; and

WHEREAS, the Department of Children and Family Services is the lead state agency for ensuring the protection of abused and neglected children and providing services for children requiring substitute care when separated from their natural parents; and

WHEREAS, the Department is responsible for providing social work, legal services, and permanency planning for children requiring substitute care that results in guardianship and adoption; and

WHEREAS, permanency planning for children in substitute care includes placement with grandparents or other relatives who may be elderly or frail and whose status may change due to advanced age, disability, or death which may require successor placements for the children in their care; and

WHEREAS, an increasing number of grandparents and other relatives age 60 and older are adopting or becoming the subsidized guardians of children placed in their care by the Department; and

WHEREAS, elderly and frail caregivers, and the children in their care, would benefit significantly by the provision of information, social work, and legal services to ensure a safe and secure successor placement of the children in the event of the disability or death of their caregivers.

The Department agrees:

To allocate approximately \$100,000 for a pilot program of services that will include the provision of necessary social work and legal services to be provided to selected older and ill caregivers, and the families of recently deceased caregivers, including those who will or have adopted or will or have taken guardianship of children previously in Department custody.

The Department agrees to select a provider for this service by June 15, 2006, and to create an advisory committee to oversee this pilot.

Social work services to selected caregivers shall have the goal of securing a future care and custody plan for children in their care, including the provision of information to the caregivers and families about standby guardianship, guardianship, standby adoption, and adoption. The services will assist the caregiver in developing a plan for the child if the caregiver should become incapacitated or terminally ill, or should die while the child is a minor. The contract shall include the development of a process and any necessary forms to document the information given to caregivers and to document plans for future custody. This process will include the provision of information and forms to assist the family in the event of incapacity or death of the elderly caregiver in each child's case file and adoption or guardianship subsidy files as applicable to the child.

The Department shall also include in the agreement with an appropriate provider the provision of legal services to assist selected older and ill caregivers, and the families of deceased caregivers, with the goal of securing future care and custody plans for children in their care. Future care and custody plans may include: standby guardianship, successor guardianship, standby adoption, and successor adoption.

As a pilot effort, the services provided under the contract will also include an assessment of State policies and procedure under which the social work and legal services may continue to be provided in a timely and cost-effective manner to older and ill caregivers, and to families of deceased caregivers in order to ensure permanency for children in their care and improve gaps in service that may now exist.

The report may also include recommendations regarding 1) a protocol for identification of elderly and frail caregivers who may be in need of future care and custody planning services; 2) methods of outreach to elderly and frail caregivers; 3) training for Department and private agency staff on methods of assisting older and ill caregivers to make future care and custody plans for children in their care; and 4) a protocol for ensuring that older and ill adoptive parents document designation of a future caregiver, and the acceptance of responsibility by a future caregiver, a copy of which would be included in each child's case file and adoption or guardianship subsidy file as applicable to the child.

The contract must require an interim report by January 1, 2007, on the results of the services provided and any legislative impacts, together with recommendations regarding necessary changes in policies, procedures, rules, and resources that will enable the State to meet its responsibilities and a final report May 15, 2007. Services provided under the contract will be limited by the availability of funding, and the availability of the social work and legal services to meet the needs of older caregivers that may be available to achieve

the goals of this agreement. The provider of these services has the authority to designate the geographic area of the pilot project.

IN WITNESS THEREOF, the Department of Children and Family Services and the Illinois House of Representatives caused this Memorandum of Understanding to be executed by their authorized representatives on this 7th day of May 2006.

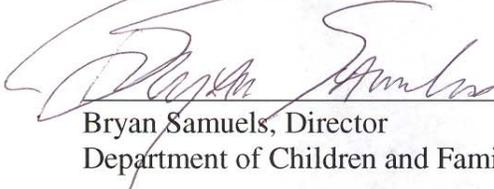
For the Illinois House of Representatives



Date 4/7/06

State Representative
Barbara Flynn Currie, Majority Leader
Illinois House of Representatives

For the Department of Children and Family Services



Date 4-7-06

Bryan Samuels, Director
Department of Children and Family Services

Appendix 2

**Addendum — Memorandum of Understanding
As Amended April 17, 2007**

The Parties who caused the Memorandum of Understanding executed April 7, 2006, relating to **DCFS Pilot Program Elderly/Frail Child Caregivers**, which has become known as the **Family Matters Pilot Program**, and about which an interim report was filed with the General Assembly, “*DCFS Pilot Program: Permanency and Stability for Children in the Care of Elderly/Frail Adoptive Parents and Subsidized Guardians*,” hereby agree that the provisions of that agreement will be extended through the fiscal year beginning July 1, 2007, and ending June 30, 2008, and that there will be an allocation through the Department of Children and Family Services of at least \$500,000 for that purpose, and an additional report on the results of the pilot program shall be submitted to the Department of Children and Family Services and to the General Assembly by May 1, 2008.

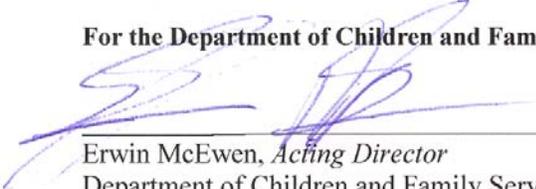
In WITNESS THEREOF, the Parties have caused this Memorandum of Understanding to be executed by their authorized representatives on the 17th day of April, 2007.

For the Illinois House of Representatives:

 4/20/07

State Representative Barbara Flynn Currie, *Majority Leader*
Illinois House of Representatives

For the Department of Children and Family Services:

 4/18/2007

Erwin McEwen, *Acting Director*
Department of Children and Family Services

Appendix 3

Center for Law and Social Work Staff and Contact Information

Dana Corman	Executive Director JD Licensed Clinical Social Worker
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Appendix 4

Program Evaluation

**FAMILY MATTERS PROGRAM EVALUATION:
Findings from a Case File Review**

Susan Mayer, Ph.D.
Principal, Mayer Consulting
for
Center for Law and Social Work

May 2008

INTRODUCTION

The purpose of this evaluation of the Family Matters program was to characterize the families who seek assistance from the program and determine how such characteristics affect service provision and outcomes. The specific research questions guiding the study are as follows:

- How can we characterize the issues and circumstances that motivate families to seek backup planning and shape the process of plan development?
- What do we know so far about the level of staff resources involved in working with families in different circumstances?
- What outcomes do families and children experience? Specifically:
 - How many children receive each type of backup plan?
 - What family and child characteristics are associated with the type of backup plan developed?

Understanding how adoptive and guardianship families headed by older or ill caregivers are similar - and dissimilar – informs the development of well-tailored policies and procedures for assisting families in varied circumstances. Although each family is unique in important respects, this study worked to identify specific challenges and barriers to backup planning that affect significant numbers of the caregivers seeking assistance from Family Matters.

Method and Sample

Case file review methods were used to gather extensive data on fifty families who received or are still receiving backup planning services from Family Matters. Cases were selected using a random number draw. To ensure that an adequate amount of information on the family would be in the case file, only families who had received at least one home visit by Family Matters staff were included. Data capture forms were developed to collect information about the caregiver, the children, other key family members, critical issues in the family, and the number of service-related contacts between the family and Family Matters staff. Discussions with agency staff also were conducted to fill in gaps and confirm information where needed.

The fifty cases in the review sample comprise thirty-five open and fifteen closed cases. Of the closed cases, the median length of time they remained open is 7 months. Almost half the cases (23) were self-referrals; just over one-third (18) were referred by the DCFS Post Adoption Unit.¹ Referrals by DCFS predominated among cases opened during SFY2007; self-referrals were more numerous among SFY2008 cases. Private service providers, other state agencies, and private attorneys referred the remaining cases. Generally speaking, cases referred by DCFS or other service providers were more complex and involved families with multiple needs. The textbox provides a snapshot of the demographics and family composition of the families whose cases were sampled.

¹ In December 2006, the DCFS Post Adoption Unit began identifying older (60 years or more) adoptive parents and subsidized guardians of former wards and sending monthly letters notifying caregivers of the Family Matters program. As the program progressed, self-referrals began to outpace referrals from DCFS.

Textbox 1. A Snapshot of Families in the Case File Review

Caregiver age:

- Range: 47 to 86 years old
- Median age: 70 years old

Caregiver sex:

- Solo female: 42
- Solo male: 1
- Married couple: 7

Caregiver's legal relationship with children:

- Adoptive parent: 45
- Legal guardian: 3
- Other: 2 (1 unknown; 1 legal custody pending)

Caregiver's biological relationship with children:

- Biological kin: 23
- Not biological kin: 10
- Biological kinship with only some of the children: 1
- Biological kinship unknown: 16

Number of adopted/guardianship children in family:

- 1 child: 23 families
- 2 children: 18 families
- 3 or more children: 9 families

Note: Only former DCFS wards counted; however, two caregivers also have custody of non-wards under private guardianship arrangements.

Biological relationships among children in families with more than 1 child:

- All children are biological siblings or half-siblings: 18 families
- None of the children are biological siblings: 7 families
- Other: 2 families*

** In one family with 4 adopted children, 2 were biological siblings; the other two were not biologically related. Biological kinship among children in one family is unknown.*

As the data in the textbox show, caregivers in the case review sample overwhelmingly are unmarried women raising children, and more than half of them are 70 years of age or older. (In the case of married couple caregivers, the age of the spouse who contacted Family Matters was used.) In at least half the families, the caregivers are biologically related to the children in their care; most often, they are grandmothers, and typically kinship is with the birth mother's side of

the family. In just over half the families, the caregivers are raising two or more former state wards that they have adopted or taken into subsidized guardianship. In one family, a married couple has been caring for an abandoned infant and wishes to adopt the child, but the birth parents' rights have not yet been terminated. In more than two-thirds of the families raising more than one child, the children are biological siblings or half-siblings.

Table 1. Children's Age & Sex

	Under 10	10-12	13-14	15 +	Total
Male	10	12	12	11	45
Female	4	7	15	16	43
Total	14	19	27	28	87

Note: The age of one female is not known; the sex of one 17-year-old is not known.

The fifty families whose cases were sampled include eighty-nine children who are still minors and in the legal care of the adoptive parents or guardians.² Table 1 breaks out the children by sex and age at the time of intake. Boys and girls are about evenly represented, but as the table indicates, teenagers make up nearly two-thirds of the children in the sampled families.

FAMILIES' READINESS TO ENGAGE IN BACKUP PLANNING

Initial analysis of the case file data reveal that families differ in both their clarity about wanting backup planning assistance and their readiness to engage with the process at the time of case intake. About two-thirds of the caregivers in the sample were clear that they wanted backup planning services; however nearly half of them were not fully prepared to engage in the process. The remaining third of the caregivers expressed unclear or inconsistent wishes; these families also appeared to have multiple needs and be experiencing more turmoil than the other families. A family's readiness – or lack of readiness – to engage with services shapes the planning process, and as previous Family Matters reports have pointed out, planning is more difficult when the family is experiencing a crisis. Further analysis of families' circumstances revealed three distinct subgroups that distinguished the caregiver's readiness to engage in backup planning:

- **Ready to plan – 18 families:** The caregiver has identified a backup person for all his/her children; the backup appears to be qualified and is willing, and the caregiver and backup follow through with the steps necessary to develop the backup plan.
- **Not ready to plan – 15 families:** The caregiver is seeking backup planning – as opposed to some other form of assistance – but has selected an unqualified or unwilling backup person, has planned for only some of his/her children, or does not follow through with the necessary planning steps.

² Two families also had adopted children who had reached the age of majority by the time Family Matters opened the case; these children are not included in the present analysis.

- ***Other assistance wanted – 17 families:*** The caregiver appears to want someone to take custody of the children immediately, is seeking residential or respite care, or is inconsistent or unclear about his/her wishes. Also included in this category are situations where the someone other than the caregiver appears to be driving the process, and the caregiver’s own wishes are difficult to determine.

Connections between demographic or family composition factors and readiness to plan suggested that families with three or more adopted/guardianship children were slightly less likely to have a workable backup plan in mind at the initial contact with Family Matters. However, this pattern is not strong. Otherwise, child and caregiver demographics and family composition factors do not appear to be associated with the caregiver’s readiness to engage in backup planning.

A Few Words About the Planning Process

All families are offered short-term guardianship forms at the initial home visit. Some families execute them immediately; others put the blank forms away for future use. No legal assistance or court action is required to implement short-term guardianship; the caregiver simply fills out a form for each child, specifying the conditions under which the short-term guardian would take over (if the caregiver is hospitalized, for example), and both the caregiver and the appointed guardian sign the form. These are effective for 60 days, and the caregiver may sign a series of them if longer-term substitute guardianship is required. Short-term guardianships become invalid upon the legal caregiver’s death.

For standby adoption and guardianship, the family needs to identify a qualified and willing successor, and the caregiver needs to consent. Standby orders are entered in court. In addition to being willing to assume custody of the children, the designated backup in a standby adoption must pass a background check; DCFS is responsible for running these checks. Standby plans become effective when the caregiver dies or becomes too incapacitated to care for the children.

If the caregiver dies or is incapacitated before a standby plan is in place, or if for another reason custody of the children needs to be transferred immediately, Family Matters notifies the DCFS Post Adoption Unit, which in turn refers the case to The Cradle for a home study and preparation of the interim subsidy agreement. Family Matters staff provide the family with the DCFS attorney panel list.

In order for the planning process to move smoothly to completion, the caregiver must identify a willing and qualified backup person, have the capacity to consent to the plan, and follow through with required steps. It also is necessary for DCFS to perform the background checks in a timely fashion, and when needed, to make a prompt referral to The Cradle. The next section of this report looks at situations faced by families in the case review that complicate the backup planning process.

Wanting Backup, but Not Ready to Plan

With the exception of two families in which the caregiver had an idea about backup planning for only some of the children in her care, the main reasons families who want backup planning services are not ready to plan – at least, not at this time – are that the identified backup person is unwilling or unqualified, or that the caregiver simply doesn’t follow through or changes her mind about planning services. These reasons sometimes are related: caregivers whose initial

ideas prove unworkable may decide not to move forward on an alternative plan. Some caregivers, having been given the short-term guardianship forms, decide that is sufficient for the time being, and refuse additional services. One terminally ill caregiver, with whom Family Matters continues to work, has a backup person in mind, but wavers on pursuing a permanent plan, in part because she is having trouble coming to terms with the seriousness of her illness.

In three families, the caregiver wanted the children's birth mother as backup, sometimes using language ("give them back") that suggests a misunderstanding of the permanence of adoption. Two caregivers gave up on the idea of having the birth mother as backup, but were then unable or unwilling to develop an alternative permanent plan. In the third case, all four children in the family went to live with their birth mother. Unwilling to consider other options for permanent planning, the adoptive parent in this case executed short-term guardianship forms for the birth mother and refused further services. All three of these cases are closed.³

In general, cases in this category tend to close more quickly than other cases; they represented two-thirds (10 of 15) of the closed cases in the case review sample. Upon closing, Family Matters sends a letter assuring the caregiver that she may contact the agency again if she changes her mind and decides to move forward with a permanent plan.

Caregiver's Interest in Backup Planning Unclear

Sometimes it is difficult to determine exactly what the caregiver wants for her children. In nine families, the caregiver appeared to be looking for someone to take custody of some or all of the children immediately or to have them admitted to a residential care setting. Caregivers occasionally make this wish clear at the outset of the case; more often it emerges as staff work with the family.

In four cases, the caregiver did not express a clear idea as to who could act as backup or changed her mind about backup as the case progressed. In another five cases, someone other than the caregiver initiated the contact with Family Matters. These circumstances are not mutually exclusive: Caregivers whose decision-making capacity is diminished may be unclear about how they want their children cared for, and another family member may actually make the call to Family Matters and press the caregiver to plan. The problem of diminished caregiver capacity is taken up in the next section.

Barriers to Planning Readiness: Turmoil in the Family

Families in the second and third planning-readiness categories – particularly the third – typically are in more turmoil than those in the "ready to plan" group. Analysis of the case files suggests three specific circumstances that present a barrier to a caregiver's readiness to engage in backup planning for her children. These situations overlap, and the most troubled families often are dealing with more than one:

- The caregiver is unable to cope with the children's behavior problems;
- The caregiver's capacity to care for or make decisions about the children is impaired; and
- There are high levels of conflict within the extended family.

³ It is worth noting that birth parents were involved with their children in some way in more than one-fifth of the case review sample families.

Children's Behavioral Problems

In twenty-eight of the fifty case review families, one or more of the children displays behavior problems, and most families are finding ways to cope with them. However, in eleven families, the caregiver's difficulty in coping with her children's behavior played a role in the decision to contact Family Matters. Five caregivers appeared to be looking either for someone else to take custody of some or all of the children immediately, four were seeking residential care or respite services.

♦ *Case example:* C is 71; she was widowed about six months prior to being referred to Family Matters. Her four adopted sons range in age from 7 to 11. The two elder boys have histories of psychiatric hospitalization, and C reports that they are "disrespectful" and steal from her. With her consent, the elder boys have gone to live with her son, R, but C wants to keep the two younger boys with her. Staff worked with the family to develop a plan for stand-by adoption by R for all four boys; the two elder boys continue to live with R.

♦ *Case example:* J is the adoptive mother of two teenaged girls; the girls are not biologically related to J. The younger daughter is in residential care; J wants residential services for her older daughter, B, as well. B is 16; she has been staying out at night, has a history of stealing, and tells police she's been locked out of the house. J insists that is untrue and blames intervention by B's biological family as the cause of the girl's behavior problems. J has resisted backup planning thus far – at one point saying she'd changed her mind about it – and rejects suggestions for addressing family problems, insisting, "They've already been tried." Tensions are high, and the family's pastor is providing counseling. At the time of case review, Family Matters was continuing to follow the case and will make additional attempts to engage the caregiver in planning.

When the children's behavior problems eclipse other family concerns, engaging the caregiver in backup planning is difficult. Even if the caregiver has a backup in mind, the child's behavior may complicate planning.

♦ *Case example:* A is the adoptive mother of her 11-year old grandson, K. K was substance-exposed before birth and has a long history of serious behavior problems including setting fires, abusing animals, stealing money from his adoptive mother, and getting into fights at school. At nearly 78 years of age and terminally ill, A knew she needed to need to arrange a successor caregiver for K and wants her adult daughter to assume the responsibility. Her daughter loves K, but hesitates to adopt him because of his history of harming others. She might be willing to assume guardianship if adequate supports were in place, but K is in the control group and therefore not eligible for subsidized guardianship.⁴ K lived with A's brother for a while, but the brother is unwilling to take custody, saying the boy "is too much" for him. During the course of Family Matters' work with the family, A died, and K was arrested for killing a dog. The boy ultimately went back to DCFS care.

One other child among the case review families also returned to DCFS care. Like K, this child also has very severe emotional and behavioral problems. Her sister remains with their adoptive mother.

⁴ At least eighteen of the children in the case review sample are in the control group and therefore not eligible for subsidized guardianship.

Caregiver Capacity

In eight cases, the caregiver's capacity to raise and make decisions about the children is uncertain. Two of these caregivers died during the course of Family Matters work on the case, and referrals were made to The Cradle; three others were referred to The Cradle as caregiver incapacitation cases. The remaining three cases are still with Family Matters, including this one:

♦ *Case example:* D is 68 and has been diagnosed with Alzheimer's disease. Ten years ago, she adopted her grandniece, J. D had previously signed an agreement with her sister, C, to care for J, but has not been providing C with money from the adoption subsidy. D is resistant to the idea of terminating her parental rights, wants to continue to live alone, and believes others in the family are trying to take advantage of her. The Cradle did a home study of C's home, and a plan has been developed to transfer J's adoption to C. However, the transfer is complicated by D's uncertain capacity to consent to the transfer; to order a transfer, the court would need to find D unfit. An adult guardian for D will be appointed in order to protect her rights as the process moves forward.

Family Conflict

When family members are in conflict with each other, engaging them in productive planning for the children is difficult. These cases are particularly likely to be among those where it is unclear whether the caregiver actually is seeking backup planning or some other form of help.

♦ *Case example:* The DCFS Post Adoption unit referred this case to Family Matters; it is unclear who initially contacted DCFS. O is the adoptive parent of three children, J, T, and Q, who range in age from 11 to 15. Over the course of Family Matters' work, O's capacity to care for the children appeared to be deteriorating. F and D, cousins to O, have been assisting her in caring for the children. The children's birth mother, L, and some of her relatives live out of state. Several months prior to Family Matters' involvement with the case, the out-of-state relatives came to O's home, threatening to put her in a nursing home and take the children out of state with them. O's daughter, who lives in the Chicago area, may be acting on behalf of the out-of-town family members. Although older caregivers' daughters often are the first choice as backups, the daughter reportedly has shown explosive anger around the children, and they are afraid of her. F believes the family is not acting in the children's best interests and that their behavior has threatened the kids' sense of security. Short-term guardianship forms were executed with F, but she and her husband are ambivalent about assuming permanent backup caregiver status. The case remains open, and Family Matters continues to work with the family to make permanent backup arrangements.

Sometimes, the conflict is between the children's birth parents and the rest of the family:

♦ *Case example:* E is the 83-year-old adoptive parent of her maternal granddaughters, A and S. E has health problems and appeared frail when Family Matters staff conducted a home visit. P is the girls' birth mother. Off drugs for 10 years and working steadily, P wants to regain custody of her daughters. E's other daughter, R, who lives upstairs from E and the girls, is E's preferred backup caregiver. However, the girls don't like R, who is strict with them and insists they stay home and care for E. Because of their age, the girls' consent would be required for a permanent guardianship arrangement, and it seems

unlikely that they would agree to live with R. R has refused to allow her sister, P, to visit her daughters, and the two women do not get along. Family mediation was recommended by Family Matters, but R is resistant, saying it's been tried before. Short-term guardianship forms appointing R were executed, and therapy for S and A, who are caught in the middle of a family conflict, was requested from DCFS Post-Adoption. The case remains open pending the development of a permanent plan.

In the above case, it may be that the birth mother is the best option as backup. However, although Family Matters staff provided her with information about regaining guardianship of her children, they cannot represent her directly. In any case, even if the mother were to regain custody of her children, she will not be eligible to receive the adoption subsidy.

Summary: Readiness to Plan

What the above cases should make clear is that there are no bright lines between the types of circumstances that make backup planning a challenge. Children's behavior issues, although difficult for many parents, sometimes become all but impossible to tolerate when the caregiver is older and experiencing her own health problems. Potential backup caregivers may be unwilling to take custody of children with severe behavior problems. Conflicting views in the family about a caregiver's capacity to raise the children complicate the development of a backup plan, and caregivers with diminished capacity often find it difficult to arrive at a decision about a successor caregiver. Birth parents and the relatives who assumed legal custody of their children may have long-standing anger toward each other, complicating arriving at agreement about a plan.

A key conclusion from the readiness-to-plan analysis is that most families do not enter into the backup planning process with a clear and workable plan for their children. Although most families have an idea about backup in mind, some of these ideas prove unworkable or caregivers find they are not quite at the point of being ready to make a permanent backup plan. The disarray in other families puts backup planning on a back burner while other issues are sorted out first, including having the children live elsewhere for a time. In addition to having an impact on the planning process itself, the families' readiness to plan shapes Family Matters' staff work; this topic is taken up next.

Service Level and Readiness to Plan

One of the key goals of the evaluation was to connect the types of issues families present with and the level of services provided to them by Family Matters staff. In order to obtain a reasonably accurate measure of the contacts between Family Matters staff and client families, cases opened very recently were excluded from this portion of the analysis. Recently opened cases are not far enough along in the process to provide a good estimate of staff contact. Therefore, the service level analysis is confined to the thirty-one cases that were opened prior to 1 October 2007.⁵

⁵ Eighteen of these cases are still open and continuing to receive services from Family Matters staff. In addition, full contact records were not kept in the earliest months of the project. As a result, the service level estimates presented here should be understood as conservative.

Following the intake call, which typically is with the caregiver, but may be with a family member, DCFS staff, or private agency staff, Family Matters schedules a home visit to occur within 1 or 2 days. Typically, two staff conduct the home visit; sometimes a third staff member – usually a social work intern – also will attend. Home visits run about 1½ hours, not counting the time it takes to drive to and from the family’s home. In a few cases, family meetings were convened at Family Matters’ offices. Depending on the case, more than one home visit or family meeting may be conducted. Table 2 shows the contact data for all families in the service level analysis.

Table 2. Staff Contacts: All Cases Opened Before 1 October 2007 (31 cases)

	Home Visits & Meetings	Phone Calls	E-mail	Letters, Faxes & Documents
Total	61	322	93	61
Range	1-5	2-35	0-18	0-9
Average	2.0	10.4	3.0	2.0

Inspection of the table indicates that, on average, service contacts for a case include two home visits, just over ten phone calls, three email messages sent, and preparation or sending of two faxes, letters, or other documents. The actual number of contacts per cases varies significantly, as the “Range” figures indicate. Some families received as many as five home visits or family meetings; others just one. Seven cases had no documents or letters prepared or faxed; two cases had a total of nine. The range of phone calls is particularly large: For one case, staff have placed or received thirty-five phone calls, and the case is still open. In another (closed) case, only two calls were placed or received. There were no email messages sent in ten cases; in the remaining cases, the number of emails ranged from one to eighteen.

The count of email messages largely reflects communication with the DCFS Post Adoption Unit. Of the ninety-three email messages sent by Family Matters staff, just over two-thirds (64), were to the Post unit. Although some of these emails were checking on a child’s subsidized guardianship control group status, most of them were requests – sometimes repeated requests – for background checks or service referrals.

The Effect of Readiness to Plan on Service Level

The average number of contacts across cases tells an incomplete story, however. Depending on the family’s level of readiness to plan, the number of contacts is markedly different.⁶ Table 3 breaks out the service level data to show differences in these data for families at different stages of readiness to plan.

⁶ Caregiver and child demographics and family composition factors generally are not associated with service level, with one possible exception: Families with three or more children tended to have more home visits or family meetings. However, the small sample size does not permit firm conclusions at this time.

Table 3. Staff Contacts by Readiness to Plan

Ready to Plan N = 9 ⁷	Not Ready to Plan N = 11	Other Assistance Wanted N = 11
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◆Home Visits/Meetings per Case

Range	1-5	1-4	1-5
Average	1.7	1.5	2.6

◆Phone Calls per Case

Range	2-25	3-14	2-35
Average	10.8	7.1	14.4

◆Email per Case

Range	0-10	0-6	0-18
Average	3.9	1.8	4.2

◆Letters/Documents/Faxes per Case

Range	0-2	0-5	0-9
Average	1	1.8	3.1

Comparing families, who are ready to plan with those who want backup services but are not ready, indicates that the latter group’s cases involve fewer service contacts. As pointed out previously, these families’ cases tend to close more quickly – often because caregivers refuse further services after their initial idea for backup proves unworkable – and that may explain the lower service contact totals. Indeed, of the eleven families who were counted as wanting backup but not being ready to plan, eight had closed cases.

Families who may want something other than backup typically average one additional home visit or family meeting than do families in the other two readiness categories. As discussed previously, these families tend to be experiencing greater turmoil than the other families, and resolving their cases simply takes more work. For all types of contacts – home visits, phone calls, email messages, and various types of documents – families that are the least ready to engage in backup planning require more attention from Family Matters staff than do other families. These are the most resource intensive cases.

A separate analysis looked at the families with the highest service levels, defined as families who received at least three home visits or family meetings, or who had at least two visits and a higher than average number of phone calls or emails. Of these twelve families, only two appeared ready to engage in backup planning at the time of first contact. Both of these caregivers died during the course of the agency’s work with the family. Generally speaking, the same circumstances that make it difficult for families to plan – diminished caregiver capacity,

⁷ There was missing contact data for contacts with the ready-to-plan families. One case was missing email, letter, document, and fax data; another case was missing data on all contacts except home visits.

children’s behavior problems, and family conflict – characterize the cases demanding the most staff time. Ideally, backup planning should be accomplished before such issues arise, but if that has not been the case, combining legal assistance with sensitive casework is required.

What Types of Backup Plans Are Developed?

The types of final plans developed for the children are broken out by *case* in Table 4. Backup plans are done for individual children, but in most cases, the same type of plan is developed for all the children in the family. The exceptions comprise three of the four open cases coded as “other.” These cases will be discussed later in this section.

Except for pending plans – and this code was used *only* on open cases – transfers are the most frequently developed type of plan. Transfer of adoption or guardianship takes effect immediately. Typically, although not exclusively, transfers occur in cases where the caregiver has died or become incapacitated.

In contrast, standby adoption and guardianship plans are developed while the caregiver is still able to raise the children; these plans go into effect at such time as the caregiver dies or becomes incapacitated. Standby adoption and guardianship plans are entered by court order and are binding. Nine families developed standby adoption or guardianship plans for their children.

As noted above, all families are offered short-term guardianship forms at the initial home visit. Some families decide that these arrangements are sufficient, at least for the present. For the purpose of this analysis, only cases that closed without a permanent plan having been developed were coded as having short-term guardianship as the final plan. Generally speaking, Family Matters encourages caregivers to develop a permanent plan, and only if the caregiver refuses to do so will the case be closed. Thirteen caregivers in the sample are still working on a permanent plan; of these cases, nine were opened on or after 1 October 2007.

Table 4. Types of Final Plans Developed by Case Status

Type of Plan	Open Cases	Closed Cases	TOTAL
Standby A/G	9	0	9
Transfer A/G	9	3	12
Short-term G ¹	n.a.	10	10
Other ²	4	2	6
Plan pending ³	13	n.a.	13
TOTAL	35	15	50

1 – Only cases that closed without a permanent plan or some other long-range resolution were coded as having a short-term guardianship as the final plan.

2 – Include cases with non-short-term resolutions that were neither a transfer nor standby. These cases are discussed more fully in the text.

3 – This code indicates open cases for which a final backup plan has yet to be developed.

The six cases coded “other” reflect those where different children in the family had different outcomes or cases the children had an outcome not captured by the other plan categories. In three cases, children in the family had different outcomes from one another. In one case, one of the two children returned to DCFS case; a standby adoption was developed for the other child. Another case saw the elder two of three children go to live with their birth mother; short-term guardianship forms were used to allow the birth mother to make day-to-day decisions for the children. The youngest child remained with the adoptive parent. Finally, in one family with two children, a transfer of guardianship was prepared for the younger child and short-term guardianship used for the elder child, who was only a few months away from attaining majority.

The remaining three “other” cases include a step-parent adoption, another child who returned to DCFS care, and a case in which the caregiver just wanted to get her children back from their birth mother, with whom they had been living.

Types of Final Plans and Readiness to Plan

Being ready to engage in backup planning is associated with the successful development of permanent plans, as Table 5 indicates. Nearly all of these families developed permanent backup plans for their children, and three other families are working on such plans.

In contrast families categorized as “not ready to plan” were more likely to stop with short-term guardianship, although Family Matters has been successful in assisting others in developing permanent arrangements. Caregivers who wish to have the birth parents be their backup are disproportionately represented among the families classified in the “not ready to plan” group. To the degree that these caregivers assumed that the birth parents would be the backup, they may not have thought in terms of alternatives and simply refused further services. A couple of the other caregivers in this group already had some other form of backup arrangement in place – successor guardians named in their will, joint banking accounts with adult children, etc. – and did not feel the need for further planning.

Table 5. Readiness to Plan and Type of Plan Developed

	Ready to Plan	Not Ready to Plan	Other Assistance Wanted	TOTAL
Standby A/G	7	1	1	9
Transfer A/G	7	2	3	12
Short-term G	0	7	3	10
Other	1	3	2	6
Plan pending	3	2	8	13
TOTAL	18	15	17	50

It is worth noting that among the most disorganized families – those who are unclear about their wishes and who often need other types of assistance with a variety of pressing problems – nearly a quarter nonetheless have developed permanent backup plans, and nearly three-quarters of the rest are still working with Family Matters. As the service level data suggest, these families require extra support and staff time, which may explain the comparatively large proportion of “pending” cases in this group.

Final Plan by Child’s Age: Teenagers and Younger Children Differ

The number of children in the family does not appear to be associated with the type of final plan developed. Similarly, no clear differences emerge in final plan types between families where the caregiver is biologically related to the children and families where no such biological kinship is present. Pending cases and transfers of adoption were the most frequently occurring outcomes in families headed by caregivers over the age of 70. In contrast, standby adoptions and guardianships were the most typical plan developed among caregivers under 70. The relationship between caregiver age and type of final plan developed is only slight; a larger sample would be needed to see if the patterns hold or if this is simply a chance finding.

However, teenagers and younger children differ when it comes to the types of final plans developed for them. Although are about equally likely to experience an adoption or guardianship transfer (24.2% versus 25.5%), transfers typically rest on circumstances affecting the *caregiver* (death or incapacitation), it is therefore not surprising that the child’s age is not associated with this type of outcome.

However, as Table 6 makes clear, children under 13 were four times more likely than teenagers to have a permanent standby adoption or guardianship developed for them. When it comes to short-term guardianships, the reverse is true: the older children are four times more likely to have these temporary arrangements developed on their behalf.

Table 6. Type of Final Plan by Child’s Age

Type of Plan	Children under 13		Children 13 and Over	
	N	%	N	%
Standby A/G	12	36.4%	5	9.1%
Transfer A/G	8	24.2%	14	25.5%
Short-term G	3	9.1%	21	38.2%
Other	2	6.1%	4	7.3%
Plan pending	8	24.2%	11	20.0%
TOTAL	33	100%	55	100%

Note: Due to rounding, percentages may not total exactly 100.

The reasons why cases involving teenagers are more likely to close with only short-term guardianships being done are only partially understood at this time. In two cases, several older children went to live with their birth mother or birth father, and short-term guardianship was the only option available to allow biological parents whose rights have been terminated to exercise day-to-day decision-making for their children. In another case, short-term guardianship was used for a child who was close to reaching majority. Finally, it may be more difficult to find willing permanent backups for teenagers, particularly those who have behavior problems.

Whatever the cause, the implication of this finding is that if the caregivers for these children die or become incapacitated, the children face the risk of returning to state care or living with successor caregivers who experience significant delays in receiving financial support to care for the children. A new program implemented by DCFS in SFY2008 conducts home visits with adoptive or guardianship families at the time their children turn 13 and 16 years of age. This effort can provide valuable information about the stability of these children's caregiving arrangements and identify those families who could benefit from backup services. It will be important for Family Matters to track these cases carefully in coming years to discover the dynamics that present particular challenges to the development of permanent backup plans for teenagers.

Summary & Conclusions

The present study does suggest several preliminary conclusions that are important for the development of policies and procedures to support backup planning for older or ill adults raising children. As is the case with any small sample study, these conclusions would need to be tested on a larger sample of families to arrive at a more decisive estimate of their prevalence in the population.

But the advantage of a detailed case file review is that, by exploring family issues and dynamics in detail, it can highlight complex issues and suggest areas deserving further exploration. The key take-away points from this study include the following:

- A family's readiness to engage in backup planning affects the likelihood of a permanent backup plan being developed for the children. This finding suggests that providing families with specific information as early as possible about the forms of backup plans, how to select a qualified successor, and what steps they will need to take to develop a plan may help more families approach the process with realistic and workable ideas.
- The cases of families who are least clear about their wishes for backup planning:
 - are the most resource intensive;
 - present with a variety of complicating problems, including children's mental health issues, diminished caregiver capacity, and high levels of conflict within the family; and
 - comprise a significant proportion of the older caregiver caseload. If the case review sample is representative; the families of as many as one-third of older caregivers raising former wards are experiencing significant levels of turmoil.
- The children's biological parents – most often birth mothers – are involved with their children in a significant minority of the cases. In some instances, these individuals may be the best choice of backup; however, current policy does not support reinstating their parental rights.

- Teenagers appear to be less likely than younger children to have permanent backup plans developed for them. Given the limits of the study, this finding is difficult to explain and should be explored more fully in the future in order to inform the development of policies and procedures tailored to the unique planning needs of families with older children.

Since the mid-1990s, Illinois has moved tens of thousands of former state wards into adoptive and guardianship homes, many of them headed by caregivers over the age of 60. Ensuring that the children in these families do not experience discontinuity if their adoptive parent or guardian dies or becomes too ill to care for them requires that appropriate backup plans be developed, and that the extended family be made aware of these plans and the supports available to the children. The cases reviewed for this study indicate that although many families have given serious thought to developing backup plans, others are ill-equipped to do so and can benefit from assistive services. Finally, the development of a knowledge base in this area is in the early stages. Further studies in this area will inform the development of effective policy, procedure, and practice protocols to serve the large population of older adults raising children.

Appendix 5

Family Matters Advisory Committee Members

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Jacqueline Collins.....	State Senator — 16th District
Linda S. Coon.....	Co-Chair Attorney at Law Chicago Bar Association Adoption Law Committee Legislative Subcommittee Chair
Richard T. Cozzola.....	Supervisory Attorney Legal Assistance Foundation of Chicago
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Mary DeBose.....	Vice President Children's Home and Aid Society of Illinois
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