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THE RELATIONSHIP BETWEEN KINSHIP SUPPORT
SERVICES AND 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
Maria De Jesus Flores

Jennifer Lau

June 2009

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Approved by:


Dr. Janet C. Chang, Faculty Supervisor
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6/1/09
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ABSTRACT

This study examined the relationship between kinship support services and placement outcomes using secondary data collected by Chang and Liles (2004) in the Counties of San Bernardino and Riverside. This study aimed at assessing kinship care placement outcomes by reviewing the characteristics of kin caregivers and their dependent children, types of financial support and services received, and contact with social workers.

This study sample included 130 kinship caregivers and 291 dependent children from the original study (Chang & Liles, 2007). The study employed a survey design with face-to-face interviews exploring the relation between overall support and the four different placement outcomes as designated by the original study. These four placement outcomes were: reunified group, reunification pending group, continued placement group, and disrupted placement group.

The study found that kinship caregivers from both the continued placement group and disrupted group were least likely to receive services and support.

Major recommendations for social work practice and policy based include further training of social workers

to effectively work with the kinship foster care population by providing support and services that are identified as needed. Finally, further research on this topic needs to be conducted.

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DEDICATION

I dedicate this to my mom and dad, for their unconditional love, support, and guidance. Mom and dad, thanks for teaching me values and morals. To my sister Claudia, thanks for teaching me how to have a good time and for bringing out the best in me. George, David, and Joe, thanks for your support and understanding when I've been busy. I dedicate this to my babies Miguel, Anabell, and David Jr. for making me smile and laugh, and for showing me the importance of patience. Hugo, Tony, and Kathy, thanks for having faith and supporting me throughout my educational journey. Jennifer, we made it! You are an awesome friend and supportive partner. Thank you Stipend Sisters for your friendship and support.

- Maria

I need to thank all my family and friends for their unconditional support. Without any of you in my life, these two years of graduate school and the completion of this thesis could not be made possible.

To my fiancé, my babe, my bestest friend: Thank you for putting up with the times that I refused to spend with you because I was writing this thesis. Thank you for comforting me every time I cry in frustration. Thank you

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- Jennifer

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CHAPTER ONE

INTRODUCTION

Problem Statement

The societal changes of recent decades have ultimately impacted the familial structure of modern day America. The casualties of this change are children who often see their families fragmented due to various reasons. In response to this phenomenon, welfare agencies try to maintain familial integrity as much as possible and try to place children entering foster care in kinship placements, such placements are being sought by the agencies from the onset.

The use of kinship foster care placement has increased during the late 1980s and 1990s (U.S. Dept. of Health and Human Services, 2000). In 2006, approximately 2.4 million grandparents were primary caregivers to their grandchildren (Child Welfare League of America, 2008). "As of January 2001 in California, 43 percent of the foster care population was placed with relative caregivers" (Bass, 2007). As children are placed with family members, a sense of uninterrupted relationships

with kin are maintained, customs, education, traditions, and culture continues.

There are several factors leading to placement with kinship caregivers. During the 1990s, there was a

rapid growth of kinship foster care which was attributed to the increased need for out of home care, the declining capacity of non-kin foster homes to accommodate the need, and the increasing acceptance of kin as a placement resource for abused and neglected children.

(Koh & Testa, 2008)

As child welfare agencies are placing children with kinship caregivers, stability and permanence is part of concurrent planning. The need to assist in the child's development can be an explanation for the increase of kinship foster care placements.

Kinship placements for children in child-welfare keep families united during a crisis, and provide emotional and cultural benefits to children who cannot return safely to their parents, or for whom adoption is not an option. (Child Welfare League of America, 2008)

As a child may have experienced detrimental trauma while in the care of his/her parents, placement with a kinship caregiver can assist with the healing process.

Another factor explaining the increase in the use of kinship care comes from the Federal development of Adoption Assistance and Child Welfare Act of 1980 (AACWA: Public Law 96-272). According to Hegar (1993), AACWA emerged to enforce permanence as a goal in a child's placement as this was the theme of child welfare reform in the 1970s. P.L. 96-272 required the State to place a child in the least restrictive setting such as placement with family, and to establish reunification and preventative programs (Child Welfare Gateway, 1980). Permanence continues to be the central theme in child welfare practice; this provides a sense of normalcy in a child's life.

Furthermore, the addition of a second Federal law may contribute to the rise of kinship placements. Leathers (2002) indicated that the Adoption and Safe Families Act of 1997 (ASFA; P.L. 105-89), defined child safety as the primary concern of child welfare services and reunification of families became secondary to child safety. ASFA also reduced the length of stay a child will

remain in foster care, which in turn pressures child welfare agencies to seek reunification or permanence.

An additional factor that may contribute to the increase use of kinship foster care in California is the development of Kinship Supportive Services Program (KSSP: AB 2649), established in 1997. KSSP was developed to fund public/private partnerships with State general fund dollars leveraging private community funds (Bass, 2007). Through KSSP, children and kinship caregivers may receive services such as support groups, respite, information and referral, recreation, mentoring/tutoring, assistance with furniture, clothing and food, transportation, and legal assistance. Kinship caregivers and children have benefited from KSSP, "between October 2001 to January 2003, more than 6,000 children and caregivers received approximately 90,000 instances of individualized services" (Bass, 2007). However, it is not clear whether kinship caregivers received services as needed.

Children need to take advantage of resources that are available to them as they face situations such as "harming self, harming others, health and disability concerns, criminal behavior(s), schooling, behavior management, and low self-esteem" (Sellick & Connolly,

2002). Furthermore an interesting fact came to the lime light, Gleeson discovered that kinship children were likely to receive less services as compared to children placed in non-kinship placements (as cited in Hawkins & Bland, 2002). Several studies found that on average, kinship care homes received fewer services and support, and guidance (Brooks & Barth, 1998; Scannapieco, 1999; as cited in Scannapieco & Hegar, 2002). These facts are of interest in the field of social work and need to be furthered studied to gain a deeper understanding as to the reasons why kinship caregivers are underserved.

A reality of Kinship caregivers may be that they experience health problems, be financially insolvent; be aged, or unprepared for the responsibility of caring for a child. According to the Child Welfare League of America (2008), "20 percent of grandparents with responsibility for their grandchildren live in poverty." Therefore, the need for caregivers to utilize support services from child welfare agencies is important in order for them to continue on their path to providing permanence to children.

As children are impacted by kinship placements, the relationship between kinship support services and

placement outcomes is an important topic to be studied and to be explored. Currently, in the field of social work there is limited information explaining the relationship that exists between kinship support services and placement outcomes.

Purpose of the Study

This study examined the relationship between kinship support services and placement outcomes. This study used secondary data collected by Chang and Liles (2004) in the Counties of San Bernardino and Riverside. The research conducted by Chang and Liles aimed at assessing kinship care placement outcomes by reviewing the characteristics of kin caregivers and their dependent children, types of social services received, and relationship with social workers. The data was gathered from kinship caregivers throughout the Counties of San Bernardino and Riverside.

In San Bernardino County, 5,121 children were in out of home care in 2006, 2,126 left placement during fiscal year 2005-2006. From the 2,126 leaving foster care during the fiscal year 18 percent were adopted, 9 percent went into guardianship, 55 percent reunified, 12 percent emancipated, and 6 percent other (San Bernardino County

Human Services, 2007). Although the percentages do not provide detail as to whether a child was with kin or non-kin, the numbers demonstrate that child welfare agencies are being successful in meeting the goal of safety and permanence. It would be worthwhile to know the percentage that was previously placed with kin.

This study was quantitative and consisted of secondary data analysis by assessing kinship care placement outcomes and examining the types of social services received, kinship caregivers and children's demographics, and the relationship with social workers.

As the goal of child welfare agencies is to provide foster care children with permanence, including children placed with kin, it was of interest to research premature terminations of children placed with kinship caregivers. Therefore, there were many questions addressed to gain a deeper understanding of this reality. Do kinship support services have an affect on placement outcomes? What types of services were accessed by kinship caregivers? Does contact between kinship caregivers and social workers have an effect on placement? Responses to these questions were useful to child welfare agencies in examining support services to children and kinship caregivers.

Significance of the Project for Social Work

Child welfare agencies, especially children's social workers within the Counties of San Bernardino and Riverside should be interested in the findings of this study as it focuses on kinship support services. Child welfare agencies ought to be able to take the results and review the services that are successful and those services that may need to be considered as resources. Child welfare agencies can review policy practices and perhaps make modifications to meet children's needs.

Based on the results of this study, child welfare administrators should be interested in reviewing findings to examine if children's social workers are practicing service in accordance with the agencies mission. Findings may also assist child welfare agencies in understating the needs of kinship caregivers and support services that are valuable to them. Too often kinship providers underutilize services that would ensure safety, well being and permanence. The vital relationship that exists between children's social workers and kinship caregivers can be examined as it has been mentioned in the literature review.

Child welfare agencies can also choose to advocate for an increase in funding support by lobbying law makers. Depending on the findings revealed, there may be a need to promote higher funding distribution on certain services that kinship caregivers define as important.

The generalist intervention model can be applied to the findings of this study. The assessment phase is best suitable as child welfare agencies are constantly monitoring the child's case plan. If the child's social worker is able to identify services that are needed or need to be modified, the child can be on track to meeting his or her case goals. Child welfare agencies should be able to examine the findings of the study and review services available in the community as well as network with other agencies to ensure that the needs of the child are being met.

This study focused on the relationship between support services provided to children placed with kinship caregivers and placement outcomes within the Counties of San Bernardino and Riverside. The researchers conducted a review of second data gathered on kinship services and placement outcomes.

CHAPTER TWO
LITERATURE REVIEW

Introduction

The chapter presents an overview of the existing literature relating to kinship care. Articles reviewed within the literature review are presented in four subsections. First, literature that focuses on the policies and trends that have affected kinship care is presented. Second, literature that examines characteristics of kinship caregivers and children in kinship care is discussed. Third, literature that examines support and services to kinship foster families and placement outcomes is presented. Finally, this chapter ends with theories that will guide the conceptualization for the current study.

Policies and Trends that Affected Kinship Care

The cultural roots of kinship care have been traced back to West Africa, Polynesia, and Oceania and several other parts of the world (Hegar, 1993). In the United States, children being taken in by kin was the only caregiver alternative other than biological parents until the Industrial Revolution. The Industrial Revolution led

to the creation of Child Welfare structures by the government. At this point, many children that did not receive care from biological parents entered the child welfare system and were essentially being taken care of by the government. Children were either placed in orphanages, group homes, or foster homes.

As more children entered the child welfare system than there were enough foster care or other types of formal placements, kinship foster care gained popularity. According to the 2000 US Census, in the span of three years between 1997 and 2000, children in kinship care increased from 1.8 million to 2.5 million (as cited in Strozier et al., 2004).

Legislation and policies also helped encourage an increase in foster care placements with relatives. The Supreme Court's 1979 decision in *Miller v. Youakim* determined that kinship foster parents were entitled to the same payment as non-relative foster parents. This decision encouraged informal kinship caregivers (caregivers that had children in their care but placement was not handled by child welfare agencies) to become formal kinship providers in order to receive foster caregiver funding.

The Adoption Assistance and Child Welfare Act (AACWA) of 1980 required child welfare agencies to have the goal of permanency on mind when considering placement options for children (Grogan-Kaylor, 2000). Since kinship care placements are generally considered to be more stable arrangements, many child welfare agencies began to turn towards kinship care when planning for permanent placement.

The Personal Responsibility and Work Opportunity Act of 1996 as well as the Adoptions and Safe Families Act (ASFA) of 1997 encourage states to give priority to relatives when deciding with whom to place children with for foster care (Scannapieco & Hegar, 2002).

Characteristics of Kinship Caregivers and Children in Kinship Care

Previous studies have examined characteristics of kinship caregivers as well as the children in their care. Many studies have supported the notion that kinship caregivers are often grandparents of the child, older adults, achieved less education and reports a lower amount of income (Christenson & McMurty, 2007; Gordon, McKinley, Satterfield, & Curtis, 2003; Grogan-Kaylor,

2000; Sands, Goldberg-Glen, & Thornton, 2005; Strozier & Krisman, 2007).

Studies have found that more than half of kinship caregivers are often grandparents of the child. Sixty-five percent of participants in a 2003 kinship study were found to be grandparents to the child(ren) in their care (Gordon et al., 2003) and 63.1% of participants in another kinship study were found to be grandparents (Strozier & Krisman, 2007). The majority of the relationship between caregivers and children in care may be a grandparental role because they are the closest kin relationship after parents.

Subsequently, with the majority of kinship caregivers being grandparents, it is logical to find that many of them are also older adults. Christenson and McMurty (2007) found, in their study that about half of the kinship caregiver population in the study were between the ages of 40-70. About 82% of kinship caregivers were between the ages of 40-70 in another study (Strozier & Krisman, 2007).

A number of kinship studies have reported that many of the kinship caregivers have completed a high school or less level of education and a high number of kinship

caregivers report a low-income level. A lower level of education attainment is generally correlated to a lower amount of income. Sands et al. (2005) have found that 70% of caregivers in their 2005 study have completed a high school or lower level of education and 80% of caregivers has an income level of less than \$30,000 a year. In another study, it was found that 50.5% of the participants completed a high school or lower level of education and 70.2% reported an income of less than \$30,000 a year (Strozier & Krisman, 2007).

While many of these studies found similar results, most of them were limited in generalizability of the results due to the fact that they were focused on kinship caregivers from one specific geographical location. For example, one study was based on Idaho kinship caregivers that participated in a preservice training. Two other studies included data on Florida kinship caregivers and Maryland kinship caregivers, respectively.

There have been fewer studies that have mainly focused on the characteristics of children in kinship care. Discussion on characteristics of children in kinship care may have been slightly touched upon in studies that were focused on kinship caregivers. It has

generally been found that there are no significant differences in the number of males and females in kinship care (Swann & Sylvester, 2006). It has also been found that the majority of children in kinship care have been in care for 5 or more years, have been placed in kinship care due to some form of neglect, and are between the ages of 5-14. Infants and older teenagers were often in other placements such as non-kinship foster care and group homes (Grogan-Kaylor, 2000; Strozier & Krisman, 2007). Although information on characteristics of children in care is scarce, the majority of the information is consistent.

Support and Services to Kinship Foster Families and Placement Outcomes

Studies that have discussed characteristics of kinship caregivers and/or children in care have illustrated that they were a vulnerable population that was in need of assistance. However, many of them do not receive the assistance that they need (Sheran & Swann, 2007; Scannapieco & Hegar, 2002). For example, though there are many kinship caregivers whom are eligible to Temporary Assistance for Needy Families (TANF), only one in five kinship caregivers receive it (Sheran & Swann,

2007). Kinship care families generally receive less money, fewer services, and less supervision (Scannapieco & Hegar, 2002).

Older grandparents that are caregivers of their grandchildren may require additional support and services from child welfare agencies. There has been studies in which grandparents indicate that the transition from being independent of child rearing to having to "parent" their grandchildren has been sudden and in which they were not well prepared for (Sands et al., 2005). They also report a sudden loss of freedom and flexibility (Gordon et al., 2003). This sudden responsibility of providing for grandchildren may be assisted by support and services from child welfare agencies in order to ensure a safe and consistent placement for children.

There are many different types of support and services that kinship caregivers need and could benefit from. The needs for support and services can be separated into three categories: social support, child-rearing support, and financial support. Social support includes contact with social workers, contact with child welfare agencies, support groups for kinship caregivers, and therapy or counseling. Child-rearing support includes

medical and dental benefits for children in care, respite care, parenting classes and training. Financial support includes money for housing, childcare expenses, clothing allowance and foster care payments.

Studies have been done to explore kinship caregiver needs. Two studies focused on exploring the needs of kinship caregivers (Gordon et al., 2003; Scannapieco & Hegar, 2002). In their study, Scannapieco and Hegar (2002) focuses on exploring the unique needs of kinship care families. Kinship caregivers require more financial support because they are often older and receiving lower incomes. Kinship caregivers also benefit from training and parenting classes. Since kinship caregivers are often older adults that may be the grandparents to the child(ren) in their care, they may need assistance on "re-parenting". The study indicated that kinship caregivers and non-kinship caregivers had different needs to be met. The study recommends that child welfare agencies should become more sensitive to the unique needs of kinship care families and provide resources and services to meet those needs. In the other study, the focus group answers with 39 kinship caregivers indicate that there was a need for more communication and

information from child welfare agencies. Many of the caregivers expressed that there was a lack of information. The caregivers expressed that they were not informed about permanency options, such as adoption and legal guardianship for the child, or they did not understand those options. Many kinship caregivers in the focus groups also expressed that they were not getting any service from the agency and felt excluded from the agency's decision-making process in regards to the child(ren) in their care (Gordon et al., 2003).

While there are numerous studies kinship care, several gaps in the literature exists. Although there are studies on the needs of kinship caregivers and on the lack of services available or offered, there is a lack of research on the reason why kinship caregivers are not receiving support and services. Much research also exists on kinship caregiver and kinship care children characteristics that make them a vulnerable population that needs assistance in order to continue being care providers. However, there is a gap in literature that connects support services to kinship care families to placement outcomes. This study attempts to fill that gap.

Theories Guiding Conceptualization

In understanding the rationale for this study, there are several theories that guide the study. These theories are: family systems theory, ecological systems theory, and empowerment.

Family Systems Theory can be applied to families providing kinship care. One of the central premises of family systems theory is that family systems organize themselves to carry out the daily challenges and tasks of life, as well as adjusting to the developmental needs of its members (Broderick, 1993). When a child can no longer be placed with his or her own parents, an out-of-home placement will occur. If placement is with kin, according to the family systems theory, kinship caregivers will adjust better to meet the needs of the child as compared to a non-relative foster care placement because the child is part of the family system. The provision of support and services would likely help kinship caregivers continue their care for the dependent children. Conversely, the lack of support and services may decrease the likelihood of continuous kinship caregiving.

Ecological Systems Theory can also be applied to kinship care. The underlying concept of this theory is

that within a person's environment, there are many layers (systems) that affect one another. These layers include the Microsystem, Mesosystem, Exosystem, Macrosystem and Chronosystem.

The Microsystem makes up of immediate systems such as family, school and neighborhood. The Mesosystem is a system comprising connections between immediate environments (i.e., a child's home and school. The Exosystem makes up of external environmental settings which only indirectly affect development, such as a parent's workplace. The Macrosystem is the larger cultural context, national economy and political culture. Finally, the Chronosystem is the patterning of environmental events and transitions over the course of life.

The ecological systems theory can be applied when examining needs of kinship care families for support and services. Supporting kinship caregivers in their ability to provide a safe and permanent home for children helps maintain the homeostasis of the ecological environment. Conversely, when kinship caregivers experience disequilibrium from their inability to provide for

children in their care, it also creates disequilibrium for the children as well.

Empowerment is the

process by which individuals and groups gain power, access to resources and control over their own lives. In doing so, they gain the ability to achieve their highest personal and collective aspirations and goals. (Robbins, Chatterjee, & Canda, 1998, p. 91)

Empowering clients is an important objective in the practice of social welfare. Empowering clients can be achieved by helping clients focus on their strengths rather than their weaknesses. By offering kinship caregivers support and services such as training, education and referrals, child welfare agencies are giving them the tools and empowering them to take control of their own lives. Training, education, and referrals can help kinship caregivers decrease dependency on the assistance of child welfare agencies and thus empower them to be the experts in their lives and help them to become better caregivers for their dependent children.

Summary

This chapter has presented a review of the existing literature related to kinship care issues. Various studies were discussed in the four subsections, which included: Policies and Trends that Affected Kinship Care, Characteristics of Kinship Caregivers and Children in Kinship Care, Support and Services to Kinship Care Families and Theories Guiding Conceptualization.

CHAPTER THREE

METHODS

Introduction

This chapter will cover the study design, the strategy for sampling, and data collection and instruments used for the study. This chapter also addresses precautions that were taken in order to ensure the proper protection of human subjects. Additionally, this chapter delineates procedures for data collection and data analysis.

Study Design

This study aimed to explore the relationship between support services and kinship care placement outcomes. Using a subset of data collected in a much larger and more comprehensive study of kinship care providers, this study focused more specifically on whether the type of support and services that kinship care providers received is related to placement outcomes. The Independent variable in this study are the placement outcome groups, which include: 1) reunified group, 2) In current kinship care with reunification pending, 3) In current kinship care after reunification has failed, and 4) Discontinued

kinship care and placed in non-kinship placement. The Dependent Variables in this study are the types of support and services that kinship care providers received. The Dependent Variables include the receipt of governmental subsidies and benefits such as AFDC or TANF, General Assistance, Foster Care Support, SSI, Retirement Benefits, Social Security, WIC, Food Stamps, Food from Food Banks, Subsidized Child Care, Subsidized Housing/Section B, Medicare, and Medi-Cal. The Dependent Variables also include contact with social workers as well as assistance from DPSS, community agencies, and families/friends on Utility/phone bills, rent/mortgage, housing support, groceries, child care, respite care, school expense, medical/dental expenses, furniture, house repairs/maintenance, care repairs/maintenance, transportation, foster parent training and psychological therapy.

Data from this study were obtained from a larger study of kinship caregivers in two Southern California counties that employed a survey design, face-to-face interviews. Both counties service clients from urban and from rural areas. A limitation of this study was that results cannot be generalized to other populations;

however the results were still significant to the two counties and can draw awareness to the issue and perhaps inspire other similar studies to be done on kinship caregiver in other counties.

Sampling

The focus of this study was to examine the relationship between kinship support services and placement outcomes. This study used secondary data from the original study (Chang & Liles, 2007). This study examined support and services in relation to the four different placement outcomes as designated by the original study. These four placement outcomes were: 1) children already reunified with birth parents (reunified group); 2) children moving toward reunification (reunification pending group); 3) children who continue to be placed with kin (continued placement group) after reunification has failed; 4) children whose kin placement was discontinued prematurely and who were subsequently placed with non-relatives (disrupted placement group).

The original study utilized survey design methods along with face-to-face interviews. Researchers from the

original study conducted a preliminary review of 597 case records of dependent children from San Bernardino and Riverside counties that were first placed with kinship caregivers from July 2002 through December, 2002. Cases that were selected for review were cases that met the following sampling criteria: 1) the ages of the dependent children were 18 years or less; 2) both kinship caretakers and children must be under the supervision of either the San Bernardino or Riverside County Child Protective Agencies; 3) Kinship caregivers had to qualify under the current legal definition of "kin" in terms of child welfare placement.

The original study sorted the cases by outcome groups. There were 184 kinship caregivers for group 1 (reunified group), 181 kinship caregivers for group 2 (reunification pending group), 84 kinship caregivers for group 3 (continued placement group), and 148 kinship caregivers for group 4 (disrupted placement group). Participants were then randomly selected from each group using stratified sampling. The final sample of the original study consisted of 130 kinship caregivers.

This study used a subset of the original data on all 130 participants. The breakdown of the participants by

placement outcome groups is the following: 31 caregivers from the reunified group, 30 caregivers from the reunification in progress group, 40 caregivers from the current kinship placement group, and 29 caregivers from the discontinued group. The data allowed for a quantitative analysis on the relationship between support and services to kinship caregivers and placement outcomes.

Data Collection and Instruments

The data used for this study include the demographic and characteristics of kinship caregivers. Demographic and characteristic variables of the kinship caregivers included: age, gender, ethnicity, marital status, employment status, health status level of education, household income, number of children in their care, and relationship to dependent children. All of the above variables were measured at the nominal level with the exception of gross monthly income, which was measured at the interval level.

This study also used the data on characteristics of dependent children. Dependent children variables include

sex, ethnicity, age, health, and special needs. All of these variables were measured at the nominal level.

This study focused on the questions that address support and services that were offered and/or received by kinship caregivers. These support and services variables were measured at the nominal level and includes contact with the social worker, AFDC/TANF, General Assistance, Foster Care Support, SSI, Retirement Benefits, Social Security, WIC, Food Stamps, Food Banks, Subsidized Child Care, Subsidized Housing/Section B, Medicare, Medi-Cal and assistance with utility/phone bills, rent/mortgage, housing support, groceries, child care, respite care, school expenses, medical/dental, furniture, housing repairs/maintenance, car repairs/maintenance, transportation, foster parent training, and psychological therapy. The precise wording of these questions can be found in the Appendix A.

The researchers of the original study designed a survey for that study. Research assistants utilized the survey to guide the interviews with relative caregivers during the data collection phase of the original study. While many of the questions were nominal in nature, the

survey allowed room to elaborate to more qualitative answers.

Procedures

Data for the original study was collected by conducting face-to-face interviews with kinship caregivers. In the face-to-face interviews, kinship foster caregivers were first contacted by mail in which an introductory letter and informed consent form was mailed to participants explaining the purpose of the study, the voluntary option to participate, and additional information about the study. Participants were then contacted via telephone to schedule an appointment. Interviews took place mostly in the participants' home, or other locations preferred by the interviewees. Interviews were tape recorded with the permission of the participants and took approximately an hour in length. The interviews were completed beginning May 2004 through October 2005. Participants were compensated for time spent during the interview by receiving \$20.

Protection of Human Subjects

In the original study, appropriate safety measures were taken for the protection of human subjects.

Confidentiality and anonymity were preserved and informed consent and debriefing statements were provided to all participants. This study used secondary analysis of previously collected data and did not affect the anonymity or confidentiality of the participants, as the original data was provided without any known identifiers.

Data Analysis

This study utilized a quantitative data analysis method to assess the relationship among the variables under study. Descriptive statistics including frequency distribution, measures of central tendency (mean, median) and measures of dispersion (standard deviation) were used to describe the characteristics of the variables. Inferential statistics such as Chi-square and Pearson's r tests were used to assess the relationship of variables between support services such as Temporary Assistance to Needy Families (TANF) payments, employment wages, general assistance, foster care support, SSI, Savings, retirement benefits, social security, WIC, food stamps, food banks, subsidized child care and or housing, Medicare, Medi-Cal, utility/phone, rent/mortgage, housing support, groceries, child care, respite care, school expenses,

medical/dental, furniture, home and/or car repairs/maintenance, transportation, foster parent training, and psychological therapy (independent variables), and placement outcomes (dependent variable).

Summary

This chapter covered the study design and the strategy for sampling. Data collection and instruments was discussed in great length. Procedures were described to explain how the data will be gathered. Appropriate precautions were followed and discussed to ensure the protection of human subjects. Additionally, quantitative procedures were described under data analysis.

CHAPTER FOUR

RESULTS

Introduction

This study was designed as an exploratory study to look at the relationship between the amount of support services that kinship caregivers received and placement outcomes of children in their care. Chapter four starts with presenting demographic information for kinship caregivers. Demographics of children in kinship foster care are also presented in this chapter. This chapter will then present the reported sources of income of the caregivers and present sources of support for various services and whether or not the caregivers have enough money to pay for bills. Then, this chapter will present the frequency and the types of contact that caregivers have with social workers. Finally, this chapter will present whether caregivers received foster caregiver training and/or participated in a support group.

Presentation of the Findings

Table 1.1 showed the demographic characteristics of the kinship caregivers. The study sample consisted of 130 kinship caregivers, 9 males and 121 females. The kinship

caregivers had a total of 291 children placed in their homes. The ages of the respondents ranged from 18 to 77 years, with the average age having been 48 years.

Approximately 31% of kinship caregivers were between the ages of 40 to 54, 25% were between the ages of 35 to 44, 19% were between the ages of 55 to 64, 13% were under 34, and 9% were 65 and older.

Approximately 35% of the kinship caregivers were White/Caucasian, 28% were Hispanic/Latino, and 25% were African American. Two kinship caregivers identified as Asian American, four reported as Native American, seven reported as racially mixed, and four caregivers reported as being other.

Table 1.2 showed the marital status and education of respondents. Approximately more than half of the caregivers (54.6 %) were married, 18% were separated or divorced, 12% were widowed, 10% were never married, five caregivers were living with a partner or cohabitating, and two indicated "other" for marital status.

Approximately half of the kinship caregivers (49.2%) completed high school, 21% obtained an Associate's degree, and 20% received less than a high school

education. Ten kinship caregivers reported to having a Bachelor's degree, and 3 had received a Master's degree.

Table 1.3 showed the kinship caregivers' health, employment, and income status. Half of the caregivers (50.0%) reported having good health, 32% reported having very good health, and 14% stated they have fair health. Three kinship caregivers reported their health status as poor, and one caregiver reported having very poor health.

The majority of the caregivers (58.5%) were employed, 25% were unemployed, 15% were retired, and one caregiver did not report his/her employment status. A monthly income between \$1000 and \$2999 was reported by 42% of the respondents, 26% reported earning between \$3000 and \$4999, and 10% earning between \$5000 and \$6999. Approximately six caregivers reported a monthly earning of \$999 or less, four earned between \$7000 and \$8999, and 3 caregivers earned \$9000 or greater.

In regards to their kinship care arrangements, table 1.4 illustrates 31% of respondents were caring for children whose reunification with their parents failed (continued placement group). Approximately 23% had children in their home who were working on reuniting with their birth parents (reunification pending group). Just

over 22% of the caregivers cared for related children for some period of time before those children were removed from their home and placed in another non-related person's foster home (disrupted placement group). More than 24% of the kinship caregivers no longer had a related child in their home, as the child successfully reunified with their parents (reunified group).

Table 2.1 showed the characteristic demographics of the children in kinship foster care. The study sample was comprised of 291 children in kinship foster care (149 males and 142 females). The ages of the children at the time of the kinship foster care placement ranged from zero month to seventeen years old with the average age being 2.3 years old. Approximately 35% were between the ages of 3 and 6 years, 26% were between the ages of 7 and 10 years, 24% were younger than two years-old. The rest of the children (thirty-seven) are more than ten years-old. Approximately 27% of the children were reported to be Hispanic/Latino, 24% were reported to be African American, 22% of the children were reported as racially mixed, 19% were White/Caucasian, and the ethnicity of 8% children were reported as other.

As presented in Table 2.2, nearly two-thirds of the children (approximately 65%) were reported to be in very good health. Approximately 25% of the children were reported to be in good health, 5% were in fair health, 2% were in poor health, and 3% were in very poor health. Consistent to their reported health status, only 27% of the children were reported as having special needs while the rest (73%) were reported as not having special needs.

As presented in Table 3, the respondents were asked whether or not their financial support was from any of the 16 sources listed on the survey. These sources include: Employment Wages, AFDC or TANF, General Assistance, Foster Care Support, SSI, Savings, Retirement Benefits, Social Security, WIC, Food Stamps, Food Banks, Subsidized Child Care, Subsidized Housing/Section B, Medical, Medi-Cal, or Other Sources. The associations between most of the income sources and placement outcome groups were not found to be statistically significant.

Only three sources of income showed significant differences: Employment wages, Savings, and WIC. It appeared that overall, the disrupted placement group is the group that was less likely to have received these sources of income.

In terms of receiving Employment wages, there were 85% of kinship caregivers in the continued placement group who received it as a source of income as compared to 77.4% from the reunified group, 65.5% from the reunification pending group, and only 44.8% from the disrupted placement group (Chi-square=14, df=3, p=.002).

Another source of income that showed a significant difference was Savings. There were 51.6% of kinship caregivers in the reunified group who reported to having savings as compared to 22.5% from the continued placement group. Finally 13.8% of kinship caregivers from each the reunification pending group and the disrupted placement group reported the least on having savings (Chi-square=15, df=3, p=.001).

The final significant source of financial support was WIC. There were 32.5% of kinship caregivers in the continued placement group whom received it as compared to 31% from the reunification pending group, 12.9% from the reunified group and 2% from the disrupted placement group (Chi-square=9, df=3, p=.025).

Table 4 explained the sources of support for various services and programs for kinship caregivers. Sources of support included utilities, rent, housing, groceries,

child care, respite, school, medical and dental services, furniture, repairs, car repairs, transportation, training, and therapy. Approximately 90% of the caregivers reported that they did not receive any support for utilities, rent, respite, home and car repairs, and transportation from any sources. More than 80% of the caregivers reported that they did not receive any support for housing, furniture, training, and therapy.

DPSS provided support for medical and dental services. There were 75% caregivers in the reunification pending group who received medical and dental services assistance as compared to 70% in the reunified group, 51% in the continued placement group, and 33% in the disrupted placement group (Chi-square=24.15, df=6, p=.000).

In terms of assistance with utilities, there were 7% of caregivers in the reunification pending group as compared to 3% from the reunified group, 0 % from both the continued placement group and the disrupted placement group (Chi-square=19.01, df=9, p=.025).

Assistance with groceries was provided by DPSS. There were 48% of the caregivers in the reunified group who received groceries as a source of assistance as

compared to 43% in the reunification pending group, 10% in the continued placement group, and 7% in the disrupted placement group (Chi-square=31.50, df=9, p=.000).

Caregivers were assisted with child care services. Approximately 45% of the caregivers in the reunified group received assistance with child care as compared to 36% from the reunification pending group, 8% from the continued placement group, and 11% from the disrupted placement group (Chi-square=22.08, df=9, p=.009).

Another source of assistance that was provided was car repairs. About 21% of the caregivers in the reunification pending group received assistance with car repairs from the community and agencies as compared to 10% from the reunified group, 7% from the discontinued placement group, and 0% from the continued placement group (Chi-square=15.65, df=6, p=.016).

Foster parent training was an additional source of support provided to caregivers. Approximately 13% of the caregivers in the continued placement group were assisted with training from DPSS as compared to 0% from the reunified group, reunification pending group, and disrupted placement group (Chi-square=16.05, df=6, p=.014).

Finally, caregivers received therapy as a source of assistance. Approximately 26% of caregivers in the continued placement group were assisted as compared to 11% from the disrupted placement group, and 0% from both the reunified group and the reunification pending group (Chi-square=25.45, df=6, p=.000).

In answering the question regarding whether caregivers had enough money to pay bills, 79% responded in an affirmative way, while 22% responded in a negative way. Approximately 90% from the continued placement group indicated they had enough money to pay bills, while only 80% from the reunified group, 72% from the discontinued group, and 63% from the reunification pending group indicated they had enough money to pay bills. This finding was statistically significant (Chi-square=9.4, df=3, p=.024).

Table 5 presented contact between caregivers and social workers. The majority of the caregivers reported they contacted the social worker when they had a concern regarding the child's birth parent, 78% reported making contact, while 22% responded no contact. Approximately 90% of the caregivers from the reunification pending group indicated they contacted the social worker, while

84% from the reunified group, 69% from the discontinued placement group, and 68% from the continued placement group contacted the social worker. This finding was statistically significant (Chi-square=8.59, df=3, p=.035).

As presented in table 6, the respondents were asked what was/were the most helpful thing that their social worker did for them. Several themes emerged from their answers to this question. In cases where more than one answer was given, responses were counted in all applicable categories. The top three responses that respondents gave were the provision of financial support/services (19.3%), being available and/or providing information/answers (16.7%), and nothing or not much was provided (16.0%).

The respondents that listed the provision of financial support/services as being the most helpful identified the following as financial support/services that they received: providing gifts at Christmas, purchasing clothing, beds, cribs or dressers, offering counseling services, paying for the children to go to camp, providing food vouchers, and paying for the children to get braces.

There were 21% of respondents from the reunification pending group that stated receiving financial support/services from their social worker as compared to 20% from the continued placement group, 20% from the disrupted placement group, and 16% from the reunified group.

Respondents next listed being available and/or providing information/answers as being helpful. These respondents counted tasks such as explaining processes, answering questions, providing guidance through legal processes, and returning their calls as being helpful. There were a greater number of respondents from the continued placement group (30.6%) that identified tasks that fell under this category as compared to the disrupted placement group (16.7%), reunified group (10.8%), and reunification pending group (3.0%).

Respondents also greatly responded that nothing or not much was provided. Although there were twenty-four respondents who stated that nothing or not much was provided to them by their social worker, six of them ultimately listed some service that the social worker provided (placing children with them, visiting, sending kids to camp, and purchasing a bed).

There were approximately 23% of respondents from the disrupted placement group that reported that nothing or not much was provided by their social worker as compared to 19% from the reunified group, 18% from the reunification pending group, and 8% from the continued placement group.

Table 7 presented what caregivers considered to be the most helpful things that social workers could have done for them. There were several themes that emerged from their answers to these questions. In cases where more than one answer was given, responses were counted in all applicable categories.

There were three top responses that caregivers gave as what type of support from their social worker they thought could have been helpful such as the provision of financial support/services (32.2%), being available and/or provide information/answers (15.1%), and offered overall support (18.5%).

Caregivers stated that financial support/services were a source that could have been provided by their social worker. According to caregivers, financial support/services could have been provided through assistance with foster care payments, purchase of

furniture, general financial support, day care, and medical services. Approximately 41% of caregivers in the continued placement group who considered financial support/services important, as compared with 30% from the disrupted placement group, 29% from the reunification pending group, and 26% from the reunified group.

Caregivers considered support that social workers could have offered as being important. The support could have been provided by listening, communicating with the kinship caregiver and children, emotional support, and explaining the court system. There were approximately 24% of caregivers from the disrupted placement group who considered support to be a crucial part of the process, as compared with 21% from the continued placement group, 16% from the reunified group, and 13% from the reunification pending group.

Lastly, caregivers considered that social workers need to be available, and provide information and answers on an ongoing basis. There were approximately 18% of caregivers from the reunification pending group who would have liked for the social worker to be available to answer questions, as compared to 16% from the reunified

group, 14% from the continued placement group, and 12% from the disrupted placement group.

Summary

This study was designed as an exploratory study to look at the relationship between the amount of support services that kinship caregivers received and placement outcomes of children in their care. Chapter four began with demographic information for kinship caregivers as well as demographics of children in kinship foster care. Then the chapter presented the sources of income/sources of support for various services and whether or not there are relationships between sources of support and placement outcome groups. Next, frequency and type of contact between caregivers and social workers were presented. This chapter presented information on whether caregivers received foster caregiver training and/or participated in a support group. This chapter ended with qualitative data on the caregivers' perception of the most helpful things done by social workers and most helpful things that social workers could have done.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter begins with a discussion on the information gathered from the study. Then, the limitations of this study will be presented. Next, the recommendations for social work practice, policy, and research will be described. Finally, a conclusion will be included that will summarize the purpose of the study, methods used, key findings, and major recommendations.

Discussion

The sample for this study was comprised of 130 respondents, all of whom were kinship caregivers caring for a dependent child. The kinship caregivers provided care for a total of 291 dependent children. The majority of the caregivers were female (93.1%). The caregivers average age was 47.9 years old and they were ethnically diverse. Of the 130 kinship caregivers, 34.6% were White/Caucasian, 27.7% Hispanic/Latino, and 24.7% African American. The majority of caregivers were married and half of the sample reported having good health. Half of the caregivers had completed high school and 59% of the

study sample were employed. Just above 40% of the respondents had an income that ranged from \$1000-\$2999 per month.

This study comprised of a sample of 291 children. There was almost an equal amount of males and females that made up the sample (149 males and 142 females). This finding is consistent with previous findings (Swann & Sylvester, 2006). The study sample of the children were ethnically diverse. The trend of ethnicities of the children tend to correspond with the reported ethnicities of the kinship caregivers with the exception of those who are reported as White/Caucasian. While almost 35% of kinship caregivers were reported as White/Caucasian, only 19% of the children were reported under the same ethnicity.

Nearly two-thirds of the children (65%) were reported to be in very good health, and only 27% of the children were reported as having special needs while the rest (73%) were reported as not having special needs.

The study found that major sources of income for the kinship caregivers were employment wages, foster care support, and Medi-Cal. This finding is noteworthy. The discrepancy between kinship caregivers that received

employment wages and those who did not corresponds with the reported employment status of kinship caregivers. Other than employment wages, foster care support and Medi-Cal are sources of income to which caregivers are entitled when they become kinship foster caregivers. Despite many respondents stating that they had not received income from the various sources, almost 79% of the respondents reported that there was enough money to pay bills.

Amongst the different placement outcome groups, there were not many categories in which there was a significant difference in responses except for employment wages, savings, and WIC. It seems that sources of income did not have much influence on placement outcomes. This finding is consistent with earlier studies (Scannapieco & Hegar, 2002; Sheran & Swann, 2007) that found that although many kinship caregivers are eligible for financial support such as Temporary Assistance for Needy Families (TANF), only one in five kinship caregivers received it.

A crucial finding that came from the study was that of the 130 respondents, 57% of the caregivers received assistance with medical and dental services from the

Department of Public Social Services (DPSS). Just over 20% of caregivers received assistance with groceries and child care from DPSS. It is notable that 3% of the caregivers received support with rent and housing. Caregivers were able to benefit from community support as 10% received foster parent training, 9% received assistance with home and car repairs, and 12% received miscellaneous assistance. Caregivers and dependent children also benefited from family and friend support. Family and friends were able to provide assistance with utilities and telephone (5%), and groceries (5%). It is noteworthy that approximately 90% of the four outcome groups did not receive any assistance with utility/telephone, rent, home and car repairs, transportation, and respite. In addition, it is worth mentioning that about 80% of caregivers from the four outcome groups failed to receive assistance with housing, furniture, foster parent training, and therapy as a form of support.

It is unclear why kinship caregivers and dependent children did not receive crucial services as child welfare agencies seek to normalize a child's life. Although the majority of kinship caregivers did not

receive support services from DPSS or any other source, 80% of the caregivers reported that they did have enough money to pay bills. Perhaps the failure of providing services is due to the belief that families will take care of their own relative members. It is also possible that kinship caregivers and dependent children may have refused services or have been unaware that they are available under Assembly Bill 2649 (AB 2649). AB 2649 is known as Kinship Support Services Program (KSSP), which distributes resources to create services in communities throughout the state (Bass, 2007). KSSP can include support groups, respite, information and referral, recreation, mentoring/tutoring, assistance with furniture, clothing, and food, transportation, and legal assistance.

The study also found that kinship caregivers from the continued placement group tended to receive less services as compared to the reunified group, reunification pending group, and disrupted placement group. The second placement group to receive the least services was the disrupted group. Based on the data gathered, it could be said that the reunified group and reunification pending group received more services from

DPSS and other sources when compared to the continued placement group and disrupted group. This suggest that social workers worked alongside with caregivers in the reunified group and pending reunification group to ensure that services were provided as the goal is for children to reunify with their birth parents. It could also be said that caregivers and dependent children from the continued placement group and disrupted placement group received less services because the child(ren) would no longer reunify with their birth parent. Although children from these two groups did not reunify after support services were provided, they continue to be dependents of the court which allows them to access governmental services.

The study found that with one exception, there were no major significance in responses to questions in regards to contact with social workers amongst the different placement outcome groups. A notable finding was that the majority of the reunification pending group (93%) and the majority of the reunified group (84%) responded that they had contact with social workers regarding concern about birth parents. It seems that

social worker contact about birth parents benefited the process of reunification.

Another essential finding from this study was that of the 130 respondents, 16% reported that they had contact with their social worker less than once per month. Although not the majority, this 16% still warrants our attention. Perhaps the decrease of communication between kinship caregivers and social worker explains the lack of services provided to kinship foster families in the continued placement group and disrupted group.

Also noteworthy is that the majority (74%) of the respondents have indicated that they do have contact with their social worker at least once a month and that the majority of these contacts (86%) are face-to-face contacts.

This study also found that while the case plan was discussed in 69% of these contacts, they were not discussed in the other 31% of them. This finding suggests that a significant portion of the kinship caregivers are not being informed of the case. Contacts with social workers and the discussion of case plans are a way for kinship caregivers to receive and feel supported. It is interesting to note that more than just a few kinship

caregivers indicated that they were not receiving this support from social workers or agency staff.

The study found that 80% of the caregivers did not receive foster parent training. Only 25% from the continued placement group received foster parent training as compared to 13% from the reunified group, 10% from the disrupted placement group, and 7% from the reunification pending group. Although kinship caregivers are related to the dependent child, they still need foster parent training. The State of California, Department of Social Services requires that all foster parents undergo training. Training provides caregivers with

an overview of the child protective system; the effects of child abuse and neglect on child development; positive discipline and the importance of self-esteem; health issues in foster care; and accessing education and health services available to foster children.

(California Department of Social Services, 2003)

In addition to understanding how a kinship caregiver can assist the dependent child, there is a need for caregivers to feel understood and communicate with other

adults who are in a similar situation. Through foster parent support groups, kinship caregivers can receive knowledge and/or social and emotional support.

Through the participation of foster parent support groups, they can gain knowledge on their role as a kinship caregiver. The support group will help kinship caregivers

assess the impact of the child living in the home; learn to meet the needs of the child; prepare the child for the future; understand the issues of birth parents; work with birth parents to achieve permanency, and network.

(Los Angeles County Department of Children and Family Services, n.d.)

The importance of social and emotional benefits of foster parent support groups should also be noted.

"Support groups often provide kinship caregivers with access to important emotional and community support, information and referral, relaxation, and respite" (Smith & Monahan, 2007).

The majority of kinship caregivers (94%) in this study were not involved in a foster parent support group. Only 13% of the caregivers from the continued placement

group were involved in a support group as compared to 7% from the reunified group, 3% from the reunification pending group, and 0% from the disrupted group.

The respondents were given an opportunity for discussion through the open-ended question of what they thought was the most helpful thing that their social workers did for them. As opposed to what was originally thought about support in relation to placement outcome groups, although the continued placement group and disrupted placement group were two of the top groups that reported the provision of financial support/services as the most helpful thing that social workers did, it seems that the provision of financial support/services do not have a significant effect on successful reunification or continued kinship care placement.

Another notable finding of this study was that the majority of kinship caregivers that reported being available and providing information/answers is the most helpful thing that social workers did were from the continued placement group (31%) as compared to 17%, 11%, and 3% from the disrupted placement group, reunified group, and reunification pending group, respectively. This finding may indicate that social worker availability

and provision of information might have an effect on kinship caregivers continuing to provide kinship foster care even after an unsuccessful reunification attempt.

There were 16% of respondents that gave the answer of nothing or not much to the question of what was something helpful that their social workers did. Nearly one-fourth of the disrupted placement group (23%) gave this answer as compared to 19% from the reunified group, 18% from the reunification pending group, and 8% from the continued placement group. This finding might indicate that the social workers not providing anything or not much affected the continuation of the kinship foster care placement after the attempt for reunification failed.

When respondents were asked about their perception on the most helpful things that the social worker could have done for them, the most common response given (30%) was that the social worker could have provided financial support and services. Just over 18% of respondents stated that the social worker could have offered support and 15% stated that the worker could have been available to answer questions or provide information. The outcomes suggest that "kinship caregivers deserve and require both financial and emotional support, which is fundamental to

the well being of children in care and their families” (Scannapieco & Hegar, 2002).

Limitations

Several limitations of this study should be mentioned. First, the sample size of the study was quite small. Results from this study cannot be generalized to larger populations.

Second, the child welfare agencies involved in the original study were unable to provide the original researchers with the most up to date list of kinship caregivers. The contact information of some of the kinship caregivers on the lists that were given to the original researchers were either outdated or inaccurate. Some caregivers had either moved to another state or lived so far out of the area, that they were unable to be interviewed face-to-face, and therefore were not included in the study.

Another limitation of this study is that although this study examined both quantitative and qualitative questions, the majority of the questions were quantitative and only having two qualitative questions did not allow for the greatest amount of discussion from

the respondents, thus we could not clearly identify whether or not support and services had a significant effect on placement outcomes.

An additional limitation is that the answers amongst the different placement outcome groups were so varied and mixed, we were unable to find any clear relationship between support and services from social workers/social services agencies and placement outcomes.

Recommendations for Social Work Practice, Policy and Research

There are several recommendations for social work practice and policy which can be made as a result of the findings of this study. In social work practice, social workers and child welfare staff need to provide kinship caregivers and dependents with support services to stabilize the placement and prevent re-entry into the foster care system. Social workers need to listen to the needs of caregivers as it was expressed that there was a need for financial support, feel supported, be available, provide information, answer questions, provide training, and referral to a support group.

In the policy arena, this study found that kinship caregivers do not receive or have difficulty receiving

funding while caring for dependent children. Legislators in child welfare need to ensure that kinship caregivers receive adequate funding to care for dependent children. Policymakers in child welfare need to provide training to social workers concerning the support kinship caregivers have stated is needed.

In the research arena, studies should be conducted on larger, random, and more representative samples. Studies could focus on accessing support services as it appears that the majority of kinship caregivers did not have access to them. Perhaps social workers are not offering support services or kinship caregivers are unaware that these services are available to them. This recommendation is made based on the findings of this study as the majority of kinship caregivers did not receive support services.

In not finding additional studies that have been conducted on the relationship between support and services and placement outcomes, it is finally recommended that further studies should be conducted on this topic.

Conclusions

This study examined the relationship between kinship support services and placement outcomes using secondary data collected by Chang and Liles (2004) in the Counties of San Bernardino and Riverside. This study aimed at assessing kinship care placement outcomes by reviewing the characteristics of kin caregivers and their dependent children, types of financial support and services received, and contact with social workers.

This study sample included 130 kinship caregivers and 291 dependent children from the original study (Chang & Liles, 2007). The study employed a survey design with face-to-face interviews exploring the relation between overall support and the four different placement outcomes as designated by the original study. These four placement outcomes were: reunified group, reunification pending group, continued placement group, and disrupted placement group.

The study found that kinship caregivers from both the continued placement group and disrupted group were least likely to receive services and support. The study also found that only 25% of the kinship caregivers from the continued placement group participated in some type

of foster parent training. Caregivers from the continued placement group (85%) received assistance with employment wages and Medi-Cal. Approximately 62% of the caregivers from the disrupted received foster care support.

Major recommendations for social work practice and policy based include further training of social workers to effectively work with the kinship foster care population by providing support and services that are identified as needed. Finally, further research on this topic needs to be conducted.

APPENDIX A
DATA EXTRACTION FORM

The Relationship Between Kinship Support Services and placement Outcomes

Group that child fits in:

- _____ 1. Reunified Group
- _____ 2. In current kinship care with reunification pending
- _____ 3. In current kinship care after reunification failed
- _____ 4. Discontinued kinship care and placed in non-kinship placement

Caregiver Demographics

Gender

- 1. Male
- 2. Female

Age (in years)

Ethnicity

- 1. Asian American
- 2. Black/ African American
- 3. Hispanic/ Latino
- 4. Native American
- 5. White/ Caucasian
- 6. Mixed (specify) _____
- 7. Other (specify) _____

Care Provider Characteristics

- 1. How many children are/were placed in your home for kinship care?

_____ Children

- 2. What are the relationships of these children to you?

Child 1 _____
Child 2 _____
Child 3 _____
Child 4 _____
Child 5 _____

3. How many years of education have you completed (high school =12; college -16)?
- _____ Not graduated high school
 - _____ Graduated high school
 - _____ AA college degree
 - _____ BA college degree
 - _____ MA college degree
4. (During placement) what is /was your gross monthly household income including money you received for the foster children in your care?
- \$_____ per month
5. What is your marital status (during placement)?
1. Married
 2. Separated or Divorced
 3. Widowed
 4. Living with Partner/Cohabiting
 5. Never Married
 6. Other (specify) _____
7. What is was your employment status (during placement)?
1. Employed
 2. Unemployed
 3. Retired
8. How would you rate your health (during placement)?
1. Very Good
 2. Good
 3. Fair
 4. Poor
 5. Very Poor

Child Characteristics

9. What sex is /are the child/children?

Child 1:

- 1. Female
- 2. Male

Child 2:

- 1. Female
- 2. Male

Child 3:

- 1. Female
- 2. Male

Child 4:

- 1. Female
- 2. Male

Child 5:

- 1. Female
- 2. Male

10. What ethnicity is/are the child/Children?

Child 1:

- 1. Asian American
- 2. Black/ African American
- 3. Hispanic/ Latino
- 4. Native American
- 5. White/ Caucasian
- 6. Mixed (specify) _____
- 7. Other (specify) _____

Child 2:

- 1. Asian American
- 2. Black/ African American
- 3. Hispanic/ Latino
- 4. Native American
- 5. White/ Caucasian
- 6. Mixed (specify) _____
- 7. Other (specify) _____

Child 3:

1. Asian American
2. Black/ African American
3. Hispanic/ Latino
4. Native American
5. White/ Caucasian
6. Mixed (specify) _____
7. Other (specify) _____

Child 4:

1. Asian American
2. Black/ African American
3. Hispanic/ Latino
4. Native American
5. White/ Caucasian
6. Mixed (specify) _____
7. Other (specify) _____

Child 5:

1. Asian American
2. Black/ African American
3. Hispanic/ Latino
4. Native American
5. White/ Caucasian
6. Mixed (specify) _____
7. Other (specify) _____

11. What are/were the ages of the children (during placement)?

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

12. How do you rate the child/children's health (during placement)?

Child 1:

1. Very Good
2. Good
3. Fair
4. Poor
5. Very Poor

Child 2:

1. Very Good
2. Good
3. Fair
4. Poor
5. Very Poor

Child 3:

1. Very Good
2. Good
3. Fair
4. Poor
5. Very Poor

Child 4:

1. Very Good
2. Good
3. Fair
4. Poor
5. Very Poor

Child 5:

1. Very Good
2. Good
3. Fair
4. Poor
5. Very Poor

13. (During placement), do/did the foster children have any special needs?

Child 1:

1. Yes (if yes, not details and ask 18)

Details: _____

2. No

Child 2:

1. Yes (if yes, not details and ask 18)

Details: _____

2. No

Child 3:

1. Yes (if yes, not details and ask 18)

Details: _____

2. No

Child 4:

1. Yes (if yes, not details and ask 18)

Details: _____

2. No

Child 5:

1. Yes (if yes, not details and ask 18)

Details: _____

2. No

14. Were the foster children's special needs explained to you prior to placement?

Child 1:

Yes

No

Child 2:

Yes

No

Child 3:

Yes

No

Child 4:

Yes

No

Child 5:

Yes

No

Financial and Social Services Utilization Patterns

15. (During placement), are/were any of the following sources of income used to support your family? (check all that apply)

- 1. Employment Wages
- 2. AFDC or TANF
- 3. General Assistance
- 4. Foster Care Support
- 5. SSI
- 6. Savings
- 7. Retirement Benefits
- 8. Social Security
- 9. WIC
- 10. Food Stamps
- 11. Food Banks
- 12. Subsidized Child Care
- 13. Subsidized Housing/Section B
- 14. Medicare
- 15. Medi-Cal
- 16. Other Sources (specify): _____

16. (During placement), do/did you have enough money to pay your bills?

- Yes
- No

17. (During placement), do/did you receive any assistance from DPSS, community agencies, or family/friends to pay for any of the following? (Check all that apply)

Expense	DPSS	Community Agency	Family/Friends
1. Utility/Phone			
2. Rent/Mortgage			
3. Housing Support			
4. Groceries			
5. Child Care			
6. Respite Care			
7. School Expenses			
8. Medical/Dental			
9. Furniture			
10. House Repairs/Maintenance			
11. Car Repairs/Maintenance			
12. Transportation (i.e. bus pass)			
13. Foster Parent Training			
14. Psychological Therapy			
15. Other (specify):			

18. How frequently do/did you have contact with the social worker during your caregiving experience?

1. Less than Once Per Month
2. Once Per Month
3. More than Once Per Month
4. Other (specify):

19. What type of contact do/did you have with the social worker?

1. Face-to-Face
2. Telephone
3. Letter
4. E-Mail
5. Other (specify): _____

20. (During placement), did the social worker or someone else at the Social Services Agency discuss the service plan with you?

1. Yes
2. No

21. (During placement), when you have a concern about the children, did you contact the social worker or someone else from the Agency to discuss it?

1. Yes
2. No

22. (During placement), when you tried to contact the social worker or someone else at the Agency for help or information, was someone available for you?

1. Yes
2. No

23. (During placement), did you receive any foster parenting training from the Social Services Agency?

1. Yes
2. No

24. (During placement), are/were you involved in a foster parent support group or association?

1. Yes
2. No

25. (During placement), what are/were the most helpful things that the social worker do/did for you?

26. (During placement), what are /were the most helpful things that he social worker could have done for you?

APPENDIX B

TABLES

Table 1.1. Kinship Caregivers Gender, Age, and Ethnicity

Variable	Frequency (n)	Percentage (%)
Gender (n = 130)		
Male	9	6.9
Female	121	93.1
Age (n = 130) Mean = 47.9		
Less than 34	17	13.1
35 – 44	32	24.6
45 – 54	40	30.8
55 – 64	24	18.5
65 and Greater	12	9.2
Unknown	5	3.8
Ethnicity (n = 130)		
Asian American	2	1.5
African American	32	24.6
Hispanic/Latino	36	27.7
Native American	4	3.1
White/Caucasian	45	34.6
Mixed	7	5.4
Other	4	3.1

Table 1.2. Kinship Caregivers Marital Status and Education

Variable	Frequency (n)	Percentage (%)
Marital Status (n = 130)		
Married	71	54.6
Separated or Divorced	23	17.7
Widowed	15	11.5
Living with Partner or Cohabitation	5	3.8
Never Married	13	10.0
Other	2	1.5
Unknown	1	.8
Education (n = 130)		
Non High School Graduate	26	20.0
Graduated High School	64	49.2
Associate's Degree	27	20.8
Bachelor's Degree	10	7.7
Master's Degree	3	2.3

Table 1.3. Kinship Caregivers Health, Employment, and Income

Variable	Frequency (n)	Percentage (%)
Health Status (n = 130)		
Very Good	42	32.3
Good	65	50.0
Fair	18	13.8
Poor	3	2.3
Very Poor	1	.8
Unknown	1	.8
Employment Status (n = 130)		
Employed	76	58.5
Unemployed	33	25.4
Retired	20	15.4
Unknown	1	.8
Provider Monthly Income (n = 130)		
Less than \$999	6	4.6
\$1000 – \$2999	54	41.5
\$3000 – \$4999	34	26.2
\$5000 – \$6999	13	10.0
\$7000 – \$8999	4	3.1
\$9000 and Greater	3	2.3
Unknown	16	12.3

Table 1.4. Placement Status

Variable	Frequency (n)	Valid Percentage (%)
Placement Status (n = 130)		
Reunified with Birth Parents	31	23.8
Kinship Care Reunification Pending	30	23.1
Kinship Care Reunification Failed	40	30.8
Kinship Care Discontinued and Placed in Non-Kinship Placement	29	22.3

Table 2.1 Children Gender, Age at Time of Placement and Ethnicity

Variable	Frequency (n)	Valid Percentage (%)
Gender (n=291)		
Male	149	48.8
Female	142	51.2
Age (n=254) Mean= 2.3		
Less than 2 Years	62	24.4
3-6 Years	88	34.6
7-10 Years	67	26.4
10.5 Years and Over	37	14.6
Ethnicity (n=271)		
African American	70	24.1
Hispanic/Latino	79	27.1
White/Caucasian	56	19.2
Mixed	64	22.0
Other	22	7.6

Table 2.2 Children Health Status and Special Needs

Variable	Frequency (n)	Valid Percentage (%)
Health Status (n= 291)		
Very Good	188	64.6
Good	73	25.1
Fair	14	4.8
Poor	6	2.1
Very Poor	10	3.4
Special Needs (n=269)		
Yes	72	26.8
No	197	73.2

Table 3 Sources of Income

Variable	Reunified Group N(%)	In Current Kin Care Reunification Pending N(%)	In Current Kin Care After Reunification Failed N(%)	Disrupted Group N(%)	Total	Chi-Square
Employment Wages						
Yes	24 (77.4%)	19 (65.5%)	34 (85.0%)	13 (44.8%)	90 (69.8%)	14.06 **
No	7 (22.6%)	10 (34.5%)	6 (15.0%)	16 (55.2%)	39 (30.2%)	
AFDC or TANF						
Yes	10 (32.3%)	8 (27.6%)	14 (35.0%)	3 (10.3%)	35 (27.1%)	5.80
No	21 (67.7%)	21 (72.4%)	26 (65.0%)	26 (89.7%)	94 (72.9%)	
General Assistance						
Yes	2 (6.5%)	2 (6.5%)	0 (0%)	0 (0%)	4 (3.1%)	4.76
No	29 (93.5%)	27 (93.1%)	40 (100%)	29 (100%)	125 (96.9%)	
Foster Care Support						
Yes	18 (58.1%)	22 (75.9%)	28 (70.0%)	18 (62.1%)	86 (66.7%)	2.61
No	13 (41.9%)	7 (24.1%)	12 (30%)	11 (37.9%)	43 (33.3%)	
SSI						
Yes	3 (9.7%)	4 (13.8%)	7 (17.5%)	1 (3.4%)	15 (11.6%)	3.48
No	28 (90.3%)	25 (86.2%)	33 (82.5%)	28 (96.6%)	114 (88.4%)	
Savings						
Yes	16 (51.6%)	4 (13.8%)	9 (22.5%)	4 (13.8%)	33 (25.6%)	15.49***
No	15 (48.4%)	25 (86.2%)	31 (77.5%)	25 (86.2%)	96 (74.4%)	
Retirement Benefits						
Yes	5 (16.1%)	2 (6.9%)	8 (20.0%)	2 (6.9%)	17 (13.2%)	3.86
No	26 (83.9%)	27 (93.1%)	32 (80%)	27 (93.1%)	112 (86.8%)	
Social Security						
Yes	2 (6.5%)	3 (10.3%)	7 (17.5%)	3 (10.3%)	15 (11.6%)	2.24
No	29 (93.5%)	26 (89.7%)	33 (82.5%)	26 (89.7%)	114 (88.4%)	
WIC						
Yes	4 (12.9%)	9 (31.0%)	13 (32.5%)	2 (6.9%)	28 (21.7%)	9.38*
No	27 (87.1%)	20 (69.0%)	27 (67.5%)	27 (93.1%)	101 (78.3%)	
Food Stamps						
Yes	2 (6.5%)	5 (17.2%)	5 (12.5%)	3 (10.3%)	15 (11.6%)	1.77
No	29 (93.5%)	24 (82.8%)	35 (87.5%)	26 (89.7%)	114 (88.4%)	
Food Banks						
Yes	0 (0%)	0 (0%)	1 (2.5%)	2 (6.9%)	3 (2.3%)	4.10
No	31 (100%)	29 (100%)	39 (97.5%)	27 (93.1%)	126 (97.7%)	
Subsidized Child Care						
Yes	5 (16.1%)	2 (6.9%)	6 (15.0%)	2 (6.9%)	15 (11.6%)	2.32
No	26 (83.9%)	27 (93.1%)	34 (85.0%)	27 (93.1%)	114 (88.4%)	
Subsidized Housing/ Section B						
Yes	0 (0%)	0 (0%)	4 (10.0%)	1 (3.4%)	5 (3.9%)	6.46
No	31 (100%)	29 (100%)	36 (90.0%)	28 (96.6%)	124 (96.1%)	
Medicare						
Yes	1 (3.2%)	1 (3.4%)	2 (5.0%)	0 (0%)	4 (3.1%)	1.42
No	30 (96.8%)	28 (96.6%)	38 (95.0%)	29 (100%)	125 (96.9%)	
Medi-Cal						
Yes	24 (80.0%)	22 (75.9%)	34 (85.0%)	19 (65.5%)	99 (77.3%)	3.81
No	6 (20.0%)	7 (24.1%)	6 (15.0%)	10 (34.5%)	29 (22.7%)	
Other Sources						
Yes	5 (16.1%)	1 (3.4%)	6 (15.0%)	4 (13.8%)	16 (12.4%)	2.84
No	26 (83.9%)	28 (96.6%)	34 (85.0%)	25 (86.2%)	113 (87.6%)	

*p<.05, **p<.01, ***p<.001

Table 4 Sources of Support for Various Services

Variable	Group				Total	Chi-square
	Reunified with birth parents	In current kinship care with reunification pending	In current kinship care after reunification failed	Discontinued kinship care and placed in non-kinship placement		
	n(%)	n(%)	n(%)	n(%)		
Utility/Telephone						19.0*
DPSS	1(3.2)	2(7.1)	0(0.0)	0(0.0)	3(2.4)	
Community Agency	0(0.0)	1(3.6)	1(2.6)	2(7.4)	4(3.2)	
Family/Friends	5(16.1)	1(3.6)	0(0.0)	0(0.0)	6(4.8)	
None	25(80.6)	24(85.7)	38(97.4)	25(92.6)	112(89.6)	
Rent/Mortgage						13.6
DPSS	0(0.0)	2(7.1)	2(5.1)	0(0.0)	4(3.2)	
Community Agency	0(0.0)	0(0.0)	0(0.0)	1(3.7)	1(0.8)	
Family/Friends	3(9.7)	1(3.6)	0(0.0)	0(0.0)	4(3.2)	
None	28(90.3)	25(89.3)	37(94.9)	26(96.3)	116(92.9)	
Housing Support						16.6
DPSS	2(6.5)	2(7.1)	0(0.0)	0(0.0)	4(3.2)	
Community Agency	3(9.7)	1(3.6)	1(2.6)	2(7.4)	7(5.6)	
Family/Friends	3(9.7)	0(0.0)	0(0.0)	0(0.0)	3(2.4)	
None	23(74.2)	25(89.3)	38(97.4)	25(92.6)	111(88.8)	
Groceries						31.5*
DPSS	15(48.4)	12(42.9)	4(10.3)	2(7.4)	33(26.4)	
Community Agency	3(9.7)	0(0.0)	2(5.1)	4(14.8)	9(7.2)	
Family/Friends	3(9.7)	1(3.6)	2(5.1)	0(0.0)	6(4.8)	
None	10(32.3)	15(53.6)	31(79.5)	21(77.8)	77(61.6)	
Child Care						22.1*
DPSS	14(45.2)	10(35.7)	3(7.7)	3(11.1)	30(24.0)	
Community Agency	1(3.2)	1(3.6)	1(2.6)	1(3.7)	4(3.2)	
Family/Friends	2(6.5)	0(0.0)	2(5.1)	0(0.0)	4(3.2)	
None	14(45.2)	17(60.7)	33(84.6)	23(85.2)	87(69.9)	
Respite Care						5.7
DPSS	0(0.0)	0(0.0)	1(2.6)	0(0.0)	1(0.8)	
Community Agency	3(9.7)	2(7.1)	0(0.0)	2(7.4)	7(5.6)	
None	28(90.3)	26(92.9)	38(97.4)	25(92.6)	117(93.6)	
School Expenses						14.9
DPSS	9(29.0)	6(21.4)	3(7.7)	0(0.0)	18(14.4)	
Community Agency	2(6.5)	2(7.1)	2(5.1)	2(7.4)	8(6.4)	
Family/Friends	0(0.0)	0(0.0)	1(2.6)	0(0.0)	1(0.8)	
None	20(64.5)	20(71.4)	33(84.6)	25(92.6)	98(78.4)	
Medical/Dental						24.1*
DPSS	21(70.0)	21(75.0)	20(51.3)	9(33.3)	71(57.3)	
Community Agency	2(6.7)	5(17.9)	2(5.1)	1(3.7)	10(8.1)	
None	7(23.3)	2(7.1)	17(43.6)	17(63.0)	43(34.7)	
Furniture						15.1
DPSS	4(12.9)	4(14.3)	2(5.1)	3(11.1)	13(10.4)	
Community Agency	4(12.9)	4(14.3)	0(0.0)	2(7.4)	10(8.0)	
Family/Friends	2(6.5)	0(0.0)	0(0.0)	0(0.0)	2(1.6)	
None	21(67.7)	20(71.4)	37(94.9)	22(81.5)	100(80.0)	
House Repairs						11.4
DPSS	0(0.0)	1(3.6)	1(2.6)	0(0.0)	2(1.6)	
Community Agency	3(9.7)	6(21.4)	0(0.0)	2(7.4)	11(8.8)	
None	28(90.3)	21(75.0)	38(97.4)	25(92.6)	112(89.6)	
Car Repairs						15.6*
Community Agency	3(9.7)	6(21.4)	0(0.0)	2(7.4)	11(8.8)	
Family/Friends	2(6.5)	0(0.0)	0(0.0)	0(0.0)	2(1.6)	
None	26(83.9)	22(78.6)	39(100.0)	25(92.6)	112(89.6)	

Transportation						11.9
DPSS	0(0.0)	1(3.6)	0(0.0)	1(3.7)	2(1.6)	
Community Agency	3(9.7)	5(17.9)	0(0.0)	2(7.4)	10(8.1)	
Family/Friends	0(0.0)	0(0.0)	1(2.6)	0(0.0)	1(0.8)	
None	28(90.3)	22(78.6)	37(97.4)	24(88.9)	111(89.5)	
Foster Parent Training						16.0*
DPSS	0(0.0)	0(0.0)	5(12.8)	0(0.0)	5(4.0)	
Community Agency	3(9.7)	6(21.4)	2(5.1)	2(7.4)	13(10.4)	
None	28(90.3)	22(78.6)	32(82.1)	25(92.6)	107(85.6)	
Psychological Therapy						25.4*
DPSS	0(0.0)	0(0.0)	10(25.6)	3(11.1)	13(10.3)	
Community Agency	3(9.7)	6(20.7)	0(0.0)	1(3.7)	10(7.9)	
None	28(90.3)	23(79.3)	29(74.4)	23(85.2)	103(81.7)	
Other						3.9
DPSS	1(3.2)	1(3.4)	1(2.6)	0(0.0)	3(2.4)	
Community Agency	3(9.7)	6(20.7)	3(7.7)	3(11.1)	15(11.9)	
None	27(87.1)	22(75.9)	35(89.7)	24(88.9)	108(85.7)	
Enough money to pay bills						9.44*
Yes	25 (80.6)	19 (63.3)	37 (92.5)	21 (72.4)	102(78.5)	
No	6 (19.4)	11 (36.7)	3 (7.5)	8 (27.6)	28 (21.5)	

*p<.05, **p<.01, ***p<.001

Table 5 Caregiver's Contact with Social Workers

Variable	Reunified Group N(%)	In Current Kin Care Reunification Pending N(%)	In Current Kin Care After Reunification Failed N(%)	Disrupted Group N(%)	Total	Chi-Square
Frequency of contact in a month						8.17
Less than once	4 (12.9%)	8 (26.7%)	5 (12.5%)	4 (13.8%)	21 (16.2%)	
Once	17 (54.8%)	13 (43.3%)	25 (62.5%)	12 (41.4%)	67 (51.5%)	
More than once	8 (25.8%)	7 (23.3%)	7 (17.5%)	8 (27.6%)	30 (23.1%)	
Other	2 (6.5%)	2 (6.7%)	3 (7.5%)	5 (17.2%)	12 (9.2%)	
Face-to-face Contact						4.69
Yes	26 (86.7%)	24 (80.0%)	38 (95.%)	23 (79.3%)	111 (86.0%)	
No	4 (13.3%)	6 (20.0%)	2 (5.0%)	6 (20.7%)	18 (14.0%)	
Telephone Contact						5.49
Yes	26 (86.7%)	27 (90.0%)	28 (70.0%)	22 (75.9%)	103 (79.8%)	
No	4 (13.3%)	3 (10.0%)	12 (30.0%)	7 (24.1%)	26 (20.2%)	
Letter Contact						.258
Yes	4 (13.3%)	5 (16.7%)	7 (17.5%)	5 (17.2%)	21 (16.3%)	
No	26 (86.7%)	25 (83.3%)	33 (82.5%)	24 (82.8%)	108 (83.7%)	
E-mail Contact						2.41
Yes	0 (.0%)	1 (3.3%)	0 (.0%)	1 (3.4%)	2 (1.6%)	
No	30 (100%)	29 (96.7%)	40 (100%)	28 (96.6%)	127 (98.4%)	
Other Contact						5.84
Yes	0 (.0%)	0 (.0%)	4 (10.0%)	2 (6.9%)	6 (4.7%)	
No	30 (100%)	30 (100%)	36 (90.0%)	27 (93.1%)	123 (95.3%)	
Discussion of case plan						4.39
Yes	24 (77.4%)	22 (73.3%)	27 (69.2%)	15 (53.6%)	88 (68.8%)	
No	7 (22.6%)	8 (26.7%)	12 (30.8%)	13 (46.4%)	40 (31.3%)	
Contact regarding concern about birth parents						8.59*
Yes	26 (83.9%)	28 (93.3%)	27 (67.5%)	20 (69.0%)	101 (77.7%)	
No	5 (16.1%)	2 (6.7%)	13 (32.5%)	9 (31.0%)	29 (22.3%)	
Contact regarding concern about child						6.70
Yes	23 (74.2%)	28 (93.3%)	27 (67.5%)	22 (75.9%)	100 (76.9%)	
No	8 (25.8%)	2 (6.7%)	13 (32.5%)	7 (24.1%)	30 (23.1%)	
Availability						3.88
Yes	23 (74.2%)	20 (66.7%)	25 (62.5%)	14 (50%)	82 (63.6%)	
No	8 (25.8%)	10 (33.3%)	15 (37.5%)	14 (50%)	47 (36.4%)	
Received foster parent training						5.47
Yes	4 (12.9%)	2 (6.7%)	10 (25.0%)	3 (10.3%)	19 (14.6%)	
No	27 (87.1%)	28 (93.3%)	30 (75.0%)	26 (89.7%)	111 (85.4%)	
Foster parenting support group						5.11
Yes	2 (6.5%)	1 (3.3%)	5 (12.5%)	0 (.0%)	8 (6.2%)	
No	29 (93.5%)	29 (96.7%)	35 (87.5%)	29 (100%)	122 (93.8%)	

*p<.05, **p<.01, ***p<.001

Table 6 Helpful Things Social Worker Did

Variable	Reunified Group N= 37	In Current Kin Care Reunification Pending N= 33	In Current Kin Care After Reunification Failed N= 49	Disrupted Group N = 31	Total N = 150
Be available, provide information/answers	4 (10.8%)	1 (3.0%)	15 (30.6%)	5 (16.7%)	25 (16.7%)
Provide financial support/services	6 (16.3%)	7 (21.2%)	10 (20.4%)	6 (20.0%)	29 (19.3%)
Nothing or not much was provided	7 (18.9%)	6 (18.2%)	4 (8.3%)	7 (23.4%)	24 (16.0%)
Not able to explain what was done	3 (8.1%)	4 (12.1%)	5 (10.2%)	3 (10.0%)	15 (10.0%)
Social worker was nice to them	2 (5.4%)	2 (6.1%)	2 (4.1%)	3 (10.0%)	9 (6.0%)
Placed relative child(ren) with them	9 (24.3%)	6 (18.2%)	5 (10.2%)	0 (0%)	20 (13.3%)
Social worker did his or her job	4 (10.8%)	0 (0.0%)	5 (10.2%)	1 (3.3%)	10 (6.7%)
Visit family, made phone calls	0 (0%)	3 (9.1%)	0 (0%)	0 (0%)	3 (2.0%)
Offered support	2 (5.4%)	0 (0%)	1 (2.0%)	4 (13.3%)	7 (4.7%)
Provided assistance with adoption	0 (0%)	0 (0%)	1 (2.0%)	1 (3.3%)	2 (1.3%)
Advocate/provide services to birth parents	0 (0%)	4 (12.1%)	1 (2.0%)	1 (3.3%)	6 (4.0%)

Table 7 Helpful Things Social Worker Could had Done

Variable	Reunified Group N = 31	In Current Kin Care Reunification Pending N = 38	In Current Kin Care After Reunification Failed N = 44	Disrupted Group N = 33	Total N = 146
Be available, provide information/answers	5(16.1%)	7(18.4%)	6(13.6%)	4(12.1%)	22(15.1%)
Provide financial support/services	8(25.8%)	11(28.9%)	18(40.9%)	10(30.3%)	47(32.2%)
Nothing or not much was provided	3(9.7%)	5(13.2%)	2(4.5%)	4(12.1%)	14(9.6%)
Not able to explain what was done	1(3.2%)	0(0%)	0(0%)	3(9.1%)	4(2.7%)
Social worker was nice to them	1(3.2%)	1(2.6%)	0(0%)	0(0%)	2(1.4%)
Placed relative child(ren) with them	0(0%)	1(2.6%)	0(0%)	0(0%)	1(0.7%)
Social worker did his or her job	5(16.1%)	3(7.9%)	1(2.3%)	2(6.1%)	11(7.5%)
Visit family, made phone calls	2(6.5%)	3(7.9%)	2(4.5%)	2(6.1%)	9(6.2%)
Offered support	5(16.1%)	5(13.2%)	9(20.5%)	8(24.2%)	27(18.5%)
Advocate/provide services to birth parents	0(0%)	0(0%)	2(4.5%)	0(0%)	2(1.4%)
Confidentiality	1(3.2%)	0(0%)	0(0%)	0(0%)	1(0.7%)
Do not know	0(0%)	2(5.3%)	4(9.1%)	0(0%)	6(4%)

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Maria Flores & Jennifer Lau

2. Data Entry and Analysis:

Team Effort: Jennifer Lau & Maria Flores

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Maria Flores & Jennifer Lau

b. Methods

Team Effort: Jennifer Lau & Maria Flores

c. Results

Team Effort: Maria Flores & Jennifer Lau

d. Discussion

Team Effort: Jennifer Lau & Maria Flores