Kinship care placement: Do grandparents' relationships with birthparents affect placement outcomes?

Judith Mary Greenwood

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KINSHIP CARE PLACEMENT: DO GRANDPARENTS' RELATIONSHIPS WITH BIRTHPARENTS AFFECT PLACEMENT OUTCOMES?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Judith Mary Greenwood

June 2005
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ABSTRACT

This study will explore whether the relationships between grandparents and birthparents affect kinship care placement outcomes for court dependent children. Data were extracted from an existing study of kinship care providers. The data were utilized to specifically explore grandparents' perceptions of their relationships with birthparents and the effect of these relationships on kinship care placement outcomes. The study focused on the following key issues in kinship care placement: grandparents' relationships with birthparents, the frequency and types of contacts between grandparents and birthparents, and the placement outcomes. The study found statistical support and affirmatively answered the question, "Do grandparents' relationships with birthparents affect placement outcomes?"
ACKNOWLEDGMENTS

Human compassion, understanding, and support make all the difference in the world when one experiences traumatic events in their life. I would like to offer my heartfelt thanks you to Dr. Janet Chang, Faculty Supervisor, Dr. Rosemary McCaslin, Research Coordinator and Mr. Timothy Thelander, Format Specialist. Without each of you, this would not have been possible. Thank you and God Bless.
DEDICATION

A mio padre amato,
il babbo, la manco così molto e l’amaanche piu.
Lei gli ha dato il suo colpo migliore per stare e me aiutare attraverso quest’incarico difficile.
So che lei sorride gui su me e e così orgoglioso di queste realizzazione. Ma senza il suo amorem, senza il sostegno, e senza l’incoraggiamento in ogni parte la mia vita intera, questo non sarebbe stato possibile. Lei era sempre li per me me amando incondizionatamente non import che. Lei non sapra mai come orgoglioso sono esserer sua figlia.

A mio marito Rick,
Lei ha appeso la dentro anche ai tempi che non ero meritevole ed agiva totalmente matto ed insano. L’ho messa attraverso il ringer ma senza il suo amore ed io sostiene non l’avrebbe mai potuto fare. Lei e il mio cuore e la mia vita. Ringraziarla per tutto.

Dio la bendice entrambi.
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CHAPTER ONE

INTRODUCTION

Child welfare agencies across the country have turned their focus to providing children in out-of-home care placement with kinship care providers. Utilization of kinship care as a child welfare practice option began in the 1980s and has continued to increase over time (Gleeson, 1996). At present, kinship care is often given preference over traditional foster care. The traditional profile of a foster care provider was that of a stranger caring for an abused child. With the increase of kinship care more and more grandparents are being called on to meet the placement needs of their court dependent grandchildren. As such, the lives of grandparents, grandchildren, and birth parents must be considered if the placement is to be successful. Do the relationships between these players affect placement outcomes? Specifically, do grandparents’ relationships with birthparents affect placement outcomes?

Problem Statement

More grandparents are finding themselves once again in the role of parent. Their life-long dream of
retirement has been interrupted or may never have had the chance to materialize as they are once again entering the realm of parenthood. This time around, grandparents are finding themselves parenting their grandchildren, a role they had not anticipated. How does this new role affect their relationship with their children (birthparent)? It can only be imagined that kinship care would create conflicted feelings and torn alliances as grandparents attempt to redefine their own familial role and loyalties.

Utilization of kinship care placement has steadily continued to increase to the point that kinship care has become a priority placement for child welfare agency practice, supporting the goals of family preservation and family-centered practice models.

The impact of parental substance abuse and criminal activity involvement has lead to a higher incidence of child abuse and the ultimate removal of children by child welfare agencies. As the need for placements increases, the availability of traditional, licensed, non-relative foster care placements decreases (Grogan-Kaylor, 2000). The demand for increasing numbers of placements for children in out-of-home placement has lead to kinship
care becoming an essential component of the foster care system. It has forced child welfare agencies to formalize kinship care placement practice. This paradigm shift from traditional non-kin foster care to formal kinship care has lent itself to the intrusive process of monitoring and oversight of families by the child welfare system.

The concept of kinship care has been around forever as an informal arrangement between family members, especially within African American families. Informal kinship care was provided without the support of governmental agency resources, intervention, or financial support. The increased reliance on and utilization of formal kinship care qualifies it as a more innovative practice.

There are many obstacles that kin care providers must overcome if the kinship care experience will result in a positive outcome. Those obstacles include inadequate financial resources, lack of knowledge about accessing governmental agency resources, developing health problems (especially with aging grandparents), high demands (emotional, behavioral, and/or psychological) of the children placed in their care, and complex relationships with birth parents. The latter is the focus of this
study. Research suggests that children in kinship care exhibit the need for mental health services but are less likely to receive mental health treatment services (as cited by Gordon, McKinley, Satterfield, & Curtis, 2003). Lack of appropriate services for kinship caregivers such as respite care, foster care training, and support groups result in kinship caregivers receiving fewer services than non-relative caregivers. Yet, findings suggest that kinship caregivers be committed to providing safety and stability for their kin (Gordon, et al., 2003).

The dramatic and often traumatic lifestyle changes required by such placements impose tremendous amounts of stress and anxiety on the newly formed family. This being the case, what accounts for the increase in kin care providers, specifically grandparent providers? What is it about the relationships between grandparents, grandchildren, and birth parents that makes the decision easier for some grandparents? What role do grandparents’ relationships with birthparents play in the course of kinship care placements? Do grandparents’ relationships with birthparents affect placement outcomes? What factors contribute to these outcomes?
Purpose of the Study

This study aims to explore whether grandparents' relationships with birthparents influence the placement outcomes of their dependent grandchildren. A subset of data collected from an existing study, which looked at factors leading to premature termination of kinship care placements, was utilized to conduct this study. Only data related to grandparents and their relationships with birthparents was extracted. The existing data utilized was obtained by means of a quantitative research design. A quantitative research approach allows for a specific and more precise response from respondents. A quantitative research design was employed.

Findings from this study hold significant implications for child welfare agencies. The finding will afford Child Welfare social workers an opportunity to make more effective and more informed placement choices for dependent children. The Department of Children's Services of both Riverside County and San Bernardino County share a common interest in any significant implications for improvements in agency practice. Such findings can contribute to positive change within departmental policy and procedure and training curriculum
for social work staff. All social service agencies that provide support to kin caregivers can utilize the information obtained from this study.

Significance of the Project for Social Work

This research has important practice and policy implications. It would provide data necessary for the development of more effective child welfare agency practices, evaluation, and fine-tuning of best practices standards in service delivery for kinship placements as well as other forms of out-of-home placements.

Gaining increased knowledge regarding positive kinship care placement outcomes has important policy implications for child welfare agencies. Best practice standards dictate that agencies continue to seek more positive placement outcomes. Child welfare agency managers and supervisors would gain useful information to assist in the development of best practice policy standards. Social workers could increase the chances of making initial placement decisions in a more informed manner.

Continued support for kinship care placements has resulted from the growing support for family-centered
practice within child welfare agencies. Family preservation supports placing children in kinship care placements and gives priority to kin providers over non-kin providers. However, it should be noted that these goals often conflict with the goals of permanency planning which emphasizes the right of children to a safe, stable, and secure environment. Permanency planning measures support these rights and in many cases, override the importance of family preservation and family reunification.

Further support for kinship care placement includes that, in many cases, children are already somewhat or significantly attached to their kin and it is easier for them to expand an already existing emotional attachment than to forge a new one with strangers. It is further thought that kinship care arrangements provide the best opportunity for assuring dependent children stable and permanent placements, thereby increasing the likelihood of children becoming emotionally healthy and growing to be productive adults within society.

This research has educational implications as well. Information gathered can be utilized in the development of an educational curriculum to be used for orientation
and training of social workers. In accordance with the Generalist Practice Model, social workers can obtain valuable kinship care placement knowledge that will assist in the engagement, assessment, planning, and implementation of client intervention.

Summary

The fact remains that kinship care placements are a necessary component within the foster care system and an area that researchers agree needs more research due to the importance of practice and policy implications. The debate over whether kinship care equates to good or bad placement practice is long since past. The fact remains that more and more grandparents are deciding in favor of parenting their grandchildren, increasing the relevance of factors that influence grandparents’ decisions to parent their grandchildren (Berrick, Barth, & Needell, 1994), and the factors that influence the outcomes of these placements, specifically, the relationship between grandparents and birthparents.
CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of relevant literature regarding kinship care placement. It emphasizes the paradigm shift from traditional foster care to that of kinship care. The literature further explores issues surrounding grandparents' raising grandchildren and the impact of their relationship with birthparents.

Policy Issues Regarding Kinship Care

The number of dependent children placed in kinship foster care has continued to rise since the 1980s (Beeman, 1999; Gleeson, 1996). Child welfare systems across the country utilize kin caregivers as a resource for children placed in out of home care. Several studies have focused on placement policy in regards to kinship care placements (Christian, 2000; Gleeson, 1996; Hegar & Scannapieco, 2000; Hornby & Zellar, 1996; Schwartz, 2002).

Gleeson (1996) compared kinship policy reform in Illinois with that of other states in the country. Hornby
and Zeller (1996) compared kinship policy reform in California, Colorado, Illinois, New York, and Texas. A common theme identified in both studies is that child welfare systems place greater values on non-kin foster care providers and less value on kin care providers. The Gleeson (1996) study introduced three principles that should be incorporated into kinship care policy. It was found that kinship care providers need increased financial and supportive service than birth parents and non-kin caregivers. The call for increased services did not necessitate a need for increased supervision by child welfare systems.

Studies in opposition to the third principle stated above, and offer support for one rate being paid to both kin and non-kin care providers include Gleeson, 1996 and Schwartz, 2002. These studies note the differences in reimbursement policy and differences in service level provided to kin care providers and non-kin care providers, across the country. Thomas, Sperry, and Yarbrough (2000) offered policy recommendations to assist grandparent caregivers: 1) the establishment of “parity” between rates of reimbursement paid to grandparent caregivers and non-kin foster families, and 2) easier
access for grandparents to information regarding legal parental relationships, such as adoption or guardianship.

Testa and Shook, 1996 explored reunification implications brought on by kinship care providers. While earlier research found that relative placement promoted family reunification, it was actually found that children were being returned to their birthparents at a much lower rate.

The reality is that the uneven social policy related to support for kin care providers has become problematic and an "unintended consequence" of welfare reform (Hegar & Scannapieco, 2000).

Supportive Services for Kin Care Providers

As more child welfare agencies are utilizing kin care providers to meet the placement needs for dependent children, several studies have focused on programs to meet these needs.

In an effort to promote family preservation among kin caregivers and to provide a support network, education, service, and other resources, the Family Empowerment Club was initiated in Oakland, California. Participation in the program was viewed as a positive
experience by kin caregivers (Zlotnick, Wright, Cox, Te’o, & Stewart-Felix, 2000).

Wilhelmus (1998) offered mediation as an alternative method of conflict resolution, which affords kinship families an empowering role in their own problem resolution and a strong voice in deciding what is best for the children in their care. From a legal perspective, Christian (2000, presented mediation as a means of assisting grandparents and birthparents in communication and conflict resolution whereby they could work out the best plan for care of the children.

Worrall (2001) looked at the Family Decision-Making process and Family Group Conferencing process in New Zealand. These agency practices help to bridge the gap between not only grandparents and birthparents but also birthparents and the whole extended family system.

Leslie et al. (2000) suggested that kinship caregivers are more inclined to work with children on separation and loss issues resulting from their removal from their birthparents. Shlonsky and Berrick (2001) focused on positive reciprocal attachment. Kinship caregivers are said to be more likely to cultivate the
attachment as it reflects the relationship with birthparents.

Gibson (2002) found that most grandparent caregivers share common characteristics, which include the fact that they often tend to be older women of color, with lower levels of education, training, and income, as compared with most non-kin caregivers. Research attempting to identify factors that influenced grandparents’ decisions to parent their grandchildren identified six common themes. First was the tradition of “kin keeping.” Second their relationship with their grandchildren. Third, grandmothers provided the only placement resource. Fourth, their distrust of the foster care system. Fifth, their strong relationship with God. Last was the refusal of the children’s other grandmother to assist as kin care providers. These themes were identified from a sample of African American grandmothers and cannot be generalized to a wider population; however, the findings are significant as they provide a better understanding of why some grandmothers become caregivers to their grandchildren.

Gordon et al. (2003) offered the change and adjustment of grandparents’ role within the family to
account for some of the strain on their relationship with birthparents. Grandparents may feel birthparents have all the rights and they, all the responsibility. Grandparents often feel taken advantage of by birthparents and by child welfare agencies. They often must adhere to a higher standard when caring for their grandchildren than when they were living with their birthparents. Grandparents often must deal with feelings of embarrassment brought on by the reasons their grandchildren were removed from their birthparents. These feelings may be in conflict with the hope they possess for the children being able to return to the custody of their birthparents (Gleeson & O'Donnell, 1997). Further, O'Brien et al. (2001) examined the stressful impact that assuming the responsibility for caring for grandchildren has on grandparents' relationships with other family members as well as the birthparents. It was noted that other family members take sides and often a division within the family household may occur. Kin care by grandparents has been described as not being an easy feat to manage. Dubowitz (1994) offered the relationship between kinship care provider and birthparents as an area for future study. He recognized that a strained
relationship between the two could impair the opportunity for birthparents to observe appropriate care modeling by caregivers.

Kelly et al. (2000) looked at the psychological distress in grandmothers as a kinship care provider. Psychological health was reported to have worsened in 37% of grandmothers assuming full-time care of their grandchildren. Grandmothers experiencing feelings of depression was reported to be 72%. Other factors were reported to be the circumstances, which lead to the removal of the children, the change in role, and conflict with birthparents. Also reported as being common were feeling of entrapment, humiliation, shame, guilt, anxiety, anger, and resentment. These feelings were attributed to the unexpected and unwanted role they were placed in. Noteworthy demographic results indicated that almost half of the grandmothers had not completed high school and that only 18% were currently married.

Theories Guiding Conceptualization

A current trend in social work practice and education is the strengths based perspective approach to social work. The strengths based perspective focuses on
client empowerment. Clients are the experts on their lives and are encouraged to become actively involved in all aspects of case planning and service. However, child welfare professionals often neglect to include kin caregivers and birthparents in case planning and service delivery. Kin caregivers and birthparents should be consulted directly regarding areas of need, service, and support that will provide positive placement outcomes.

Summary

The literature important to the project was presented in Chapter Two. It offers supporting evidence as to the importance of gaining more knowledge about grandparents' relationships with birth parents. Foster care with grandparents continues to grow and has become a form of substitute care utilized within the child welfare system.
period of July 1, 2002 through December 31, 2002, and one year had elapsed after the child was placed. Cases were selected from four possible outcome groups: 1) a reunification group in which children have been reunified with birthparents, 2) a reunification in process group in which birthparents continue to work their reunification plan, 3) a group that continued in kinship placement as a result of failed reunification by birthparents, and 4) a terminated kinship placement group which resulted in subsequent placement with non-kin caregivers.

A stratified sample consisted of 68 participants randomly selected from each of the four placement outcome groups. Survey questionnaires were completed through face-to-face interviews with formal kinship care providers whose dependent kin were placed with them by the Department of Children’s Services in Riverside and San Bernardino Counties.

Questionnaires were designed to elicit data regarding caregivers’ demographic characteristics, level of social service utilization, dependent children’s characteristics, quality of the relationship between the caregiver and birth parents, the impact of the relationship between the dependent child and birth
parents, subjective assessment of the placement experience, perceptions leading to the placement outcome, and the supportive services they received from the Child Welfare System (Chang et al., 2003).

The research for this study focused not on kin care providers as a whole, but rather, on grandparents as a subset of caregivers and whether their perceived relationship with birthparents affect placement outcomes.

Sampling

To ensure a representative sample, the original study utilized systematic random samples that were drawn from each placement outcome group. The sampling criteria for the original study included kin caregiver’s relationship with the dependent child, age of the child, jurisdiction, frequency of placement, and the time frame of the placement. Kin caregivers had to fit the legal definition of “kin” as was defined by and appropriate to Child Welfare Systems. Dependent children had to be eighteen years old or younger. Both dependent children and kin care providers had to be under the supervision of Riverside County or San Bernardino County, Child Protective Services (CPS) agency. Interviewees chose the.
location for the interviews and the interviews took approximately two and one-half hours each. Interviews were taped after participants provided written consent. For those who did not wish to be recorded, interviewers made every attempt to note information verbatim. Interviewees were given modest remuneration for their time participating in the interviews. Participation was voluntary.

The study under focus consisted of a subset of the original sample of all kin care providers. The requested sample for the proposed study was that of all kin care providers that where identified as grandparents (34 participants). The study compared common reported interview responses that relate to grandparents' perceived relationship with birthparents and the affect of these relationships on placement outcomes.

**Data Collection and Instruments**

The original study initiated contact by way of a letter of introduction that was mailed to research participants. This effort was made to notify potential participants of the purpose and intent of the study, to provide a contact person and phone number, and to alert
them to the possibility of being contacted to assist with the study. The letter of introduction eliminated interviewers having to make cold calls to caregivers, which could result in lengthy, intrusive, phone conversations. Interview schedules were developed for the purpose of conducting the in-depth face-to-face interviews with kin caregivers. Questionnaires consisted of ninety-five questions regarding kin care provider’s characteristics, dependent child’s characteristics, service utilization patterns, kin care provider’s experience and perceived problems resulting from raising kin foster children, and kin care provider’s perception of factors leading to their specific placement outcome.

The study of focus utilized existing data that were obtained from grandparent kin care providers (see Appendix A). Four placement outcome groups were studied. Those dependent children that reunified with their birth parents, those dependent children in the process of reunifying with their birth parents, those dependent children whose birth parents failed their reunification plan and the children remained with their kin care providers. The study examined demographic variables in relationship to grandparent caregivers, (gender,
ethnicity, level of education, marital status, employment history and health), at a nominal level of measurement. Also included was age, which utilized an interval level of measurement and income, which required an ordinal level of measurement. Variables were examined that assessed the quality of the relationships between grandparents. These variables included grandparent’s relationship with the child/children’s’ birth father and birth mother as indicated by a Likert scale rating whereby 1 equals very good, 2 equals good, 3 equals fair, 4 equals poor, 5 equals very poor, and 6 equals no relationship. Also rated were the frequency of contact between grandparents’ and birth mother and birth father. A Likert scale rating was employed whereby 1 equals never, 2 equals once per year or less, 3 equals a few times per year, 4 equals once per month, 5 equals once per week and 6 equals more than once per week. The mode of contact between grandparents and birth parents were examined by utilizing a Likert scale rating whereby 1 equals face-to-face, 2 equals telephone, 3 equals letter or e-mail, 4 equals via someone else, and 5 equals other. These variables were examined at a nominal level of measurement.
Procedures

The procedures implemented by the original research were, obtaining lists of dependent children within Riverside County and San Bernardino County, the mailing of letters of introduction to all families on the lists, selection of thirty participants form each placement outcome group, setting appointments for interviews and creating interview schedules, obtaining written consent to audio-tape interviews, and conducting the interviews. The study of focus utilized data extracted from the original study by Chang (2003). The data consisted only of the responses provided by grandparent caregivers. The data was provided on a computer disc with no identifiers included.

Protection of Human Subjects

The original research team obtained written approval from the Department of Social Work Subcommittee of the Institutional Review Board (IRB) at California State University, San Bernardino. Participants' anonymity was protected as no names were recorded. Questionnaires were assigned a number, which was recorded on a master list kept in a locked file cabinet in the office of one of the
research team. Once the data were collected and were entered into the data file, the master list was shredded. At the completion of the study, all questionnaires were shredded. The informed consent outlined this process and included information pertaining to the fact that participants could cease participation at any time with no sanctions.

A debriefing statement provided participants with names, addresses, and phone numbers for local resources that could be accessed if participation resulted in feelings of discomfort and/or distress as a result of their participation in the study.

The study of focus did not necessitate any contact with participants of the original study. For the purpose of conducting the study, existing data was analyzed and unidentifiable data from the existing study was extracted.

Data Analysis

Statistical analysis of the quantitative research process included frequency distribution, measures of standard deviation and correlation. Descriptive statistics included frequency distribution. Measures of
central tendency and dispersion described the characteristics of the variables. Correlations were run to assess any significant associations between variables. Results of the bivariate statistical analysis were utilized to describe the relationship between responses between grandparents and other relative caregivers.

Summary

This chapter described the methods utilized in acquiring data pertaining to the sample of kinship care providers, specifically grandparents. Procedures, methods of analysis are mentioned. This study sought to determine whether grandparents' relationships with birthparents affect the kinship care placement outcomes.
CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a presentation of the results from this study. A description and tables illustrating the demographic characteristics of the respondents, respondent’s perceived relationship with the child’s birth parents, frequency of contact with birth parents prior to placement and during placement, the mode of communication between respondents and birth parents, and placement outcomes are provided. Also presented are associations between the responses of grandparents and other relative caregivers.

Presentation of the Findings

Table 1 presents demographic characteristics of the respondents (see appendix B). The age of the respondents range from 45 to 72 with a mean age of 57. The sample was composed of 97.1% female and 2.9% male. The ethnic representation of the respondents was Caucasian, 47.1%, Hispanic/Latino, 17.6%, African American, 14.7%, Multi-Ethnic 8.8%, Native American, 5.9%, and other ethnicity, 5.9%.
A majority of the respondents were high school graduates (64.7%), 17.6% received less than high school education, 11.8% had earned an Associate of Arts degree, and 5.9% had earned a Bachelor’s Degree. Approximately a third of the respondents monthly income was reported to be in the $2,001 to $3,000 range (32.1%), 14.3% was reported for the $5,001 to $6,000 range, 14.3% was reported for the $1,001 to $2,000 ranges, 10.7% was reported for the $6,001 and greater, 10.7% was reported for the $3,001 to $4,000 range, 10.7% was reported for the less than $1,000 ranges, and 7.1% for the $4,001 to $5,000 range. The mean monthly income was $3,647. (Only 28 of the 34 respondents answered this question).

More than half of the respondents were married, (58.8%), 26.5% reported being separated or divorced, 11.8% reported being widowed, and 2.9% reported never being married. More than half reported they were employed (58.8%), 23.5% were unemployed, and 17.7% were retired. Exactly half of the respondents rated their health as good (50.0%), 26.5% as very good, and 23.5 as fair.

More than half of the respondents reported they were employed (58.8%), 23.5% reported they were not employed, and 17.7% reported they were retired. Exactly half of the
respondents reported their health as being good, (50.0%), 26.5% as very good, and 23.5% as fair.

Table 2 presents the perceived responses of grandparents' regarding their relationship with the child's birth parents, the frequency of the respondents' contact with birth parents prior to placement and during placement, and the mode of communication with the birth parents (see Appendix B).

When asked about their relationship with the child's birth father, grandparents' responses were mixed. Over 32% of the respondents reported their relationship with the child's birth father was "good," 26.5%, "very good," 20.6%, "fair," 8.8%, "poor," 8.8%, "no relationship," and 2.9%, "very poor."

When asked about their relationship with the child's birth mother, almost half (41.2%), responded "good," 17.6%, "fair," 14.7%, "poor," 11.8%, "very poor," 8.8%, "very good," and 5.9%, "no relationship."

Only 33 grandparents responded to prior contact with birth father. Approximately 40% of the respondents indicated that they had contact "more than once per week," 24.2%, "never," 18.2%, "once per year or less,"
9.1%, "once per month," 6.1%, "once per week," and 3.0%, "a few times per year."

When asked about their prior contact with birth mother, almost half, (41.2%) of the grandparent responded "more than once per week," 23.5%, "once per week," 14.7%, "once per month," 8.8%, "a few times per year," 8.8%, "never," and 2.9%, "once per year or less."

Grandparents' responses when asked about contact with the child's birth father during placement were, 23.5% for both "once per month" and "never," respectively, 20.6%, "more than once per week," 11.8%, for both "once per week" and "once per year or less," and 8.8%, "a few times per year."

Grandparents' responses when asked about contact with the child's birth mother during placement were, 26.5%, "once per week," 23.5%, "more than once per week," 20.6%, "never," 17.6%, "once per month," and 11.8%, "a few times per year."

When asked about the type of contact with the birth father, more than half (58.8%) responded contact was "face-to-face," 52.9%, "via the telephone," 14.7%, "via letters or email," 2.9%, "by other means," and 11.8%, "no
contact." No grandparents reported having contact via someone else.

When asked about the type of contact with the birth mother, three fourths (76.5%) of grandparents responded "via face-to-face," 64.7%, "via telephone," 8.8%, "via letters or email," 5.9%, "no contact," and 2.9%, for both "via someone else" and "other" respectively.

Grandparents responded that over half (61.8%) of the placements resulted from children "placed in kinship care after reunification failed." Other responses were 17.6%, "reunified with birth parents," 11.8%, "in kinship care with reunification pending," and 8.8%, of placements resulted "in disrupted placements with grandparents and the children being placed in other placements."

An association was found between responses of grandparents and non-grandparents in the amount of contact they had with the child's birthparent prior to the children being placed in their home. The association was found to be statistically significant at ($\chi^2 = 25.7$, df = 5, $P = .000$). Grandparents tend to contact birth fathers more frequently than non-grandparents prior to their grandchildren being placed in their home.
The association between grandparents and non-grandparents responses in terms of the amount of contact with birth mothers prior to placement was examined. The association was found to be statistically significant at \( \chi^2 = 17.4, \text{ df} = 5, P = .004 \). Grandparents tend to contact birth mothers more frequently than non-grandparents prior to their grandchildren being placed in their home.

When examining the amount of contact with birth fathers during placement, grandparents reported three times as many contacts than non-grandparents did when reporting contact "more than once per week." The association is found to be statistically significant at \( \chi^2 = 22.3, \text{ df} = 5, P = .000 \). Grandparents tend to have more frequent contact with birth fathers than non-grandparents during placement.

When examining the amount of contact with birth mothers during placement, grandparents reported more than twice the frequency of contact than non-grandparents when contact were "more than once per week." The association was found to be statistically significant at \( \chi^2 = 20.1, \text{ df} = 5, P = .001 \). Grandparents tend to have more
frequent contact with birth mothers than non-grandparents during placement.

An association was found between the responses of grandparent and non-grandparent kinship care providers and the placement outcomes. The association between the placement outcomes reported by grandparent and non-grandparent caregivers was found to be statistically significant at \( \chi^2 = 20.9, \text{df} = 4, \ P = .000 \). Grandparents tend to continue to care for their grandchildren more frequently than non-grandparents do after reunification with birthparents has failed.

Summary

Chapter Four reviewed the results extracted from the research project. Demographic and relational category characteristics were presented as well as the results of the bivariate statistical analysis. The question examined in the study, "Do grandparents' relationship with birthparents affect placement outcomes" was answered affirmatively and supported by statistically significant results.
CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a brief discussion of the key findings for this research project. The study examined existing date specifically extracted for grandparent respondents. Recommendations for social work practice, policy, procedures, and future research are presented to improve best practice service delivery for our kinship care families. Lastly, the Chapter concludes with a summary.

Discussion

The study sought to examine the perceived relationship between grandparents and birthparents from the view of the grandparent kinship care giver, and the affect of the relationship on placement outcomes. The sample used was comprised of 34 respondents, 97.1% female, with a mean age of 57. A surprising finding was that almost half (47.1%) of the respondents were Caucasian. A majority (64.7%) of the respondents reported having graduated from high school. Approximately a third (32.1%) had a monthly income between $2,001 and $3,000.
More than half (58.8%) of respondents reported they were married and employed. Half of the respondents (50.0%) reported being in good health. The findings of this study were found to be contrary to those found in the literature review. Previous literature indicates that the majority of grandparent kinship caregivers are single, unmarried, African American, and in poor health (Fuller-Thomson & Minkler, 2000).

Several key finding were uncovered in the study. First is the difference in the frequency of contact between prior to placement and during placement. Contact prior to placement with birthparents, both birth father (39.4%) and birth mother (41.2%) were found to be “more than once per week.” Of interest, is that grandparents’ contact with birthparents “more than once per week” decreased during placement (birth father, 20.6% and birth mother, 23.5%). Birth father contact results were more evenly distributed indicating contact to be “once per month” or “never” (23.5%) respectively. Birth mother contact results were “once per week” (26.5%) or “never” (20.6%). While the frequency of contact decreased, the mode of contact can be interrupted to indicate more positive results as most contact was “face-to-face,”
(birth father, 58.8% and birth mother, 76.5%) or “via telephone” (birth father, 52.9% and birth mother, 64.7%).

Second, grandparents reported that over half (61.8%) of placements occurred as a result of “birthparents failure to reunify with their children.”

Third, and of particular interest is the significant association found between responses of grandparent and non-grandparent kinship caregivers and the frequency of contact with birthparents prior to placement. Grandparents reported four times more contact with birth fathers when contact was “more than once per week” than did non-grandparents. Grandparents reported having twice as many contacts with birth mothers when contact was “more than once per week” than non-grandparents did. When examining frequency of contact during placement, grandparents reported three times as many contacts with birth father than non-grandparents when contact was “more than once per week.” When reporting frequency of contact with birth mother, grandparents reported more than twice as many contacts with birth mother than non-grandparents did when contact were “more than once per week.”

Finally, and the most significant finding is that of the associations found between the responses of
grandparents and non-grandparents kinship caregivers and placement outcomes. The frequency of the responses reported for both grandparent and non-grandparent were the same when "birthparents reunified with their children." Twice as many grandparents cared for children while "reunification was pending," and "after reunification failed." However, less than one-fifth of placements "disrupted when children were cared for by grandparents than when cared for by non-grandparents.

Limitations

Several limitations existed in the study. First, the research was based on information provided by two counties geographically located in Southern California. Second, the list of respondents provided included inaccurate and out-of-date information. Several kinship care providers on the list did not wish to participate in the study. Several respondents no longer lived in the area or had moved out of state, and many addresses and phone numbers were not current. These impeding factors resulted in fewer interviews being conducted. Third, the sample size (34) was small and included all grandparent responses. As a result the sample was a convenient sample
rather than a random sample. Fourth, the results from the study cannot be generalized to a larger population due to the above impeding factors. Perhaps if the study were conducted throughout the state of California the results would have provided more generalized findings.

Recommendations for Social Work Practice, Policy and Research

Kinship care has become the placement of choice for court dependent children placed in out of home care. Legislative and Judicial mandates have supported and encouraged kinship care placements. As such, many studies in Child Welfare policy and practice have focused on kinship care, specifically relative caregivers and children. Research has focused on the individual aspects of the kinship care providers and the children as well as the relationships between the caregivers and the children. Studies have also examined the relationships of birthparents and children. Little research has been done in regard to the relationship between kinship care provider and birthparent relationships. This study supports the need for future research in this area.

Several recommendations for social work policy and practice can be provided based on the findings and
outcomes of this study. First, child welfare agency staff should be provided training to increase their awareness of the impact that the relationship between kinship care providers and birthparents have on the placement outcomes for children placed in kinship care placements. Specifically they should look at the relationship between grandparents and birthparents.

Second, social workers need to focus on relationship skill building between grandparents and birthparents when considering services such as counseling, education, and training. There is a need to foster and develop these relationships not only for the good of the children but also for creating successful placement outcomes.

Third, to provide strengths-based service delivery, case planning should include not only the social worker and birthparent, but also the relative caregiver when their involvement would secure a positive placement outcome for children. Visitation is an area of the case plan where both relative caregivers and birthparents could be provided instruction on the dynamics of successful visitation. This educational source could provide an opportunity for social workers to educate caregivers and parents in childhood developmental stages.
assuring everyone is on the same page and has the same and most appropriate expectations for children. Appropriate expectations for each other's roles (grandparents and birthparents) need to be identified as well as the effect these roles has on the child and the placement outcome.

Fourth, when disputes arise between relative caregivers and birthparents, social worker mediation is essential to assure and secure the placement. This can provide an excellent opportunity for social workers to assist in strengthening the relationship between the caregiver and birthparent, specifically grandparents and birthparents. Upon examining results from this study it is evident that forging positive relationships and maintaining relationships is vital to the success of placement outcomes. Positive relationships provide a good support system that allows for more stability in the life of the children.

Fifth, knowledge regarding the positive associations of grandparents' frequency and mode of contact with birthparents can bring about changes in agency policy and practice. Through the improvement of social work practice, programs and training can be created that focus
on correcting dysfunctional familial relationships and strengthening familial bonds.

Future research is needed to explore the relationships between grandparent kinship caregivers and birthparents to expand on the limited existing data. Research on post placement relationships is needed. Research is needed that focuses on the relationships between kinship care providers and birthparents post placement. Also of interest would be the frequency and mode of contact with kinship care providers and birthparents post placement when the children initiate contact.

Conclusions

A brief discussion of the key findings of the study indicated that placement with grandparents' resulted in more stable placements than those with non-grandparent kinship care providers. It further was found that birthparents keep in more frequent contact with grandparents than with non-grandparent kinship care providers. Social work implications promote the acquisition and maintenance of knowledge and skills necessary to assist kinship care providers and
birthparents in the development and maintenance of their relationships. Implementation of policy and programs that emphasize and foster supportive relationships between kinship caregivers and birthparents, current methods of social work practice and intervention can be improved to insure more positive kinship care placement outcomes.
APPENDIX A

QUESTIONNAIRE
QUESTIONNAIRE

Note: The appendixes are to be in order as they appear in the text

Grandparent’s Demographics

1) Gender:
   Female _____   Male _____

2) Grandparent’s age (in years): ______

3) Grandparent’s ethnicity:
   1. Black/African American
   2. Hispanic/Latino
   3. White/Caucasian

4) How many years of education have you completed?
   _____ Not graduated from high school
   _____ Graduated from high school
   _____ AA college degree
   _____ BA college degree
   _____ MA college degree

5) Grandparent’s gross monthly income?
   $___________ per month

6) Grandparent’s marital status?
   1. Married
   2. Separated or Divorced
   3. Widowed
   4. Living with a partner/cohabiting
   5. Never married
   6. Other (specify): __________________________________________

7) Grandparent’s employment status?
   1. Employed
   2. Unemployed
   3. Retired

8) If employed, how many hours per week did you work?
   _____ Hours per week
9) How would you rate your health?
   1. Very good
   2. Good
   3. Fair
   4. Poor
   5. Very poor
      If poor or very poor, please explain: __________________________________

Quality of relationship

10) Rate your relationship with the child/children’s birth father:
   1. Very good       Note details if elaborated:
   2. Good
   3. Fair
   4. Poor
   5. Very Poor
   6. No relationship

11) Rate your relationship with the child/children’s birth mother:
   1. Very good       Note details if elaborated:
   2. Good
   3. Fair
   4. Poor
   5. Very Poor
   6. No relationship

12) Frequency of contact between grandparents and the birth father:
   1. Never
   2. Once per year or less
   3. A few times per year
   4. Once per month
   5. Once per week
   6. More than once per week

13) Frequency of contact between grandparents and the birth mother:
   1. Never
   2. Once per year or less
   3. A few times per year
   4. Once per month
   5. Once per week
   6. More than once per week
      Note details: ________________________________
14) Type of contact between grandparents and birth father:
   1. Face-to-face
   2. Telephone
   3. Letters or e-mail
   4. Via someone else
   5. Other (specify): ________________________

15) Type of contact between grandparents and birth mother:
   1. Face-to-face
   2. Telephone
   3. Letters or e-mail
   4. Via someone else
   5. Other (specify): ________________________

16) Why was the child/children removed from their birth parents?

   __________________________________________

   __________________________________________
APPENDIX B

TABLES
Table 1. Demographic Characteristics of Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Valid Percentage (%)</th>
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<tbody>
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</tr>
<tr>
<td>45 - 55</td>
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Table 2. Respondents' Perceived Relationship with Birthparents

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<th>Birthmother Frequency (n)</th>
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