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### Kin caregivers' perceptions of social worker and agency services and support

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Meri Lynn Vandom

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KIN CAREGIVERS' PERCEPTIONS OF SOCIAL WORKER  
AND AGENCY SERVICES AND SUPPORT

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

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

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by  
Diana Ray Egan  
Meri Lynn Vandom

June 2005

KIN CAREGIVERS' PERCEPTIONS OF SOCIAL WORKER  
AND AGENCY SERVICES AND SUPPORT

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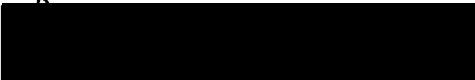
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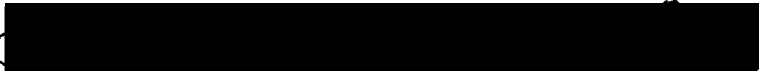
by  
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June 2005

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## ABSTRACT

The purpose of the study was to understand from the relative caregivers their perceptions of services and support they received from their social workers and social service agency. This information can be used to better understand the factors related to the termination of kin placements before reunification with birth parents or implementation of a permanent plan. Findings can impact provision of services, policy practices, and training for child welfare workers to prevent kinship placements from terminating prematurely in the future. Eliminating the failure of these placements will be a step towards providing better practice policies for children and families in the child welfare system.

Results from this study indicate that kin caregivers have clear ideas about what social workers did and did not do to help them care for their relative dependent children. The study found relative caregivers want to have a social worker that is available to them to answer questions, to navigate through the child welfare system, and to educate them as to the legal process. They also wanted the social worker and child welfare agency to provide financial/material support, and to respect them for their knowledge and abilities.

## ACKNOWLEDGMENTS

We would like to acknowledge:

Dr. Janet C. Chang B.A. M.A. M.S.W. Ph.D Assistant  
Professor of Social Work

Thank you Dr. Chang for all of your support and guidance as our Faculty Supervisor and as one of the authors of the original study. Your cheerful disposition and optimistic outlook throughout this process served as a much-needed breath of fresh air to both of us.

Dr. Rosemary McCaslin B.A. A.M. Ph.D. Professor of Social  
Work

Thank you Dr. Mac. for being such a great research coordinator, and for your remarkable ability to get the point across when it comes to research. You may never truly know the impact you have had on the lives of students as a result of your attention to and consideration of the hardships we encounter outside the walls of C.S.U.S.B. and the MSW program.

## DEDICATION

I dedicate this to my mom, for teaching and showing me how to be independent and hard working and for all of her love and affection. To Bill for helping me to become responsible and for taking me in, loving me as his own, and always wanting the best for me. To my dad, for helping me through my undergraduate program and for his continued love and support. To my sister, for always being there and for sharing the joy of Chris, Lyss and Ryleigh with me. Andy and Chelsea, thank you both for your love, support, patience and understanding while I've been so busy. Judy and Meri, we made it! You have both shown me so much about keeping on. Thank you for your friendship, support, and comic relief - Diana

I dedicate this to my dad, for teaching me the importance of honor, and knowledge. To my mom for teaching me the importance of love, and family. To my sisters, Barbara for teaching me about strength and loyalty, and Becky for helping me to grow. I dedicate this to my daughter Elizabeth for showing me unicorns and fairies, and teaching me the importance of having dreams. Finally, I dedicate this to Judy and Diana without your help and support, I know I couldn't have made it. Thank you all for believing in me - Meri

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Kinship foster care is the fastest growing type of substitute care supported by the child welfare system (Gleeson, 1996; Beeman, 1999). The increase in this population of dependent children who are placed either with relatives or with others with whom they have close familial relationships began to emerge in the early 1980's and continues today. The trend can be seen across the nation and is best highlighted in several states: California, New York, and Illinois, where between 40% and 60% of the children in out-of-home placements are placed with relatives (Gleeson, 1996).

Several factors have been identified as possible reasons for the rapid growth in this population. Some argue that placing children with relatives is a way for the child welfare system to deal with the growing numbers of children who are in need of out-of-home care. While the number of children needing placement has been increasing over the last two decades, the number of available family foster homes has been simultaneously shrinking (Grogan-Kaylor, 2000).

Another possible explanation for the rapid growth in kinship care could stem from developments in federal legislation. Grogan-Kaylor (2000) cites the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), which requires child welfare agencies to plan for permanency for children who will not be able to reunify with their parents. P.L. 96-272 also mandates that children be placed in the most family like and least restrictive setting possible, which many states have interpreted as a preference for placing children with relatives whenever possible.

The Supreme Court's decision in *Miller v. Youakum* (1979), can also be seen as contributing to an increase in kinship foster placements. New legal precedent was established when the Court ruled that relatives providing kinship foster care for the state could not be excluded from receiving the same federal foster care payments that non-relative foster parents received, as long as the kinship foster parents were approved by state child welfare authorities (Grogan-Kaylor, 2000).

One other factor, which has contributed to the growth of kinship care placements within the child welfare system, has been a change in social work practice. Practice is now much more "family centered" than in

previous years, and emphasizes the importance of placing children in homes with parents who share the child's cultural background whenever possible. States often give priority to kinship providers over non-kinship providers, whenever placement with relatives is in the best interests of the children.

The now-common practice of placing children in state custody with relatives is an important issue to study and explore based simply on the sheer number of children being affected by such placements across the nation. It is also important to look at the issue from several perspectives, including outcomes of such placements, policy development, social work practice, as well as caretaker, children and social worker attitudes and perceptions.

#### Purpose of the Study

This study explored caregiver perceptions of social workers and social service agencies that worked with them during the placements of their relative, dependent children in their homes. A subset of data, that was collected in a much larger study which attempted to determine which factors were likely to lead to the premature terminations of kinship care placements of dependent children, were analyzed. The subset of data

relates to caretakers thoughts about their contacts with the social worker and social services agency as well as their ideas about what was helpful and what they needed that they did not get from the worker and agency.

Most of the research on kinship foster care thus far has centered on determining whether kinship care is good or bad. Because not much research has been done, which looks at kin caregiver's perceptions about placement experiences and outcomes, this study is qualitative and the data comes from individual, in depth interviews with the kin caregivers. It is important to understand what makes kinship placements work and what can influence the failure of kinship placements. The caregivers themselves are experts on what some of the major contributing factors were in their own positive or negative experiences with kinship care.

#### Significance of the Project for Social Work

Findings should be of interest to child welfare agencies as well as social work practitioners who work with kinship care populations. They should be of particular interest to the two counties from which the samples were drawn, Riverside, and San Bernardino, as well as to other social service agencies, which advocate for

and provide support to kin caregivers. Last, policymakers and educators/trainers for social work professionals should be interested in the findings, which will help them in creating legislation and developing training programs that enhance kinship care placements.

Findings can impact social work practice by making agencies and social workers more aware of the factors associated with both successful and failed kin placements, thereby allowing workers to make more informed decisions about initial placements with kin caregivers. Findings can also provide workers and agencies with a road map concerning supportive services and interventions that have proven to be effective and that are associated with positive outcomes for kinship placements.

This study can be applied to the generalist model of social work practice. The findings are beneficial to social workers in the beginning phase of placing children into relative homes. They are also beneficial in assessing and service planning to determine what services are needed in order to strengthen the placement and ensure it is appropriate and successful, as well as in evaluating outcomes for kinship care placements.

This study presents an opportunity to learn about the factors that contribute to successful and failed kin

placements, from the caregiver's perspective. By interviewing kin caregivers that have had children placed with them by child welfare agencies, the study found what the caregivers report to be helpful and what they report to be a burden, as well as any ideas they had about what might have helped more.

CHAPTER TWO  
LITERATURE REVIEW

Introduction

This chapter presents an overview of the existing literature relating to kinship care. Articles reviewed within the literature review are presented in subsections and divided by purpose or subject of study. First, literature that focuses on the characteristics of the children in kinship and non-kinship foster care placements is presented. Second, literature that looks at kinship care from the perspective of the caregiver or social worker is discussed. Third, literature that examines kinship care and policy issues is reviewed. Fourth, literature that relates to services and supportive programs for kinship care providers is presented, and fifth, literature that focuses specifically on grandparents as kinship care providers is presented. Finally, this chapter ends with theories that will guide conceptualization for the current study.

Characteristics of Children in Kinship and  
Non-Kinship Foster Care Placements

Many studies have been completed which focus on differences between kin and non-kin foster placements and



on characteristics of the children in each type of placement (McLean & Thomas, 1996; Benedict & Zuravin, 1996; Berrick, 1997; Scannapieco, Hegar & McAlpine, 1997; Grogan-Kaylor, 2000; Leslie, Landsverk, Horton, Ganger, & Newton, 2000; Beeman, Kim, & Bullerick, 2000; Shlonsky & Berrick, 2001).

Many of the studies found similar results while most of them were limited in the generalizability of the results due to the fact that they were focused on children and kin caregivers from one particular community or geographic location. Two of the studies drew samples from San Diego County in California. At the time, the number of children in out of home care in the state of California represented about one-fifth of the nation's children who were in out of home care (Grogan-Kaylor, 2000; Leslie et al., 2000). Both of the San Diego County studies looked at factors that affected the placement of children in either kinship or non-kinship fostercare placements. Both studies used case records to retrieve data and acknowledged the limits of information that could be obtained about both children and caretakers as a result of collecting the data from case records. Both studies found that kinship care is influenced by a number of variables.

Grogan-Kaylor (2000) concluded that infants under the age of one, children with health issues, and children removed from families who were receiving Aid to Families with Dependent Children (AFDC) were less likely to be placed in the homes of relatives. Older children and children with no known health problems were more likely to be placed with relative caregivers.

Leslie and colleagues (2000) first identified three subgroups of children placed in kinship care: those who were placed in kinship care and had no previous placements in foster care or in restrictive settings; those who were placed in both kinship and family foster care, but not in restrictive settings; and those who had been placed in both kinship care as well as a more restrictive setting. Findings again indicated that younger children were more likely to be placed with kin caregivers than older children and that older children with histories of sexual, physical, emotional and multiple types of abuse were less likely to be placed with kin and more likely to be placed in restrictive settings (Leslie et al., 2000).

A third study by Beeman and colleagues (2000), used similar methods as the two San Diego studies, and boasted similar findings. This study looked at characteristics of more than 2000 children in kinship and non-kinship foster

care in a Midwestern, urban county. Again, children without disabilities, children of color, children court-ordered into placement and children whose reason for removal from parents was based on substance abuse, were all more likely to be placed with relatives (Beeman et al., 2000).

#### Kinship Care from Caregiver and Social Worker Perspectives

Research regarding kinship foster care from the perspective of either social workers or the caregivers themselves is recently beginning to grow. Several articles have been written from these perspectives over the last five to ten years (Davidson, 1997; O'Brien, Massat, & Gleeson, 2001; Gordon, McKinley, Satterfield, & Curtis, 2003; Beeman & Boisen, 1999; Gleeson & O'Donnell, 1997). It is important to look at kinship care from the perspective of each of these main players in the child welfare system because they are both vital pieces, which help ensure children's safety and well being. Seeing things from the perspective of the child welfare workers provides the opportunity to see how kinship policies are played out in practice. Seeing things from the perspective of the caregivers gives them a voice and empowers them to

help make changes that ultimately are beneficial and helpful to them.

Two studies focused on attitudes and practices of child welfare caseworkers (Beeman & Boisen, 1999; Gleeson & O'Donnell, 1997). Beeman & Boisen (1999) carried out a large-scale study, which looked at 261-child welfare professional's attitudes toward kinship foster care. The findings indicated that workers generally were positive about kinship foster care and the benefits it offered to children and also that workers felt it was more difficult to provide services to relative caregivers than it was to non-relative foster care providers.

Gleeson & O'Donnell (1997) also set out to study caseworker perceptions about kinship care in the child welfare system, though their study was on a much smaller scale. Forty-one caseworkers participated in in-depth interviews regarding their perceptions of working with kin caregivers. Results indicated that caseworkers were willing to consider and encourage kin caregivers to be permanent resources for their relative children through adoption and that caseworkers, unfortunately, do not actively involve kin caregivers, children or other family members in the planning and decision-making process within the child welfare system. Instead, caseworkers tended to

plan services themselves or with the help of supervisors or other service providers.

Gleeson and O'Donnell (1997) present at least two themes that came out of interviews with caseworkers around this issue: (1) caseworkers' practice is shaped by a bureaucratic child welfare system and workers spend a substantial amount of time completing paperwork and other requirements rather than working directly with families; (2) caseworkers did not understand the unique opportunities of working with kinship foster homes.

Three separate studies, which looked at issues of kinship care from the perspective of the caretakers, all came out with similar findings, even though their methods and samples varied (O'Brien et al., 2001; Davidson, 1997; Gordon et al., 2003). O'Brien and colleagues (2001) interviewed thirty-five relative caregivers, Davidson (1997) interviewed ten relative caregivers, and Gordon and colleagues (2003) interviewed thirty-seven relative caretakers. Although the results from the studies cannot be generalized to other populations, the fact that the authors arrived at similar conclusions and recommendations for working with kin caregivers speaks volumes.

Common themes emerged from all three studies. Caregivers identified the concurrent feeling of joy that

comes from being close to and raising their kin children as well as feeling burdened and stressed by the responsibility and by strained relationships within their extended families as a result of the children's placement in their homes. Caregivers complained about not feeling valued and respected by child welfare agencies and workers and about not having a voice in decision-making or about not being provided with enough information about the child welfare system and the progress of the children's cases. Caregivers in all three studies spoke of a need for ongoing supportive services from the agency or social worker and about their distrust of the agency and fear that support could be taken away at a moments notice. Caregivers were also resentful of social workers who came across as intrusive and who attempted to tell caregivers how to parent (O'Brien et al., 2001; Davidson, 1997; Gordon et al., 2003).

#### Kinship Care and Policy Issues

Kinship foster care has been the fastest growing type of substitute care supported by the child welfare system since about the 1980s (Gleeson, 1996; Beeman, 1999). The child welfare system has, and very likely will continue to ask relatives to act as resources for those children who

are in need of out of home care. Recent studies have focused on what types of policies should be put in place regarding kinship foster care placements (Gleeson, 1996; Hornby & Zeller, 1996; Hegar & Scannapieco, 2000; Christian, 2000; Schwartz, 2002).

Two of the studies discussing the policy debate on kinship care as a child welfare service were published in 1996. In a comprehensive study of the development of kinship care policy in the state of Illinois, Gleeson (1996) compares reform policies in Illinois with reform efforts in various other states in the nation. In a similar study, Hornby and Zeller (1996) looked at kinship care policies in five states: New York, Colorado, Texas, California, and Illinois. Both studies provide a thorough history of relative care as a child welfare service. Questions are raised about why kin caregivers have historically been, and in some states, continue to be less valued by the child welfare system than are non-kin foster families.

Hornby and Zeller (1996) offer three principles they believe should be incorporated into new policy for kinship care families: (1) relative caregivers may need more financial support than non-relative caregivers, but this does not mean that they also need more intervention; (2)

the fact that relative caregivers need more support than non-relative caregivers does not necessarily mean that they need more supervision; and (3) relative caregivers, who are in many people's eyes socially obligated to care for their relative children, although not legally, should be supported more than the child's biological parents who are both legally and socially obligated to care for the children, but less than non-relative caregivers who are neither legally or socially obligated to care for the children.

Several other studies, including Gleeson's (1996) go against this last recommendation and argue that there should be one rate paid to both kin and to non-kin caregivers (Gleeson, 1996; Thomas, Schwartz, 2002; Sperry, & Yarbrough, 2000). These studies focus on the wide range of policies for reimbursement across the states and the difference in level of services received by relative vs. non-relative caregivers. Gleeson (1996) even goes as far as cautioning against using kinship care reform efforts as reason to provide lower levels of care and support to children and families of color, who are placed with kinship care providers more often than Caucasian children are.



Hegar and Scannapieco (2000) also present a thorough review of the history of kinship care and the recent growth of the population. Their study is unique in that it examines kinship care policy in relation to the Personal Responsibility & Work Opportunity Act of 1996 (PR&WOA, P.L. 104-193). The authors also look at both formal and informal kinship care placements and at how various interpretations/implementations of PR & WOA in several states have had different affects on kin caregivers. The study focuses on the fact that having an uneven social policy when it comes to support for kin caregivers has proven problematic and has been an "unintended consequence" of welfare reform.

#### Services and Supportive Programs for Kinship Care Providers

Child welfare agencies are more and more often turning to relatives in order to meet the needs of children who have been removed from the custody of their parents, and including formal kinship care as a part of the foster care system. In response to this phenomenon, several studies and articles have been completed, which focus on service needs of this unique population and on programs that have been helpful in meeting the needs of relative caregivers (Wilhelmus, 1998; Zlotnick, Wright,

Cox, Te'o, & Stewart-Felix, 2000; Scannapieco & Hegar, 2002; Hawkins & Bland, 2002).

One article (Wilhelmus, 1998) looks in depth at one specific service, mediation, and at how providing that service to kinship care providers can lead child welfare agencies in the direction of being more culturally responsive to the kinship families it serves. Wilhelmus (1998) indicates that child welfare agencies are shifting toward being more culturally aware than in previous years as demonstrated by their incorporation of kinship care into the child welfare system. The article describes multiple sources of conflict from deciding whether children placed with kin should even come under the authority of the child welfare system to family disputes regarding visitation for birth parents and expected roles of social workers in working with kinship families. Mediation is presented as an alternative method of conflict resolution, which allows social workers to empower kinship families to play a significant role in resolving their own problems and to have a voice and say in decision making about what is best for the children for whom they care (Wilhelmus, 1998).

In a separate article, Scannapieco & Hegar (2002) focus on adapting placement services to the unique needs

of kinship families. The article first makes a clear distinction between the characteristics of kinship care providers and those of non-relative care providers, and then goes on to describe services that could be helpful in working with kinship care providers. In agreement with Wilhelmus's (1998) article, Scannapieco & Hegar (2002) also highlight the merits of mediation. They recommend family decision-making meetings as a great way to empower families who come to the attention of child welfare agencies, and for child welfare agencies to become more culturally sensitive and family centered in practice. The article brings attention to the fact that child welfare agencies rarely provide the same resources to kinship families as they do to non-relative foster families. Kinship families tend to receive lower levels of service perhaps due to the misconception that kinship families have fewer needs (Scannapieco & Hegar, 2002). The authors suggest that kinship families have four basic categories of needs, similar to those needs of non-relative foster families: (1) financial; (2) services; (3) social support; and (4) educational.

Two studies that evaluated specific programs created to support kinship care providers, had similar findings (Zlotnick et al., 2000; Hawkins & Bland, 2002). Hawkins &

Bland (2002) evaluated the Comprehensive Relative Enhancement Support and Training (CREST) program. Located in Texas, CREST was developed in an effort to counter a lack of support to kinship families from the child welfare system in the state. On evaluating the program, the authors found that the program was perceived as effective by caregivers and social work professionals alike. The program provided formal training, case management services, and limited financial services to the participant relative caregivers (Hawkins & Bland, 2002). Zlotnick and colleagues evaluated the Family Empowerment Club, "...a series of groups developed to provide a support network in which parents would develop additional resources, strategies and emotional armor to deal with day-to-day challenges, learn better parenting practices and prevent crises (Zlotnick et al., p. 97)." The participants in these groups were relative caregivers living in and around Oakland, California. Unlike the CREST program, this program's participants included birthparents and kin caregivers. The program was set up as a pilot project with intentions to promote family preservation among relative caregivers. The authors found that morale among the relative caregivers was heightened as a result of their participation in the program and also that

caregivers learned and put into practice new, more effective ways of parenting.

#### Grandparents as Kinship Caregivers

Several recent studies (Cox, 2003; Gibson, 2002; Thomas, Sperry, & Yarbrough, 2000) have focused specifically on grandparent/grandchild kinship care placements and the special needs and services which are unique to this population of kin caregivers. The studies consider both formal kinship care placements, meaning dependent children were placed in the homes of their grandparents by child welfare agencies, as well as informal kinship care placements, meaning child welfare agencies were not involved in placing the children in the homes of their grandparents. Thomas, Sperry and Yarbrough (2000) presented a review of research findings and offered policy recommendations. One recommendation was to establish "parity" between reimbursement rates paid to non-kin foster families and kinship foster families rather than continuing to pay kin caregivers at a lower rate than non-kin foster families. Another recommendation was to create an easier way for grandparents to get information about and to pursue legal<sup>l</sup>ized parental relationships (adoption or guardianship) with their grandchildren when

they were motivated to do so and when it appeared to be in the grandchildren's best interests.

Gibson (2002) summarizes earlier research findings, which indicate that most grandmothers who are kinship care providers share many common characteristics. These characteristics include the fact that they tend to be older women of color, with lower incomes and lower levels of training and education than most non-kin foster parents have. In a qualitative study, Gibson (2002) conducted in depth interviews with twelve participants in attempt to understand their reasons for becoming "foster parents" to their relative children and was able to discover six common themes in their answers to her semi-structured interviews. The sample of African-American grandmothers brought to light the following six themes: (1) tradition of kinkeeping; (2) relationship with grandchildren; (3) distrust of the foster care system; (4) grandmother as the only resource; (5) strong relationship with the Lord; and (6) refusal of the grandchild's other grandmother to assist with care giving (Gibson, 2002). Although the results cannot be generalized to a wider population, they are important in that they enhance understanding of what may guide grandmothers in making decisions to become

kinship care providers and in what areas support can be offered to them.

#### Theories Guiding Conceptualization

Current curricula in social work education focuses on using the strengths perspective, empowering clients and helping them to help themselves, and viewing clients as the experts on their own lives. Allowing clients to be involved in their own services, in coordination with trained child welfare workers, should be a goal the profession constantly strives to reach.

When it comes to such a vulnerable population of children, already removed from their birth parents usually due to abuse or neglect, and placed with relative kin caregivers, it is vital that child welfare professionals know and understand which factors related to their direct provision of services to the family are likely to enhance and support the placement, and which are likely to strain and negatively impact the placement. What better way is there to find out what works and what does not work, than to ask the kinship caregivers directly?

#### Summary

This chapter has presented a review of the existing literature related to kinship care issues. Studies were

discussed, compared and contrasted within various subsections, which included: characteristics of the children in kinship and non-kinship foster care placements, kinship care from the perspective of the caregiver and social workers, kinship care and policy issues, services and supportive programs for kinship care providers, and grandparents as kinship care providers. The chapter ended with theories guiding conceptualization for the current study.



## CHAPTER THREE

### METHODS

#### Introduction

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

#### Study Design

This study sought to explore kin caregiver's perceptions of social workers and social work agencies that provided services to them while their relative children were placed with them. Using a subset of data collected in a much larger and more comprehensive study of kin care providers, this study looks more specifically at whether caregivers felt supported by their agencies and workers or felt that they were burdened and inconvenienced by them.

Data for this study were obtained from Public Child Welfare Agencies in two culturally diverse counties in Southern California. Both counties have large urban and rural areas. One limitation of the study is that results cannot be generalized to other populations; however, they

are still important to these specific counties. Themes emerged which will be important to consider in other studies of relative kin caregivers in other counties and states.

### Sampling

The larger, more comprehensive study on kin caregivers interviewed one hundred fifty kin caregivers in attempt to examine factors that led to differential kin placement outcomes, as well as strategies to achieve successful kin placement outcomes. The original study used survey design methods along with face-to-face interviews.

A preliminary review of the case records of dependent children maintained by San Bernardino and Riverside County Child Protective Services was completed. Cases eligible for review in the study were case records for dependent children who were first placed with kin caregivers during the periods of July 1, 2002 through December 31, 2002. Cases selected for review were those in which one year had elapsed after the dependent child was placed with a kin care provider. Cases were sorted into five possible placement outcome groups and then thirty participants were randomly selected from each placement outcome group using

stratified sampling. This allowed for one hundred fifty in depth face-to-face interviews of participants.

This study took a stratified random sample from the original one hundred fifty interviews in order to reduce the sample size to about seventy participants. This allowed for qualitative analysis of interview responses that related to kin caregiver's perceptions of social workers and social services agencies.

#### Data Collection and Instruments

Kin caregivers in the original study were asked about demographic characteristics, level of social services utilization, the dependent child's characteristics, the quality of kin caregiver's relationship with birth parent(s), the impact of the dependent child's relationship with birth parent(s) while in placement, their subjective assessment of placement experiences, perceptions of factors leading to placement outcome, and types of services and experiences of support they received from the child welfare system.

This study makes use of the demographic information provided by the relative caregivers. Demographic variables of the relative caregivers include gender, age, ethnicity, level of education, gross monthly household income,

marital status, employment status, and health status. All of these variables were measured at the nominal level with the exception of gross monthly household income, which was measured at the interval level. This study focuses on the questions that address the relative caregiver's perceptions of the social workers and social service agencies that were involved in the placement of the dependent child with them. The exact wording of these questions can be found in appendix A.

A survey was designed for the original study by the researchers. Research assistants used the survey to guide the interviews with relative caregivers during the data collection phase of the original study. Many of the questions were qualitative in nature.

#### Procedures

Data for the original study were collected by conducting in depth face-to-face interviews with kin caregivers. Relative caregivers were contacted first by letter and then by telephone to see if they were willing to participate in the study. Interviews took place most often at the homes of the relative caregivers, and on occasion, at other neutral settings preferred by the interviewees. The interviews were completed between April

2004 and August 2004. Participants were modestly compensated for time spent during the interviews. For the current study, data was extracted from the previously collected data by one of the original researchers. All identifiers have been removed and the original data was provided for secondary data analysis.

#### Protection of Human Subjects

For the original study, proper precautions were taken for the protection of human subjects. Confidentiality and anonymity were preserved and informed consent and debriefing statements were provided to participants. This study uses secondary analysis of previously collected data and did not compromise the anonymity or confidentiality of the participants, as the previously collected data was provided without any known identifiers.

#### Data Analysis

Both qualitative and quantitative measures were analyzed. The original study took qualitative questions and answers from the interviews of one hundred fifty study participants. For the purpose of this study, this raw data was analyzed for similar content and broken down into themes. Frequencies were run in order to describe the actual sample. At the univariate level of analysis, the

mean, mode, and median of certain variables were measured to determine the central tendencies.

#### Summary

This chapter covered the study design and the strategy for sampling. It also addressed precautions that were taken in order to ensure the proper protection of human subjects. Additionally, the chapter defined procedures for data collection and data analysis.

## CHAPTER FOUR

### RESULTS

#### Introduction

This study was designed as an exploratory study to look at caregiver's perceptions about social workers and child welfare agencies they worked with in caring for court dependent relative children who are/were placed in their care. Chapter four starts with presenting the demographic information for the respondents. It also presents the caregiver perceptions and opinions about the social workers and child welfare agencies they have worked with while caring for dependent relative children.

#### Presentation of the Findings

Table 1 shows general shows the gender, age and reported ethnicity of the respondents. The study sample is comprised of sixty-eight relative or kin caregivers (sixty-three females and five males). These caregivers have, or have had, a total of 144 children placed in their homes. The ages of the respondents range from twenty-five to seventy-two years old, with the average age being forty years. Only six respondents were thirty years old or younger and only twelve respondents were over the age of sixty. Approximately 41% of the respondents were

Caucasian, 24% were Hispanic/Latino, and 22.1% were African-American. Four respondents identified themselves as racially mixed, two respondents were Native American, two reported as being other, and one respondent was Asian American.

Table 1. Respondent Age, Gender and Ethnicity

Variable	Frequency (n)	Valid Percentage (%)
Gender (n = 68)		
Male	5	7.4
Female	63	92.6
Age (n = 68) Mean = 48.5		
25 - 30	6	8.8
31 - 40	12	17.6
41 - 50	19	27.9
51 - 60	19	27.9
61 - 70	11	16.2
71 - 80	1	1.5
Ethnicity (n = 68)		
Asian American	1	1.5
African American	15	22.1
Hispanic/Latino	16	23.5
Native American	2	2.9
White/Caucasian	28	41.2
Mixed	4	5.9
Other	2	2.9

More than half of the respondents (58.8%) are married, 22.1% are separated or divorced, 8.8% are widowed, 8.8% have never been married, and one indicated "other" for marital status. A majority of the respondents (61.8%) had completed high school. Over 16% have received less than a high school education, 14.7% have received an AA degree, and 7.4% have received a BA degree.



Table 2. Respondent Marital Status and Education

Variable	Frequency (n)	Valid Percentage (%)
Marital Status (n = 68)		
Married	40	58.8
Separated or Divorced	15	22.1
Widowed	6	8.8
Never Married	6	8.8
Other	1	1.5
Education (n = 68)		
Non High School Graduate	11	16.2
High School Graduate	42	61.8
Associate's Degree	10	14.7
Bachelor's Degree	5	7.4

Regarding their own health, the majority of respondents (55.9%) rate their health as good. Approximately 30% of respondents rate their health as very good. Approximately 13% of those responding rate their health as fair and 2.9% reported themselves as having poor health. None of the respondents rated their health as very poor.

The majority of the respondents (60.3%) are employed, 26.5% are unemployed, and 13.2% are retired. For those respondents who do work, the majority of them (58.5%) report that they work anywhere from 21-40 hours per week. A monthly income between \$2000 and \$3000 was reported by 27.6% of the respondents. The reported monthly income for 15.5% of those responding was between \$4000 and \$5000, 12.1% reported monthly income between \$3000 and \$4000, and

10.3% reported monthly income of \$6000 or more, 6.9% respondents reported monthly income of \$1000 or less. The average income of the sample is \$3697.21, with a standard deviation of \$2593.05.

Table 3. Respondent Health, Employment and Income

Variable	Frequency (n)	Valid Percentage (%)
Health Status (n = 68)		
Very Good	19	27.9
Good	38	55.9
Fair	9	13.2
Poor	2	2.9
Employment Status (n = 68)		
Employed	41	60.3
Unemployed	18	26.5
Retired	9	13.2
Provider Monthly Income (n = 58) Mean = \$3858.05		
Less than \$1000	4	6.9
\$1001 - \$2000	11	18.9
\$2001 - \$3000	16	27.6
\$3001 - \$4000	7	12.1
\$4001 - \$5000	9	15.5
\$5001 - \$6000	5	8.6
\$6001 and Greater	6	10.3

Regarding their kinship care arrangements, table 4 shows that the majority of respondents (57.4%) are caring for related children whose reunification with their parents or guardians has already failed and who are no longer trying to reunify. Slightly more than 16% of the respondents no longer have the related children in their

homes, as the children were successfully reunited with their parents or guardians.

Table 4. Placement Status

Variable	Frequency (n)	Valid Percentage (%)
Placement Status (N = 66)		
Reunified with Birth Parents	11	16.7
Kin Care Reunification Pending	6	9.1
Kin Care Reunification Failed	39	59.1
Kin Care Failed Child in Non-Kin Placement	8	12.1
Kin Care Failed Child in New Kin Placement	2	3.0

Just over 12% of the respondents have cared for related children for some period of time before those children were removed from their care and placed in another non-related person's foster home. Approximately 9% of the respondents have related children in their homes who are actively working on reuniting with their parents or guardians and 3% of the respondents have cared for related children for some period of time before the children were removed and placed in some other relative's home.

Table 5 shows the respondents' experiences with and perceptions/opinions about the social workers and/or child welfare agency involved with them. The majority of respondents (55.9%) report that they have contact with their social worker once per month. Just over 19% report

having contact with their social worker more than once per month, and 15% of the respondents report contact with their social worker less than once per month. Just over 10% of the respondents indicated some other frequency of contact with their social worker.

Table 5. Contact with Social Worker

Variable	Frequency (n)	Valid Percentage (%)
Worker Contact (n = 68)		
Once per Month	38	55.9
Less Than Once Per Month	10	14.7
More Than Once Per Month	9	13.2
Other	7	10.3

When asked what type of contact respondents have with their social worker, the greatest majority of the respondents, (94.1%), indicated they have face-to-face contacts with their social worker; 75% reported having telephone contact with their social worker. Only ten (14.7%) say they have had contact with their social worker via letter/correspondence, and 5.9% of the respondents indicated that they communicate with their social worker by some other means. None of the respondents reported that they have communicated with their social worker via email (electronic communication).

Regarding whether or not the social worker discussed the service plan with the caregiver, the majority of

respondents (66.2%) stated that the social worker did in fact discuss it with them. Over 30% stated that the social worker did not discuss the service plan with them. When respondents were asked if they contacted their social worker when they have concerns about the children's birthparents, the majority of them (69.1%) stated they did contact the social worker while 30.9% stated they did not.

Table 6. Case Plan Discussed with Social Worker

Variable	Frequency (n)	Valid Percentage (%)
Case Plan Discussed (n = 62)		
Yes	45	68.2
No	21	31.8

Respondents were also asked if they contacted their social worker when they had a concern about the children themselves. The majority of the respondents (63.2 %) reported that they did contact their social worker and 36.8% stated that they did not contact the social worker. Regarding whether or not someone was available to them when they did contact the social worker or someone at the child welfare agency, 61.8% respondents said, "yes, someone is available," and 36.8% said "no."

Table 7. Social Worker Availability

Variable	Frequency (n)	Valid Percentage (%)
Availability of Worker (n = 67)		
Yes	42	62.7
No	25	37.3

Respondents were asked how often they are able to comply when the social worker requests them to do something. The majority of the respondents (89.7%) stated that they are always able to comply with the social worker's request; two respondents state they are sometimes able to comply with the request; one said they are able to comply with the request once in a while and one responded never.

Regarding whether or not the respondents received foster parenting training from the social services agency that placed the children with them, 79.4% indicated that they did not receive training and only 20.6% responded that they did receive training. When asked if they would have liked to have received training from the social services agency, 67.6% said they did not want training while nearly 27% of the respondents said yes, they would have liked training.

When asked if they would have liked training from the social worker directly, even fewer respondents responded

favorably: 16.2% indicated that they would like training from the social worker, 73.5% reported they would not like training from the social worker. Four people did not answer this question. When asked if they are involved in any foster parent support group, 91.2% say they are not participating in a support group, only six respondents (8.8%) say they are involved in a support group.

Table 8. Agency and Social Worker Training and Support Group Participation

Variable	Frequency (n)	Valid Percentage (%)
Received Training (n = 68)		
Yes	14	20.6
No	54	76.4
Would Like Agency Training (n = 64)		
Yes	18	26.5
No	46	67.6
Would like Training from Worker (n = 61)		
Yes	11	18.0
No	50	82.0
Participate in Support Group (n = 68)		
Yes	6	8.8
No	62	91.2

The respondents were asked what the most helpful things were that the social worker did for them. Several themes emerged in their answers to this open-ended question. Because many respondents gave more than one answer or described more than one way in which the social worker was helpful, the totals from the various categories

equal ninety-three responses. For example, 29.4% of the respondents answered initially that the social worker did not do anything for them. However, in the next sentence they would add something that the social worker did do for them. One respondent stated, "She really didn't do anything besides helping financially."

In cases where more than one answer was given, responses were counted in all applicable categories. In the above example, both of the answers were categorized and counted in two separate areas: Nothing and Financial/Hard goods/Treatment Services. In all, six out of the twenty respondents who answered that the social worker did not do anything for them, ultimately listed some service (placing the children with them, visiting once a month, buying the child a bed or clothes, etc.) that the social worker did provide.

Approximately 32% mentioned that one of the most helpful things the social worker did for them was to provide financial support or help with getting material things or services for the children. These respondents identified the following hard goods and services: paying the caretakers a monthly foster care rate, setting up counseling, paying for the children to go to camp, buying beds or dressers for them, paying for the child to get



braces, even helping with groceries. Two of the respondents specified that the social worker helped pay for childcare expenses for the children.

Approximately 32% of the respondents stated that the most helpful thing the social worker did for them was to be available to them and give them information. Answers that were counted in this category included those in which respondents stated that the social worker was there to answer questions, guide them through the process, explain the legal side of things, talk to them, and return their calls.

In all, 8.8% of the respondents either did not answer this question or could not explain what they thought were the most helpful thing the social worker did for them. Six percent of the respondents thought that the most helpful thing the social worker did for them was to place the children in their care. Approximately 9% mentioned that the social worker was nice or a "good person" while answering this question and 4.4% of the respondents mentioned that the social worker was there to offer support, a mental boost, or a shoulder to them. Another 4.4% of the respondents said that the most helpful thing the social worker did was to come and visit the family or children. Three percent of the respondents said that the

social worker helped them with adoption papers and with adoption issues. Six percent of the respondents indicated that the social worker basically, "did her job."

Table 9. Helpful Things Social Worker Did

Variable	Frequency (n)	Valid Percentage (%)
Helpful Things Social Worker Did (N = 93)		
Be available, provide information/answers	22	23.7
Provide financial support/services	22	23.7
Nothing or not much provided	20	21.5
Not able to explain what was done	6	6.5
Social Worker was nice/good to them	6	6.5
Placed relative child(ren) with them	5	5.4
Social worker did his or her job	4	4.3
Visit family	3	3.2
Offered support	3	3.2
Provided assistance with adoption(s)	2	2.1

Respondents were asked "(During placement), what are/were the most helpful things that the social worker could have done for you?" As in the previous section, in cases where more than one answer was given, responses were counted in all applicable categories. This resulted in the totals from the various categories equaling ninety-six responses.

Several themes emerged from the responses to this open-ended question. The most common answer to this question was that the social worker could have done more in the way of providing financial help of some sort. Forty-three percent of the respondents indicated the

social worker could have helped by giving the caretakers foster care money, furniture for the children, paid for counseling or childcare, clothing for the children or recreational activities such as camp or sports programs.

Slightly more than 26% of respondents indicated that the social worker did everything or that there was nothing else they could have, but did not do. Slightly more than 21% of respondents identified character or personality traits that the social worker was lacking in their opinion. Responses varied including those who thought the social worker should have been more helpful, compassionate, respectful, consistent, and fair.

More specifically, a little more than 18% of respondents stated that the social worker should have been available to them - to answer questions, explain the legal process, support the caretaker, and provide training. Slightly more than 10% of respondents indicated that the social worker could have provided better/more referrals to community resources or that they were not satisfied with the availability of particular services they needed to access for the children they were caring for.

Five respondents (7.7%) thought that the social worker could have helped speed the process along for the children. In answering this question, they stated that the

social worker could have helped get the kids into court faster, terminate the parental rights faster, or been tougher on the birthparents. One of the respondents from this group stated that the process just went on "too long." Just more than 6% of the respondents mentioned that the social worker could have provided more training to them and about 4.5% made some reference to the fact that a support group would have been helpful when answering this question.

Several caregivers reported specific things that they felt the social worker could have done to help, which were not mentioned by any other caretaker in answering this question. While each of these responses represents only about 1.5% of the total responses, they should still be mentioned. One caretaker said the social worker should have listened to her when she told them that the children needed to be removed from her care. She was upset that the social worker did not initially listen to her and took more than six months to move the children to another placement.

One caretaker clearly stated that she thought the social worker could have (or should have) checked in on the children for at least one full year after they were reunited with their birth family. She was upset that the

social worker only stayed involved for six months post-reunification.

Another respondent felt that the social worker should have helped more with reunification. One caretaker felt that the social worker should have come to them for their once-a-year visit to check on the kids instead of making the family come to the office to see the worker.

One caretaker stated that there needed to be better communication between child welfare agencies as she was dealing with both a placing agency, and a supervising agency, one from the northern part of the state and one from the southern part of the state.

One other caretaker responded to this question by stating that the social worker should not have split the siblings up.

Table 10. Things Worker Could/Should Have Done

Variable	Frequency (n)	Valid Percentage (%)
Helpful things social worker could/should have done (n = 96)		
Provided financial support/services	28	29.2
Nothing more, did a great job	17	17.7
Been more helpful, respectful, consistent	14	14.6
Been available, provide information/answers	12	12.5
Provided referrals to community resources	7	7.3
Made the process go faster	5	5.2
Provided training	4	4.2
Provided support group	3	3.2
Move the children when asked	1	1.0
Follow up longer at reunification	1	1.0
Provided more assistance with reunification	1	1.0
Went to the placement home rather than making family come to the worker	1	1.0
Communicated better between agencies	1	1.0
Not separated siblings	1	1.0

#### Summary

This study was designed as an exploratory study to look at caregiver's perceptions about social workers and child welfare agencies they worked with while caring for court dependent relative children who are/were placed in their care. Chapter four began with a presentation of the demographic information for the respondents. It ended by presenting the caregiver perceptions and opinions about the social workers and child welfare agencies they worked with while caring for dependent relative children.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The information gathered in this study is useful in that it can help child welfare workers to understand better what caregivers themselves identify as being the most helpful things done for them while caring for relative dependent children. Much of the research presented in the literature review focused on other factors. We were interested in finding out straight from the source, what caregivers perceived as really helping or hindering their ability to provide care to their relative children who were also court dependents. We also wanted to know how they felt about the social workers/social service agencies that were involved in placing the children with them.

#### Discussion

The sample was comprised of 68 respondents, all of whom are or were at one time, relative or kin caregivers. The kin caregivers have provided care for a total of 144 dependent children. The majority of the respondents (92.6%) were female. The average age of respondents was 48.5 years old, although their ages range from 25-72 years

old. Approximately 41% of the respondents were Caucasian, 24% were Hispanic/Latino, and 22.1% were African-American. Just over 60% of the respondents had completed high school and the average monthly income of the sample was just over \$3600.00, although it should be noted that the standard deviation was more than \$2500.00.

One essential finding that came from the study was that of the 68 respondents, 15% reported that they had contact with their social worker less than once per month. While a majority of respondents (55.9%) indicated that they did have contact with their social worker once per month, this 15% that said they did not have at minimum, monthly contact with their social worker is noteworthy. Also noteworthy, is the fact that 66.2% of the respondents stated that the social worker did discuss the service plan with them, while more than 30% said the plan was not discussed with them. Although not the majority, this 30% still warrants our attention.

Each of these questions represents concrete ways (coming for monthly visits and discussing the service plan with the caretaker) in which social workers could show support to relative caregivers. We found it interesting that more than just a few respondents have indicated that



they are not being supported in this way by their social workers or agency staff.

Other important findings are that although respondents indicated that the social workers/agencies could have done more to help them, very few respondents were interested specifically in foster parent training from either the agency or social worker. When asked if they would have liked additional training from the agency, 67.6% of respondents said no. When asked if they would have liked additional training from the social worker directly, even more respondents (73.5%) said no. Another interesting finding was that over 90% of respondents said they were not participating in any type of support group for kin caregivers.

When respondents were asked the open-ended question "What was the most helpful thing the social worker did for you?" several themes emerged, and three in particular were more common than others were. Approximately 32% of the respondents stated the most helpful thing the social worker did for them was to be available to them and give them information. Similarly, 32% also indicated that the most helpful thing the social worker did for them was to provide some type of financial support or help with getting the children material things or services. Just

over 29% of the respondents answered this question by saying the social worker didn't do anything for them, however, of these respondents, 30% went on to identify something the social worker did in fact do.

When respondents were asked "What are/were the most helpful things the social worker could have done?" by far, the most common answer given (43%) was that the social worker could have done more in the way of providing financial help of some sort. Slightly more than 26% stated the social worker did everything they could and 21% identified personality traits that the social worker was lacking, in their opinion. Just over 18% of respondents stated that the social worker should have been available to them, supported them, explained the legal process, and provided training for them.

These findings are consistent with previous research done which look specifically at kinship care issues from the caregiver perspective (O'Brien et al., 2001; Davidson, 1997; Gordon et al., 2003). In these three separate studies that examined issues of kinship care from the perspective of the caretakers, many of the same themes found in this study were identified. Caregivers complained about not feeling valued and respected by child welfare agencies and workers and about not having a voice in

decision-making or about not being provided with enough information about the child welfare system and the progress of the children's cases (O'Brien et al., 2001; Davidson, 1997; Gordon et al., 2003).

#### Limitations

Several limitations of the study should be acknowledged here. First, the sample size was small and was a convenience sample rather than a random sample; therefore, the results cannot be generalized to larger populations. Second, because both quantitative and qualitative variables were used, it was not possible to run statistics or to test for causal relationships between variables.

Another limitation is the fact that the child welfare agencies did not, or could not; provide the original researchers with the most up to date list of relative caregivers. The original intent of the current study was to explore whether or not caregiver's perceptions (negative or positive) had any impact on placement outcomes (whether or not children were reunified with birth parents, remained in relative care, or were transferred into some other foster care arrangement). Unfortunately, once the original researchers made contact

with all of the available respondents, it became clear that the outcome group, which consisted of children who remained in the relative's home and continued to work toward reunification with their birthparents, was almost non-existent.

Among the other outcome groups, the caregiver perceptions and opinions of the social worker/child welfare agency were so varied and mixed that it did not appear that there was any clear relationship between the caregiver's perceptions and placement outcome groups.

In addition, the lists provided to the original researchers had out-of-date or inaccurate contact information for relative caregivers. Some respondents were not willing to be interviewed for the project. Others lived either out of the state or out of the area, were not able to be interviewed face-to-face, and therefore, were not included in the study.

#### Recommendations for Social Work Practice, Policy and Research

Several recommendations for social work practice and policy can be made based on the outcomes of this project. Regarding social work practice, child welfare agency staff and social workers in particular, should be made aware of what it is that relative caregivers say they need to feel

supported. Relatives in this study expressed the desire to have a social worker that was available to them to guide them through the system and the legal process, answer their questions, provide financial/material support to them, and respect them.

In the policy arena, outcomes from this study indicate that relative caregivers often, and for various reasons, have trouble receiving funding while caring for their dependent children. Legislators and policy makers in child welfare need to make sure that relative caregivers receive the funding that they need in order to care for their dependent children and that the relative caregivers are not treated differently regarding financial support than non-related foster parents. Policy-makers in the field of social work education and child welfare should provide training to social workers regarding the support relative caregivers have stated they need and ways in which they can provide it.

In the research arena, more in-depth studies need to be done. Future studies should be based on larger, random, and more representative samples. Future studies could also focus in more on what led relatives to the perceptions they have. Is it just their perception that they are not being supported or is it possible that they are being

supported, but that caring for dependent relative children is just such a hard job that it leaves them feeling alone and unsupported. This recommendation stems from the fact that many respondents in this study gave ambiguous answers about what the social worker did for them that they found helpful. In answering this question, they would initially say "nothing" but would then go on to say, "just helped me financially."

Future studies might also look closer at social worker attitudes and perceptions of working with relative kin caregivers. Researchers should also further explore whether or not social workers actually do have less contact with kin caregivers than they do with non-related foster parents and if so investigate the reasons for that.

### Conclusions

Kinship foster care is the fastest growing type of substitute care supported by the child welfare system (Gleeson, 1996; Beeman, 1999). The fact that child welfare agencies are placing dependant children with relatives more and more frequently makes this an important issue to study and explore. Results from this study indicate that relative caregivers have clear ideas about what social workers did that helped them most in caring for their

relative dependent children. They also have clear ideas about what social workers could have done to help more. Similar themes emerged from each question, indicating that some relative caregivers were happy and satisfied with the support they received from social workers/agency staff while others did not feel supported at all.

APPENDIX  
QUESTIONNAIRE



## Caregiver Demographics

- 1) Gender:
  1. Male
  2. Female
- 2) Caregiver's age (in years)? \_\_\_\_\_
- 3) Caregiver's ethnicity:
  1. Asian American
  2. Black/African American
  3. Hispanic/Latino
  4. Native American
  5. White/Caucasian
  6. Mixed (specify): \_\_\_\_\_
  7. Other (specify): \_\_\_\_\_
- 4) How many years of education have you completed?  
\_\_\_\_ Not graduated from high school  
\_\_\_\_ Graduated from high school  
\_\_\_\_ AA college degree  
\_\_\_\_ BA college degree  
\_\_\_\_ MA college degree
- 5) (During placement), what is/was your gross monthly income including money you received for the foster children in your care? \$ \_\_\_\_\_ per month
- 6) What is/was your marital status (during placement)?
  1. Married
  2. Separated or Divorced
  3. Widowed
  4. Living with a partner/cohabitating
  5. Never married
  6. Other (specify): \_\_\_\_\_
- 7) What is/was your employment status (during placement)?
  1. Employed
  2. Unemployed
  3. Retired
- 8) If employed, how many hours per week do/did you work (during placement)?  
\_\_\_\_ Hours per week
- 9) How would you rate your health (during placement)?
  1. very good
  2. Good
  3. Fair
  4. Poor
  5. Very poor

## Caregiver's Perceptions of Service

- 10) How frequently do/did you have contact with the social worker during your foster care experience?
1. Less than once per month
  2. Once per month
  3. More than once per month
  4. Other (specify): \_\_\_\_\_
- 11) 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): \_\_\_\_\_
- 12) (During placement), did the social worker or someone else at the Social Service Agency discuss the service plan with you?
1. Yes (explain): \_\_\_\_\_
  2. No (explain): \_\_\_\_\_
- 13) (During placement), when you have/had a concern about the foster child's birth parents, did you contact the social worker or someone else at the agency to discuss it?
1. Yes (explain): \_\_\_\_\_
  2. No (explain): \_\_\_\_\_
- 14) (During placement), when you have/had concerns about the foster child, did you contact the social worker or someone at the agency to discuss it?
1. Yes (explain): \_\_\_\_\_
  2. No (explain): \_\_\_\_\_
- 15) (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 (explain): \_\_\_\_\_
  2. No (explain): \_\_\_\_\_
- 16) (During placement) when the social worker requested you to do something on behalf of the foster child, how often are/were you able to comply?
1. Always
  2. Sometimes
  3. Once in awhile
  4. Never (explain): \_\_\_\_\_
- 17) (During placement), did you receive any foster parenting training from the agency?
1. Yes (what kind?): \_\_\_\_\_
  2. No

18) (During placement), would you like/have liked foster parenting training or additional training from the agency?

1. Yes (what kind): \_\_\_\_\_
2. No

19) (During placement), would you like/have liked foster parenting training or additional training from the social worker?

1. Yes (what kind) \_\_\_\_\_
2. No

21) (During placement), are/were you involved in a foster parenting support group or association?

1. Yes (what kind) \_\_\_\_\_
2. No

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

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

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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:

Assigned Leader: Diana Egan

Assisted By: Meri Vandom

2. Data Entry and Analysis:

Team Effort: Diana Egan & Meri Vandom

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Assigned Leader: Diana Egan

Assisted By: Meri Vandom

b. Methods

Team Effort: Diana Egan & Meri Vandom

c. Results

Team Effort: Diana Egan & Meri Vandom

d. Discussion

Assigned Leader: Diana Egan

Assisted By: Meri Vandom