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SOCIAL WORKERS PERCEPTION OF KINSHIP
CARE GIVERS UNMET NEEDS

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
Carol Ann Rakestraw
Fallon Elaine Greene


June 2010

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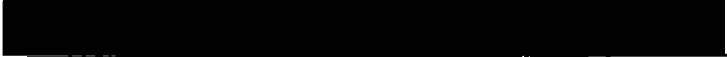
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ABSTRACT

The purpose of this study was to examine social workers perspective as to what they see kinship care providers unmet needs were. Data was collected from social workers currently employed by the Department of Children and Family Services. Through a qualitative research study it was found that the social workers were aware of the policy regarding kinship care as the first sought out placement for children who were unable to remain safely in the care of their parents.

This study also found that the social workers agreed that kinship foster care was most beneficial for children that could not remain with their parents. The programs discussed by the social workers that were provided to kinship care providers included medical, food, and utility assistance, but all agreed that these services didn't adequately cover all the child expenses, and extra curricular activities were what children in kinship foster care were unable to participate in.

The study found that the unmet needs kinship care providers go without were day care as well as respite care. Although kinship foster care was seen as the most appropriate placement for children, the services provided

to the relatives appeared inadequate to meet the children's needs. The findings of this research study concluded that social workers would benefit from more training in kinship foster care placement. Further more adding policy implementation for kinship care providers to receive respite care through the Department would meet the needs of kinship care providers.

ACKNOWLEDGMENTS

The authors of this project would like to acknowledge Dr. Janet Chang for providing guidance and support through the research process. We would also like to thank the County of San Bernardino Children and Family Services Department for allowing us to conduct interviews in their offices. Lastly we would like to acknowledge the eleven social workers who took time out of their busy schedule to be interviewed. Thank you to all who contributed.

DEDICATION

I, Fallon Greene, would like to dedicate this project to my family. To my husband, Billy Greene, who had to go to bed many nights before I did. To my daughters, Jade and Alyssa, who had to sacrifice a lot of their "mommy time" in order for me to finish. Also to my Mom and Dad who at times thought I had disappeared. Thank you so much for your support. It wouldn't be worth it without you!!

DEDICATION

I, Carol Rakestraw would like to dedicate this project to the most beautiful children a mother could ask for, my daughter Sonna and my son Seth. They have both stood by my side, and sacrificed a lot of their time with me while I completed this MSW Program. To my wonderful parents Michael and Barbara who never gave up on me! Also to my in-laws Virgil and Dorothy who helped me through a rough period of time in my life. A special thanks to my good friends Jonas and Jennifer and are endless nights of studying. Thanks to all of you I have been able to successfully complete this program, and begin a new life.

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CHAPTER ONE

INTRODUCTION

Problem Statement

In San Bernardino County the Children and Family Services Department is dedicated to protecting endangered children, strengthening families, and developing alternative families when the need arises. When children are removed from their parents due to safety issues, they are moved to the least restrictive setting and services are rendered in the least intrusive manner. The least restrictive setting usually is children being placed with relatives or non-related extended family members (NREFM's). These placement situations are often referred to as kinship care placements.

Nationwide more than 2.5 million children are being raised by their relatives (Casey Family Programs, 2008). Most commonly grandparents are the ones raising their grandchildren, but aunts and uncles also step in to care for nieces and nephews. Approximately 1,360,000 children live with their grandparents and about 440,000 more live with their aunts and uncles in the United States (Casey Family Programs, 2008). Kinship care placements tend to

be the most ideal placements for children who are removed from their parents because the child and relative already have a bond. This familiarity helps to decrease the trauma caused by the removal from the parents. Placing children with their relatives also allows more frequent contact with their parents and aids the long term goals towards family reunification and family preservation. Another benefit of kinship placements is that children are less likely to be moved to another home which happens often in traditional foster care placements. Lastly, children placed with relatives are placed in homes that support their cultural and ethnic identity (Kolomer, 2000).

Grandparents who are raising their grandchildren are faced with a variety of different issues that are not the same challenges that they faced while raising their own children. Previous studies have been done to assess the needs of grandparents who are providing full time care for their grandchildren. Studies also look at the impact that the caregiver role has had on the grandparents themselves (Flint & Perez-Porter, 1997; Sands & Goldberg-Glen, 2000). In all of the studies there have been findings that the caregivers have unmet needs that

must be addressed for the best interest of the children and the families as a whole.

Currently the Adoption and Safe Families Act of 1997 puts kinship care as the second best living situation for children who cannot safely remain living with their parents. This is the reason for an increase in kinship care placements over the last 10 years. With more children entering the Child Welfare system it is important to know what these kinship care providers need to adequately provide for the children that the system placed in their care.

The policies that affect grandparents who are raising their grandchildren are ones that deal with legal and financial issues. In 1997 The Adoption and Safe families Act amended the previous Adoption and Child Welfare Act by adding financial incentives for adoption and clarified the least restrictive setting as the child's kin (Kolomer, 2000). Though grandparents would receive financial assistance if they adopt their grandchildren they care for many of them still feel conflicted about making this legal commitment.

Three issues that grandparents have when they are providing full time care for their grandchildren are

obtaining medical care, enrolling them in school, and accessing financial assistance for the children (Flint & Perez-Porter, 1997). This is because they do not have legal guardianship of the children and therefore cannot perform these tasks. Children and Family services encourage the grandparents to make this legal obligation and fulfill the permanency plan for the children. Grandparents often decide not to make this obligation because parental rights must be terminated for adoption which would result in feelings of betrayal.

This study assesses the social workers perceptions of the unmet needs of kinship care providers. Little research has been done from the social workers perception regarding the unmet needs of kinship care providers. This study allows social workers to implement evidence based practice in the services provided based on the findings of this study. Social workers provide direct services to kinship care providers, therefore the views social workers have regarding the unmet needs are important to provide the Department of Children and Family Services the opportunity improve the kinship care program, allowing social workers to provide services efficiently. This was done by conducting face-to-face interviews with

social workers employed by San Bernardino County Children and Family Services.

Due to previous research we now know that grandparents and other kinship caregivers feel that they need more resources in forms of financial assistance, social and emotional support and help with legal issues. There have not been many studies published on the social workers perspectives of kinship care as a placement option. There has also been no previous published research on social workers perception of the unmet needs of kincare providers in San Bernardino County. For this study we examined social workers perceptions of kinship care placements and what they see as the unmet needs of this population.

Purpose of the Study

The purpose of this study was to assess the social workers perceptions of unmet need of kinship care providers. The study examined why the needs are not met for these kinship care providers in San Bernardino County. Currently there are 828 open kinship care cases in Children and Family services in San Bernardino County. The care providers who have these children living in

their homes often struggle to obtain the needed resources to adequately provide for these children.

Social workers in San Bernardino County, which includes the Supervising Social Service practitioners, Social Service Practitioners and Social worker II positions, are the workers who have direct contact with the families involved in the child welfare system. Studies have shown that kinship care providers have complained they are frustrated with the constant change in social workers assigned to their case (Gibson, 2002). These caregivers would say that when they finally become comfortable with a social worker they would get a new one having to start the process over again (Kolomer, 2000). Another study has shown that grandparents who must seek social support due to financial, legal and social issues report problems accessing the needed services and report that their care giving situation is misunderstood by the system (Gibson, 2002).

The social workers who work with this population often have high case loads and limited services that they can offer. This could possibly be part of the reason for such a disconnection between the services needed and the services provided. This study aimed at finding out how

the social workers perceive the services needed and how they felt they could best deliver these services. This study was done solely from the perception of the social worker.

This study surveyed social workers who are employed in the county of San Bernardino. This study was an exploratory study that used qualitative methods. Participants participated in face-to-face interviews. This was done with the approval of the Children Family Services of County of San Bernardino per their director DeAnna Avey.

Significance of the Project for Social Work

With the increasing number of children who are in households that are headed by their grandparents and other relatives there is a need to provide adequate services for these types of placements. A few programs already exist to help these caregivers financially, legally, and with social issues but often times they do not know how to access them or they do not qualify for such programs. Social workers in this field advocate on behalf of kinship care providers to assist with services being received, however the more research conducted from

the social workers perception, the Department of Children and Family Services can bring forth changes to assist kinship care providers in receiving these services without complications. This was done by surveying social workers to find common issues that they have in providing these resources. This information can lead to social workers increased ability to advocate for their clients as well as policy and program development to provide the missing resources that the social workers are unable to assist with.

We assessed the social workers perspectives of the needs of kinship care providers and how they feel that they can better help their clients. This study can add to the field of child welfare social work by collecting information from their social workers and discovering trends in how they perceive this population. Social workers might feel that the services are just not there to assist their clients or that the existing policies are too rigid to allow for services to be rendered to those in need.

Kinship care is relevant to Child Welfare practice because kinship care providers provide a large amount of care to children who are in the agencies custody. Kinship

care is an important aspect of Child Welfare because it helps to strengthen families by providing children with a stable home and a caregiver that is more willing to help facilitate the plan of reunification. In San Bernardino County the number of foster homes is declining and relative care is increasing. Child Welfare needs Kinship care in order to continue to provide stable placements for children in custody.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Current published research on kinship care households show a trend that the kinship care providers have unmet needs that are leading to stressors being placed on these placement situations. In this section we examine the existing literature in the overall supports and resources that maybe available, the stressors placed on kincare providers due to lack of these supports and the legal aspect of being a kinship care provider. Also reviewed are the theories that are guiding the conceptualization of this topic.

Supports and Resources Available to Kinship Caregivers

There are several programs in San Bernardino County that offer financial support for people who are low income. The Transitional Assistance department offers services such as Temporary Assistance for Needy Families (TANF), Food Stamps, and Medi-cal. Persons providing kinship care would qualify for these programs if they are low income. Previous research studies reported financial

resources as a cause of major stressors (Bachman & Chase-Lansdale, 2005; Flint & Perez-Porter, 1997; Gibson, 2002).

Kolomer stated that, "All foster care children are covered by Medicaid for health insurance" (Kolomer, 2000, p. 88). Medi-cal is the California equivalent for Medicaid. In this study Kolomer also stated that financial assistance may be provided to kin caregivers in the form of a monthly stipend check to assist with providing the essentials for the children. A drawback to this article is that Kolomer discusses respite and case management services but does not talk about how these services are provided. Also this article does not look at the possibility of kin care givers receiving TANF benefits and whether these benefits can be received in addition to the stipend for kinship care. In this study there were 9 grandmothers who participated in a telephone interview. The telephone interview was semi-structured and lasted about forty-five minutes. The protocol of the interview consisted of sixteen primary questions. Twenty-two supplemental questions were used as follow up questions. Most grandparents reported that being involved with the system was a negative experience (Kolomer, 2000).

Burton et al. (2006) discussed that grandparents raising their grandchildren reported a lack of resources especially financial (as cited in Kelley, Whitley, Sipe, & Yorker, 1999). TANF funds are available for some families but due to the time limits on this program they are usually only a temporary fix. Also mentioned in here is that TANF funds are insufficient for providing food, clothing, and housing (Kelly et al, 1999).

Flint and Perez-Porter (1997) discussed several aspects of economic support for grandparent caregivers. They listed TANF, Food Stamps, Social Security benefits, and Medicaid as supports. When discussing TANF they say that several aspects of the revised law will negatively impact grandparent headed households the main one being the five-year time limit. Food stamp benefits may also be available but the amount of the benefits maybe little if a child is receiving foster care payments.

Social security benefits may also be an option for these households and depending on the situation grandparents and children may both be eligible for them. Medicaid was also discussed as possible health insurance for the children in out of home care. An important piece of information here is that grandparents do not have to

have any legal custody of the children in order to apply for Medicaid for the child they are caring for (Flint & Perez-Porter, 1997). They discuss an array of information for economic and other assistance for grandparent caregivers and discuss the importance of "collaboration of social services" (p. 72) but do not give any suggestions on ways for these agencies to better collaborate.

Stressors of Caregivers

A trend has emerged as to what stressors affect caregivers. The main complaints that caregivers have is lack of financial resources, social isolation, and personal health issues. According to Casey Family Programs, financial programs are separated in two categories, income based programs, and non income based programs (2008). All of the previously mentioned programs were listed in addition to tax incentives and child support payments. Casey Family Programs provided information on financial aspects that are not frequently considered by social service workers.

Bachman and Chase-Lansdale (2005) conducted a comparison study of three large cities. This study found

that strained financial situations and the health needs of grandmother caregivers suggest that this population is underserved in the wake of welfare reform (Bachman & Chase-Lansdale, 2005). This study also discussed the need for increased access to medical care, respite, and child care services, and psychological services for the children. This study examined the well being of grandmothers of both formal and informal kinship care arrangements but failed to address why the caregivers of informal arrangements were not receiving the needed benefits and what if any were the lacking needs overall.

Literature reviewed by Gibson found in his/her review that grandmother caregivers receive less supervision from social workers and are less trusting of the system. This study also discussed that identification of needs is incomplete and inhibits our knowledge of service delivery to kinship care providers (Gibson, 2002).

This study found that an added stressor for kinship care providers was the constant change of social service staff. These constant changes have lead caregivers to have "fears of being misunderstood, criticized and hassled" (p. 57). These were also reasons that this

population did not seek the support that they needed. This study was very informative about the themes of grandmother's experiences of social service delivery but cannot be generalized due to a small sample size that was not ethnically diverse.

Kelley et al. (1999) conducted an intervention study that collected data about the psychological distress in grandmother kinship care providers which identified many of the same themes as other research on this topic (Kelley, Whitley, Sipe, & Yorker, 1999). Demographic, background, and descriptive data was collected prior to grandmothers receiving the intervention. This study examines psychological distress in grandparent caregivers and the lack of resources and social supports that affects them. This study found that family resources, social supports, and physical health were all causes of psychological distress in grandparent caregivers. What this study fails to address is that physical health issues as well as psychological (mental health) issues are possibly an unmet need of these caregivers in relation to their care giving duties.

Grandparents also face the challenge of being socially isolated from their peers due to care giving

duties. Grandparents report social isolation which is found to be a mediator of stress for these individuals (Kelley et al, 1999). Although this study looks at social supports as an issue for grandparents it does not elaborate on what social supports would be available in this area and where this population is lacking due to caregiver responsibilities.

Grandparents who have taken responsibility for these children often have little time for socialization with their friends and other family members. This leads to feelings of social isolation and alienation. Roe and Minkler (1999) discuss this by saying that decreased socialization and decreased marital satisfaction are reported as a result of care giving responsibilities and that feelings of alienation are shared by the children in the family.

They also discussed saying that caring for grandchildren often further exacerbates an already difficult financial situation (Roe & Minkler, 1999). Though grandparents are becoming eligible for kinship-care payments they often experience difficulty obtaining these benefits as well as a delay in receiving them. This article goes on to discuss the development of

support groups over the last twenty years and the role they play in care giving for grandparents. This article fails to discuss ways in which providers could assist caregivers in obtaining financial and other resources even after discussing that this is an unmet need for this population.

Legal Aspect of Kinship Care

Kinship care is seen to today as the most permanent placement for a child who is removed from their home. According to Casey Family Programs (2008), kinship care is a strategy for "preventing children from entering the formal foster care system, reducing the number of children already in the foster care system, and achieving permanency outcomes for a greater number of children" (Casey Family Programs, 2008, p. 1).

Casey Family Programs (2008) explain the two types of kinship care as informal and formal. The difference between the two types of kinship care is based on the involvement of the Department of Children and Family Services. When the department takes legal custody of the child in which formal decisions are made through the courts before placing a child with kin, it is known as

formal kinship care. If arrangements are done privately within the family to provide care for the child, or the department is involved without obtaining legal custody of the children it is referred to as informal kinship care.

When children are removed from their home because their safety is at risk, the Department of Children and Family Services immediately look for the most permanent placement that would benefit the children. Kinship care is sought out first. "Research on stability and permanency for children in foster care as has shown that placements with relatives tend to be more stable than placements with unrelated foster families" (Casey Family Programs, 2008, p. 3). Casey Family Programs concludes that children placed in kinship care receive a more nurturing environment which is conducive to healthy physical and mental development (Casey Family Programs, 2008).

Although kinship care might be the ideal placement for the well being of children, according to Bachman and Chase-Lansdale 2005, there are legal concerns brought up by Practitioners and policy makers. These concerns are that custodial grandparents are reluctant to legally formalize their guardianship, either to preserve

relations with the child's parents or to avoid the economic burden of legal fees, may prohibit their access to government sources of economic assistance (Generations United, 1998 as cited in Bachman & Chase-Lansdale, 2005). Kinship care policies need to be modified to better serve each kinship care provider based on their own unique needs and services. This could lead to more legalized guardianships within kinship care.

Theories Guiding Conceptualization

A theory that is important to consider when understanding the importance of kinship and NREFM Care is Family systems theory. According to Lesser and Pope (2007), "family systems theory views the family as a social system that adheres to most of the behavioral rules and assumptions that apply to all social systems and that shares properties similar to those of other social systems" (p. 106). Although families share similarities with other social systems there are several differences making each family unique. The main value for most families is the relationships, which are seen as irreplaceable (Lesser & Pope, 2007). This is important to understand the importance of kinship and NREFM Care.

Understanding family systems theory for the topic of the research study leads to better understanding as to why grandparents continue to care for their grandchildren, even when the resources are not being provided. The main values for most families are the relationships which are seen as irreplaceable (Lesser & Pope, 2007). According to Lesser and Pope (2007), "family systems theory views the family as a social system that adheres to most of the behavioral rules and assumptions that apply to all social systems and that shares properties similar to those of other social systems" (p. 106). Although families share similarities with other social systems there are several differences making each family unique and the resources for each family will be different.

Erikson (1963) as cited in Lesser and Pope (2007) conceptualized eight stages of development, which is known today as Erikson's stages of psychosocial development. Erikson expressed his belief that personality develops in series of stages throughout a person's life. The seventh step to Erikson's stages is known as generativity versus stagnation. This stage

occurs later in life when people are transitioning into being grandparents.

The importance of understanding Erikson's seventh step within research is to recognize that caring for grandchildren is important to grandparents based on the generativity stage which allows grandparents to pass on values and beliefs of importance within their generation to the generations that follow, including that of their grandchildren's. Raising grandchildren is also important in grandparents reaching the generativity stage versus being stuck in the stagnation stage.

Summary

Kinship care is rapidly becoming the ideal placement for children that are unable to remain safely in their homes. Children and Family Services currently have 828 open kinship care cases that social workers provide services to. Although there has been qualitative and quantitative research done in the past to address the unmet needs of kinship care providers, it is important to consider different perspectives. Social worker's that currently work with these families can provide from a different aspect what it is they feel the unmet needs of

kinship care provider's are. This is the focus this research study took.

CHAPTER THREE

METHODS

Introduction

This chapter will describe the methods that were used when conducting this study. This includes the study design, sampling, the interview instrument, data collection, and procedures. Also being discussed in this section is the protection of human subjects while participating in this study.

Study Design

The purpose of this study was to explore social workers perceptions regarding kinship care providers' unmet needs. Past research has been conducted on the views of the kinship care providers themselves; however limited research has been done from the perspective of the social worker.

This study was conducted using qualitative design, which consisted of face-to-face interviews with eleven social workers who currently work for the San Bernardino Department of Children and Family Services. It was proposed that face-to-face interviews would be the most efficient way to gain the perceptions of social workers

regarding the unmet needs of kinship care providers. For the purpose of this qualitative study, face-to-face interviews allowed the participants to answer questions thoroughly, and provided the interviewer with the opportunity to ask the participant to clarify answer if it was needed. A limitation to the study was the small sample size, and that it does not represent all social workers. Qualitative research is also seen as subjective to the investigators biases in the data analysis.

Sampling

As stated before, the sample for this study consisted of eleven social workers currently working for The Department of Children and Family Services in the Western or Eastern region office. Participants must identify themselves as Supervising social service practitioners, Social Service Practitioners, or Social Workers II's that have at least experienced working with or attended training regarding kinship care.

The participants for this study were selected using the snowball/convenience sampling approach. Also an email was sent and a flyer was given to all social work staff in each office asking for participants. At the end of the

interview the social workers were asked if they were aware of any other possible social workers that meet the criteria and would be willing to be interviewed for this study.

Data Collection and Instruments

An independent or dependent variable was not identified in this study. Rather it assessed how social workers perceive the needs are being met or not being met in areas such as support and resources, stressors, and financial needs for kinship care providers.

The researchers conducted face-to-face interviews with individual social workers at the Department of Children and Family services office. The participants were asked to give consent for the interviews to be tape-recorded. The interview guide consisted of eight open ended questions in which the social worker had to give thought in the areas of county policy, benefits to placement in a kinship care home, and available programs that provide help with food, clothing, and health insurance. Social workers were also asked to identify barriers to obtaining services. Six demographic questions which included age, gender, position, degree, and years

of experience as a caseworker were also asked. The questions were designed for the social worker to reflect on their past experiences, and or current involvement with kinship care (The interview guide is listed as Appendix A).

Procedures

The participants were recruited by means of emailed letters and flyers placed in their mail box. Also by referrals from another social worker who participated in an interview. Permission was asked to conduct the interviews at The Department of Children and Family Services by completing the department notification letter and contract. Also included was a letter of explanation for the researches study, the measurement instrument, and a copy of the informed consent. The interviews took place in a room usually used for social worker and client interviews. The eleven participants for this study were given a \$5.00 Starbucks gift card for taking the time to be interviewed for this study.

The interviews took fifteen to twenty minutes depending on the social workers and how thorough the response was given to the questions that were asked.

Protection of Human Subjects

Participants of the study were presented with a consent form at the start of the interview. Participants were informed of the purpose of the study also that participation is voluntary and confidential (The informed consent is listed as Appendix B). The social workers who participated are current employees of the county agency and have received every feasible effort to protect their anonymity and confidentiality. The names of the participants were not linked to the answers they provided during the interview. Instead a random number between one and eleven was assigned to the participant interviewed and the researcher notes consisted of the same number, thus no names of participants were used during the course of this study. The information gathered was stored in drawer with a lock on it and only the interviewer had access to. Upon completion of the study all information gathered through tape recordings and the researchers' notes was given to Dr. Chang the research supervisor.

Data Analysis

This study employed qualitative data analysis techniques. To begin analyzing the data, the researchers

transcribed the audio taped data verbatim and any notes hand written during the face-to-face interviews. A journal was used during the interviews as well as during the data analysis. During the interviews notes were made about the interview. During the data analysis the journal was used to document the rules guiding the definition of categories as well as the assignment of codes to those categories.

The first level of coding was conducted to identify themes and categories and assign the codes to those categories. The categories were coded separately and sorted into categories to allow the information gathered during the interviews to be analyzed and the findings to the study were reported. The second level was done to identify similarities and differences in order to detect relationships. The patterns and themes of the data were organized and separated based on commonality. The researchers were conscientious to keep personal biases from interfering with the data analysis.

Summary

The purpose of this study was to understand how social workers perceive the unmet needs to kinship care

providers who provide care as an alternative to non-relative foster care.

CHAPTER FOUR

RESULTS

Introduction

Chapter four presented the findings of this research study in which demographic and open-ended questions on social workers perception of kinship care providers unmet needs were asked. The questions reflected San Bernardino County Policies regarding kinship care as well as the social workers perception of how kinship care works within the Children and Family Services Department. This chapter explored the perceptions of kinship care of eleven social service practitioners working for Children and Family Services of San Bernardino County.

Presentation of the Findings

A total of eleven Social Service Practitioners participated in the study. The age of the participants ranged from 25 to 66 with a mean age of 49. Nearly 73% were female with the remainder 27.2% were male. All participants were in the social service practitioner position at Children and Family Services. Two of the participants had earned a doctorate degree (18.1%), a majority of the participants had earned a masters degree

(63.6%) and of these, four of them had a Masters in Social Work (36.3%). One participant had earned bachelors in behavioral science (9%).

The range of years employed with Children and Family Services was from one year to twenty-one years with an average of 9.8 years. The range of years of experience as a carrier worker was from zero to twenty-four years with a mean average of 8.8. This question should be considered irrelevant to this study because the length of experience a social worker has may not apply to the knowledge that the participants had on the subject being studied.

CPS social workers were asked to discuss county policies regarding kinship care. Seven out of eleven social workers (63.6%) explained that county policy regarding kinship care was to place children with relatives first. These social workers expressed the importance that the relatives must have a background check done before the children can be placed in the home of the relative. Once a relative passes the background check, the children can be placed in the care of the relative. One social worker stated, "Relative care is paramount but we don't just do it we have to make sure the children will be safe in that environment" (SW1,

personal interview, January 2010). Another social worker interviewed discussed what happens if a child cannot be placed with a relative, "We try to maintain connections to a relative and that this has become more of a goal in the last couple of years than it was before, it's more delivered now. We try to keep connection with the family" (SW2, personal interview, January 2010). The seven social workers responded to the question without hesitation and were able to explain county policy regarding kinship care as the obligation of the social worker to look for relatives first for placement of children who are unable to remain in the care of their parents.

Two out of the seven social workers (18.2%) responded to the question regarding kinship care policy discussing the length of time children must be in the care of a relative before the relative is able to apply for foster care or the Kinship Gap program. One social worker stated that, "Kinship Gap policies are you have to be the legal guardian for one year before you can apply for the program" (SW11, personal interview, February 2010). The other social worker stated, "There's very specific policies with regard to how long you can have a child in your care before you can apply for foster care

for that child" (SW9, personal interview, February 2010). Both social workers expressed that the length of time kinship care providers are required to meet before applying for programs that are beneficial, tends to hurt a lot of the kinship care providers because it leaves them without added resources for so long. The other two social workers (18.2%) interviewed were unable to discuss any knowledge of county policy regarding kinship care.

Three social workers (27.3%) were unaware of any specific training provided by the county for the social workers regarding kinship care. One social worker interviewed stated, "County provides training and I have CEU's that I have to do to meet my LCSW, and that's one of my interest, they don't specifically make you go to specific trainings because it's such a big part of my job, I seek it out" (SW3, personal interview, January 2010). Another social worker answered, "No, it's always this general training" (SW1, personal interview, January 2010) similar to another worker who stated, "They have ongoing general trainings that address placement" (SW2, personal interview, January 2010). There were two social workers (18.2%) that reported receiving training regarding kinship care when kinship foster care was first

being implemented into the county. One went on to explain that since then, "We get policies published to us periodically, you know through our computers that alert us to the kinship changes" (SW5, personal interview, January 2010). Again, three social workers (27.3%) gave answers similar to one another; the three discussed having training on kinship care when they were first hired on by the Department.

The social workers were asked to give their opinion about kinship foster care and also explain any benefits and or difficulties there are when placing children in kinship foster care. Five of the eleven social workers (45.5%) interviewed did not give there personal opinions regarding kinship foster care, however, these social workers did discuss the benefits and the difficulties when children are placed in kinship care for example one social worker stated, "Difficulties end up with rivalry between the parents and the caretaker" (SW1, personal interview, January 2010). Two social workers (18.2%) agree with kinship care considering the relative provides the child with a safe environment. The other four social workers (36.4%) responses varied. One social worker expressed that kinship foster care is necessary but, "I

don't think they get all the help they need" (SW6, personal interview, February 2010). Another social worker stated, "When it works I absolutely love, most of the time it does work" (SW3, personal interview, January 2010). One social worker interviewed did not have any exposure to kinship foster care, provided reasoning for this lack of exposure to being a part of the mountain unit.

Seven out of the eleven (63.6%) participants in the study were in agreement that the kinship foster care benefit the child being able to keep there sense of belonging. One social worker stated, "It's with families, no one knows a family like themselves" (SW6, personal interview, February 2010). Another social worker commented, "The benefits are the greatest for the children because they can stay with someone they know, and the transition is a little bit easier" (SW10, personal interview, February 2010). One social worker interviewed brought up the importance of keeping the children within their culture and kinship foster care provides this benefit; the direct statement was, "If the family is culturally sensitive the child gets to continue

their culture, sometimes in their ethnicity" (SW4, personal interview, January 2010).

Two social workers (18.2%) felt that the child receives more love, and the child may feel as if the family is pulling for them. This also eliminates the children from experiencing more losses in their lives such as the connections with other relatives. One social worker (9.1%) felt the benefits to kinship foster care are the support groups that are offered to them. Another social worker stated, "The mother and father get the benefit because they're not so anxious, when you're not anxious you can actually make better plans, better decisions, so it benefits them" (SW3, personal interview, 2010).

However, one social worker (9.1%) interviewed felt it was more of a difficulty for the mother and father when their children were placed in kinship foster care stating, "When we place kids with relatives it kind of allows parents to not have to do their services and still have contact with their child and so they never totally rehabilitate" (SW4, personal interview, January 2010).

All eleven of the social workers interviewed gave a variety of different answers for what they felt the

difficulties are; however somewhere in there answer they all brought up boundaries for the relative to uphold with parents and cooperation with the social worker as what they felt the difficulties are. One statement made was, "They allow the perpetrator to have access to the children" (SW2, personal interview, January 2010). One social worker stated, "The family is used to operating in a certain way and sometimes that makes it harder for them to accept advice from the social worker or other professionals, because they know the family, and are not willing to change" (SW8, personal interview, February 2010). The social workers interviewed shared a vested interest in providing a safe and stable environment for the children.

When social workers were asked the question, about some of the available programs that provide assistance to kinship caretakers, ten out of eleven (90.9%) answered. Medical as a program that children in kinship foster care receive. One social worker (9.1%), who did not answer this question medical, was unaware of any programs available. Other available programs mentioned were the utility assistance program, food banks, and the phone 211. The phone number 211 is a number that can be called

and the names and phone numbers of beneficial programs can be given to the caller. One social worker explained that these resources are useful if there is funding, what was stated was, "If there's funding your fine, sometimes the utility assistance program they run out of money" (SW2, personal interview, January 2010).

The social workers were then asked if they felt that these programs adequately cover all the child's expenses. Eleven out of the eleven (100%) answered "no." One social worker stated, "They don't have any ancillary things that other kids have, such as sports, boy scouts, and girl scouts, there is no money for it" (SW3, personal interview, January 2010). While another answered, "The clothing allowance doesn't cover all the clothes kids are expected to have, particularly as they get older" (SW4, personal interview, January 2010). Daycare was also mentioned by a social worker, who stated, "Huge as huge and I didn't even mention this barrier or deficit is daycare, I don't think they are eligible for the child care assistance program" (SW12, personal interview, February 2010).

Social workers were asked to describe some of the social supports issues of kinship care providers. Again

one social worker (9.1%) was unable to provide an answer to this question. Three social workers (27.3%) felt that the kinship center provides resources and support to other kinship care providers with one social worker stating, "Kinship organizations members provide support for one another" (SW2, personal interview, January 2010). One worker (9.1%) felt that because a child is placed in a home at a moment's notice which does not allow for the relatives to prepare for the child and causes the kinship care provider to experience fatigue, bringing forth isolation. One stated (9.1%), "I know with some of the relatives that I've placed with in the past they've relied on the family members that appear to be stable and okay" (SW4, personal interview, January 2010). Another social worker (9.1%) expressed a lack of knowledge of social support issue by stating, "I haven't had a family that ask for any type of support in that way, like I said I have only been working here a year" (SW6, personal interview, January 2010). Another social worker (9.1%) shared a desire for the mountain area to be provided with more social supports for kinship care providers, stating, "I think it would be good if they had one specifically for the mountain areas, otherwise there is kinship

support, but they have to come down to San Bernardino for that" (SW8, personal interview, February 2010). Another social worker (9.1%) offered a similar response by expressing a concern for more support by stating, "We need more kinship associations in more areas" (SW9, personal interview, February 2010). One social worker (9.1%) expressed that a social support issue is when there are problems between the parents and the caregiver.

Social workers were then asked if kinship care providers receive respite care. All eleven social workers (100%) responded this question as "no." One worker commented, "We need to have a program that gives them not respite over night perhaps, but they need a team of babysitters, that are qualified, that can come in and give them time off" (SW3, personal interview, January 2010). Another social worker answered, "Sometime's it's the luck of the draw with finding a social worker that is willing to go the extra mile and discuss respite with the caregiver, and maybe get other family members approved for extended visits" (SW10, personal interview, January 2010).

The last question the social workers were asked was if they felt the contact they have with kinship care

providers is more or less than that of traditional foster care. Four out of the eleven (36.4%) felt the contact is more. One stated, "I would say more because of the family meetings, not because there are problems there are usually fewer problems, but at the family meetings" (SW2, personal interview, January 2010). Another answered, "With family members we're the main source of information so, I get quite a few calls when it comes to family" (SW6, personal interview, February 2010).

Three (27.3%) answered they feel there is less contact with kinship care providers. One social worker (9.1%) explained it by stating, "If it's a guardianship case there could be a three or six month waiver and that means we only see them once every three to six months" (SW9, personal interview, February 2010). Another stated, "What I have noticed on my personal experience I know it's less, but it all depends on what's going on, and how stable the case is" (SW11, personal interview, February 2010). Another three out of eleven (27.7%) that felt it was about the same. One social worker (9.1%) answered that she wasn't exactly sure if it is more or less contact. That fulfilled the eleven interviews with the social workers.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this study was to explore the social workers perceptions of kinship care providers unmet needs in San Bernardino County. Eleven social workers were interviewed for this study and chapter five is a discussion of the key findings of these interviews. Chapter 5 also looks at the limitations of this study. Recommendations for social work practice, policy, and procedure are also discussed to improve the service delivery to these families. Lastly this chapter gives a conclusion of this study.

Discussion

For this research eleven social workers were interviewed. The age range of the participants as well as the composition of gender for this study was a good representation of the population of social workers in this county. The education level ranged from a bachelors degree to a doctorate, most of them having a masters degree. The results of this study may have been different if more of the participants received masters in social

work degrees. The range of employment of the participants seemed to affect the study findings because some of the social workers were newly trained having worked at the county for only a year while others had been working in this position for twenty years. The question that asked the number of years as a carrier worker should be considered irrelevant to this study because it did not apply to the knowledge that the participants had on the subject being studied. The newly trained social workers knew about policies and training provided and the more seasoned workers knew more about the unmet needs of kinship care providers. This sample appears to be a good representation of the population of social workers at the Eastern office of San Bernardino County Children and Family Services.

This study sought to examine the knowledge as well as the perceptions of kinship care providers by social workers in San Bernardino County Children and Family Services. This study found that social workers have general knowledge of policies and training regarding kinship care in San Bernardino County. Though little training was provided to social workers regarding how best to provide services to and communicate with kinship

care providers and families, they were aware of the fact that kinship care was the number one choice for children who must be removed from their home. Some social workers discussed the policies regarding financial assistance for the kinship care providers; they referenced the KinGap program and talked about how long the kinship care provider must wait for payment. This seemed to be a major issue for kinship care providers unmet needs. This finding was similar to what Roe and Minkler (1999) found in their study that caring for these children often exacerbates an already difficult financial situation. The issue as described by the social workers was the lack of available resources as well as the time it takes to receive funding. This was the information received from the first interview question.

The study found that the social workers agreed that kinship foster care was most beneficial to the children. They also believed that parents also benefit from kinship foster care because it reduced their anxiety. The social workers discussed that children in kinship care remain in the same cultural and ethnic environment and they received more love from their family. This finding was much like the information given in the Casey Family

Programs white paper which concluded that children placed in kinship care received a more nurturing environment which was conducive to healthy physical and mental development (Casey Family Programs, 2008).

This study found that the social workers were able to name the aspects of economic supports that were available. All of these programs were discussed in the Flint and Perez-Porter (1997) study and the social workers knowledge of these programs were similar to those described in that article. These programs included medical, food, and utility assistance, but qualifications for this assistance may depend on money already received for the child. The study revealed that all social workers interviewed felt that these available resources were not adequate to cover all of the child's expenses. They reported that the children often go without sufficient clothing as well as additional extra circular activities. Kelley, Whitey, Sipe, and Yorker (1999) discussed the lack of resources and mentioned that the economic funds were insufficient for providing food, clothing and housing. The findings of this study can be compared to the findings in their study.

The social workers interviewed identified the kinship center as a social support for kinship care providers. A few of the social workers interviewed said that many of the kinship care providers do not ask for social support help for fear of looking inadequate to the social worker. These social workers said that if there was a lack of social supports the care provider is more likely to hide the issue instead of ask for help. Such a lack of social supports might affect kinship care providers psychological well being (Kelley et al., 1999).

The findings of this study revealed that a major unmet need for kinship care providers was respite care and day care. All eleven social workers interviewed said that kinship care providers did not receive respite care and that there were no programs that would provide this service to them even if they asked. There were no funding programs that provide respite care to kinship care providers and these providers often do not qualify for childcare assistance programs. These findings coincide with a study conducted by Bachman and Chase-Lansdale (2005) in which they discussed the need for increased respite and child care services.

In this study, social workers responses on the amount of time that they spend working with kinship care providers versus traditional foster care homes were varied. Four social workers said that kinship care providers required more of their time, three said less and three said that it was about the same. The variation in the answers could have been due to the variance in the positions of the social worker, as some interviewed were carrier workers and some were intake workers. The different positions would have meant different types of exposure to the families. In literature reviewed by Gibson he found that care providers receive less supervision from social workers (2002). In San Bernardino County, less supervision from social workers could have been due to a waiver that was granted when a kinship placement had been stabilized, meaning that the social worker needed make face-to-face contact less often.

This study found that though kinship care was the first choice and the most appropriate choice for children who needed to be placed out of home, the resources available to assist the care providers are not adequate enough to cover the child's needs. This study also showed that kinship care providers did not receive any type of

respite or day care services and that there were no programs available to fund such services.

Limitations

There were several limitations of the study. The first limitation was that this study consisted of interviewees that worked for San Bernardino County Children and Family Services offices. Ten out of the eleven interviews were conducted in the Eastern Region office. This led the sampling to be convenience sampling instead of representative sampling. Two methods were used in order to gather participants. First an email was sent to all social workers in both the Eastern and Central region offices. Then after only receiving a few responses for interviews a paper copy of the email was placed in the mailboxes of the social workers in the Eastern office. More attempts were made at the Eastern office due to convenience to the researcher. The lack of participants from the Central office may compromise the findings of the study.

Another limitation was that there was difficulty in finding social workers who had an adequate amount of time to be interviewed. Many social workers were unable to

participate due to their high caseloads and strenuous work schedules. Finally the last limitation was that the eleven interviewers were from different jobs within the Social Service Practitioner position. Some of the social workers interviewed were intake workers and some were carrier workers. It was the original intention of the researchers to interview only carrier workers for this study. However, the researchers decided to open the study to intake workers in order to have a more representative sample. The intake workers appeared to have more knowledge of kinship policies and services that were rendered upon placement and the carrier workers had more knowledge about the benefits and limitations of kinship care. Due to these limitations this study cannot be generalized to assess the unmet needs of kinship care providers in other counties.

Another limitation was that this study only included social workers views on kinship care. This study would have been better if kinship care providers were also interviewed. Kinship care providers views on the various issues may be different.

Recommendations for Social Work Practice, Policy and Research

The policy of children and family services was to place children who must be removed from their homes due to safety issues in the least restrictive setting and to provide services in the least intrusive manner. When placing children in kinship care, it aids in the long term goals of family reunification and family preservation. In order to make these placements as successful as possible more funding and resources should be allocated to programs that would provide respite and day care services to the kinship care providers.

There are a few recommendations for future social work practice based on this study. The first recommendation is that social workers should be provided more training on kinship care issues. Two areas that training would be beneficial would be on available services for kinship care providers as well as information on how to better communicate with kinship care providers so that the clients get the services they need without feeling inadequate.

The second recommendation is that social workers should become aware of ways in which they can provide

their clients with respite care or childcare. If these services are not available, then social workers should advocate for policy change in order for their clients to receive these services. Lastly, social workers should consider taking action to make procedural changes so that placements with kinship care providers go more smoothly and decrease the fatigue that the kinship care providers often feel. This could be done by integrating respite care questions into part of the kinship placement process. Social workers should educate the kinship care providers on receiving respite care, informing them of the procedure that a person must go through in order to provide respite or day care services. Social Workers should also help the care providers to develop a plan as to who will care for the child when the need arises.

Recommendations for research are that kinship care providers in San Bernardino County should be interviewed to determine what their views are on the various aspects of care providing. Also research should be done on the effectiveness of training in relation to service delivery by the social workers. This study found that minimal training is provided to social workers on working with kinship care providers and research should be conducted

on whether the training that is available is beneficial to working with these families.

Conclusions

This study was conducted to evaluate the social workers perceptions of kinship care providers unmet needs in San Bernardino County. This study used a qualitative study design using face to face interviews with social service practitioners who were employed with San Bernardino County Children and Family Services. Eleven social workers were interviewed for this study.

They study found that these social workers were aware of the policy regarding kinship care as the first sought out placement for children who were unable to remain safely in the care of their parents. Social workers were also provided with some general training as part of the hiring process that included training on kinship care families. The social workers agree that kinship placement was most beneficial for children that cannot remain with their parents. This study also found that the programs and services that are provided to the kinship care providers are inadequate to meet the needs of the children in their care.

The resource that was not provided to the kinship care providers in respite or day care services. There were no programs or funding available for these services which were a major unmet need for these care providers. Although kinship care is seen as the most appropriate placement for children the services provided to the relatives are inadequate to meet the children's needs. It would be beneficial for social workers who work for Children and Family Services to receive more training on working with kinship families. It would also be beneficial to the kinship families for the social workers to advocate on their behalf for respite and childcare funding as well as ways to make the placements easier on the care provider.

APPENDIX A
INTERVIEW GUIDE

Interview Guide

Demographics:

Age:

Gender:

Position:

Degree:

Years of Employment with CFS:

Years of experience as a carrier worker:

1. Tell me about county policies regarding kinship care?
2. Does the county have specific training for child welfare workers regarding kinship care? If so please explain.
3. What is your opinion of kinship foster care?
What are the benefits of having children placed in kinship care?
What are the difficulties of having a child placed in kinship care?
4. What are some of the available programs that provide assistance, such as help with food, clothing and health insurance to kinship care providers in County of San Bernardino?
What are the barriers of obtaining these services for kinship providers?
5. Does this assistance adequately cover all of the child's expenses? If no, what are the expenses that are often not covered?
6. Describe some of the social support issues of kinship care providers?
Please explain whether utilization of support groups is beneficial or not for kinship care providers.
7. Describe how kinship care providers receive respite care if needed including any kind of programs or funding available for this service.
8. Please describe the type of contact that you have with kinship families? Is this contact more or less that contact with children in traditional foster care?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to explore the social workers perception of kinship care providers unmet needs. This study is conducted by Fallon Greene and Carol Rakestraw, Master of Social Work graduate students under the supervision of Dr. Janet Chang, School of Social Work, California State University, San Bernardino. This study has been approved by the Social Work Human Subjects Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore social workers perception of kinship care providers unmet needs.

DESCRIPTION: You are being asked to take part in a face-to-face interview. You will be asked a few questions about your knowledge and/or opinion surrounding kinship care and the unmet needs for this program.

PARTICIPATION: Participation is totally voluntary, refusal to participate will involve no penalty and you may discontinue participation at any time without penalty.

CONFIDENTIALITY: The information you give during the interviews will remain confidential. Your name will not be recorded.

DURATION: The interview will approximately take 30 to 60 minutes.

RISKS: There are no foreseeable risks to your participation in the research.

BENEFITS: There are no direct benefits to the participants. The benefit of taking parts in this study will be to have a role in better understanding the unmet needs of kinship care providers from a social workers perspective.

VIDEO/AUDIO/PHOTOGRAPH: I understand this research will be audio recorded. Initials and data from the recording will be analyzed and reported for the purpose of this study _____.

CONTACT: If you have questions about this project, please contact our research supervisor, Dr. Janet Chang, Professor, School of Social Work, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA.92407, jchang@csusb.edu, 909-537-5184.

RESULTS: The results of this exploratory study will be available at the Pfau Library, California State University, San Bernardino after September 2010.

Place a check mark here

Date: _____

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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: Fallon Greene & Carol Rakestraw

2. Data Entry and Analysis:

Team Effort: Fallon Greene & Carol Rakestraw

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Fallon Greene & Carol Rakestraw

- b. Methods

Team Effort: Fallon Greene & Carol Rakestraw

- c. Results

Team Effort: Fallon Greene & Carol Rakestraw

- d. Discussion

Team Effort: Fallon Greene & Carol Rakestraw