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IMPROVING SUPPORT SERVICES FOR KINSHIP CAREGIVERS  
OF DEPENDENT CHILDREN IN SAN BERNARDINO COUNTY

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

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

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by  
Georgia Lee Moore

June 2007

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Georgia Lee Moore

June 2007

Approved by:

  
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## ABSTRACT

This research study examined strategies for improving support services for kinship caregivers of dependent children in San Bernardino County. The Constructivist Paradigm was used and necessitated the use of purposive sampling. The research sites used for this study were the Family Kinship Center, the Department of Children's Services Gifford Street Office and the Department of Children's Services Relative Assessment Unit. Study participants agreed to be interviewed individually and be a part of the hermeneutic dialectic circle established for this research study. Data gathering for this study was done in two phases. The first phase was individual interviews and the second phase was a membership checking meeting with all members of the hermeneutic dialectic circle. Analysis was done on the collected data using open coding. Three areas emerged as a result of this analysis: updating the Family Kinship Center's information flyer, updating and distributing the existing resource list and a monthly informational meeting to be held at the Family Kinship Center to share needed information. Follow up to this study consisted of the study participants building on the relationships

created by this study and continuing to empower kinship care providers.

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## CHAPTER ONE

### ASSESSMENT

#### Introduction

This chapter outlines the assessment phase of this research study. Morris (2006) points out that assessment is tied to engagement. In the Constructivist Paradigm engagement and assessment are linked. In this study they were linked because as the key players were engaged, an assessment was made of their own construct as well as their willingness to participate in the process of building the final construct.

#### Research Focus

The focus of this study was to examine and find ways to improve existing support services for kinship caregivers of dependent children of San Bernardino County. A kinship care provider is defined as a family member that provides care for a child when the parents are unable to do so. Historically, kinship care was done on an informal basis (Gebel 1996). According to Leo-Urbel, Bess, and Geen (2002) there has been a significant increase in the use of formal kinship care providers which can be attributed to the following

factors: an increase of children coming in to foster care, a decrease in the number of available non-kin foster parent, a more positive attitude of child welfare agencies toward placing with relatives and the state and federal courts recognizing the rights of kin to act as foster parents and be financially compensated.

This study examined the support services offered to kinship care providers through the Kinship Family Center and find ways to increase and/or improve these support services for kinship care providers who are caring for children that are dependents of San Bernardino County.

#### Paradigm and Rationale for Chosen Paradigm

The Constructivist Paradigm was used in this research study. As Morris (2006) explains, this paradigm does not assume an object reality. "It recognizes that we all understand the world from our own points of view and supposes that nobody can stand outside the human experience to observe laws and regulatory mechanisms independent of situation and person. Thus the only way we can understand a human phenomenon is to completely and thoroughly understand the perceptions, or constructions, of those people who are engaged in that human phenomenon"

(p. 2) This concept was important to this study because it helps explain the role of this researcher throughout the completion of the study. The researcher was involved in the study through thoughts, feelings and perceptions that were included in the final construct.

Constructivism was the most appropriate paradigm to use for this study because of the use of the hermeneutic dialectic circle. Morris (2006) explains that a hermeneutic dialectic is collaboration "with those involved in a particular human experience to create a valid, authentic, shared construction of human experience being researched" (p. 194). The hermeneutic dialectic circle is made up of key stake holders that have ideas and information that they bring to the research setting. The hermeneutic dialectic established for this research study consisted of key stake holders that were already working with kinship care providers on a variety of levels. Because these stake holders work with kinship care providers, they offer a unique insight in regards to their needs. Each of these stakeholders brought their insight or construct to share and help build the final construction.

## Literature Review

This literature review gives the definition of kinship care, an overview of the history of kinship care and how it has evolved as well as the characteristics and needs of kinship caregivers.

### Definition of Kinship Care

Hawkins and Bland (2002) define kinship care as "the placement of children who are in state custody with their relatives." Grogan-Kaylor (2000) goes in to more detail in his definition explaining that kinship care is a "formal arrangement in which care for a child is legally transferred through a court order to a child welfare system and in which the child's kin become his or her foster parents" (p. 132) Ingram (1996) points out that kinship care is important to children because it "provides continuity, lessens the trauma of separation, preserves family ties, and offers growth and development within the context of a child's culture and community."

### History of Kinship Care

Historically kinship care was done on an informal basis (Gebel, 1996; Grogan-Kaylor, 2000) Kinship care also has longstanding cultural roots that date back to medieval Europe to twentieth-century Africa (Scannapieco

2002). Hawkins (2002) points out that kin care came about from a "long standing tradition of informal arrangements among kinship networks" (p. 271). Kinship care was done on a temporary or permanent basis depending on the need of the parent and/or the child (O'Brien 2001).

### Evolution of Kinship Care

In the 1980's and 1990's kinship care began to evolve into a more formal relationship that involved child welfare services (Scannapieco, 2002). Hawkins (2002) points out that kinship care is the "fastest growing type of substitute care funded by child welfare" (p. 271). The shift that led kinship care to be a more formal arrangement between relative and child welfare services started with changes in legislation. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was an amendment to federal law that mandated relatives be given priority when placing children in the foster care system (Scannapieco & Hegar, 2002). The Adoption and Safe Families Act of 1997 helped increase kinship placements due to shortened time frames for reunification and the push for permanency for children in out of home care (O'Brien, Massat, & Gleeson, 2001). The act also requires that children be

placed in the "most familylike, least restrictive setting" (Grogan-Kaylor, 2000). Geen and Berrick (2002) point out that child welfare services have increased their use of family-centered services as required by the Adoption and Safe Families Act of 1997. Berrick (1997) points out that "many child welfare experts believe that children will be better served if their care is provided by family members within the community of origin rather than by strangers."

The growth in kinship placements can be attributed to a couple of different factors. The first factor is the increase in the number of children in need of placement and the second factor is the decrease of non-kin foster homes has led to this growth of kinship placements (Leos-Urbel et al., 2001; Ingram, 1996). Scannapieco and Hegar (2002) point out that the United States General Accounting Office shows that California has placed approximately 51% of their foster care population in kinship care.

#### Characteristics of Kinship Caregivers

According to much of the literature, the typical kinship care providers are older, African American women who are single, heads of household who are less educated

and have less education than their non-kinship counterparts. They are also less likely to be employed outside the home (Chipman, Wells, & Johnson, 2002; Cuddlebak & Orne, 2002). Hawkins and Bland (2002) point out that kinship care providers have lower income and less child welfare contact than their foster parent counterparts.

A study completed by Dubowitz et al. (1993) found the following; children placed in kinship settings were most likely to be placed with a grandmother, the median age of a kinship care provider is 48, less than 50% of the caregivers were high school graduates, almost 50% of the caregivers were employed and over 50% of the children were placed in a single adult household (p. 155).

#### Needs of Kinship Caregivers

In 1979, the Miller v Youakim Supreme Court case brought to light the inequity in benefits given to foster parents compared to the benefits given to kinship caregivers. The result of this case was an increase in benefits to kinship caregivers (Ingram, 1996). Berrick (1997) points out that foster parents are prepared for their role as a new parent unlike kinship care providers who are thrust into the role due to an emergency situation. Often kinship care providers "have little or

no knowledge about what their role is and how child welfare workers can assist them" (Leos-Urbel et al., 2002).

Child welfare agencies have tapped in to the valuable resource of kinship care but still have work to do in improving support services offered to kinship care providers. In a study completed by Cuddleback and Orme (2002) kinship care providers felt they needed the following services: daycare, respite care, help with health care costs not covered by Medicaid, transportation for medical appointments or other services needed by the child, child or family counseling and recreational activities for the child.

Kinship care is a deep rooted tradition that has evolved from an informal setting to a formal setting. It continues to evolve to meet the needs of families as well as the needs of child welfare. As the use of kinship care providers increases so does the need to expand existing services.

#### Theoretical Orientation

The theoretical orientation used for this study was the Empowerment Approach. The reason the Empowerment

Approach was used for this study was because it sought to empower kinship care providers. In his book *Social Work Treatment*, Francis Turner says this, "The empowerment approach makes connections between social and economic justice and individual pain and suffering. Utilizing empowerment theory as a unifying framework, it presents and integrative, holistic approach to meeting the needs of members of oppressed groups" (p. 219).

Zlonick et al. (2000) did a study on a pilot project where a Family Empowerment Club was created. The purpose of the club is similar to that of the Family Kinship Center. The Family Empowerment Club sought to provide "therapeutic, educational support groups that teach parenting skills, living skills and the use of community resources" (p. 97). The findings of this study were reported as vignettes profiling individual families and the results achieved from using the services of the Family Empowerment Club.

The Kinship Center, DCS Gifford office and DCS RAU have the same goal of helping families. Empowering kinship care providers will help them attain this goal. Focusing improvement strategies on the Kinship Center will work to empower kinship care givers by providing

them with the information and resources they need to care for the children in their custody.

Potential Contribution of Study to Micro  
and/or Macro Social Work Practice

Dependant children of San Bernardino County and their kinship care providers are a vulnerable population in need of expanded services. Improving kinship support services on the micro level benefits dependant children because it provides much needed support for their care givers. The mission statement of San Bernardino Department of Children's Services, states that services "will be provided in the least intrusive manner with a family centered focus." One of the values of the department states that "services will be delivered with the lowest necessary level of intervention." Giving support to caregivers helps Children's Services meet goals within their mission statement and values. This study is trying to improve the services offered to kinship care providers. This is done in an effort to provide a stable placement for children with their siblings in an environment that meets their needs without as much transition and trauma as with a traditional foster home is best practice on the micro level.

## Summary

This study used the Constructivist Paradigm to complete the research because the hermeneutic dialectic was the key component in connecting kinship care providers, all levels of child welfare staff, and kinship care center staff. Each of these stake holders shared their independent value in the form of their own construct. But, collectively they are making an even greater difference in providing more services to a larger number of kinship care providers.

## CHAPTER TWO

### ENGAGEMENT

#### Introduction

This chapter outlines the research sites and their role in providing support to kinship care providers. It outlines the roles of potential study participants that were included in the study and their role within the research sites. It also outlines the engagement process that was used with the study participants.

#### Research Sites

The research sites used for this study were the Family Kinship Center in San Bernardino, the Department of Children's Services (DCS) Gifford Street Office and the Department of Children's Services Relative Assessment Unit.

The family Kinship Center is one of three kinship centers in San Bernardino County. This particular Kinship Center was chosen because it is centrally located and in close proximity to the DCS Gifford Street office and the DCS Relative Assessment unit office. The services offered at the kinship care center are support groups, activities for the children and activities for the whole family.

Childcare and transportation are provided for kin caregivers so that they can attend group. Kinship care providers are either referred to the center by DCS social workers or stumble on to the center by word of mouth from other kinship care providers.

The services offered to kinship care providers through DCS are done through the Relative Assessment Unit (RAU). The RAU was established to address the need and requirement of assessing the homes of kinship care providers that are having children formally placed with them. The assessment process consists of a health and safety assessment of the home and caregiver according to Title 22 regulations and completing a criminal background check of all the adults in the home. Every relative caregiver of dependant children in San Bernardino County is given a training manual designed to inform caregivers in regards to expectations, regulations and resources. If needed, RAU can also provide beds, dressers and bedding. RAU staff does not provide ongoing support. Once a kinship home is approved by RAU, there are no other visits or services provided by RAU until the annual reassessment one year later.

Social Service Practitioners are able to provide limited services to kinship care givers of the children on their caseloads. Some of those services are grocery vouchers, gas vouchers, bus passes and referrals to various community resources.

### Study Participants

The hermeneutic dialectic circle included the following participants for the following reasons:

1. Two DCS Social Service Practitioners from the San Bernardino offices because of their ongoing work with kinship caregivers.
2. Three DCS Social Worker II's from the Relative Assessment Unit because of their involvement in Helping kinship caregivers meet the state guidelines for relative home approval.
3. One DCS Child Welfare Manager who is in charge of the Kinship program for DCS.
4. One Kinship Caregiver because she would know best what support services kinship caregivers need.

5. Two Kinship Family Care Center staff because they have the best insight into the emotional needs of kinship caregivers.

#### Engagement Strategies for Each Stage of Study

The initial engagement process started with approaching potential study participants to explain the purpose and overview of the research focus and the expectations for study participants and ascertaining their willingness to participate. Participants were informed of the requirements throughout the duration of the project. Potential participants were informed that constructivist research required a greater commitment than that of traditional research. The willingness of these stakeholders to commit to these demands was meant to ensure the best possible final construction. Lincoln and Guba as quoted in Morris describe the commitments.

They are:

1. All participants must make a commitment to work from a position of integrity.
2. All participants must have minimal competence to communicate verbally and in written forms.

3. All participants must have a willingness to share power.
4. All participants must have a willingness to reconsider their perspectives.
5. All participants must have a willingness to reconsider their value positions.
6. All participants must have a willingness to make the time and energy commitment needed in constructivist research. (2006, p. 199)

Once the commitment to participate in the research study was made, an interview was set up with the study participant. A micro practice approach to interviewing was used which utilized skills such as engaging, furthering and seeking concreteness. The goal of this interview was to have each of these stake holders give their opinion on the project. They were encouraged to share their experiences, thoughts and concerns through a series of open and closed ended questions. Once an understanding of the stake holder's position was made, they were invited to participate in the final joint construction of the research study.

## Self Preparation

Constructivist research requires the researcher to acknowledge their expertise on the research focus. This researcher's expertise is derived from working in the RAU with kinship care provider and seeing first hand the need to link agencies and services. The other step in self preparation is that of reviewing literature on the research focus. This researcher's expertise in working with kinship care providers along with existing literature will be used as additional constructions that will ultimately contribute to the final joint construction. Self-preparation for this researcher consisted of reflecting on my experience with kinship caregivers and service providers as well as their perception of me. The experience of study participants in relation to kinship care was also taken in to consideration.

## Diversity Issues

The diversity issues that were addressed through awareness and training includes differences in the following areas: perceived power, assumptions and norms about the topic, assumptions about appropriate behavior,

perspective, language or vocabulary, and history. Each stakeholder brought their own ideas about these areas in relation to their role in work with or as kinship caregivers. The main diversity issue was the assumptions of the study participants about the roles of the other study participants in relation to kinship care. Using the Constructivist Paradigm gave each of the stake holders the opportunity to share their ideas and learn about those of other stake holders involved in this study. Collectively, study participants were encouraged to share and embrace their different ideas on improving kinship support services. Throughout this study, diversity was embraced a tool in building the final construct.

#### Ethical Issues

The ethical issues in constructivism are the issues of anonymity and confidentiality. This study required study participants to attend a member check meeting where study participants met face to face. Therefore, anonymity and confidentiality was not guaranteed. These issues were addressed as part of informed consent as well as by using Lincoln and Guba's requirements for participants of constructivist research. Each study participant was

informed of process of the Constructivist Paradigm and the need and importance of the membership check meeting to the completion of this study. Study participants were made aware of these ethical issues during the engagement process and were reminded of them throughout the study.

### Political Issues

The political issues introduced by the study participants are their responsibilities and liabilities. Dealing with public agencies creates a necessary political arena that must be entered to complete this research construct. One part of that arena is the public agency's concern of being embarrassed by any negative findings. Another part of the arena is the fact that any improvement plans must be in line with county, state and federal rules and regulations.

Another political issue that surfaced in dealing with a public agency is the power differential. Because the Family Kinship Center is in partnership with the Department of Children's Services there is a power differential that may affect Family Kinship Center study participants desire to be critical of the department.

There may be a concern that criticism could cost the center funding or even the continued partnership.

Political issues were address throughout the study as needed. The public arena this study was conducted in acknowledged that power had to be shared amongst all stake holders in order to get to the final construct of the study.

### Summary

This chapter outlines the plan of gathering information about the current and future support services for kinship caregivers in San Bernardino County DCS from stakeholders through a process of individual interviews and group meetings. Analysis will be a descriptive, qualitative process designed to ascertain one final joint construction. This chapter also outlines the plan for termination at the conclusion of the study. Termination will be complete by the end of the last member check meeting and will include resources for study participants to help them continue to improve support services for kinship care providers.

## CHAPTER THREE

### IMPLEMENTATION

#### Introduction

This chapter explains how study participants were selected and how data was gathered from the study participants. It gives an overview of the study's two phases of data collection. It also explains how data collected from the key stakeholders was analyzed.

#### Selection of Participants

The Constructivist Paradigm necessitated the use of purposive sampling. For this paradigm Morris (2006) suggests, "the most appropriate approach to sampling is not random sampling but "purposive" sampling, in which the researcher looks for study participants who will give the most complete data about the study focus" (p. 91). The participants of this study were carefully chosen because they offered the most complete data on the research focus. Selection of participants was voluntary on their part. Participants were informed of the need for key stakeholders to complete the study. They were also informed of the level of commitment required to complete the study.

The names of potential participants from the Relative Assessment Unit and the Administrative Resource Division were ascertained from the Relative Assessment Unit supervisor. This led to interviews with three Relative Assessment Unit social workers. It also led to an interview with a supervising social service practitioner at the Administrative Resource Division.

In order to find participants from the Family Kinship Center, a visit was made to the center to meet the staff and inquire about their role and willingness to participate in the study. The case manager at the center was very knowledgeable about the center and agreed to participate in the study with the hope of getting more information on the Family Kinship Center out to the public.

The name of the intake social service practitioner was given by the Relative Assessment Unit Social Workers as a person that often utilized Relative Assessment Unit services for initial placements. This social service practitioner gave the name of a carrier social service practitioner that was known to be involved with kinship care providers and the Kinship Family Center.

## Phases of Data Gathering

For this study data gathering was a two step process. The first step was an open ended approach that consisted of individual interviews with each study participant. During this phase all constructions were identified in these individual interviews with each study participant. A series of questions designed to ascertain minimal demographic information, their level of involvement with kinship care providers and their perception of ways to improve services to kinship care providers was used.

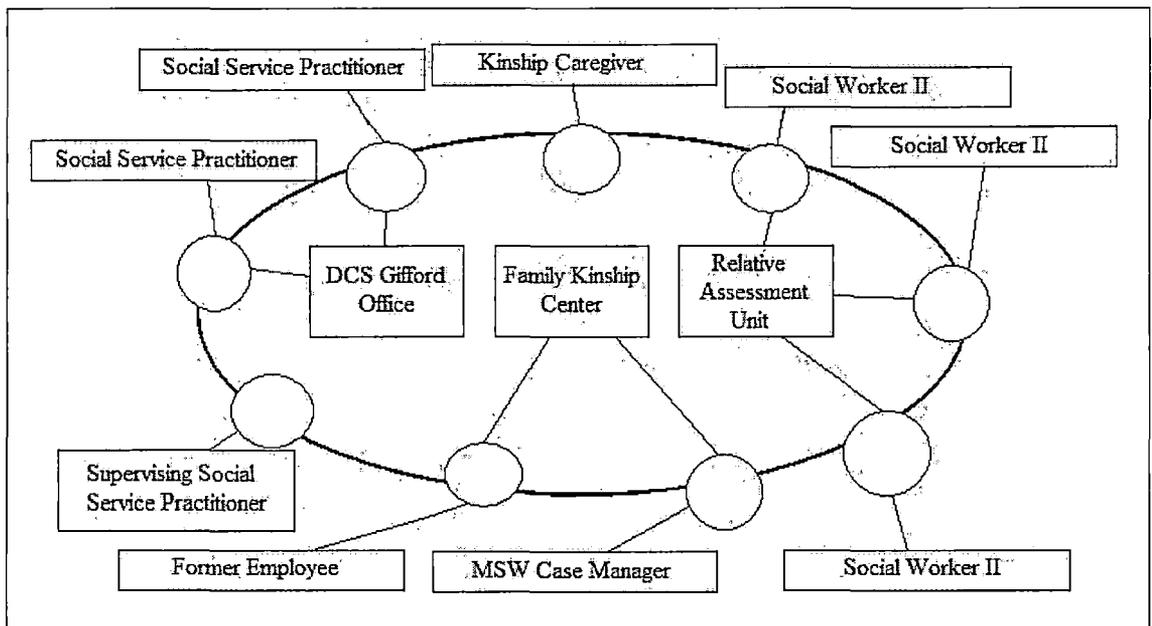


Figure 1. Hermeneutic Dialectic Circle

The first four individual interviews were completed at the Relative Assessment Unit office. The first three interviews were with Relative Assessment Social Worker IIs. The fourth interview was completed with a kinship care provider at the Relative Assessment Unit office. The Supervising Social Service Practitioner was interviewed at the Department of Children's Services Administrative Resource Division located at 825 E. Hospitality Lane in San Bernardino. One interview was completed at the Family Kinship Center located at 5050 North Sierra Way in San Bernardino. This interview was with the case manager of the center. The final three interviews were completed at the Department of Children's Services office located at 1504 Gifford Street in San Bernardino. Two of these interviews were with Social Service Practitioners and the third was completed with a former Family Kinship Center employee. Each interview lasted an hour on average.

Once individual interviews were completed step two was completed. Step two was a membership check meeting with all the stake holders. This meeting completed a joint construct and a review of documents, reports and social artifacts that pertained to the research focus. The membership check meeting was held on January 29, 2007

at 1 o'clock in the afternoon in order to accommodate the varying schedules of the participants. The meeting was held at the Kinship Family Center. There were 5 participants in attendance. One participant had to leave before the end of the meeting and one participant was late.

The meeting started with a review of the open codes identified through the analysis of the data. The meeting ended with the participants agreeing to a final joint construct that consisted of four changes. The first of the three changes identified by the group was having the Family Kinship Center update and improve their informational flyer. The new flyer will include specific days and times for groups as well as a more detailed list of services provided. The second change was to update the resource list and make it available to kinship care providers through any of the three study sites. The last change was to have a monthly informational seminar or training for the kinship care providers. In order to accomplish this task, the case manager at the Family Kinship Center would find out from kinship care providers what specific topic needed to be addressed and then pass that information to the San Bernardino County Department

of Children's Services who would then find a presenter for the seminar. Other ideas given in regards to this monthly meeting were to have a series of meetings covering specific topics and rotating them throughout the year.

#### Data Recording

Data was recorded through notes taken during the interviews to ensure the accuracy of the information provided by the study participants. Each interview resulted in a narrative.

In addition to the notes taken during the interviews, a reflective journal that coincided with the interview notes was kept. The purpose of the reflective journal was for the researcher to include any additional information that could be used in completing the final joint construction.

The data from the membership check meeting was recorded on a poster board as the meeting took place. The purpose of using the poster board was to ensure that all in attendance could see the data as it was written as well as being used as a tool to clarify and confirm accuracy and completeness of the final joint construct.

## Summary

This chapter outlines the gathering of information about the current and future support services for kinship caregivers in San Bernardino County DCS from stakeholders through a process of individual interviews and group meetings.

## CHAPTER FOUR

### EVALUATION

#### Introduction

This chapter explains how data collected from the key stakeholders was analyzed through the process of open coding. It also explains how the open codes were used and discussed at the membership check meeting so that the joint construction could be developed.

#### Data Analysis

Analysis was done on the collected data using open coding. Morris defines open coding as "the process of identifying the social phenomenon's concepts, categories of concepts, the property of concepts and the dimensions of those concepts." She goes on to explain that the process of open coding is where "the narrative of the interview or observation is broken down into themes or categories. Such categories guide refinement of future questioning and observation" (2006, p. 112).

#### Open Coding

The ten codes which emerged from the data are as follows: service need, Kinship Family Center services, lack of communication between agencies, positive opinion

of kinship care, need for money, service idea, knowledge of kinship services, negative opinion of kinship care, lack of information given to kinship caregivers, and experience.

Service Need. A service need as defined in this study as a specific service need for kinship care providers as identified by a study participant. For example a Social Worker II from the Relative assessment Unit said, "We should provide parenting classes for relatives that have not parented before." Another Social Worker II from the Relative Assessment Unit said, "We need to offer daycare—find grants for this because it's a big hole in services." A kinship care provider pointed out that "it's important to make sure the kids have all the stuff they need—beds, clothes, ect."

Kinship Family Center Services. Kinship Family Center services is defined as specific services participants identified as already being offered at the Kinship Family Center. For example, the case manager of the kinship center said, "I am aware of the services offered here at the Kinship Family Center, which are: support groups, transportation, recreation, food, clothing, information and referrals." A former Kinship

Family Center employee pointed out that "kinship center has support groups, partied and child care during the support groups."

Lack of Communication between Agencies. Lack of communications between agencies is defined as important information not being shared with other agencies. This code was used when study participants pointed out examples of a lack of communication between the three study sites. For example, the kinship care provider said, "The intake worker and the carrier worker did not communicate well. I ended up getting the correct information from a former co-worker but if I didn't know someone in the department, it would have taken me longer to find out the information." Another example came from the case manager at the Family Kinship Center who said, "The county worker need to answer their phones." Another comment was made by the former Family Kinship Center employee who said, "The system of reporting to the county needs to be more user friendly because it is using up man hours that are so scarce at the Kinship Center."

Positive Opinion of Kinship Care. Positive opinion of kinship care is defined as positive comments shared by study participants in regards to kinship care. For

example, a Relative Assessment social worker said, "Kinship care is a vital resource for the emotional well being of children. It significantly reduces the stress on the kids-they feel safer with family." Another example is from the case manager at the Family Kinship Center who said, "I think kinship care giving is the best thing. It's wonderful to keep kids with family. It's better than putting them in foster care to learn bad habits. Keeping kids with families is what's best. It's where hopefully someone cares about them."

Need for Money. Need for money is defined as study participants identifying a need for money in relation to improving kinship support services. For example, the Supervising Social Service Practitioner said, "They need money and housing. San Bernardino started with \$100,000 in the form of a grant but we need more money to keep the center open to meet the caregiver's needs." Another example is from a Relative Assessment Social Worker II who said, "We need to be more aggressive in securing grants." The case manager from the Kinship Family Center said, "We need more support from the county in the form of money."

Service Idea. Service idea is defined as a specific service need identified by study participants for improving kinship support services. For example, the former Kinship Family Center employee said, "There are lots of caregivers that have cars but there are no car pools." The comment made by a Relative Assessment Social Worker II was, "We need help for kinship caregivers in the area of child care. They need help finding providers." Another Relative Assessment Social Worker II said, "We need something like the PRIDE classes that we offer foster parents."

Knowledge of Kinship Services. Knowledge of kinship services is defined as the knowledge study participants had in relation to any kinship services. For example, a Relative Assessment Social Worker II said, "We provide a caregiver manual that is helpful, flyers from churches, Megan's Law information and an information flyer on the kinship care center." Another Relative Assessment Social Worker II said, "There are support groups at the kinship center that started about two years ago. The kinship center also helps families during the holidays."

Negative Opinion of Kinship Care. Negative opinion of kinship care is defined as negative comments made by

study participants in regards to kinship care. For example, the former Kinship Family Center employee said, "Being kin does not make it the best situation for placement."

Lack of Information Given to Kinship Caregivers.

Lack of information given to kinship caregivers is defined as study participants identifying instances where there is a lack of information being passed on to kinship caregivers. For example, a Relative Assessment Social Worker II said, "We need to better educate caregivers on what is available at the kinship center." Another Relative Assessment Social Worker II said, "There needs to be better communication from the child's social worker. The relatives need to know the children's problems and the help offered to deal with the child's problems. They need information about the services offered."

Experience. Experience is defined as the study participants experience as or with kinship care. For example the carrier Social Service Practitioner said, "I began doing this kind of work in 1984 and I have a few years of prior experience on and informal basis. I have been involved with kinship providers since the inception

of the kinship center." B., Social Service Practitioner Gifford Office.

### Joint Construction

There was agreement on some of the codes that were identified by many of the study participants and other codes that were identified by only one participant. During the course of the meeting there was a comparison of the services offered by the Family Kinship Center and the thoughts and ideas presented by study participants. The joint construct that was identified by the end of the meeting consisted of three areas where changes could be made.

The first was having the Family Kinship Center update their flyer to include a more specific list of services provided as well as the days and time for group therapy sessions. The second proposed change was to have the Department of Children's Services Gifford Street Office update and distribute the existing resource list. The final change proposed suggested a partnership between the Family Kinship Center and the Department of Children's Services collaborating in monthly meeting. The topic for the monthly meeting would be ascertained from kinship care providers via the Family Kinship Center and

would be forwarded to the Department of Children's Services. The Department of Children's Services would then secure a presenter for the topic. It was also suggest and agreed upon that there could be a series of topics that repeated every few months.

#### Implications of Findings for Micro and/or Macro Practice

This study makes the biggest contribution to Macro practice by identifying gaps in support services offered to kinship care providers and building a stronger partnership between the Kinship Family Center and the San Bernardino County Department of Children's Services. The identified service gaps were lack of information shared between the involved agencies and a lack of information and resources provided to kinship care providers. Identifying these service gaps will assist in program improvement for the Kinship Family Center and policy changes for the San Bernardino Department of Children's Services.

The contribution to Micro is identified as the intent to empower kinship care providers. Improving communication between the involved agencies will result in expanded and improved information being provided to

kinship care providers. For kinship care providers information equals power.

#### Summary

Open coding analysis was a descriptive, qualitative process designed to extract emerging themes. Open codes were identified and defined. Examples of comments made by study participants were given to illustrate the meaning of the open code.

## CHAPTER FIVE

### TERMINATION AND FOLLOW UP

#### Introduction

This chapter outlines the plan for ongoing engagement with the study participants, the means used to report the findings and the plan for termination with the study participants as well as the study sites.

#### Communicating Findings to Study Site and Study Participants

Upon completion of the study, the findings were reported to the circle of key stakeholders first. The findings that emerged during the membership check meeting were shared at the end of the meeting. Study participants were also reminded of the opportunity to obtain a copy of the results of this study from the Pfau Library, California State University, San Bernardino. There will also be the availability of presentations throughout the county as requested and/or needed. The participants were also invited to poster day.

#### Termination of Study

The termination and follow up for this study consisted of a termination process that was completed at

the end of the final member check meeting. Study participants were reminded that despite the completion of the study, this researcher hoped that there would be continued advocacy for kinship care givers and the children they care for. Upon completion of an update, a resource directory will be provided to all study participants.

#### Ongoing Relationship with Study Participants

In order to keep an ongoing relationship with study participants the study sites involved in this study were encouraged to continue to build on the relationships established by their participation in this study. An ongoing relationship has continued as the study sites work with each other on the monthly informational seminars. These seminars will get more staff from the Department of Children's Services, the Relative Assessment Unit and the Family Kinship Center working together which will ultimately strengthen the ongoing relationship between these agencies. The information about existing kinship support services offered by the Kinship Family Center that was shared in this study has opened the lines of communication between the center, the

Relative Assessment Unit and the Department of Children's Services.

#### Summary

This chapter outlines the termination process used at the conclusion of the study. Termination was completed by the end of the last member check meeting and included resources for study participants to help them continue to improve support services for kinship care providers. This chapter also outlines the ongoing relationships and plans to continue to build on those relationships.

APPENDIX A  
DATA COLLECTION INSTRUMENT

## QUESTIONNAIRE

What are your age, education, occupation and ethnicity?

What is your experience with kinship caregivers?

What do you think about kinship care?

What kinship care support services are you aware of?

What changes have you experienced in relation to kinship caregiver support?

What changes would you like to see in kinship support services?

APPENDIX B  
INFORMED CONSENT

## **INFORMED CONSENT**

The study in which you are being asked to participate is designed to investigate decision naming processes. This study is being conducted by Georgia Moore under the supervision of Dr. Teresa Morris, Professor of Social Work. This study has been approved by the Department of Social Work Institutional Review Board, California State University, San Bernardino.

In this study, you will be asked your thoughts, perceptions and feelings regarding your work with or as kinship care givers. The initial interview should take approximately one hour to complete. You will also be asked to attend two membership check meetings with all the other study participants which means confidentiality and anonymity cannot be guaranteed. The responses of all the participants will be used to build one final construct during the member check meeting. You may receive the group results of this study upon completion on or after 05/01/2007.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the last member check meeting you will receive a debriefing statement.

Dependant children of San Bernardino County and their kinship care givers are a vulnerable population in need of expanded services. Improving kinship support services on the micro level will help ease the workload of Child Welfare workers while providing a higher level of service to kinship care givers and the children they care for. By improving support services for the caregiver we are ultimately helping the children. The contribution to macro practice is that the findings of this study will help identify needs and implement changes throughout San Bernardino County which can serve as a model for other counties.

If you have any questions or concerns about this study, please feel free to contact Dr. Teresa Morris at 909-537-5561.

By placing a mark on the line below , I acknowledge that I have been informed of, and that I understand the nature and purpose of this study and I freely consent to participate. I also acknowledge that I am at least 18 YEARS OF AGE.

Mark: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

**IMPROVING SUPPORT SERVICES FOR KINSHIP CARE  
PROVIDERS IN SAN BERNARDINO COUNTY  
DEBRIEFING STATEMENT**

The study you have just completed was designed to find ways to improve support services offered to kinship care providers in San Bernardino County. In this study you shared your thoughts, feelings and perceptions as related to kinship care in San Bernardino County. You also participated in building a final joint construction.

Thank you for your participation and for not discussing the contents of decision question with other participants. If you have any questions about the study, please feel free to contact Dr. Teresa Morris at 909-537-5561. If you would like to obtain a copy of the group results of this study please contact the Pfau Library, California State University, San Bernardino at 880-5000.

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