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Betsaida Macias Gonzalez  
*California State University, Monterey Bay*

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Preparing Relative and Near Kin Caregivers: Evaluation of ROOTS

Betsaida Macias Gonzalez

Department of Health Human Services and Public Policy

California State University Monterey Bay

Author Note

This capstone proposal was prepared for CHHS 400B and Monterey County Department of  
Social and Employment Services

### Abstract

Family and Children's Services at the Monterey County Department of Social and Employment Services, MCDSSES, strive for children's stability and safety. In Monterey County, there are too many unsuccessful relative and near kin placements. Relatives and near kin caregivers are mandated to complete ROOTS training, Relative Offering Ongoing Ties and Support. ROOTS' curriculum intends to increase caregiver's knowledge to prepare and guide them in becoming a stable home for a child in need. The evaluation of ROOTS, a knowledge based pre/posttest, demonstrated the caregivers' appreciation of support and it gave a broad understanding of the knowledge gained by the caregivers.

## Creating a Successful Placement in Relative and Near Kin Homes

### **Problem Description**

#### **Problem Definition**

The safety and wellbeing of children is a concern for entire communities across the nation. In Monterey County, the Department of Social and Employment Services addresses the concern for the children with the Family and Children's Services Unit. Their goal is to "keep children and youth safe and within the protection of a permanent family" (Monterey County Department of Social and Employment Services [MCDESES], 2008). However, keeping children in permanent homes has become a challenge. The number of successful placements of children and youth in relative and near kin homes has decreased.

A successful placement would be a permanent and stable home, which would serve to fulfill the mission of the agency. Once a child is removed from the home, it is the job of Family and Children's Services to find a home for the child or children who have been removed from their parents or legal guardians. The child is placed with a family where the agency may see a potential for permanency, which means that the child would stay in that home from the time they are placed until the child turns 18, which means the agency also works with youth. A child who is placed in a home before he/she turns 18, the child has the option to stay in that same home until the day before he/she turns 21 (White, 2012).

Before the agency evaluates the possibility for permanency, they evaluate the home environment. *Children, Families, and Foster Care* recognizes that the stability of the home has been defined by "family structure" and by "limited movement from home to home," but it also argues that the stability of the home can rely on family "warmth, emotional availability,

stimulation, family cohesion, and day-to-day activities” (Harden, 2004). In a stable home environment, it is important for the child/children to feel affection from the family who has taken them into their homes. The family must also be emotionally available to take in a child who has suffered trauma in his/her life. An example of a family who may not be emotionally available would be a family who has just lost a child in a car accident. That particular family would need to go through a grieving process before taking in a child that could potentially feel like a replacement. Stimulation is the interaction carried in the home between family members which leads into family cohesion, the bonding of the family. Lastly, day-to-day activities, such as having family dinners, daily chores, and even family T.V time, can bring stability to a child's life. This modern perspective takes a deeper approach behind the meaning of stability for a child. Finding a stable home in an emotional sense can also mean having that child transition only once (from when they are taken from their parents to the relative's home), which would also make that home a physical stable placement.

In the ideal scenario, the agency would find a stable home for the child with a relative or a near kin. When a child is placed with a relative, the child is being placed with an adult that is a blood relative to the child. This can be an aunt, uncle, adult sibling, grandparent, cousins, or other adult relatives who can provide a stable home for the child (Kinship Center, 2012). When a child is placed with a near kin, he/she is being placed in the home of an adult who is not a blood relative but has a long-term relationship with the child (Kinship Center, 2012). People who are considered near kin can be close family friends who are involved in the child's life or even a teacher. Using relative and near kin placements are considered ideal because it is less of a traumatic transition for the child.

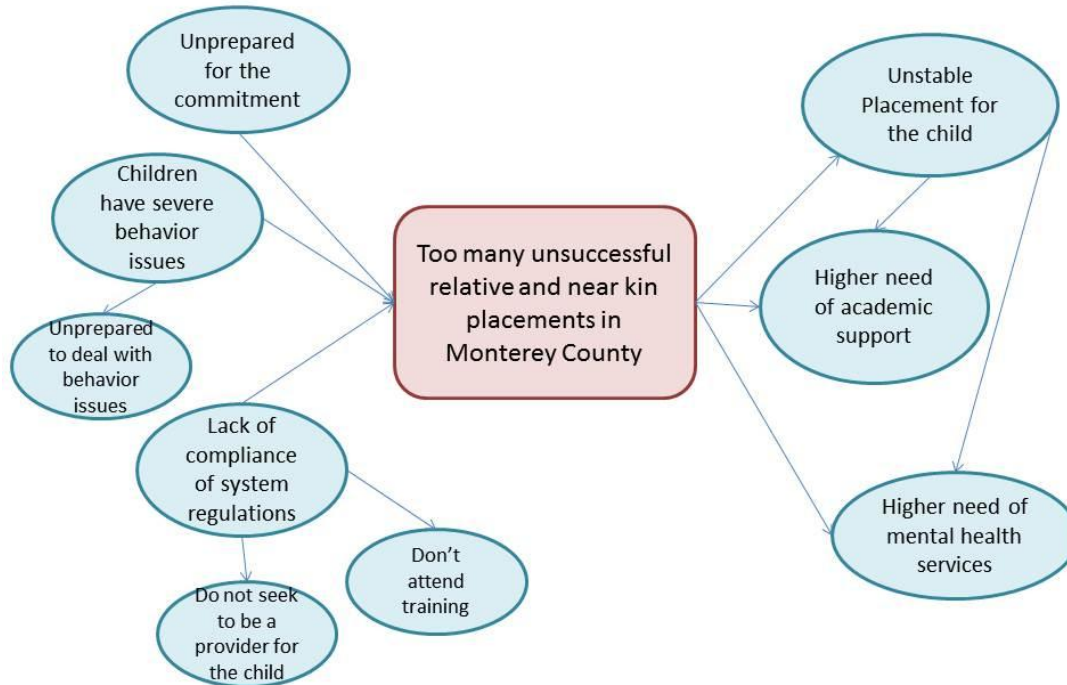
Alice White, interim supervisor of the Support and Services Unit at MCDSES, noticed

that the county placed about 50% of children in foster home and about 50% with relatives or near kin. However, in the recent year, about 35% of the children who are removed from their home are being placed with relatives or near kin (A. White, personal communication, February 14, 2012). In Monterey County, more children are living with foster families, who make the choice to train to raise children, than in relative/near kin homes. The stability of the home is jeopardized as well as the stability for the child.

Keeping the children in foster care instead of the care of a relative or a near kin helps the agency keep the children safe, but it is not fulfilling the agency's mission to the full potential. Fewer blood relatives that are able/willing to accept children into their home, and it is jeopardizing the children of Monterey County.

### **Problem Causes**

A social problem does not constitute itself. In fact, it is an accumulation of causes in the population that lead into a social problem. *Figure 1* illustrates the social problem in the middle of the diagram and it shows the causes/contributing factors to the left. The arrows pointing into the box identifies the causes as a factor for creating the social problem. To the right of the diagram, there is a list of the consequences. The arrows are exiting the “social problem” because those are direct consequences of having “too many unsuccessful relative and near kin placements in Monterey County.” From left to right, *Figure 1* shows the problem causes, the identified social problem, and the problem consequences.

**Figure 1: Problem Model Diagram for Children in Relative/Kin Care**

Families are unprepared for the commitment of providing a permanent home for the child, and they may end up having to place them in foster care, as it is exemplified in *Figure 1*. Reunification in the United States stands at about 50%, which might mean that the other half of the children need a permanent home (U.S Department of Health and Human Services, F 2011). It is difficult for any family to make the commitment of taking in a child for the rest of his/her life when they were under the impression that the parents would have the final custody. According to the U.S Department of Health and Human Services (2011), 58% of the children who entered the foster care system in 2010 were between the ages of 0-10. So this means that the families need to prepare to take in a child from 8 to 18 years. It is not easy, and sometimes the families are not

prepared to take on that responsibility. Even when the relatives feel they are willing to take on the responsibility and the commitment, it is hard to foresee the issues they might face.

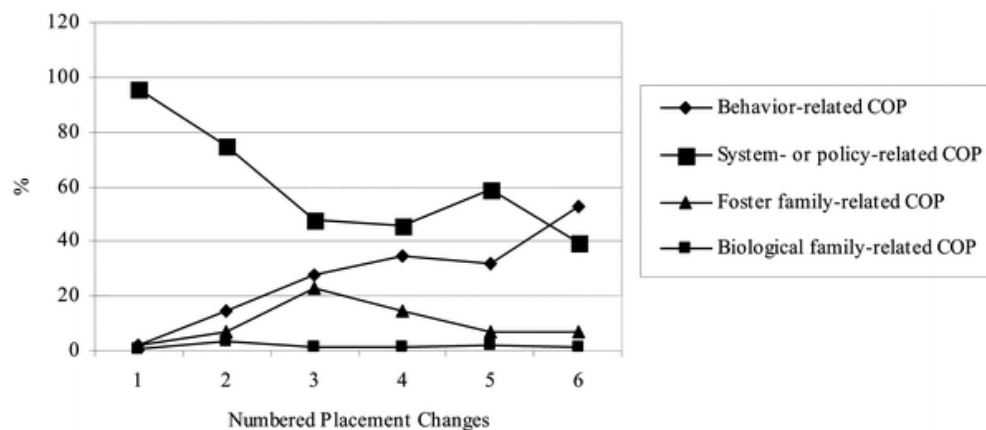
Children who are removed from the home of their parents or the primary care givers are likely to show behavior problems that the relatives are not prepared to deal with, which is a contributing factor to the decrease of the total number of relative and near kin homes in Monterey County. Researcher Sigrid James (2004) states that “there is evidence of a statistically significant association between placement stability and degree of behavioral disturbance” (para. 2). Children with higher behavior problems have a higher number of placements throughout their time in foster care. In fact, “findings indicate that 20 percent of all [home] changed are behavior-related” (James, 2004). The agency first identifies the support system of the primary client, who is usually the mother, and searches for family members or near kin, people that are not blood related but have had a close relationship with the child, in order to keep the children with someone that they may know and are comfortable with. When a family is a resource to the child, the agency is highly likely to place the child with that relative. In sum, a relative's home is the first ideal permanent placement for a child who is in custody of the county; however, because of behavioral issues, as James (2004) suggests, the child may be removed from that initial placement and then continue moving homes based on his/her difficult behavior.

Another contributing factor to the low number of relative and near kin families who are taking in children is the lack of compliance of system regulations and policy. James (2004) reported his findings from a study in San Diego. *Figure 2* indicates that “system-or-policy” related changes are the main causes of change. This can particularly affect relatives and near kin because they are not living life trying to follow strict regulations and guidelines to care for a child.



On the other hand, foster parents and adoptive parents from Monterey County Department of Social and Employment Services are the ones seeking to have children placed in their home, so they are more likely to continue following the guidelines and regulations mandated by the county. Relatives and near kin homes are inspected by a social worker who evaluates the space and safety of the home and determines if it is right for the child/children. Although the relatives may meet the requirements, situations in their home may change, such as taking in another family member, having to move homes, or losing their home. In such cases, the child is once again removed because it is mandated that they have the available space for the children. Also, as part of policy, every adult living in the home needs to be fingerprinted to attain criminal background clearances. Because of the high crime rate in Monterey County, it may be difficult to have clearance in everyone in the home. Relatives and near kin families may be wanting to take in the children, but policy is a factor for the decreasing relative and near kin homes. *Figure 2* shows that the change placement is gravely due represented by lack of compliance with system regulations.

**Figure 2: Different types of placement changes across the first six moves.**  
COP- changes of placement



Note: This graph was retrieved from the The University of Chicago Press. *Why do foster care placements disrupt? An investigation of seasons for placement change in foster care* by Sigrid James.

*Figure 2* is a visual representation of the reasons for placement changes. The y-axis represents the percentage of children who are relocated and the x-axis represents the number of placement changes. As shown in *Figure 2*, almost 60% of the 5<sup>th</sup> placement change is “system-or policy-related,” and it is most common reason for placement change (James, 2004). Lack of compliance with system regulations and policy is a contributing factor for placement change of children, including the children who are living in a relative or near kin home.

### **Problem Consequences**

It is recommended that a child goes into the home of a family member or near kin after he/she has been removed from their home, however, the likelihood of a child to stay with a relative/near kin is decreasing due to the lack of preparation for the commitment, behavior issues of the children who enter the foster care system, the lack of ability of the families to comprehend, and because policy is obstructing some families to gain custody or to keep them after they have been placed in that home. With the decreasing number of children who are going into the care of relatives or near kin, the children suffer greater consequences, identified in *Figure 1*.

Because relative and near kin families are not successfully caring for the children as they initially anticipated, the children are being removed from that initial placement and moved to another home, increasing the instability of the child. According to the literature review by Center for Human Services (2008), “too many children enter a system in which further damages is caused to their social, emotional, and cognitive development,” which suggests that the damage does not stop once a child enters foster care, but it continues to cause harm. The literature review then suggests that the harm is being caused by the system who “fail[s] to provide a place where the child know they will remain for any length of time” (p. 5). Without the placement stability,

the child will find it difficult to build relationships, build upon academic learning, and he/she may feel greater stress over a longer period of time. The instability will then contribute to the higher need of academic and mental health support.

Children in foster care, even when they are placed with relatives or near kin, have a higher need of academic support. Children's Law Center (2012) says that foster children are “disproportionately likely to need special education services and to be subject to school discipline” as well as “mental health services” (para. 18-21). The academic success of children in foster care is noted by researcher Steve Christian (2003) who reported that “numerous studies have confirmed that foster children perform significantly worse than the general population” (p.5). With lower academic performance, the child's needs increase to include additional academic aid. It is hard for the relatives of the children who need extra support to acknowledge the need of the child and to find a resource that would help the child succeed in school. Without good academic performance, the children may have a hard time surviving in society.

Aside from academic support, the children in foster care are in need of mental health services, as shown in *Figure 1*. Children are not removed from their parents simply because someone thought the kids were not being taken care of, it goes beyond that. In Monterey County, severe neglect is the primary reason for children to go into foster care (with 37 percentage points), physical abuse is second (with 32 percentage points), and physical and sexual abuse are third (with 11 percentage points each) (Family to Family, 2012). Along with the trauma from the abuse and/or neglect, the children may also be emotionally distraught by “being removed from their homes” (Children's Law Center, 2012). Because of the traumatic experiences a child in foster care has lived, it is crucial to be able to provide the child with mental health services in order to meet their needs. The Children's Law Center (2012), recognized that the “government

struggles to provide adequate mental health services” suggesting that the families who care for the children may have a hard time finding services. Not being able to find such services may result in frustration and desperation from that family. Because the families are usually not prepared to provide or seek services, they may become overwhelmed to the point where they can no longer provide an appropriate care for the child in need. The child would then go back to the foster care system, which would continue the inconsistency of a home placement, creating greater confusion for the child, causing greater stress, and increasing need in mental health services.

Social problems are present in all communities. As identified, Monterey County has a problem with children who are placed in foster care because they are not staying with relatives or near kin families, which are recommended placements. They are being removed from their initial placements and facing difficult circumstances that require higher level of need. There is a need to address the contributing factor to the decreasing numbers of successful placement of children in relative and near kin homes in order to reduce the consequences in our community and keep the children of Monterey County safe and healthy.

### **Agency, Alternatives, and Justification**

#### **Agency Description**

Monterey County Department of Social and Employment Services is a public agency that serves people in the community. Within the agency there is a spectrum of branches to serve a variety of populations, and Family and Children’s Services branch works with children and families as part of child welfare. Although it may be intrusive to family systems, the government is involved because according to Kasia O’Neill Murray and Sarah Gesiriech (2004), the child

welfare system has “evolved according to changing beliefs and attitudes about what role government should play in the protection and care of abused and neglected children” (p. 1). With the new believes, the government started to become part of child welfare. In 1935, the government passed the Social Security Act which included the “first federal grants for child welfare services, under what later came to be known as Subpart 1 of Title IV-B of the Social Security Act” (O’Neill Murray & Gesiriech, 2004 p.1-2). The government recognized child welfare as a societal problem, which means community involvement and government protection; the purpose for Family and Children’s Services.

Family and Children's Services in Monterey County have a mission as a guide and a reminder of the purpose of the agency. Their mission is to assure the safety and well-being of children by preventing child neglect and abuse (Monterey County Department of Social and Employment Services [MCDSES], 2008). The agency strives for a better community where children are safe and productive. To fulfill the mission, the agency provides direct services and also collaborates with services in the community.

Some of the services provided to achieve their mission include a 24 hour hotline to receive reports of suspected child abuse or neglect, support and assistance to families with Pathways to Safety, foster care services and support with Family to Family, home placement with Adoption Services, and as a preventative measure, the agency has the Child Abuse Prevention Council. The agency also trains foster parents in order for them to receive a foster care license. When it comes for finances, the agency offers financial assistance for foster parents and for adoptive parents. As part of being a foster parent, the agency requires that they complete 12 hours of training every year after being licensed; therefore, the agency has also set up available

trainings within the agency and outside the agency with topics such as legislation reforms (AB 12), new laws (new car seat requirements), and even parenting trainings.

The children are the primary clients for Family and Children's Services. The total amount of children in Foster Care for 2010 was 408, 201 were boys and 207 were girls (Family to Family, 2012). Many clients come from the Alisal District, 93905 area code, where 7.3 is the average house hold while there is an average of 2.5 rooms in that area (A. Salazar, personal communication, February 9, 2012). The agency works with families of diverse in culture, language, age, and even education levels to ensure the safety of the children.

### **Alternative Solutions**

#### **Alternative one: parental support group**

Support groups have proven to be helpful in stressful and difficult situations, and integrating a child into a home after she/he was removed from his/her parents can be just that: stressful and difficult. To address the issues of lack of preparation from the relatives and near kin to take care of children who had a traumatic experience, a parent support system may be useful.

Parents Anonymous (PA) program is the creation of a community going through similar struggles that offer support and encouragement to the caregivers, relatives and near kin. The California Evidence-Based Clearing house for Child Welfare [CEBC] (2011) suggest that the PA program is a “culturally responsive model [] open to any parent of caregiver in a parenting role” (para 2). With this model, the relatives and near kin who become caregivers may have an opportunity to engage with other people who share similar experiences while learning “communication skills, positive discipline, parental roles, age appropriate expectations, effective parenting strategies, anger management techniques, and self-care” (CEBC, 2011). Finding

community support to strengthen families may support better communication between the caregivers and the children.

CEBC also reported that the children benefit from PA because they also receive help. While the caregivers meet, “their infants, children, and older youth participate in complementary standards-based [] programs” that are designed to build self-esteem, teach emotions management, and strengthen family relationships (CEBC, 2011). Strong relationships with caregivers motivate healthier life choices because there is more communication and mentorship.

### **Alternative two: evaluation of ROOTS**

Many children are initially placed with family members or near kin, but for various reasons they are moved to a different home before they reunite with their biological parents. One of the reasons for which the relatives/near kin might not have been able to “save the placement” may be related to the lack of use of resources available. Families who take in children are often unprepared for the commitment and responsibility. The family system is interrupted and it is hard to deal with. Although these families have the support of a social worker, the families need additional support and training, which comes from ROOTS, Relatives Offering Ongoing Ties and Support offered to meet caregiver’s needs. Evaluating the participant’s knowledge gained from ROOTS, allows the agency to evaluate the effectiveness of their perceived notion of the program.

ROOTS is offered for relatives and near kin who either already have children in their care or who are considering becoming caregivers for a child. ROOTS is a 6- week training session that meets once a week. The goal of ROOTS is to educate and train relative and near kin caregivers and prospective caregivers in areas of domestic violence, educational needs, court process, communication, barriers, boundaries, and proper care and nutrition for children. Each

week had a different facilitator who is an expert on the topic for the week. For example, on week 6, the purpose was to provide the participants with information about the special education system for foster children, so an advocate and specialist of special education presented information about the process and requirements for children to receive special education services. Other weeks cover topics such as the juvenile court system, the child welfare system, effects of domestic violence and substance abuse, and proper parenting and disciplining skills.

The evaluation focuses on the facilitators' intended outcome. The facilitators will be asked to describe at least two main points that they would want the participants to remember even after the training is over. Based on their input, the survey would be tailored to capture the essential points of the six-week training.

The participants will be asked to complete the survey based on their knowledge at the beginning of the first session. They would then be asked to complete the same survey at the end of the session in order to compare results. If ROOTS is accomplishing their goals, it can serve as a resource to assist relatives and near kin to keep a healthy relationship with the children and with service providers. Doing so can increase the likelihood of becoming a permanent caregiver for the child/ren in their care.

### **Alternative three: cognitive therapy**

Removing children from their home can cause a traumatic experience for the children and increase the behavior problems in a family, which is why cognitive therapy would be recommended. As part of the contributing factors for unsuccessful placement of children with relative and near kin is the fact that children have behavior problems that the relatives or near kin are not prepared to deal with. By offering Trauma-Focused Cognitive Behavior Therapy (TF-CBT) with the children who are removed from their home and the main caregiver, whether it is a



family member or near kin, the children and the caregiver will have a better understanding of the child's trauma and the caregiver may be better suited to meet the child's needs.

The TF-CBT model initially treated posttraumatic stress and related emotional and behavior problems in children and adolescents; however, it has now been adapted as psychosocial treatment for other types of trauma such as “sexual abuse... domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement” (National Registry of Evidence-based Programs and Practices [NREPP], 2008). It was assessed on the effectiveness for children in early childhood (from 0-5 years of age) to adults (from 26-55 years of age) in both genders and with African Americans, Latinos, and Caucasians to help alleviate child behavior problems, child symptoms of posttraumatic stress disorder, child depression, child feelings of shame, and parental emotional reaction to child's experience of sexual abuse (NREP, 2008).

The program is design to begin by training therapist to the TF-CBT model. The model is based on the acronym PRACTICE which stands for Psychoeducational and parenting skills, Relaxations skills, Affect expression and regulation skills, Cognitive coping skills and processing, Trauma narrative, In vivo exposure, Conjoint parent-child sessions, and Enhancing safely and future development. The therapist will then provide sessions for the children and the primary caregiver of that child, the relative or near kin.

In Monterey County, having TF-CBT would be useful because it would provide support for the families who have willingly taken the responsibility of caring for a child that was not planned for. The children will have an opportunity to disclose information that may be affecting the way they behave and the parents will have an opportunity to understand the child's citation in order to meet the children where they stand. Because not all caregivers are parents, it will also

offer them an opportunity to expand on their knowledge on parenting. The behavior problems in the home would likely subside and the children will continue to be in the care of their relative or near kin.

### **Selected alternative and Justification**

Based on the alternatives (parental support group, evaluation of ROOTS, and cognitive therapy), It's been determined that evaluating ROOTS is the most appropriate project.

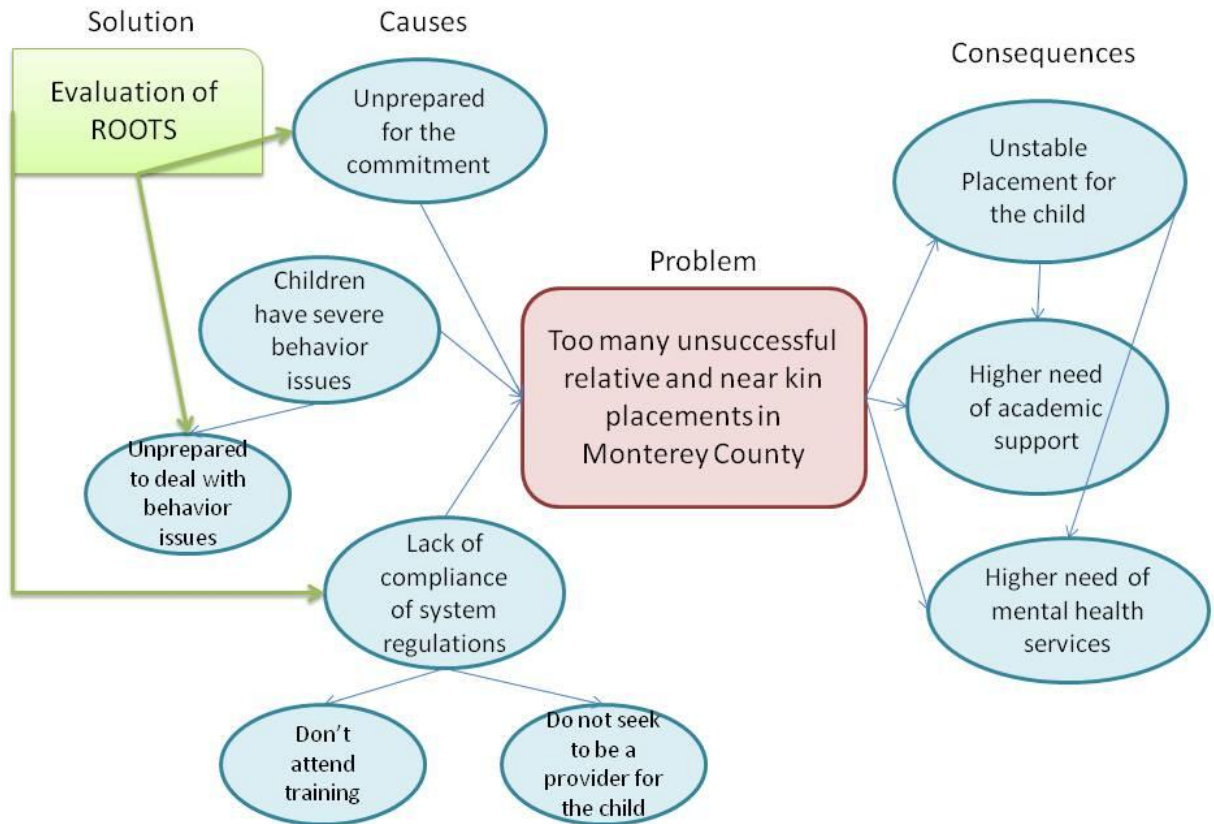
Within my given time frame and my power at the agency, evaluating ROOTS is more realistic than offering Parents Anonymous support group or Cognitive Therapy. In order to conduct Parents Anonymous, I would have to contract with a professional in the realm of therapy who is specialized in family relationships. In order to do so, the agency would need additional funds, which may take a while to receive (CEBC, 2011). As for Cognitive Therapy, the agency therapist would need additional training that I would not be able to offer (NREPP, 2008). They would need a sustainability plan and funds to continue offering either type of service after my part of the project is complete. Lastly, I can actually conduct the surveys to evaluate ROOOTS whereas I would not be the therapist for Cognitive Therapy or the facilitator for Parents Anonymous.

Relatives and near kin families who take in a child experience unexpected hardships, which can be alleviated with knowledge and support. The evaluation would show how much information the participants are retaining, if the participants are learning the intended outcomes, and different areas where they still need more services. The survey will be a representation of the facilitator's intended outcome and the curriculum. With the collaboration from other social workers and service providers who facilitate the training, the survey would provide for a comprehensive analysis of the participants knowledge.

By attending ROOTS, the participants are expected to participate and engage in this new learning experience. Once the relatives and near kin caregivers successfully complete ROOTS, it is the goal of the agency and of the program that they would be better suited to care for a child with needs. Because ROOTS is a relatively new program, it is essential to evaluate their learning and progress through the six-week training. Knowledge strengthens the community and it changes stigma towards child welfare because of the friendly approach to education and services.

In order to create successful home placements with relative and near kin in Monterey County, the causes need to be addressed. As illustrated in *Figure 3*, the evaluation of ROOTS will help the agency gain insight on the participant's learning and what they would like to learn more about. Through ROOTS training, relative and near kin caregivers may become better prepared for the commitment of becoming a caregiver for a child in foster care. They will be able to learn about skills to manage children with severe behavior problems, advocate for special academic needs, and learn about systems and regulations to keep a child in their care.

**Figure 3: Problem Model Diagram for Children in Relative/Kin Care with Solution**



*Note: Figure 3 is a visual representation of the chosen alternative as a solution, the causes, the social problem, and the consequences. The arrows indicate the direction of the impact. The educational workshops will directly influence the causes.*

### Implementation Plan

#### Project Implementation

ROOTS, an acronym for Relatives Offering Ongoing Ties and Support, is a mandated 6 week training for relative and near kin caregivers. The relatives and near kin attend a session once a week for a 6 week period. The evaluation of the program revealed information about the

participant's expectations, their learning, and their unmet needs. Evaluating ROOTS took effort, collaboration, data collection, and data analysis.

In order to better understand the purpose and dynamics of ROOTS, it was important to being attending a ROOTS training. The next available session was on September 15; it was ROOTS' 1 second session. This meant that the observation of ROOTS began on the second week of their 6 sessions.

Then a pre/posttest approach was taken to evaluate ROOTS. Because each session was taught by a different professional who was an expert in the topic, it was necessary to involve the professionals in the making of the tests. The social workers, the nurse, the health and nutrition specialist, and the education specialist, were asked to select two main points from their particular session that they found crucial for the relatives to learn. Those main points were transcribed into questions. The input of the social workers and the field professionals allowed the test to have a range of questions pertaining to specific topics covered during ROOTS. A draft test was presented to the unit's supervisor and the project advisor. With the feedback, the pre and posttest were modified and finalized by September 30, 2012.

A pretest, represented with the cover letter in *Appendix A* and the test in *Appendix C*, was conducted at the agency with the permission of the facilitator for ROOTS 2, which began on October 1<sup>st</sup>. The families who attended ROOTS were introduced the purpose and value of the project before they were asked to complete the pretest. The participants were informed that this particular pretest was anonymous and completely voluntary, and all of the 6 participants agreed to complete the pretest.

The second set of responses came from phone interviews on October 3, 2012, which were conducted from the MCDSSES agency. The agency provided a list of relative and near kin

caregivers. The list contained the name/s of the caregiver/s, the name of the child/ren that were placed in that home, the date in which the children were placed in that home, the birth date of each child, the social worker assigned to the case, the city where the family lived, the phone number, and their status for ROOTS. The families that had most recently completed ROOTS were called and asked to participate in the post test. Three relatives agreed to take the post test. Families who had future dates to attend ROOTS training were called and asked to participate for the pretest. One of the relatives from this selected group who agreed participate had completed ROOTS and their responses were counted as a posttest; furthermore, only two relative or near kin placements shared their answers as part of the pretest. Participants who had time to complete the pre or posttest were welcoming and willing to help.

On October 13, ROOTS 1 training finished and ROOTS 4 training began. That Saturday was used to conduct a pretest with the group who was starting the six week training and a post test for the group who had completed their sixth week. *Appendix B* is the cover letter for the posttest and *Appendix C* is the pretest and the posttest that were used for the evaluation. As it was done for ROOTS 2 on October 1<sup>st</sup>, the participants were ask to voluntarily participate in the anonymous pre/post tests for the purpose of evaluating their knowledge, their expectations, and any unmet needs.

In total, 29 caregivers participated in the study, 15 of the observations pertained to the post test and 14 pertained to the pretest. The answers were transcribed and placed into a pivot table; then the answers were condensed to show the percent of participants who “agreed” or “strongly agreed” about specific topics.

**Table 1:** Percentages of participants who “strongly agree” or “agree”

Statements	% Strongly Agree or Agree	
	Pre	post
While you are involved with Child Protective Services, it is important to keep a good relationship with your social worker	100	100
Birth parents have the right to visit their children at anytime they want.	0	13
When a child is exposed to domestic violence, he/she has difficulty attaching to caregivers.	50	93
If a child is exposed to alcohol or other drugs in the womb, it is appropriate to collaborate with McStart	79	87
Children who are placed in relative/near kin care are more likely to have higher academic needs	71	71

*Note: This is a summary table that has the exact same statements that the participants saw on the pre and posttest; moreover, it shows how each group responded to the statements (rounded to the nearest percentage point).*

**Table 2:** Percentage of participants who identified scenarios as domestic violence

Which/who of the following should the caregiver contact if the child needs medical assistance, such as a physical, dental care, vaccinations etc..	% of participants who noted “yes” to DV	
	pre	post
Parent yelling profanity to a child in more than one occasion	79	80
A caregiver in the home taking away the child’s toys for a day as a form of punishment	23	27
An 8 year-old boy hitting and bruising a sibling	67	93
A caregiver hitting a 17 year-old upside the head in more than one occasion	93	93
None of the above	0	0

*Note: This summary table compares the percentages of participants in the pre and posttests who identified each scenario a domestic violence. The results were rounded to the nearest percentage point.*

Based on the pre and post results, the participants have gained some knowledge. *Table 1*, had slight differences in the responses between the pre and the post test. The most interesting responses came from the questions that asked about the right of a birth parent to see their child at any given time, which showed that 13.33% of the respondents on the posttest either agreed or strongly agreed that the parents had the right to see the children at any time, while none of the respondents for the pretest agreed or strongly agreed. Caregivers who are mandated to attend

ROOTS have a CPS case, which means it is only appropriate to allow the biological parents to see the children under the approval of the social worker.

*Table 2* is a synthesis of a question that asked participants to select the scenarios that they considered to be domestic violence. Respondents from the pre and posttest answered in a similar manner.

**Table 3:** Pre and Post responses to “the biggest advocate” of the children

Count of Q9			
Q9	Pre	Post	Grand Total
Biological parents	8.33%	0.00%	3.70%
Caregivers	91.67%	86.67%	88.89%
Judges	0.00%	6.67%	3.70%
Social Workers	0.00%	6.67%	3.70%
Grand Total	100.00%	100.00%	100.00%

*Note: This pivot table compares pre and post responses to question #9. The percentages indicate how the caregivers feel about the person who is the greatest advocate for the children.*

**Table 4:** Pre and Post answers for “medical assistance” contact

Count of Q10			
Q10	Pre	Post	Grand Total
CCAH	10.00%	53.33%	36.00%
MCDESES	0.00%	20.00%	12.00%
Parents	10.00%	0.00%	4.00%
Social Workers	80.00%	26.67%	48.00%
Grand Total	100.00%	100.00%	100.00%

*Note: This pivot table compares pre and post responses to question #10. CCAH refers to the Central Coast Alliance for Health and MCDESES is the Monterey County Department of Social and Employment Services.*

Both pivot tables, *Table 3 and Table 4*, identify the similarities between the participant's responses. Differences are shown in identifying the Central Coast Alliance for Health as the place to contact for medical assistance, the difference of nearly 45 percentage points suggests



that the relatives who have completed ROOTS have more information about medical assistance than those who have not yet completed ROOTS.

Aside from the closed ended questions, the participants were asked one open ended question. If the participants were completing the pretest, they were asked to describe what they expected to learn from ROOTS. The caregivers wanted to learn a variety of things, some of the responses included wanting to know more about support that the county offers, available resources, how to “adapt to a new lifestyle,” “legal stuff,” “*aprender de todo*” [learn about everything], “how to be a better caregiver,” and some people did not know or did not answer.

Participants who were completing the post survey were asked identify how the agency may further assist them. Although some participants did not reply, some of the responses included “by continuing to have these great informational trainings,” which was a shared idea in the post test, by encouraging the use of deeper roots, “by sharing the [Special Needs System] information with social workers,” by having “classes that pertain to family care giving” in general, and by “offering child care services” to the caregivers.

Through the comparison of responses, the data has shown that the participants have gained some knowledge in some areas while there has been little or no learning in others. The relatives and near kin came in with some basic knowledge, which is the reason for which the responses show similarities in the pre and posttest; moreover, some success was noted in the open ended question for the post test. The responses indicated that ROOTS supports the relative and near kin caregivers by helping them create a network of supporters, by allowing them to meet people in their situation, and by providing a place and time in which they could meet and share questions and concerns while learning about the different aspects of being the relative or near kin caregiver.

### **Implementation Obstacles and/or Unexpected Circumstances**

As a learning technique, it was necessary to reflect on the obstacles and difficulties that hinder the process for evaluating ROOTS. Most of the obstacles came from creating the pre/posttests. The learning aspect of most obstacles is having the ability to recognize and overcome those obstacles.

The first obstacle that was encountered was the time allowed to create the test. The evaluation for ROOTS was not the intended project, so when the project had to be redirected to the evaluation of ROOTS, the tests needed to be created before completing an entire observation of the 6-week training. Collaborating with the social workers and professionals who conducted the specific sessions helped overcome that barrier. They provided insight about what they expected the participant to remember.

Gathering information from the people involved became a challenge within this short period of time. The social worker who taught the sixth session did not contribute to the collaboration of the composition of tests, so the pre and the posttests did not include information about the “Special Needs [Education] System,” the topic for the last session of ROOTS. To compensate for missing information, there was a greater focus on other areas.

Although there was some information missing while creating the tests, there was too much information for the composition of a pre/posttest. After changing fonts and page margins, it was time to start deleting questions. The questions that were eliminated were either similar to another question or were undermined by the professional who offered the information.

Conducting pre/posttest had its difficulties as well. Some important information was missing from the spreadsheet with the details of relative and near kin home placements. For

example: many families did not have a “completed ROOTS date”, but they had the children in their care; some “ROOTS status” showed and “OOC,” no one knew what it meant and the person who created the spreadsheet was out on maternity leave; many families were identified as relative or near kin while others had no identification, but in order to need ROOTS, the caregiver/s would need to be relatives or near kin, and there was no identifiable reason for which some were labeled and some were not.

### **Evaluation**

#### **Outcomes**

The primary outcome of ROOTS is to educate, train and support the relatives and near kin caregivers; the primary outcome for the evaluation was to measure the knowledge that the relatives gained during the training. Because the training had a series of 6 sessions, the survey had very concise information in comparison to the information presented. Each session had a list of objectives; as a consequence, each question pertaining to a session had a different objective. By the end of the sessions, the participants would be able to identify the importance of relationships with the assigned social worker, identify appropriate times for which a biological parent can see their children, recognize the attachment issues with children who have been exposed to domestic violence, recognize the academic needs of a child who is in foster care, identify agencies that work with children who are drug exposed in the womb, identify that the caregivers are the child’s greatest advocate, identify an agency that could provide medical assistance for the children in their care, and lastly, differentiate between the use of appropriate punishments versus domestic violence. Each outcome was based on a different workshop, so every outcome was of equal importance through the different stages of the training.

The evaluation was also conducted to identify “agency needs”. The open-ended question was intended to provide the agency with information about other potential topics that would need to be added to the curriculum to make ROOTS more effective. With the results from the evaluation, the agency may learn about the information that the participants are retaining, and areas in which they could improve in order to achieve their goal.

### **Methods**

A pre and posttest were utilized to measure the participant’s knowledge. With the collaboration of ROOTS’ facilitators, the outcomes of the six sessions were compiled and analyzed to identify the most crucial points. After the tests were created, the participants were asked to answer based on a likert scale, based on multiple-choice questions, and on an open-ended question. The only difference between the pretest and the posttest was the open-ended question, which asked participants to identify things they would like to learn (as part of the pretest) and asked participants to identify other information or services they had not received from ROOTS (as part of the posttest). The pre and posttest were conducted at the trainings as well as over the phone.

To evaluate the pre/posttest, the test was presented to the agency for approval. There were also assessed and compared to the curriculum to insure that the knowledge being tested was information that was presented. Also, the results were presented to the agency. Social workers from different units attended and commented on the presentation.

### **Results**

29 tests were collected and analyzed which demonstrated a gain in knowledge. There was knowledge gained from the participants, which was noted in the presented comparison charts. The participants perceived the training as a support because they learned new information that

may help them provide a stable home environment for the children and because they made connections with other relative and near kin caregivers who share similar experience.

The presentation conducted to the agency showed success of the project. Social workers from different units attended the presentation, which demonstrated agency interest and support to the evaluation of ROOTS. The social workers, some who were facilitators of ROOTS, were interested in learning more about the survey and the analysis of the result. There was discussion about the result and the possibility of evaluating Spanish ROOTS. The agency was pleased with the number of participants and the efforts in evaluating ROOTS.

## **Reflection**

### **Recommendations for the agency**

Based on results, the participants who have completed ROOTS do show more knowledge than the participants who are beginning; however, for more accurate results, the agency might want to conduct a pre/posttest for the same group of participants rather than using a convenient sample based on a timeframe. Also, if the agency values that the relatives and near kin learn about the differences between domestic violence and punishment, then the ROOTS session would need to work on the curriculum to make that distinction during the sessions. Lastly, based on the observations and feedback from families, I would suggest to mandate ROOTS for caregivers who already have children in their care so that they may apply their knowledge as needed and ask question while they experience the issues instead of learning the curriculum for a life situation that they have not yet experienced.

### **Recommendations for future students**

Aside from evaluating the knowledge, it is also important to evaluate the application of the participant's gained knowledge. Applying knowledge creates a greater impact than merely having knowledge, so by studying how often they apply the information, the study can be more comprehensive. Also, keep open communication with mentors and collaborators because they can serve as networks to attain essential information. Lastly, plan ahead and have prepared alternatives. In health and human services things change on a daily basis, so plan for success and prepare for changes.

### **Lessons learned from the capstone experience**

Before being forced to take time to reflect on the process, the learning was not as clear; however, there were many lessons that were learned through the capstone experience. As defined by Collaborative Health and Human Services Major, it is important to collaborate to complete a "puzzle" in human services. The contributions of one person is just as important as the contributions from another, so offer a learning experience for others while learning from their experiences and knowledge.

Communication and reflection are two other valuable concepts that excelled in conducting the capstone project. Talking to mentors, social workers, families, and service providers allows students to gain practice for professional communication and professional development. Learning about reflection was also important. Without reflection, it is easy to forget an event, but with reflection, an event becomes a learning experience.

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Appendix A



1000 South Main Street, Suite 216  
Salinas, California 93901  
phone: 831-755-4475

You have started the training for Relatives Offering Ongoing Training and Support, ROOTS, so we want to hear from you! We have created this short survey to assess the training. By answering the following questions, you will be helping Family and Children's Services to identifying the knowledge and the needs for the relative/near kin caregivers so that we may better serve you.  
This survey is completely voluntary and the answers will remain anonymous.

Thank you for your effort and the support you provide for the children of Monterey County.

What do you expect to gain from ROOTS training?

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Appendix B



1000 South Main Street, Suite 216  
Salinas, California 93901  
phone: 831-755-4475

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This survey is completely voluntary and the answers will remain anonymous.

Thank you for your effort and the support you provide for the children of Monterey County.

How can we further assist you?

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## Appendix C

How many children (age 17 or younger) are living in your home? \_\_\_\_\_

How many children have been placed in your home by the agency? \_\_\_\_\_

What is the main language spoken in the home?

- Spanish       English       Other, please specify \_\_\_\_\_

Please state how you feel about the following statements

While you are involved with Child Protective Services, it is important to keep a good relationship with your social worker.

- Strongly Agree     Agree     Disagree     Strongly Disagree

Birth parents have the right to visit their children at anytime they want.

- Strongly Agree     Agree     Disagree     Strongly Disagree

When a child is exposed to domestic violence, he/she has difficulty attaching to caregivers.

- Strongly Agree     Agree     Disagree     Strongly Disagree

If a child is exposed to alcohol or other drugs in the womb, it is appropriate to collaborate with McStart.

- Strongly Agree     Agree     Disagree     Strongly Disagree     Don't Know

Children who are placed in relative/near kin care are more likely to have higher academic needs.

- Strongly Agree     Agree     Disagree     Strongly Disagree

Please choose **one** answer for each of the following questions

In your opinion, who are the biggest advocates for the children who go into relative/near kin care?

- Social workers     Relative/near kin caregivers     Biological parents     Judges

Which/who of the following should the caregiver contact if the child needs medical assistance, such as a physical, dental care, vaccinations etc...

- Monterey County Social and Employment Services  
 The child's parents  
 Central Coast Alliance for Health  
 The social worker

Which of the following would you consider to be domestic violence? *Please check all that apply.*

- Parent yelling profanity to a child in more than one occasion  
 A caregiver in the home taking away the child's toys for a day as a form of punishment  
 An 8 year-old boy hitting and bruising a sibling  
 A caregiver hitting a 17 year-old upside the head in more than one occasion  
 None of the Above  
 All of the above