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### **ABSTRACT**

The purpose of this study was to explore how peer support groups influence kinship care providers' (KCPs') sense of self-worth and empowerment, and how they impact KCPs' ability to advocate on behalf of the children in their care. Few studies to date have examined self-worth in the realm of KCPs' parenting issues of guilt and regret, nor have they explored whether support group participation encourages relearning parenting skills and therefore instills a sense of empowerment. Although the majority of KCPs in the United States are *informal* care providers, most prior research on this population focused on *formal* kinship care providers; this study included both formal and informal caregivers.

Thirteen KCPs who belong to a support group formed under the auspices of a community agency in South Los Angeles were interviewed for this study; participants were female and predominantly African American, with a median age of 64 years. Agency staff who worked with these caregivers were guided by a mission statement engendering community activism and advocacy. Major findings indicated that KCPs gained a sense of empowerment through increased knowledge from invited speakers and through emotional support from their group counterparts, thus improving their navigation of the child welfare system and increasing their connections to others. This study confirmed the value of peer support groups for KCPs. Further, it underscored the need for social workers to be sensitive to issues of racism within the child welfare system and to encourage KCPs to bring these issues to the support group.

# **IMPACT OF SUPPORT GROUPS ON KINSHIP CARE PROVIDERS**

A project based on an investigation at Community Coalition, Los Angeles, California, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2016

## ACKNOWLEDGEMENTS

The educational journey leading to my thesis was inspired and supported by the many special people in my life. I want to thank them all, although I am able to name only a few here: Rabbi Rachel Timoner and Norma Feshbach, PhD, for their perceptiveness in understanding that there was an unfinished part of my academic experience; my Renewment group of friends for their understanding smiles when I shared my decision to return to school at age 70; members of the Community of Elders Steering Committee, who made me feel like their daughter and their parent all at the same time; Bonnie Sturner, PhD, and Susann Bauman, PhD, for their inspiring words and support; my daughters, Trisha Sarkisian, JD, and Amy Farber, PhD, for their pride in my educational pursuits; and even all the others in my life who thought I must be crazy to do such a thing at my age and with a life already filled with rich relationships and social justice work. I wish to thank my research advisor, Mary Beth Averill, PhD, for her continued and patient help, for showing great interest in my thesis question, and for guiding my efforts to explore the relationships between kinship care providers, the child welfare system, Community Coalition and an anti-racism framework; my friend Deanne Dantignac, whose motivation first inspired this research project; Julia St. George, MSW, who gave me her best as editor and formatting maven; Julia Schwartz, MD, who continues to model a good relational bond; my two loving aunts, Adele and Gayle; my lifelong friends, Berta and Lou Pitt; my darling partner, Jerry, who has been steadfast in his love and patience—and in his astonishment over Smith’s in-depth and comprehensive program; and finally, the Smith College School for Social Work Admissions Committee for shocking me with an acceptance letter and with the knowledge that this seasoned person could learn, participate, and benefit so greatly from such a program. Thank you.

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## CHAPTER I

### Introduction

According to the report of the National Conference of State Legislators (NCSL, 2014), nearly 3 million children in the United States are cared for by relatives other than their parents. The Child Welfare Information Gateway (2012) stated that the vast majority of these caretakers are *informal* kinship care providers; they are not identified by and do not receive services or support from the child welfare system (CWS). “Informal kinship care refers to arrangements made by parents and other family members. The legal custody remains with the parents who can take back the children at any time” (Child Welfare Information Gateway, 2012, p. 2). Those care providers who fall within the *formal* foster care system, and within the child welfare system, are kinship care providers, or family members, who are assigned temporary custody of the child (or children) by the CWS due to the parent’s inability to care for their offspring (Child Welfare Information Gateway, 2012). A *kinship care provider* (KCP) is a relative or close family friend (*fictive kin*) who provides temporary care that may become permanent when parents are unable to raise their children.

This exploratory qualitative study examined how peer-to-peer support groups influenced kinship care providers’ sense of self-worth and empowerment as caregivers, and influenced their ability to advocate on behalf of the child or children in their care. The researcher was interested in knowing how ongoing participation in kinship care peer-to-peer support groups affected KCPs’ self-worth, empowerment, empathetic sensitivity to self and others, and resilience in order to secure the myriad of available resources that provided aid for themselves and the kin in their care.

Kinship care providers are a vulnerable population/demographic that could benefit from peer support. “A review of literature suggests that KCPs are more likely to be African American, single, older, less educated, and more often unemployed than non-kinship caregivers” (Cuddeback, 2004, p. 625). According to research compiled at the Annie E. Casey Foundation (2011), 87% of kinship care providers are female and 56% are African American. The fact that African American children are over-represented in the child welfare system may explain why a high proportion of kinship foster care is provided by African American kinship families. KCPs are also predisposed to poor health outcomes (Whitley, Kelley, & Sipe, 2001) and are less likely to have graduated high school. Sakai, Lin, and Flores (2011) reported that KCPs face a variety of stressors including strains on family resources, conflicts with their own children, and experience loss of personal time. Sakai et al. (2011) also found that KCPs were more likely to have a lower socioeconomic status and significantly fewer support services than nonrelative foster parents. *Support services* refers to financial support, legal aid, parent training, peer-to-peer support groups, and respite care (Sakai et al., 2011).

Children are removed from parental care for a variety of reasons that include child neglect, child abuse, parent incarceration, parent mental illness, or parental death. When children must be removed from their birth parents, grandparents are the preferred resource for placement because living with family maintains the child’s routine and support system (Denby, 2011). More than 100,000 children in formal foster care, or 27%, are cared for by relatives, according to the Adoption and Foster Care Analysis and Reporting System (Child Welfare Information Gateway, 2012). As grandparents and fictive kin commit to raising their relatives, “social support appears to be crucial to the physical and mental health of custodial grandparents, as well as to their ability to cope with the demands of parenting” (Hayslip & Kaminski, 2005, p.

264). *Support groups* have been found to be a useful tool in many realms where people with similar issues come together to discuss personal needs as well as to deal with common issues.

An increased sense of empowerment and self-worth will embolden KCPs to seek and obtain needed services for themselves and their kin. Page and Czuba (1999) defined empowerment as

a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power in people for use in their own lives, their communities and in their society, by acting on issues they define as important. (Abstract section, para. 1)

*Self-worth* is an essential human need that is vital for survival and for normal, healthy development. Self-worth arises from within, based upon a person's beliefs, consciousness, thoughts, behaviors, feelings, and actions (Maslow, 1987).

To date, few studies have examined whether the influence of peer-to-peer support group participation increases kinship care providers' sense of self-worth in the realm of their own parenting issues of guilt and regret, an openness to learning additional parenting skills, and a sense of empowerment needed to access resources for the children in their care (Hayslip & Kaminski, 2005). Further, most prior research on services for KCPs focused on formal kinship care providers. This study included interviews with formal KCPs as well as informal KCPs, those caregivers who care for their grandchildren without the involvement of the child welfare system and therefore receive no support or services unless they somehow find themselves linked to a support group. The researcher also interviewed KinGAP KCPs, who have been formal foster caregivers in the CWS, whose cases are now closed, and who now receive a flat monthly financial allotment from the state and have gained custody of the children in their care.



A likely theoretical framework from which to view KCPs and the influence of peer-to-peer support group participation on their relationship with children in their care is through Bronfenbrenner's (1994, pp. 37-38) ecological systems theory. Bronfenbrenner's ecological systems theory, as described by Hong, Algood, Chiu, and Lee (2011), is workable and can apply to KCPs. Bronfenbrenner's ecological systems theory of human development postulated that the individual in relationship to others at the five ecological levels shapes his/her development. These five ecological levels are the micro, meso, exo, macro, and chrono. Bronfenbrenner assessed the individual's relationship to the five systems within society rather than the three broader systems of the social work model (Austin, Coombs, & Barr, 2005). This researcher will focus on the micro system level, which looks at the process and development of the caregiver, the child, and the family.

This study fits into the field of social work because as social workers apply their advance skills and competencies, they do so within one of three levels of concentration:

- the *micro* level of one-to-one interactions with an individual, couple, or family;
- the *meso* level of interactions within a neighborhood and/or community;
- the *macro* level of changing policy systems and coordinating multiple issues across social service departments (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2013, p. 15).

The following chapters are the literature review, methodology, findings, and discussion. The literature review includes the following sections: general history and background of support groups, history and background of kinship care in the United States, kinship care providers in support groups, and empowerment and self-advocacy and their relationship to people in general support groups and kinship caregivers in peer support groups. The fifth section describes the

theoretical framework of Bronfenbrenner's ecological systems theory of human development.

The methodology chapter describes the process of this qualitative study. Findings are based on interviews of 13 kinship care providers who were participants in a peer-to-peer support group at a local community agency at the time of the study. The discussion chapter compares findings with the prior literature, discusses limitations, recommendations for further research, and implications for social work practice.

## **CHAPTER II**

### **Literature Review**

The research question guiding this study is: *How does kinship care providers' participation in peer-to-peer support groups influence their sense of self-worth and empowerment in their role as parents, enabling KCPs to better advocate for the children in their care?* The following literature review will focus on pertinent research related to the study topic. The first section assesses the general value of support groups in realms other than kinship care. The second section presents the historical background and perspective of kinship care within the United States. The third section analyzes current studies of KCPs' peer-to-peer support groups. The fourth section focuses on a review of research regarding kinship care providers' development of self-worth and empowerment. The final section is a discussion of Bronfenbrenner's ecological systems theory of human development and its application to kinship care (Bronfenbrenner, 1994).

#### **General Value of Peer-to-peer Support Groups**

Peer-to-peer support groups are rooted within the historical context from the 18th century because of their value to participants. This section will describe the history of peer-to-peer support groups and why peer support groups, in general, have been shown to be a useful tool to individuals who need to process difficult situations. In many cases, peer support groups link individuals with a common issue in a non-clinical setting. The peer support movement began in France during the moral treatment era (Davidson, Bellamy, Guy, & Miller, 2012) at the end of

the 1700s and has reemerged at various times in history including 1935 when Alcoholics Anonymous was formed. Self-help support groups proliferated to address a variety of persons and situations (Golden & Lund, 2009). Peer support groups have four core tenets: providing social and emotional support, links to care and resources, assistance in daily management, and ongoing support over time (Peers for Progress, 2015).

Peer support groups function well because people who have had common experiences relate to one another and therefore can offer empathy and validation (Mead & MacNeil, 2006). “It is also not uncommon for people with similarly lived experiences to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about” (Mead & MacNeil, 2006, p. 29). Mead and MacNeil (2006) further stated that doctor-patient relationships are hierarchical in nature compared with peer-to-peer discussions, which create mutually beneficial reciprocal interactions that allow participants to share their vulnerabilities and strengths.

Family caregivers to dementia and Alzheimer’s patients have turned to peer support groups as a needed and desired form of help. Golden and Lund (2009) conducted a semi-structured, exploratory, qualitative study on the benefits and limitations of support groups for family caregivers of dementia patients. Over a period of five months, they observed a support group that met weekly. They interviewed nine caregiving spouses—six women and three men, all White and between the ages of 67 and 86—regarding benefits of support groups. Three beneficial themes emerged from the data: balance, sameness, and individuality. Balance related to caregivers’ own needs balanced with the needs of their spouses. Sameness related to group members’ shared issues dealing with spouses with dementia. Individuality related to the unique circumstances of the caregivers and their ailing spouses. The researchers suggested that focusing

on these broad themes would give peer facilitators the direction for group discussions among caregivers in future support groups.

Golden and Lund's (2009) study was limited in that all participants were White caregivers, offering little diversity in cultural background and in expected roles as caregivers. Although the lack of diversity limited generalizability, the homogeneity could be seen as a positive factor in facilitating comfort for participants in the peer support group. The demographics of the Golden and Lund study may be relevant to this research study because the peer support group participants were demographically homogenous.

Alzheimer's support groups have been evaluated and valued by caregivers from as far back as 1989 when Gonyea conducted a quantitative study that analyzed support groups' structures, formats, and perceived benefits. Along with Golden and Lund's (2009) work, Gonyea's (1989) study gave credibility to the value of support groups. Gonyea gathered information from 47 Alzheimer caregiver support group leaders in Massachusetts, using a questionnaire that assessed the demographics and content of the support group meetings. Demographically, the Gonyea study was similar to that of Golden and Lund as participants were almost exclusively White, nearly 75% female, and primarily middle class. "Overall, members were very positive about their support group experience. In general, the support group was perceived as most helpful in two areas, information sharing and peer support" (Gonyea, 1989, p. 67). The support groups were less successful in addressing the caregivers' emotional needs and the effects of the disease on the family systems, with only one third of respondents claiming the support groups successfully reduced their feelings of guilt, anger, and fears of the future (Gonyea, 1989).

While the support groups reviewed here were beneficial in providing information and peer support to caregivers, support groups oriented to patients have been equally important. The emphasis and content of patient groups addresses their emotional needs (Ussher, Kirsten, Butow, & Sandoval, 2006). Ussher et al. (2006) conducted a qualitative study on the “self-perceived consequences” of cancer patient support groups through participant observation and focus group interviews. The following themes emerged from their study:

- Patients experienced a greater sense of community versus isolation.
  - Patients experienced non-judgmental acceptance versus rejection.
  - Patients gained invaluable information regarding the course of the disease, treatments, and ways of coping with the side effects.
  - Patients were challenged by facing illness and death of group members but found it easier to live normally at home
  - Patients found that their sense of identity improved through continued group attendance.
  - Patients experienced an increase in empowerment and control over their lives.
- (Ussher et al., 2006, pp. 2568-2572)

Both caregiver support group studies (Golden & Lund, 2009; Gonyea, 1989) and the patient support group study (Ussher et al., 2006) focused on individuals and the myriad of issues and emotions that arose due to their circumstances. Neither caregiver support group delved deeply into the family structure and the effects of the illness on relationships. Caregiver support groups were less focused on emotional support than on practical tools, as differentiated from the patient groups, where emotions were valued as much as information (Golden & Lund, 2009; Gonyea, 1989). Caregiver peer support groups reviewed here were further limited in that the

demographics were homogeneous with similar ethnicity and age group; the results of these two caregiver support group studies, therefore, are not generalizable.

Clearly, support groups, whether patient- or caregiver-driven, benefitted the participants. Based on these studies, this researcher finds value in peer support groups that involve either caregivers or patients. Whereas the caregiver studies did not directly address the issues raised within the patient support groups such as the reduction of isolation and normalization, they did address the value of balancing caregivers' personal lives while tending to their spouses, and of finding commonality in their experiences as caregivers. Support group participants found significant value in gaining information and learning how to deal with common problems. The caregiver studies reviewed here did not deal with participant issues of intrapsychic processing of feelings of guilt and regret.

### **Background of Kinship Care**

With the passage of the Indian Child Welfare Act in 1978, the concept of placing children in kinship care has progressively moved to the forefront as a preferred choice instead of placing children in group homes and non-relative foster care. The United States Congress passed the Indian Child Welfare Act (ICWA) of 1978 (P.L. 95-608) to address the misuse of state-child protection power that removed American Indian children and placed them with non-Indian families (United States Department of the Interior, 2015). Prior to this congressional action, American Indian children were being removed improperly from their parents' homes and placed with caregivers outside the tribal society.

The Indian Child Welfare Act was followed by the Supreme Court case of *Miller v. Youakim* (1979), which ruled that all kin must be given equal opportunity to qualify for foster parent status. Since the Supreme Court's ruling in *Miller v. Youakim*—which requires states to

pay licensed relative (i.e., kinship) foster families the same as licensed nonkinship families—federal and state child welfare law and policy have come to recognize kinship foster families as an important resource for children (Zinn, 2010, p. 325).

Several programs provide assistance to KCPs and the children in their care. The Kinship Navigator pilot program, offering educational classes to formal KCPs regarding the child welfare system and how to access needed services for caregivers and the children in their care, began in 2006 as state and county initiatives. Due to the success of this early program, support was obtained for expansion at the national level. This effort resulted in the authorization of Family Connection Grants through passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110-351). The act stated that foster children be connected with their relatives, insured coordinated health care and education, supported permanent families, and enhanced adoption subsidies. Also part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110-351) is the Kinship Guardianship Assistance Program (KinGAP), which provides federal financial support to eligible relative caregivers of children through Temporary Assistance for Needy Families (TANF), the Social Services Block Grant (SSBG), and state and local funds. A handful of states receive Title IV-E reimbursement for relative caregivers through a federal waiver demonstration program to states for subsidized guardianship programs (National Conference of State Legislatures [NCSL], 2014).

Additionally, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110-351) requires that states follow through to locate relatives when children are placed with a caregiver. The primary responsibility of the child welfare system and local Department of Children and Family Services is to implement the federal law and oversee child welfare services (Child Welfare Information Gateway, 2013).



Kinship foster care has become a defining element of public child welfare policy and practice (Zinn, 2010), comprising 29% of approximately 400,000 children in formal foster care (United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2015). Kinship care falls under four categories as follows:

- Informal kinship care refers to arrangements made between the parents and other family members without involvement of the CWS (Child Welfare Information Gateway, 2013). According to the Pew Research Center, Social and Demographic Trends (Livingston & Parker, 2010), approximately 3 million children are living outside of their parents' homes, and the vast majority of these children are in informal kinship care.
- Formal kinship care places children within the legal custody of the state with the KCPs acting as liaison between the CWS and the court. Within this open-case category, case workers are assigned to ensure safety; oversee parental visitation; offer health, educational, and emotional services; and create a long-term case plan (Child Welfare Information Gateway, 2010).
- Voluntary kinship care occurs when the CWS oversees the children and the state does not take legal custody of the children (Child Welfare Information Gateway, 2010).
- KinGAP, a federal- and state-subsidized kinship guardianship assistance program, changes children's temporary placement with relatives to permanent guardianship; recipients receive a set amount of monthly financial aid from federal and state subsidies Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110-351), (NCSL, 2014).

KCPs have different demographics than non-relative foster caregivers. KCPs often lack experience and education about services provided and how to navigate the CWS. Foster care is over-represented with children of color. Most kinship foster caregivers are African American, followed by Hispanic, and then Caucasian kin. African American children are almost twice as likely as White children to be placed with kin. KCPs are older than non-kin caregivers, have more physical health and/or mental health problems, often experience financial hardship, and are frequently single with education not beyond eighth grade. Grandparents who serve as kinship foster caregivers have been found to experience psychological distress combined with poverty as a result of caring for a grandchild. Many caregivers are on fixed incomes from retirement, are unable to work, or may need to quit their jobs to receive placement of their grandchild (Schneiderman, 2011).

As kinship foster caregivers, grandparents reported feeling isolated from conversations with their peers because they become deeply entrenched in a child-focused, court-involved world filled with foster caregiver classes and counseling (Schneiderman, 2011). They become overwhelmed, balancing these emotional and external stressors with creating a stable home environment. “KCPs often avoid involvement with the CWS and are generally in a crisis situation when they do ask for help” (Schneiderman, 2011, p. 686). Schneiderman gave a comprehensive overview of the emotional and physical stress and strain heaped upon the KCPs. She also approached the issue from the children’s perspective of psychosocial needs due to the trauma of leaving their parent(s) to live with a relative. This article reinforces the importance of the role of the CWS’s caseworker, who needs to be understanding and supportive of the children and KCPs.

Further complicating the relationship between the KCPs and the CWS are long-held family patterns and biases towards the CWS. A study of African American custodial grandparents suggests that they brought some bias against the CWS. The study continued by reporting that caregivers often resist the imposition of regulatory guidelines and resent the intervention of the state into the private realm of their families (Murphy, Hunter, & Johnson, 2008). Grandmothers who participated in the study assumed that the CWS stressed family obligation so that the CWS would not need to extend public resources and services to the family, thus depriving the grandmother caregivers of services to which they were legally entitled (Murphy et al., 2008, p. 78). Thrust into caregiving due to difficult family crises, many grandmothers felt the CWS either did not recognize or did not care about their pain. Describing her transition to parenting her grandchildren, one grandmother candidly stated, “I mean I was [mad] for the first month, I was mad at the world, and them [those] people [the child welfare system] acted like they didn’t know, or didn’t care” (Murphy et al., 2008, p. 67).

Concerns exist over the differential treatment of families of color within the CWS. Widespread concerns regarding disproportionate numbers of minority children in child welfare and about their inequitable treatment and outcomes compared to nonminority children exist (Hill, 2008). Children of color are excessively screened at various stages when Child Protective Services (CPS) needs to make decisions regarding reporting, investigation, substantiation, and placement in foster care. In addition, children of color are less likely to be reunited with their birth parents as well as remaining in foster care for longer periods than White children (Hill, 2008). Many child welfare advocates show interest in reducing or preventing the above mentioned disparate negative experiences for children of color (Hill, 2008). “Future research needs to explore and identify disproportionality and disparities and bias among human service

professionals, and disproportionality for black children in child welfare as a valid and needed area” (Hill, 2008, p. 361).

Johnson, Antle, and Barbee (2009) conducted a quantitative and qualitative study of child welfare professionals, distributing pre- and post-training surveys to workers who attended one of 16 *Undoing Racism* trainings (People’s Institute for Survival and Beyond [PISAB], 2015). The post-training evaluation contained six open-ended questions designed to measure satisfaction with and reactions to the training. In addition, data analysis focused on group differences in knowledge change, attitude change, and training satisfaction. The majority of participants had reduction in color-blind racial attitudes, gained awareness of race and racism, and reported positive attitudes regarding race (Johnson et al., 2009). Findings from the study indicated that family court judges, educators, child protective services workers, community service providers, and lay community workers benefitted from *Undoing Racism* trainings.

Another factor in kinship care placement of children is the belief that it is a more secure environment than non-relative foster care. The body of research on kinship care has grown to include a number of studies comparing characteristics and outcomes of children placed with kinship families to those placed with non-kinship families. “Research findings have shown that kinship foster families are more stable, provide the children more access to community and family, than placements with nonkinship foster families (Zinn, 2010, p. 325). In her study of placement stability for children in kinship foster care, Font (2015) researched children living with kin and non-kin and questioned why there was “repeatedly documented higher placement stability for children who live in kinship care (KC) rather than in non-relative foster care” (Font, 2015, p. 99). Font’s longitudinal study reviewed one state’s administrative database over an eight-year period. The length of the study made the information generalizable. Font analyzed

exact dates of placements and exits, reasons for moving, types of moves, and demographic data, which aided understanding of how differences in placements change the experiences of children. It was perplexing to Font that even the negative affect of children living with kin on reading scores, socio-economic, and participation of kin in the life of the children, the results proved that children living with kin were more stable. Font considered three possible explanations for stability differences between kinship care and non-relative foster care: Kin received the children at an earlier age than non-relative caregivers who were raising older children with existing behavioral and academic issues who may have been moved several times. Kinship foster caregivers step forward to care for children because of a feeling of family commitment and due to a prior relationship with the child. Conflicting policy priorities might have favored kinship care as the ultimate placement for the children regardless of circumstance (Font, 2015, p. 100).

Font's (2015) study was complicated by the use of eight years of data, and the sheer number of variables and factors related to many more placement moves for children in non-relative foster care situations. The longitudinal data from which Font gathered statistics presented a multitude of factors. Despite the wealth of data to evaluate, none of the three proposed explanations could definitively answer the question of why kinship caregiver' placements were more stable than non-relative foster care. However, the findings indicated that policy preferences and child selection factors favor kinship care (Font, 2015).

### **Kinship Care Peer-to-Peer Support Groups**

Research relating to the KCPs' peer-to-peer support groups spans multiple topics, sometimes focusing only on singular issues and, in other studies, exploring and evaluating various forms of support services. Several studies related to the importance of support groups have differing foci and strengths and limitations. Whereas Green and Gray (2013) studied

formal KCPs, and Strozier (2011) studied informal KCPs. More qualitative studies, Kelley, Whitley, Sipe, and Yorker (2000) studied both informal and formal KCPs. All three studies found that formal KCPs appeared more prepared than informal caregivers to access needed support and information. While the KEPS Program studied by Green and Gray (2013) was an educational program providing knowledge of valuable services to caregivers, the Strozier (2011) study explored the effectiveness in improving kinship care providers' abilities to access community support and therefore reduce stress. In Kelley et al.'s (2000) study, the authors measured KCPs grandmothers' psychological stress reduction as a result of support group participation.

The studies had different limitations. Green and Gray's (2013) study combined community leaders, social service professionals, and KCPs in support groups. Caregivers in this study reported wanting a more homogeneous support group, with only KCPs' involvement. They also preferred to not have a classroom-style setting, but wanted a more informal setting as in a support group. Strozier's (2011) study had little educational component. The study attracted caregivers already comfortable and motivated to participate in a support group. Results were skewed because those joining the group were self-selected and were eager to gain knowledge of community supports.

Support groups are but one way of providing support to KCPs (Lin, 2014). Lin (2014) conducted a systematic review of 13 existing research studies; these studies were divided into four categories that dealt with services and programs for KCPs: kinship navigator program, financial assistance, support services, and training/education (Lin, 2014, p. 36). His systematic review indicated that positive yet different results were found within and between each of the four categories. Lin classified research into five levels based on research design looking for

evidence-based intervention effectiveness using Jackson's (2009) Levels of Evidence-Based Intervention Effectiveness (LEBIE rating for effectivity). Findings for the kinship navigator program, federally funded, provided caregivers with current programs and services through information and referral systems and resulted in improved permanency outcomes (Lin, 2014). Financial assistance was not shown to have positive effects, because kinship caregivers received less financial support than nonrelative foster care families. Support services include support groups, home visits, mentoring/tutoring, counseling and mental health, respite, and legal services. Peer-to-peer approach support groups and home, school, and community-based services are found to be less intrusive compared to case management services. Lin found that support services were the most effective mode of meeting caregivers' emotional needs (p. 37). Evaluation of trainings/education services indicated that caregivers gained knowledge, but since there were only two articles for Lin to review in this category, the evidence was weak. Lin stated that of the 13 studies reviewed, many were inadequate, of low rigor, and led to incomplete evaluations. More in-depth qualitative studies of KCPs and support groups were indicated.

Green and Gray (2013) conducted a qualitative study of the Kinship Education and Support Program (KEPS), a weekly two-hour, 12-meeting program that addressed the needs of formal KCPs and was attended by KCPs, social workers, and community leaders. Green and Gray divided the 43 participants into six homogeneous focus groups: three for KCPs, one for group trainers, one for child protection service workers, and one for community leaders. Consensus among the six focus groups showed that foster KCPs needed information and support, and that KCPs preferred an oral presentation of the material within an informal group setting (support group) rather than reading the materials. The KCPs liked the learning component of KEPS. Social workers and community leaders provided immediate and needed information.

However, KCPs felt strongly that they would want only KCPs in a support group. KCPs also found value in the KEPS program and would recommend it to other caregivers in similar situations. KCPs advocated for specific topics they wanted offered in the program. The six essential topics were

- addressing legal issues and the courts;
- understanding financial implications and accessing financial supports;
- managing child behavior and using constructive discipline;
- understanding their adult children (bio-parents);
- older youth transitioning into young adulthood including the special concerns for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth;
- specific information on accessing community resources and the overall child welfare system (Green & Gray, 2013).

Although Green and Gray (2013) found caregivers in need of knowledge of community resources, they also found that caregivers wanted more of a support group structural model and less of an educational class. Green and Gray also concluded that programs that build self-esteem were needed. Green and Gray's study did not address the issues of self-worth and empowerment, untapped areas that this researcher covered in her study. Strozier (2011) designed a quantitative study of informal KCPs that explored caregivers' effectiveness in obtaining social support from the community. She compared the ability of KCPs who joined support groups to that of KCPs who did not join support groups. Social support sources considered included community centers, clubs, churches, physicians, family, and friends. The Dunst Family Support Scale (FSS) was used to compare those KCPs within the support group and their ability to involve themselves in the larger community with those KCPs who did not participate in the support group, whose circle



of support proved much smaller. KCPs were asked to assess how helpful those sources of support were in the raising of their kin. Participants attending support groups reported an increased ability to access social support and a reduction of stress due to their expanded social supports within their community network.

Strozier (2011) noted that the value of her study was limited because the participants were self-selected; she remarked that people attracted to support groups in the first place would be open to and interested in learning about additional social supports beyond the support group. Strozier noted that the facilitating social workers were also running the study, potentially creating a conflict of interest for participants responding to the survey. Further, FSS was originally designed for elderly African American KCPs with a maximum of an eighth grade education, but more than half of the study's participants were White grandmothers in their fifties with high school educations. These factors limited generalizability and inhibited the validity of the results because the survey questions were geared toward a different cultural/ethnic and socioeconomic population.

Whereas Green and Grey (2013) studied formal kinship caregivers, Strozier (2011) studied informal caregivers. The demographics in the study samples were substantially different as well: Green and Gray's sample was 45% Latino, 45% African American, and 10% White, while Strozier's sample was 5% Hispanic, 45% African American, and 50% White. Both the Strozier and the Green and Gray studies concluded that support groups are helpful because they offer a space for KCPs to share their feelings and issues raising kin. However, given that Strozier did not study participants' feelings regarding participation, this researcher questions how Strozier drew that conclusion. Strozier measured only the effectiveness of social supports obtained in support groups, while Green and Gray explored additional needs beyond the KEPS Program for

KCPs. Green and Gray's groups were part of an existing educational program (KEPS) while participants in Strozier's study were part of an unstructured community-based program that measured the effectiveness of expanding social supports. Both studies concluded that KCPs in ongoing groups can benefit from a network of people within the support groups.

Kelley et al. (2000) measured stress for grandmothers as kinship caregivers based on physical health, family resources, and availability of social support as predictors of psychological distress. The study was conducted using self-reporting scales and both qualitative and quantitative measures. This two-year intervention study included a symptom inventory to assess stress based upon Brief Symptom Inventory (BSI), Family Resource Scale (FRS), and Family Support Scale (FSS) (Kelley et al., 2000, p. 314), and the General Health Survey for measuring physical health. The study began with the premise that poor health, financial instability, and lack of social supports would predict psychological distress in raising kin. This study included formal and informal relative caregivers.

Kelley et al.'s (2000) results indicated that caregivers benefit from support groups to help deal with issues of financial resources and physical health. A high percentage of caregivers were in psychological distress and needed intervention. Additional findings were that younger grandmothers experienced more psychological distress than older grandmothers because younger grandmothers caring for kin felt cheated. This reason for increased distress was an assumption Kelley et al. made and was not tested in the study (p. 319). Additional findings were that participation in these support groups may have mitigated psychological distress as grandparents shared stressful experiences and strategies for coping. The relatively small sample and the nonrandom selection of participants limited the generalizability of findings. Participants were African American, predominantly of low socio-economic status, and were known to social

service and health care agencies that referred them to the study. The findings can be generalized to urban, low-to middle-income African American women in the southeastern United States who seek health care and social services for the grandchildren they are raising (Kelley et al., 2000, p. 320).

Peer-to-peer support groups provide an opportunity for participants to express feelings and receive empathy from others. By disclosing how they became custodial grandparents, talking about their families, and comparing memories of raising their adult children with their current experiences, custodial grandparents can bring closure to unfinished business and work through feelings of guilt and regret (Wohl, 2003). Hayslip and Hicks-Patrick (2003) found that participation of grandparents in a parent training and psychosocial support group intervention generated a decrease in negative affect scores related to their grandchildren's behavior. Self-efficacy, including the quality of their relationships with the grandchildren, increased over time (Hayslip & Kaminski, 2005). Murphy et al. (2008) studied ways in which the formalized relationship between the CWS and African American custodial grandmothers is transforming the meanings and practices related to intergenerational caregiving in African American families. Given the strong tradition of matriarchal family life, African American custodial grandmothers thought they could advocate for their kin in the CWS. One grandmother interviewed by Murphy et al. (2008) stated,

We are people and we have hurt. We have guilt that we're probably dealing with. I mean bitterness, anger. I mean we're probably walking time bombs ourselves that somebody really needs to understand how we feel and what we are going through. (pp. 83-84)

Murphy et al. (2008) found that African American grandmothers used their cultural traditions and history as a framework for interpreting, critiquing, and negotiating their relationship with the CWS. “Anger is widely accepted as a major stage of grief. Thus, what was presented as anger among the grandmothers may be a manifestation of grief” (Murphy et al., 2008, pp. 85-86). Support groups can provide the space and opportunity to work out the deep feelings of custodial grandmothers raising kin.

### **Empowerment and Advocacy**

*Empowerment* is a social process that enables people to feel a sense of control over their lives. It serves as the internal motivation to navigate and to problem-solve life’s difficulties (Page & Czuba, 1999). Empowerment can be evidenced by increased self-esteem and increased knowledge obtained through the group experience (Parsons, 1991). According to Page and Czuba (1999), empowerment is related to power that can expand from one person to another. If this is true then empowerment is a relational process. Empowerment can be seen in the socio-historical context as an outgrowth of social action ideology of the 1960s and self-help groups of the 1970s (Berger & Neuhaus, 1977). Without an understanding of powerlessness, increasing comprehension of empowerment is difficult. Within the fabric of social institutions, powerlessness is experienced by those who lack ability to attain what is due them in the way of services, programs, and community action plans (Stokols, 1975). Empowerment is a needed characteristic in becoming a strong advocate for oneself and those within one’s care.

Examples of the individual’s internal growth and improved sense of empowerment occurred in several studies. As seen in a controlled study on support groups for parents of pre-term infants, empowerment strategies such as partnership, participation, collaboration, self-awareness, access to resources, and personal action were effective in decreasing depression and

increasing self-efficacy when using resources (Liu, Chao, Huang, Wei, & Chien, 2010, pp. 77-78). The pre-term infant study used a control group of 35 parents and an intervention group of 35 parents; it had a “quasi-experimental design” where participants did not necessarily attend all sessions and, more importantly, included some activities that were parent-led (Liu et al., 2010). Similarly, a study on a post-autism diagnosis support group for parents that focused on advocacy and educational tools resulted in improved empowerment scores and a better understanding of their child’s needs, how to approach service systems, and parents’ belief that “they could effect change in services for their child” (Banach, Iudice, Conway, & Couse, 2010, p. 72). In the autism study, the 11 parents attended six sessions with a set curriculum of specific advocacy lessons, panels, and facilitators (Banach et al., 2010). Both of these studies, unrelated to kinship care, reflected positive results in empowerment and advocacy.

Studies that examined obtaining services for children in foster care found that caregivers needed to be strong advocates in order to gain such services in the complicated child welfare system (Schneiderman, Smith, & Palinkas, 2012). In a qualitative study that compared kinship and nonrelated caregivers as gatekeepers for accessing health care for children in foster care, Schneiderman et al. (2012) examined issues that both groups had in accessing health care for children in foster care. Five themes emerged:

- “Doing our best” became the mantra because of kin caregivers’ persistence in securing health care for the children in their care (Schneiderman et al., 2012, p. 2126);
- “Support from others helped,” because kin caregivers relied on caseworkers, social networks, and organizations (Schneiderman et al., 2012, p. 2126);

- “Child has complicated, serious, chronic health problems,” because kin caregivers had such difficulties securing specialty health services” (Schneiderman et al., 2012, p. 2126);
- “Caregiver competence in meeting health needs,” because some caregivers found it difficult to secure transport for medical appointments and to understand medical instructions (Schneiderman et al., 2012, p. 2127);
- “Differences between nonrelated and kinship caregivers,” because nonrelated caregivers had raised many children and had developed a list of various resources related to child’s health, education, and legal issues (Schneiderman et al., 2012, p. 2127).

Children living with kin often received fewer pediatric and mental health services than children living with nonrelated caregivers, because kinship foster caregivers were found to have lower socio-economic status and received fewer services from the child welfare system (Schneiderman et al., 2012). This study included a purposive sample of 25 caregivers of children in foster care, 13 kinship caregivers, and 12 nonrelated caregivers, across a broad urban area. Most kin caregivers identified as women of color compared with Caucasian nonrelated caregivers. Although all caregivers felt their role to secure health care for the children in their charge was vital, securing care was easier for nonrelated caregivers. Kin caregivers were ignored by health professionals and had to ask repeatedly for the needed attention. Although the caregivers in this study were not in support groups, they did obtain support from a telephone network of peers that assisted them in advocating for the children in their care (Schneiderman et al., 2012).

Navigating the child welfare system is particularly confusing and inhibiting to many KCPs. “Often repeated frustrations and humiliations in accessing care leads to a sense of hopelessness; over time, children may absorb the caregivers’ feelings of hopelessness” (Zlotnick, Wright, Cox, Te’o, & Stewart-Felix, 2000, p. 103). To effectively seek and obtain the needed services for themselves and the children in their care, KCPs must gain an increased sense of empowerment leading to self-advocacy. The Family Empowerment Club (FEC) in Oakland, California, was developed as a psychoeducational group to teach “parenting skills, living skills, and the use of community resources” (Zlotnick et al., 2000, p. 97). KCPs learned “their behaviors can influence the behaviors of their children, they will in turn experience feelings of empowerment and self-efficacy” (Zlotnick et al., 2000, p. 103). In Zlotnick et al.’s (2000) qualitative study, 17 caregivers participated in a series of three, eight-session FEC groups. Afterward, they evaluated the groups via a telephone survey. Three themes emerged showing benefit to caregivers who participated in the support groups: parenting skills, including how to deal with the children’s birth parents and substance abuse; social support to address isolation and family preservation; and resource management to navigate necessary services like legal, financial, and community agencies (Zlotnick et al., 2000, pp. 109-110).

Another study using support groups for grandparent caregivers of children with developmental disabilities and delays showed similar improvements in “family, services, and community level empowerment and in their sense of caregiving mastery” (McCallion, Janicki, & Kolomer, 2004, p. 358). McCallion et al. (2004) combined case management with six 90-minute support group meetings for the KCPs over a three-month period. The 97 participants were primarily low income, African American grandmothers. Support groups were topically driven with discussions covering such areas as securing services, educating the grandchild, custody and

guardianship, and taking care of the caregiver. The quantitative study used three measurement scales—The Center for Epidemiological Studies Depression Scale (CES-D), Family Empowerment Scale, and Caregiving Mastery Scale; all three areas measured showed improvement (McCallion et al., 2004). Participants found the support groups helpful in “obtaining information about services they might use, felt supported to find other grandparents with similar experiences, and had a forum where they could share their concerns about current caregiving and the future” (McCallion et al., 2004, p. 359). Even though the study focused on specific topics, the participants identified emotional support as the strongest takeaway.

The above studies have addressed issues that demonstrate how having a sense of empowerment can lead caregivers to become better self-advocates. Schneiderman et al.’s (2012) study was focused on kin and nonrelated caregivers receiving health services. Her study revealed that KCPs, typically as people of color, are frustrated and alienated in trying to obtain the health services needed for their children. Although the study did not specifically address empowerment and participants were not members of support groups, advocacy was identified as a need and help was obtained from peers. Not all support groups deal directly with empowerment as a goal for participants, but that does not mean that those within the group do not come away with a stronger sense of self and an ability to feel entitled for themselves and the children. By sharing their frustrations with the social systems, those within the group can become inspired and encouraged to seek out what they might not have been able to do before joining a group.

Support groups are not the only avenues for caregivers to gain empowerment and, hence, strengthen caregivers’ ability to advocacy for the children in their care. It does appear that there needs to be some type of support system in place where kin can access support and information, whether it be support groups, peer-to-peer support groups, caseworkers, or a support network of



caregivers who understand the difficulties in raising kin and the need to understand the systems. Caregivers who participate in an ongoing support group, organized and operating within an agency, may have had time to gain experience and have built empowerment and self-advocacy skills. The literature calls for more qualitative studies including growth of empowerment among the participants.

### **Theoretical Perspective**

Bronfenbrenner's (1994) ecological systems theory of human development is a useful lens through which kinship care can be viewed. Bronfenbrenner (1994) developed his theory over a 20-year period, from 1974 to 1994, as a "reaction to the restricted scope of most research then being conducted by developmental psychologists" (pp. 37-38). Ecological systems theory was originally visually "conceived as a set of nested structures, each inside the other like a set of Russian dolls" (Bronfenbrenner, 1994, p. 39). Ecological systems theory is rooted in human development and addresses how a person experiences relationships beginning with the primary relationships and expanding to include his environment as it extends in concentric circles. Although both relationship and environment are valuable determinants of human development (Bronfenbrenner, 1994), several classic studies "reveal that the effects of relationships are more powerful than those of the environmental contexts in which the relationships occur" (Bronfenbrenner, 1994, p. 39). The interactions in a child's immediate environment are found in parent-child and child-child activities such as group or solitary play, reading, studying, or learning new skills.

Bronfenbrenner's theory (1994) is defined through the framework of ecological levels—starting at the innermost level of the child and extending to the outermost ring that includes public policy and culture. At the center is the *microsystem*, described as the pattern of

relationships experienced by the developing person in face-to-face settings such as family, peer, or school group; the *mesosystem* comprises and describes the connection between two or more microsystems containing the developing person, such as home and school; the *exosystem* is described as the connection between two or more settings, at least one of which does not contain the developing person, such as influential events that take place at home and at a parent's workplace; the *macrosystem* encompasses the cultural environment in which the person lives and all other systems that affect the developing person, such as the economy, cultural values, and the political systems; and the last level, the *chronosystem*, applies to the person or the environment over the passage of time.

Viewing empirical studies on the effects of kinship foster care in the United States through Bronfenbrenner's ecological systems theory provide insight into the multiple levels that influence the development of children living with kin (Hong et al., 2011). Understanding the interrelationship between the individual (child) and his or her surrounding environments (e.g., biological families, social-support networks) is important (Hong et al., 2011, p. 863). In their study, *micro* refers to the caregiver-child relationship, attachment, and kinship family environment; *meso* applies to the biological family; *exo* relates to the social-support network outside the family; *macro* looks at race/ethnicity and policies as they relate to the developing person; and *chrono* refers to such systems as CWS and its changes over time (Hong et al., 2011, p. 864).

Factors in all five areas of Bronfenbrenner's (1994) ecological systems level theory have played an important role in kinship care. As the empirical studies of researchers were reviewed by Hong et al. (2011) and Schweiger and O'Brien's (2005) findings at Bronfenbrenner's micro level revealed that influences between the kin caregivers and children were transactional and

therefore mutually beneficial. Messing (2006) found that children living with relatives made adjustments and transitions easier for the children. Coakley, Cuddeback, Buehler, and Cox (2007) found that KCPs felt that a healthy home for children provided socio-emotional growth. Ehrle and Gene's (2002) study reviewed by Hong et al. (2011) illustrated that within the kinship family environment, children were significantly more likely to live in poverty than children raised in non-relative foster care. Low quality and high-stress family environment within the microsystem, according to Bronfenbrenner's theory, may affect children's physical and emotional health as well as their relationships with their caregivers. Although the environment impacts the children's emotional health, Ehrle and Geen (2002) also found value for children raised with KCPs because they were able to provide the children with continued relationships with siblings and with their biological parents.

Within the mesosystem, experiences in one microsystem (caregiver-child) may influence another microsystem (child-schoolmates). Hong et al. (2011) reviewed multiple studies exploring family relationships among KCPs, adoptive families, biological parents, non-kin foster families, and children. The mesosystem experience of two microsystems relating to one another has developmental impact on the two microsystems (Schwartz, 2007). Biological parents' involvement, either face-to-face or through phone contact, becomes critical to the development of the child. Kinship placements increase the potential for the bio-parents to be involved, and are crucial to the child's development as well as to his or her positive identity (McWey & Mullis, 2004).

Bronfenbrenner's (1994) exosystem level involves connections between two or more systems, but only one that directly affects the developing child. Turner, Pearlin, and Mullan's (1998) study reinforced the importance of Bronfenbrenner's exosystem on the development of

the child. The caregiver-child relationship can be affected by the larger system that is not directly experienced by the child such as the social support network. In their study of resiliency among African American children in kinship foster care, Johnson-Garner and Meyers (2003) report that resiliency was reinforced through support from extended family members. For relative caregivers, kinship care is also beneficial. In their research on kinship foster caregivers' perceptions of foster care, Coakley et al. (2007) found that relative caregivers felt that providing a home to children was rewarding in and of itself, which enhances healthy socio-emotional developing and a sense of stability among children. The children in the study also expressed that access to family members was a key to an easy transition when they are removed from their immediate family. According to Turner et al. (1998), the social-support network of the caregiver falls within one of six categories:

- the caregivers' placement in the social structure representing their socio-economic status,
- the relationship between the caregiver and the care recipient,
- the demands and conditions on caregiving,
- the caregivers' social network attachment and their level of their integration into the community,
- the caregivers' personal assets and resources, and
- the caregivers' use of formal community services (Turner et al., 1998).

The macrosystem is composed of culture or subculture with reference to the belief systems, bodies of knowledge, customs, lifestyles, opportunity structures, hazards, and life course options embedded in the five ecological systems (Bronfenbrenner, 1994, p. 40).

“Ecological systems theory emphasizes the impact the wider society has on how families

function and view themselves” (Schweiger & O’Brien, 2005, p. 518). Examples of how the macrosystem level impacts KCPs include race/ethnicity and policies affecting the conditions and processes that occur in the microsystem. Hawkins and Bland (2002) stated that current foster care policies focus mainly on permanence, and that development of new policies that are more adaptable to the needs of the kinship caregivers is needed. As previously stated, African American children are overrepresented in the CWS and are more likely to live in poverty than children of other racial/ethnic groups (Cuddeback, 2004; Sakai et al., 2011). Kinship foster caregivers provide more opportunities for youth to develop a sense of ethnic identity, whereas non-kin foster caregivers do little to expose the youth to African American history and culture (Hong et al., 2011).

The final level of Bronfenbrenner’s (1994) ecological framework, the chronosystem, as it applies to KCPs, includes the impact of economic and historical events during the caregiving years. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), or welfare reform, is an example of an historic event that effected change and services that impacted kinship foster caregivers (Swann & Sylvester, 2006). Doing away with the the Aid to Families with Dependent Children program prompted KCPs to turn to public benefits such as Temporary Assistance to Needy Families (TANF), Food Stamps, Free and Reduced Lunch, and Social Security for assistance (Swann & Sylvester, 2006).

### **Literature Review Conclusion**

Peer-to-peer support group participation, in general, is accepted as a mode that brings people with common interests together to share the emotional, social, and physical issues that impact their lives as caregivers. Through peer support, participants have the opportunity to reduce isolation, relieve stress, to expand education, to build empowerment and advocacy for

needed services, to increase skills in positive parenting, and to reduce thoughts and feelings of guilt and regret that may arise from their circumstances in life.

The literature cited in this chapter indicated that in the past 20 years, kinship care has become the primary resource for children's placement within the foster care system (Child Welfare Information Gateway, 2012). The child's removal from the bio-parents' home could be the result of parental neglect, abuse, incarceration, death, or the inability of the parent to raise the child due to financial or other constraints. KCPs are a unique and special group because they maintain the family connection for the children. However, kinship care providers' lack of knowledge, confidence, and competence can lead to feelings of uncertainty and vulnerability.

Although the research cited in this chapter discussed the value of kinship care support groups and aspects of increased self-esteem, more in-depth research of a qualitative nature is required dealing with the influences of peer-to-peer support groups on kinship care providers (Lin, 2014, p. 37). Existing studies have touched on building self-esteem as a by-product of group membership, but this area has not been addressed directly through a qualitative and exploratory study. Studies touched on long-standing emotional issues that arise as KCPs raise their kin, but that body of knowledge is small and requires more in-depth examination, as well as more expansive research (Hayslip & Kaminski, 2005).

Bronfenbrenner's (1994) theoretical ecological framework can be applied to the caregiver, the child, and the family system. Many KCPs have old issues remaining from raising their own children and need to shed the associated thoughts and feelings of guilt and shame (Hayslip & Kaminski, 2005). How do KCPs develop a positive sense of self in order to set reasonable boundaries; instill healthy values on a daily basis; and provide positive reinforcement, empathy, and developmental benchmarks for the children they are raising? Emotional support

from group members regarding shared regrets can lead to self-forgiveness, self-worth, and resilience. Empathetic support within a group setting can improve the self-worth of individuals, which can empower caregivers to believe they are capable of improving their parenting skills with their grandchildren. Finally, an added outcome of group participation over a prolonged period of time can enable caregivers to become self-appointed advocates.

This study intended to examine the usefulness of peer-to-peer support groups that include formal, informal, and KinGAP care providers. KCs need to become empowered to take on the child welfare system to advocate for much-needed services. The aim of this study was to explore the ways that peer-to-peer support groups can influence KCs' personal growth and empowerment, enabling them to parent and advocate for the children in their care. This study sought to expand the body of knowledge regarding the mechanism in support groups that affects empowerment and thus enables advocacy.

## CHAPTER III

### Methodology

This study attempts to answer the question: *How does kinship care providers' (KCP) participation in peer-to-peer support groups influence their sense of self and views of themselves as parents?* The current study was designed with the intention of exploring how KCPs' ongoing participation in kinship care peer-to-peer support groups influenced their sense of self-worth, empowerment, empathetic sensitivity to self and to others, and fostered the resilience needed to secure the myriad of available resources that provide aid both for themselves and the children in their care.

In order to fully explore how peer-to-peer support groups influence KCPs, I conducted a qualitative, exploratory study, interviewing KCPs using four semi-structured, open-ended questions and one open-ended final question (Appendix A). According to Rubin and Babbie (2013), qualitative methods, using semi-structured interviews, are useful because they seek an understanding of a particular phenomenon from the perspective of those experiencing it (p. 258). Additionally, Rubin and Babbie (2013) stated qualitative research methods are flexible, allow research procedures to evolve as more observations are gathered, and provide the added benefit of subjectivity in order to understand the deeper meaning of the research participants' experiences. I hoped that responses to questions might provide data that shed light on how the KCP support group has influenced participants' securing services and resources to navigate the child welfare system, in addition to legal, interpersonal, and child-rearing issues. The semi-



structured approach was used to focus the interviewees on questions directly related to the research question being explored. This approach further allowed the gathering of explanatory information through follow-up questions or prompts in the form of questions based on the participants' responses to the open-ended questions, and provided in-depth answers that aided in identifying common themes among the responses.

### **Sample and Recruitment**

This study relied on purposive sampling rather than on random selection from the population at large. Purposive sampling is more practical to implement but is often less desirable because it leads to a non-representative sample. Purposive sampling was used to recruit kinship care providers who belonged to an established support group called *Families Helping Families* (FHF) that operates as part of Community Coalition, a nonprofit 501(c) (3) agency, in South Los Angeles under the auspices of Community Coalition's *Kinship in Action* (KIA) program.

**Sample population.** Community Coalition has worked with tens of thousands of African American and Latino/Hispanic residents to develop a more prosperous and healthy South Los Angeles. Community Coalition focuses on supporting and developing strong community leaders who wage action campaigns to create safe neighborhoods, transform schools, end the school-to-prison pipeline, and strengthen families and their safety net. The agency believes that people are the engines for social change. Community Coalition's belief statement (Community Coalition, 2016) conveys the message that people are creators of change and are more powerful when united as a community than when acting alone. Their belief statement continues to say that Community Coalition brings community members together to build leadership, launch action campaigns, and create a unified voice for South Los Angeles. The Coalition transforms schools, strengthens families, and helps build a thriving community (Community Coalition, 2016).

In 2012, Community Coalition received a three-year federal grant called the Kinship Navigator program, made possible through the federal Fostering Connections Act of 2008. The program trained interested kinship caregivers as *resource navigators* for new kinship caregivers. The navigators helped new caregivers move smoothly through the child welfare system and promoted the use of other supportive services to meet the social, emotional, and educational needs of kinship caregiver families. At the same time, Community Coalition created the *Families Helping Families* program (Devall, Grills, Terry, Villanueva, & Ochoa-Valles, 2015, p. 53).

For more than 15 years Community Coalition has organized relative caregivers in South Los Angeles to advocate for their needs and rights as caregivers through the Kinship in Action (KIA) program. Peer-to-peer support groups are one of the key services of FHF; there are two weekly support groups, one each for English-speaking and Spanish-speaking participants. For this research study, KCPs were drawn from the English-speaking FHF peer-to-peer support group. KIA participants identify as African American, Latino, and/or multi-racial, and are representative of the kinship care provider population in South Los Angeles in ethnicity, gender, age, education, and income (Devall et al., 2015).

**Recruitment.** Prior to recruiting participants for this research study, approval was obtained and all safeguards to ensure ethical standards were reviewed by the Smith College School for Social Work Human Subjects Review (HSR) Committee (Appendix B). The director of Community Coalition's FHF program submitted a letter approving the research project at Community Coalition based on Smith School of Social Work's HSR approval (Appendix C). In early January 2016, I solicited participants for the study by attending two consecutive Monday night meetings of the English-speaking support group and delivered a 15-20 minute presentation

describing the essence, value, and potential benefits of the study, answering questions and asking for participation. At that time, the four interview questions were read aloud. I provided an informational letter to those persons who expressed interest in participating. The recruitment letter (Appendix D) described the study as an opportunity for participants to express their opinions regarding the value of attending, of participating, and of gaining knowledge in the peer-to-peer support group. The letter described the study, its confidential nature, the maximum one-hour time commitment; reiterated confidentiality of participants; and included the researcher's contact information for any KCPs who would be interested in participating. All recruiting was handled at Community Coalition. Within 24 hours I received 14 telephone calls from KCPs who were interested in participating in the study.

Once a KCP made contact by telephone, I conducted a brief screening assessment and orientation (Appendix E). I discussed the participant's consent form and stated that although a signature was required participants' names and identifying information would not be disclosed in the final report to assess eligibility for inclusion in the study, I screened potential participants using the following criteria:

- The individual was 18 years or older;
- The individual identified as a current or former kinship care provider and as a relative or fictive kin to a child or children;
- The individual had attended Community Coalition's *Families Helping Families* peer support group for at least three months prior to the study, in order to demonstrate a time commitment and to be able to speak to the influence of the group process;

- The individual was willing to participate in a one-hour maximum, in-person interview that would be audio recorded, and was willing to answer four open-ended questions as part of the interview; and
- The individual was fluent in spoken English.

### **Data Collection**

Once participants responded positively to the above criteria, specific dates were arranged to meet in person for the interviews. All participants agreed to be interviewed on one of four subsequent Monday FHF support-group meeting nights. The interviews were scheduled between the hours of 4 p.m. and 7 p.m. at Community Coalition prior to the FHF support group meeting, thus eliminating the need to arrange for additional transportation, logistics, and time for the interviews. With the help of the administrator at Community Coalition, a private room was reserved for conducting three or four interviews at each of four visits, totaling 13 interviews. Each participant was remunerated for her time with a \$20 gift card from Target Discount Department Store.

### **Research Design**

Prior to using the interview questions with participants, I piloted the questions' reliability (consistency) and validity (accuracy) with three people who have similar demographics as the target population. Rubin and Babbie (2008) define reliability as measurement suggesting the same data would be collected in the same manner in repeated observations. Rubin and Babbie (2008) defined validity as measuring that to which it is intended to measure. The pilot test showed that the questions were eliciting responses useful to the research questions, and assumed that the questions would be delivered in as much the same manner as possible for all participants. Following the pretests I added a prompt to question 2 and question 3 and resubmitted the

interview guide to the HSR committee for final approval. The approval from the committee came quickly (Appendix F). The pretests also gave me a sense of whether I could conduct the full interview in the allotted time and allowed her to test the two smart phones' recording capabilities.

Semi-structured interviews were used to explore the participants' experiences within the support group(s). Participants were asked to sign the consent form (Appendix G) before the interview process began. The review of the informed consent form ensured that the participants understood the requirements and limitation of their participation. Two consent forms were provided to each participant, one to keep and one to be filed with the researcher, secured and separate from the interview data. The interview did not begin until this step was completed. All participants were informed that they could refuse to answer any question and that they had the right to withdraw from the research study any time before February 15, 2016.

Each participant was asked four specific questions that included a series of prompts to solicit "in a nondirective and unbiased manner for a more complete answer to a question" (Rubin & Babbie, 2013, p. 124). A fifth and final question was posed to participants: *Is there anything you would like to add that I didn't ask?* I also asked demographic questions to establish the participants' ages, numbers and genders of child(ren), ethnicities, and lengths of their caregiver relationships (Appendix H). The verbatim responses to the questions were recorded and transcribed, as described more fully later in this chapter.

### **Ethics and Safeguards**

Every attempt was made to keep information about all participants confidential. Participants' responses to the interview questions were not attributed to any specific person. Code letters were assigned to each participant and indicated on the consent form, the

questionnaire from which the researcher was reading and taking brief notes, and on the audio recording for all participants. The participant log, audio recordings, interview notes, and transcriptions have been secured in a locked filing cabinet to which only I have access. The data will be securely held for three years as required by federal regulations, after which they will be destroyed or kept secure as long as they are needed. Computer files have been password protected, and will be held for three years and then deleted or kept secure for as long as needed. All identifying information was stripped before data were shared with the investigator's research advisor.

Information was redacted in cases where the researcher used the participants' names or where other identifying information was exposed by the participants themselves. Supportive quotes were carefully disguised and any possible identifying information was removed in order to protect confidentiality.

### **Data Analysis**

The majority of the data collected for this study was in narrative form. The interviews were voice recorded and transcribed verbatim by two identified and paid transcriptionists who signed a confidentiality agreement before proceeding with the work (Appendix I). The researcher reviewed the raw data to help determine an initial focus for analysis. Transcripts were read in detail multiple times and were informed by the researcher's interview notes until categories or themes emerged. These informal notes made during interviews flagged key points and/or phrases, as well as observations about the participant's tone of voice and body language.

The data was then analyzed to find common themes. Categories were linked and combined into common codes when the meanings were similar. When it appeared there were too many themes, the researcher combined multiple ideas that were closely aligned under one theme.

The category system was revised and refined, using specific participant quotations to help define and reinforce the given theme. Participants' identities were kept confidential and quotes were reported anonymously.

The intended outcome of the inductive process was to create between three and eight major themes or findings that addressed the research question. Themes were then summarized for ease of understanding and presentation and to provide some anecdotal responses to the interview questions. Minor themes reflected by fewer participants were coded for inclusion with the study's other findings.

### **Limitations and Biases**

It is important to consider potential sample/recruitment biases, study design weaknesses, and researcher biases that might affect the study results. Sampling biases inherent in this study include self-selection and accessibility. Since participants chose to take part in this study, respondents do not represent the entire target population.

In addition, it is important to consider the potential researcher bias with respect to how the study was designed and carried out, and how its findings were interpreted. In view of the fact that in 2015 I completed a community practice project with Community Coalition as part of my master's degree program, I had become familiar with staff members and had a nodding acquaintance with some of the participating support group members. This association could have had a positive effect on caregivers' participation in the study due to a reduction of fear and comfort at the mutual friendliness between agency staff and me.

## CHAPTER IV

### Findings

This chapter documents the findings from interviews with 13 kinship care providers from Community Coalition's *Families Helping Families* (FHF) English-speaking peer-to-peer support group in South Los Angeles, CA. The researcher conducted semi-structured interviews based on five questions that explored the influence of peer-to-peer support groups on kinship care providers. Major findings of this study are as follows:

(a) A large percentage of the support group participants were committed to the principles of leadership and self-advocacy at Community Coalition, and applied these principles to themselves and to others in the support group.

(b) Kinship care providers gained empowerment through knowledge of needed resources and gained confidence in child-rearing practices by sharing personal stories. This section will further explore participants' experiences with empowerment when facing racism in the child welfare system, and with empowerment gained through legal support.

(c) Participants built extended family-like relationships with other kinship care providers.

(d) Participants preferred structure, presentations, and interactions at weekly meetings.

Other findings indicated that a few but not the majority of participants mentioned being important will be discussed in this chapter as well. These other findings include:

(a) Judges assigned to children's dependency court were ever changing, and replacement judges transferred from the criminal court division were not familiar with the rules and



regulations of the Department of Children and Family Services (DCFS), nor were they familiar with current laws regarding kinship care providers and the children in their care.

(b) Integration of the English- and Spanish-speaking caregivers was a value to three participants.

(c) One caregiver joined the support group as a recent legal guardian for her adolescent granddaughter.

Before elaborating on the findings, demographic data of the kinship care providers are provided.

### **Demographic Data**

All 13 participants interviewed identified as female and African American ethnicity. Participants ranged in age from 57 to 80 years old, with a median age of 68 and a mean age of 64. Participants' length of time as caregivers ranged from 3 to 48 years, with a median length of 15 years as caregivers and a mean length of 21 years as caregivers. The number of children raised per household by those interviewed ranged from 1 to 8 years; the median number of children raised per household was 3 and the mean number of children raised per household was 3.1.

Of the 13 participants interviewed, 11 had some involvement with the formal foster care system, while two of the 13 were informal KCPs and therefore were not part of the state child welfare system. At the time of the interviews, seven of the 11 participants had closed their formal cases with the foster care system. This moved them into the KinGAP category that afforded them a fixed monthly allowance for the children and gained the KCPs legal guardianship of the children in their care. The remaining four had open cases within the foster care system.

The following section summarizes the research study findings.

## **Participants Committed to Leadership and Self-Advocacy**

All participants in the *Families Helping Families* (FHF) peer-to-peer support group study were committed to the Community Coalition's principles of leadership and self-advocacy. All participants felt that a major principle of the support group members was not being passive attendees but actively giving back by supporting others in similar situations. Support group peer facilitators were trained and supervised by Community Coalition staff members and the staff social worker. Of the 13 participants interviewed for this study, two were trained as leaders/peer facilitators of the FHF support group. One KCP peer-to-peer facilitator reported,

I have been a support group peer facilitator for three years and love doing it. We have training meetings each week given by the social worker. There are two peer facilitators at each support group meeting. When FHF first began, the topics were provided by the social worker in charge. Now, I create the topics for the weekly meetings, based on the participants' current issues and concerns from the prior week.

Many of the 13 caregivers said they liked the peer-to-peer facilitators and noted that running the group was a big responsibility. For example, after hearing favored topics of interest from support group participants, the peer-facilitators decided which topic to select for the following week. Also, it was up to facilitators to convene the group, to help control the flow of discussion and interpersonal dynamics during the support group sessions, and to discuss the following week's topic and/or to announce the professional guest and subject for the following weeks. With the help of the peer facilitators, caregivers created guidelines for the group to follow such as raising hands before speaking, giving others who had not yet shared their stories the opportunity to do so, and using internal impulse control to not blurt out answers to questions. When speaking about their family issues, KCPs were eager to hear others share how they

handled similar situations. In contrast to the positive comments about the trained peer facilitators, one caregiver felt strongly that most caregivers were not talking out loud in the support group about their needs. She shared, “It is unlikely that a person will talk about their problems in the support group—not out loud and maybe person-to-person, but in a group, no. They will tell you stuff that they feel you want to hear.”

Kinship care providers wanted to become educated regarding their legal rights, how to deal with social workers in the Department of Children and Family Services, and how to access doctors and dentists for the children in their care. Many looked to the groups’ peer navigators, peer facilitator, or agency staff person for the answers.

The peer navigators reported that they went to the children’s dependency courts to meet new caregivers as potential FHF support group members. They offered advice and invited new caregivers to attend the support group. One peer navigator reported,

We were advisors at Community Coalition so we’ve taken leadership classes, financial literacy, and other supportive courses that turned us into community leaders, and so we do lots of aspects— going into the field, volunteering our services, looking at other support groups in other cities and states and bringing back ideas on how to make the support groups better at Community Coalition.

Five people who were interviewed participated in the Peer Navigator Program in 2012. They learned how to access resources, how to deal skillfully with the social workers in the Department of Children and Family Services, and how to effectively offer advice to the newer KCPs about the benefits of weekly and ongoing attendance of the FHF support group. When queried about the navigator program, one peer navigator shared the following:

A peer navigator is a person who spends time at DCFS and oversees the files after the case manager interviews the clients [caregivers]. The clients are selected at random to find out their special needs. They come in for an interview and fill out all the papers. And once they interview with a supervisor, they are turned over to the peer navigator who assists the client with services they have requested. We [the peer navigators] know a range of resources for medical care, child care, and dental care. The peer navigator will follow up making sure that the KCPs are receiving the resources. We want to encourage them, support them, help them cope with issues they face, and we are here ...[we are] available to them so that all their needs are met and we do three months, six-month time commitments, depending on the client's needs. Sometimes we call the clients even more regularly to follow up, making sure that they're getting family needs met.

Another peer navigator reported, "We are always networking to assist and attend the support groups' meetings to offer information. We like answering participants' questions in the meetings and also afterwards one-on-one."

The support groups' members benefitted from peer navigators who had been trained and educated in understanding the child welfare system and, thus, were able to answer specific questions on many topics. When the information was germane to a particular caregiver, the peer navigator set a time for a private conversation outside of the support group.

Four of the 13 people interviewed who remained in the formal foster care system felt capable of meeting the requirements set by DCFS. Longtime KCPs who were raising children with physical, emotional, or medical issues were unafraid of DCFS workers who would evaluate safety features in the homes of KCPs, and judges who would decide whether or not to grant additional treatment for the children in the KCPs care. Most caregivers preferred receiving

official information from the county agencies houses directly from a person rather than reading the information in a brochure. Longtime caregivers were able to secure any changes in procedure directly from DCFS social workers rather than read any changes from a catalogue. For example, after learning about house safety regulations and required parenting guidelines from other members of the support group, KCPs stated they felt supported, more knowledgeable, and eager to follow the DCFS regulations for KCPs in the formal foster care system. One formal kinship care provider stated,

Kids can be taken from you, right, if you don't know you're supposed to have safety inspections from the Department of Children and Family Services workers in your house, and that you cannot use (foul) language or you'll lose custody of the children.

### **Empowerment and Confidence through Learning and Sharing Stories**

Many kinship care providers reported that they gained empowerment and confidence by sharing their personal stories of guilt and regret at the support group meetings and having others in the group respond empathically to their issues. Nearly half the caregivers interviewed reported, "Others in the group benefit when we share our stories. People don't feel like they are alone and we learn from one another, not by preaching our legal rights, but by listening to the stories. Sometimes I just cry." Many caregivers felt that support groups provided the space to learn from others who might be facing a similar situation regarding their own behavior or the behavior of the children in their care. The stories people told became incentives to try new techniques with the children for whom they cared. Many caregivers remarked that they also became more comfortable sharing their own upsetting stories as parents when they heard peer facilitators and visiting professionals speak of their own guilt and regrets raising their children.

Over time, caregivers talked about noticing positive changes in themselves and in others. Many caregivers felt that being in the support group effected “changes in ourselves and our attitudes with time.” One peer navigator shared, “When caregivers grow, the community changes and it empowers people to become leaders and become advocates to do whatever it takes, like having our kids come here after school for college prep each week.” One caregiver said, “Oh, you know what? I was more bashful before I came to the support group. I am more confident and speak up for my rights, especially when talking to the judge in dependency court.”

Empowerment takes different forms with participants. A kinship care provider who is raising her granddaughter reported,

I am a different parent today than I was before with my own children. I never dreamed my own daughter would be a part of the system. I don't still blame myself. I had to learn that. It's been two years and now I forgive myself. I thank God for the support group.

**Empowerment when facing racism in the child welfare system.** For formal foster KCPs, understanding both the safety practices required in the home by the Department of Children and Family Services, as well as the expectations and guidelines for caregivers, was essential. One KCP remarked,

There are certain criteria that you learn in the support group that is different from the way we raised our children with totally different laws. The laws are constantly changing. We feel better about ourselves when we know what is expected of us as caregivers.

Caregivers benefited from hearing about the various situations facing other participants. One formal caregiver with an open case spoke candidly, informing the other caregivers in the group about her experiences with the child welfare system's White social workers. She said,

As a woman of color, I was subjected to the CWS' cultural bias and Gestapo tactics of forcing caregivers of color to submit to verbal threats and abuse by accusing me of taking my children's money to go gambling. I asked for a supervisor and reported the incident. I was advocating for myself and others.

When describing the White social workers at the Department of Children and Family Services, many reported that the staffers are tough when they come into the caregivers' houses. "They speak rudely to my children ... and I say, 'Don't you talk that way to my children.' But then my children end up liking me better than the social worker ... so it works out."

When Community Coalition was in a temporary location, a peer facilitator would burn incense while the group would talk about their children and discuss their issues through stories. One caregiver shared, "When the White social worker came to my apartment and started upsetting the kids and telling the kids if something is wrong, we can remove you—and we had to hear that." The caregiver said, "Don't tell them that, because that will upset them and that would bring them out of the house." Another KCP reported, "You know, really and truly, they have some social workers who will help you real good, and they have some [White] that say, 'I'll see to it that you don't get nothing.' " Support group involvement for kinship care providers is an enabling experience that promotes a sense of empowerment giving caregivers the ability to speak up to White social workers who have power in the system. Were it not for hearing caregivers' experiences through stories that elicit discussion, caregivers could be intimidated by the larger system.

**Empowerment and legal issues.** Many caregivers had questions regarding legal issues for the children in their care. Kinship care providers wanted assurance that there would be either reunification with the children's parents or that KCPs would gain legal custody of the children.

One caregiver shared that the social worker asked if she could connect her with the Alliance for Children's Rights. The Los Angeles-based agency stands for family, education, stability, and justice. They protect the rights of abused and children and youth in poverty so that they have safe, stable homes, health care, and the education they need to thrive (Alliance for Children's Rights, 2016). The caregiver said,

The Alliance has gotten my two babies so much. One will start going to public school and will get occupational therapy and hands-on treatment in a smaller environment with teachers who even do a little bit of therapy. My grandson, he will get occupational therapy and he gets one-on-one service. Both children now have their own attorneys to fight for them.

According to the caregiver, the Alliance attorneys answered legal questions and then told group members "that we had rights. The attorney showed me in black and white that as a kin I should get the baby. It made it easier."

### **From Friendship to Family**

Over time, participants built family-like relationships with other kinship care providers. More than 50% of the caregivers spoke of the positive feelings for Community Coalition staff and other caregivers in the support groups. One new caregiver commented, "Everyone is so friendly and supportive, even when they don't know you." Another grandmother shared,

When I first came, I worried was I going to get a break. I didn't think they would become like real close friends or family members. Now I know each of them, some of our children have spent the night with each other.

A support group participant recalled a day when she was in the dependency court and feeling isolated, and a nice lady started telling her about *Families Helping Families* support



group over at Community Coalition. The participant shared, “There was so much to learn. If I weren’t in FHF, I would not be meeting all these caring people in the support group. Before coming to FHF, I felt all alone in this. I was overwhelmed.”

Many caregivers believed that much of what Community Coalition provided encouraged friendships and a family-like environment. Pressures of dealing with transportation, dinner, and child care were eased for caregivers on support group nights. The caregivers were free of worry and anxiety and could relate with ease to other caregivers socially and in the support groups. Eight participants commented positively about the ease of relating to one another because their physical needs were being met. Dinner was typically socializing time. Friends sat together in the agency dining area with their children seated nearby. The dining area was filled with voices, some laughing, some in deep conversation. While the support groups met, all children were supervised either by adults or youth from *Say Yeah* or *SC-YEA*, the South Central Youth Empowered through Action, a program sponsored by the Community Coalition that helps youth become leaders in their schools and community. Teens helped younger children with their homework and study skills, while adults worked with younger children, using manipulative toys or playing games that involved some strategy or logic.

Several participants remarked that members of the support group planned and enjoyed family outings together. In addition to their interacting at support group meetings, they went to see movies, swim at the beach, and attended educational programs in the community together. The initial sense of isolation felt by many KCPs was replaced by the family-like relationships that had grown out of repeated attendance of weekly support group meetings.

Although peer facilitators rotated weekly from one group to the other so that group members might benefit from working with all trained peer facilitators, group membership did not

change. This static format was an issue raised during several interviews. One participant stated, “I had problems staying with the same caregivers for a whole year and not getting closer to those caregivers in the other group.” Another participant commented, “I wished we could randomly change our groups every few months so that we could grow as close to the other caregivers.”

### **Participants Preferred Structure, Presentations, and Interactive Weekly Meetings**

Many participants stated that they preferred topic-driven, structured meetings, and face-to-face discussions rather than reading informational brochures. The peer facilitators stated that it was their job to attend to the physical set up for the support group meetings. Chairs were arranged to form a circle, enabling all participants to hear, see, and experience other persons as they spoke. Approximately 30 KCPs attended the weekly support groups. A current peer facilitator reported that the large group of caregivers was divided into two smaller, more manageable groups. Some KCPs felt that the group, even at 15 participants, was too large for them to share personal information. Many KCPs looked forward to the last meeting night of each month when the two groups merged and community professionals spoke on such topics as legal rights of caregivers, normative stages of child development, and expert advice on navigating the child welfare system for needed services. One peer facilitator stated,

When FHF began three years ago the social worker structured and supervised many meetings. Participants raised their hand to speak. Many felt that the groups also teach skills in relationship building, impulse control and waiting to speak, and creating group guidelines for meetings. Weekly topics were announced prior to the next meeting.

Another KCP reported,

After three years, peer facilitators are asking us for topic ideas of what we want to talk about, and . . . to discuss the issues going on in our families and households. We come together as a group to discuss these issues and try to solve them here.

Several newer caregivers reported that they liked that their questions could be answered more efficiently either by another support group members or from a peer navigator rather than hunting for answers to questions by reading through many brochures.

Four caregivers who had participated in the KEPS (Kinship Education Preparation and Support) classes in 2007 thought that the information gained in the KEPS classes was valuable. But since 2015 the KEPS classes had increased to six hours one day per week for several weeks. Peer support group participants wondered if the KEPS program needed to be structured that way. If the classes could be held at Community Coalition, instead of another site, and if the classes were held for two hours per day per week for several weeks, KCPs would like to sign up for the KEPS classes. In addition to learning about services provided by the community at large, Community Coalition also helped to create additional structure for the participants. KCPs commented on regular free van pick-up service for caregivers attending the weekly support group meetings. Beyond that, the agency provided dinner and structured age-appropriate childcare for the caregivers' children. All 13 people interviewed commented about the ease of attending the support groups because transport, dinner, and childcare were handled by the agency. The attention paid to these details created a structure that was appealing to the caregivers and promoted repeatedly good attendance at the support group.

### **Other Findings**

Other themes emerged that only one caregiver mentioned but seemed relevant to the research question driving this study.

**Judges in the Children’s Dependency Court.** The judges who oversee the children’s dependency court were ever-changing and the replacement judges, transferred from the criminal court, were not familiar with the rules and regulations of the Department of Children and Family services, or with the current laws regarding kinship care providers and the children in their care. One participant stated,

You know the court system is so messed up because you never have the same judge a long time. They change over the judge and some other judge comes in and it’s sad because some of the kids will be thrown onto someone else and the judges . . . are from criminal court and now they are down in the children’s court and don’t know how to help keep families together and get help for parents in the system.

**Integrating English-and Spanish-speaking support groups.** Integrating the English-speaking and Spanish-speaking support groups was a value to some. Older and longtime KCPs who were a part of Kinship in Action in the early 2000s remembered when the support group was naturally integrated with African Americans and Latinos. Today they are not. Participants felt that there were benefits to being inclusive mostly because members could learn about one another’s ethnic cultures, because they generally lived in the same community, and because people were not segregated in the community. A caregiver stated,

But since FHF began three years ago, the groups have been segregated. I was asked to visit a support group in Arizona and was impressed that there were people of different nationalities and ethnicities in that group. It was Indians, Hispanics, and Blacks and some Whites. But they were learning from each other. People helped others who had trouble understanding the language barrier, but it worked out.

**Changing old values to new.** One participant joined the support group specifically for backup help with the child she was raising. The caregiver did not know how to motivate her grandchild to make better choices. The caregiver reported,

That child wouldn't listen to me at first. I came to the support group and talked to a staff person and the social worker in charge of FHF. They both suggested the *Say Yeah* program for the teen. My granddaughter is now helping younger children with their homework on support group nights and is now vice president of her class at school. I was also informed how to get medical insurance for my grandchild. Thank goodness for Community Coalition and FHF support group.

### **Summary**

Major findings from interviews with 13 kinship care providers from peer-to-peer support groups at Community Coalition have been presented in this chapter. Important findings were derived from questions posed during a research study described in the third chapter of the study. The following chapter will explore the interpretations of those findings as well as compare and contrast major findings with the previous literature. Beyond that, the strengths and limitations of this study will be addressed. Finally, suggestions for future research and implications for social work practice will be presented.

## **CHAPTER V**

### **Discussion**

The purpose of this qualitative research study was to explore the influences of peer-to-peer support groups on kinship care providers. Specifically, this study examined how participation in peer-to-peer support groups affects kinship care providers' sense of themselves as parents.

This chapter opens with a review of the study's key findings, describing the relationship between the study results and the previous literature reviewed. This is followed by limitations in study data and design, recommendations for future research related to the value and influences of peer-to-peer support groups on kinship care providers, and implications for social work practice. A summary concludes this chapter.

The findings in this study identified specific aspects of the peer-to-peer support groups that influenced kinship care providers' sense of self and empowered KCPs to seek and obtain needed services for the children in their care. These findings added to the body of literature suggested by Lin (2014) in his systematic study where Lin stated that more qualitative research was needed. Although the Kinship Education Preparation and Support (KEPS) program, which included classes for KCPs, researched by Green and Gray (2013) focused on knowledge of community resources, it did not address issues of self-worth and empowerment. Green and Gray stated that those issues needed addressing in future research studies.

## **Key Findings in Relation to the Literature**

This section will describe the relationship between this study's key findings and the existing literature, highlighting where this study's findings were or were not substantiated, within the following themes: (a) leadership and self-advocacy; (b) empowerment and confidence; (c) from friendships to family; and (d) structure, presentations, and support group interactions.

**Leadership and self-advocacy.** The findings from this study indicate that KCPs improved their leadership skills and abilities to self-advocate through their participation in peer-to-peer support groups. Many KCPs in the peer-to-peer support groups in this study became leaders and self-advocates as peer navigators in the federally funded Navigator Pilot program (2012); as navigators, they provided needed information and resources to their peer participants in support groups. Green and Gray's (2013) research study indicated that within the KEPS program, information and resources were secured from community leaders and social workers.

By disclosing how they became custodial grandparents, talking about their families, and comparing memories of raising their adult children with the current experience of raising their grandchildren, custodial grandparents in this study brought closure to unfinished business and worked through feelings of guilt and regret. These outcomes are consistent with findings by Wohl (2003) and Hayslip and Hicks-Patrick (2003) that peer-to-peer support groups provide an opportunity and a space for participants to express feelings and receive empathy from others.

The KCPs in the current study were learning new ways of parenting their grandchildren and were gaining the ability to advocate for themselves. Kinship care providers began taking classes in current parenting practices at nearby churches that added to their sense of leadership and self-advocacy. Additionally, KCPs valued the agency's professional staff and used them as models for themselves as leaders within the support groups—as peer facilitators and peer

navigators, at home with the children they were raising, and within the greater community. Discussing personal issues with professionals present can be intimidating for some caregivers, but in the case of Community Coalition's KCPs, the professionals were valued as models for participants to emulate. As the professionals shared personal anecdotes about raising their children, peer support group participants became more comfortable telling their own stories.

In contrast, Mead and MacNeil (2006) suggested that participants in their support group study felt intimidated by the professionals and did not share their vulnerabilities and strengths in their presence. One wonders if the professionals in the Mead and MacNeil (2006) study did not reveal their personal issues with the caregivers, or, if they did share their personal experiences of raising their children—were the professionals unable to identify and empathize with the KCPs? If the latter were true, it is possible that sharing one's personal issues in such an environment could feel threatening to a KCP.

The current study's findings indicate that peers adopted leadership roles by becoming facilitators for the peer-to-peer support groups. The KCP peer facilitators were eager to be trained by professional staff, including social workers at Community Coalition. The training increased their skills in guiding the group. In contrast is the KEPS (2013) program, which was organized in a classroom setting for KCPs to learn of community resources and was taught by social workers and community leaders.

**Empowerment and confidence.** The findings of this study support the Ussher et al. (2006) qualitative study of cancer patients in peer support groups, which also found that participants improved their sense of self and experienced an increase in empowerment and control over time through knowledge.



In addition, findings in this current study indicated that cultural bias and prejudice were present within the child welfare system. Studies by Hill (2008) and Johnson et al. (2009) examined social workers' racist and biased attitudes towards minority KCPs needing help through the child welfare system. The earlier studies found that social workers at CWS improved their attitudes while working with people of color, after taking in-service classes that addressed racial prejudice.

Murphy et al.'s (2008) study revealed that CWS workers had little interest in helping Black relatives who were caring for their kin because the workers felt taking care of family was a family obligation and that KCPs were not entitled to services or funding. KCPs have learned to stand up to social workers at the CWS (Hill, 2008).

Kinship care providers who took part in the peer-to-peer support groups expanded their knowledge of the child welfare system's policies and procedures. This helped to increase caregivers' sense of empowerment in advocating for the rights of their children in the face of cultural bias and prejudice. Zlotnick et al.'s (2000) study and McCallion et al.'s (2004) study both confirmed the current study's findings that learning how to access needed services from the CWS brought feelings of empowerment to participants. Zlotnick et al.'s (2000) study continued with information regarding the Family Empowerment club in Oakland, CA, that taught parenting skills, living skills, and the use of community resources for a greater sense of empowerment for kinship care providers. As in this study of KCPs learning strategies and access to resources in peer-to-peer support groups, Liu et al.'s (2010) controlled study on support groups for parents of pre-term infants found that strategies such as partnership, participation, collaboration, self-awareness, access to resources, and personal action were effective tools in increasing self-efficacy when using resources. Finally, through the peer-to-peer support group called *Families*

*Helping Families* (FHF), KCPs developed an increased sense of empowerment and confidence to care for their grandchildren and to navigate the child welfare system.

**From friendships to family.** KCPs also improved their relationships and connection to other kin caregivers over time. An important finding of this study not described in any of the previously reviewed literature indicated how the relationships within the peer-to-peer support groups grew over time as KCPs developed a strong sense of friendship and family with other caregivers. As the caregivers and children participated in more activities run by the agency staff, tighter bonds developed between the caregivers. This may have resulted from Community Coalition's staff members' warmth and acceptance of caregivers and their families. Caregivers in Green and Gray's (2013) study preferred more of a support group atmosphere that might have engendered closer relationships than the actual classroom structure they experienced. An additional new finding attributed credit to the agency's staff under which the peer-to-peer support group operated who exemplified the agency's mission and belief statements of building self-advocates, leaders, and feelings of empowerment to support group participants.

**Structure, presentations, and support group interactions.** The peer facilitators in this study made great effort to provide programs and structure support group meetings that appealed to the participants. The design of the physical space of the peer-to-peer support group meetings was important to caregivers. The chairs were arranged in a circle so that all participants could see, hear, and experience one another. The Green and Gray (2013) KEPS study indicated the space was arranged in a classroom set-up. In their evaluation of the KEPS program, KCPs stated that they, too, preferred the physical space to resemble that of a support group.

In addition to physical space preferences, and similar to this researcher's findings, is Lin's (2014) systematic review of support groups that supported the peer-to-peer group structure

of providing resources and services, and the most effective mode of meeting caregivers' emotional needs. Participants in the current study preferred to have navigation and procedural material presented orally by peer navigators or professionals; this is consistent with Green and Gray's (2013) findings that KCPs in the KEPS program preferred that procedural material be presented orally rather than reading the information from brochures.

KCPs in this study liked the structured meetings with time for information sharing and for revealing their personal stories. Gonyea's (1989) study revealed similar findings that indicated support group participants find information sharing and peer support most helpful.

### **Limitations in Study Data and Design**

There are several limitations to this study. Although kinship care providers shared information regarding their personal growth, interview questions specific to emotional growth were absent from the interview guide. The study might have been improved by including an interview question and prompt that elicited information on emotional growth, such as: *How has the support group experience influenced, or not influenced, your emotional growth or well-being?* and *How has being in the support group improved how you feel about yourself?*

The study is also limited by its small sample size ( $N = 13$ ), which does not allow the findings to be highly generalizable. These findings also may be less generalizable because not all kinship care providers in the United States are connected to an agency, particularly one such as Community Coalition, with its values of community activism and advocacy. Generalizability of the findings was also limited by the fact that not all KCPs in the United States are African American ethnicity. The findings might vary if Hispanics and Latinas were also included in the sample.

It is important to consider the potential effect of researcher bias both on recruiting participants for this study and on research results. In 2015 the researcher presented a workshop on navigating the child welfare system to 35 kinship care providers at Community Coalition. Several caregivers recognized the researcher when she returned in 2016 to present her research proposal to the kinship care providers and to solicit participants for the study. It is possible that people were more willing to volunteer to be in the study because they recognized the researcher.

Time constraints were another limitation. Had time not been a factor, it might have been possible to conduct a study that gathered data before KCPs entered a support group and after they spent nine months in the support group; this design might have yielded data that would shed further light on the value of the support group. Additionally, time constraints did not allow for a comparison of the influences of an English-speaking peer support group to a Spanish-speaking peer support group of kinship care providers within the same agency.

### **Recommendations for Future Research**

Future studies might include the following: Expand research to several support groups with similar demographics to determine how the values and mission of the agency under which the support group operates influences the KCPs' sense of self-esteem and empowerment. An additional study of a support group facilitated by a professional compared to a support group facilitated by a trained peer could reveal the influences of each on caregiver knowledge and self-esteem. A future study using a larger sample of participants could produce more generalized findings that could apply to the larger population of caregivers. Finally, a future study that compares the cultural differences of KCPs from one country to another could enlighten researchers interested in cultural factors influencing kinship care providers' self-esteem and empowerment. All future studies would have value in adding to the body of literature.

## **Implications for Social Work Practice**

This research study revealed several implications for social work practice. Social workers encourage leadership roles in peer-to-peer support groups as an empowerment model for other participants. When the agency's staff endorses the values of its mission statement, support group participants may be drawn to similar values. Social workers encourage continued attendance in support groups by arranging transportation, a meal, and child care for KCPs and their children. Attending to these details and easing psychosocial pressures allows for connections to grow between support group participants and their families. Creating structural guidelines for support group meetings encourages effective communication and builds routine. Social workers who work with KCPs must be culturally competent and operate within an anti-racism framework, consistent with the NASW's Code of Ethics.

Consistent with the literature, peer-to-peer support groups are a valuable resource for kinship care providers who meet on a regular basis to receive information and resources and to share their feelings. Peer-to-peer support group participation can provide the benefits of increased self-esteem and empowerment for kinship care providers and the children in their care.

When organizing a support group for KCPs, the social worker can build a sense of empowerment and confidence among group members by encouraging leadership roles. For example, peer facilitators are trained by the agency's staff social worker to facilitate support group meetings; the peer navigator is trained to assist new KCPs, handle intake assessments, describe the kinship program including needed services and resources, and is available by telephone to new caregivers as a resource person for a designated period of time; the peer respite-care organizer within the support group coordinates respite activities for KCPs outside the agency that could include group activities like beach visits, barbecues, and going to the

movies. Having the participants feel invested in their successes provides positive experiences as a caregiver, a contributor, and as a leader. To encourage full participation by caregivers, social workers can consider providing transportation, a meal, and child care for the caregivers and the children in their care.

Agency staff members who believe in the values of their mission statement can help foster an environment where leadership and empowerment are encouraged and respected. The mission statement emphasizes training people of all ages in leadership roles and applying leadership skills to community activism. Within an agency, peer-to-peer support group participants are likely to internalize the agency's goals and emulate the agency's professional staff who exemplify these goals. This research study focused on members of a peer-to-peer support group formed under the auspices of a community agency in South Los Angeles, Community Coalition. The support group participants applied their increased self-advocacy and empowerment skills to effectively interface with professionals working at social service agencies and towards people employed at resource centers in the community.

Peer support groups can function in a variety of ways. Social workers need to have an in-depth understanding of the various procedures in facilitating a support group for KCPs. Some support groups are professionally led. An alternative to a professionally led group is demonstrated at Community Coalition, where peers receive supervised training to facilitate the support group. The social worker trains and supervises the facilitators and helps them model leadership skills to participants. The social worker also offers a structural framework for peer facilitators to follow within the group. Structural elements may include setting a consistent day and time to meet each week, and regulating the length of each meeting. The agenda of weekly support group meetings might include reading the guidelines and providing an opportunity for a

brief check-in by support group participants. The social worker might assist the peer facilitators in understanding the value of establishing guidelines with the participants. Support group guidelines might include raising hands to speak, exercising impulse control while someone else is speaking, refraining from judging others, supporting others when responding to their issues, speaking from one's own experience, offering advice when asked, and understanding a caregiver's actions from the other's perspective (having empathy). These guidelines may vary from one support group to another and from agency to agency.

Sometimes people setting up this type of support group wonder if the participants should focus on topical issues or on feelings like guilt and regret. Community Coalition's support group meetings are divided between topical presentations requested by caregivers and sharing caregivers' stories of regret, guilt, anger, frustration, and fear. This balance works well in meeting the need for providing education on various topics as well as giving and receiving individual emotional support. Participants in the support group are more likely to share their painful reflections of the past if the peer-facilitator or a visiting professional models and shares personal stories. The social worker can influence individual growth and group participation by encouraging the peer facilitator to begin by sharing painful incidents and becoming the model for others to become more open. Social workers or peer-navigators in this setting also need to have a current list of resources for caregivers within the geographic area. Experts in such areas as law, education, or medicine can also be invited to make presentations to the group. Peer navigators need to recognize their value in attending all support group meetings to offer resources and insights on how to navigate the courts and the child welfare system.

The agency social worker can become the liaison between the agency staff and support group participants even when the group is peer-facilitated. The social worker can discuss with

the agency staff ways to encourage KCPs' weekly support group attendance. There are many practical services that exist for support group participants at Community Coalition, where the agency provides van transportation for support group participants and their children, and offers dinner for KCPs and their children, thereby providing the opportunity and space for KCPs and children to bond with others. During the support group meetings at Community Coalition the children of caregivers are supervised by agency-trained teens as leaders, who provide homework assistance to adolescents and instruct small children in using manipulative toys or games. It is within the agency's capacity to provide transportation that insures caregivers and their children's participation in respite outings. The social worker elicits respite suggestions from support group participants that may include beach visits, barbecues, movies, and park picnics. Over time, friendships can strengthen between the families as they share their mutual concerns and build relationships through common experiences. The above suggestions are expensive to provide to support group participants. Agency staff members can apply for grants knowing that when the grants run out they will need to secure new funding sources.

Cultural diversity of beliefs and practices is an important area that needs discussing at support group meetings with kinship care providers. Given that KCPs are predominantly people of color and of low socio-economic status, social service caseworkers working with KCPs are not always culturally competent or equipped to implement an anti-racism framework. Social workers organizing support groups for kinship care providers need to raise the subject of racism with participants so they may become familiar with potential issues of racism that may exist within the juvenile court system and the child welfare system. Using support group sessions to discuss issues and experiences of racism facing caregivers can build their sense of empowerment and self-advocacy. Social workers can explore and validate the feelings of caregivers who



experience racism. This means the social worker opens conversations with the support group participants about racist attitudes they detect when interfacing with judges and social workers at the juvenile courts, or with caseworkers at social services agencies. Social workers must be strong advocates requiring judges in the juvenile courts and social workers in the child welfare system to take in-service training classes in culture competency and adapting an anti-racism framework.

The power of peer-to-peer support group dynamics can have a positive effect on participants. Kinship care providers may feel empowered and more self-assured as they navigate the courts, social service agencies, and the community at large. Social workers should be attuned to caregivers' growth with encouragement and continued support.

## **Conclusion**

The present study provides useful and additional data regarding how kinship care providers are influenced by ongoing participation in peer-to-peer support groups. The qualitative data generated by semi-structured, open-ended questions, inclusive of prompts, substantiated the researcher's hypothesis that caregivers gain a better sense of self-worth, self-advocacy, empowerment, and resilience from ongoing support from staff and support group peers. Community Coalition's mission statement supported and encouraged kinship care providers and adolescents to build a strong community by developing leadership abilities and to actively support each other. These qualities enabled caregivers to assert themselves at county-run agencies and enabled them to receive needed services for themselves and the children in their care.

This research study confirmed the value of peer-to-peer support groups. The support groups can be greatly influenced by an agency's mission statement under which the support

group has been formed if the agency staff believe in that mission and apply it to the community population. Due to the support groups' relationship to Community Coalition, many kinship care providers gained the desire to "give back" to the greater community as activists, leaders, and advocates.

This study's findings regarding the value of support groups are reinforced by Peers for Progress (2015) in which one can find the core tenets of support groups: assistance in daily management, social and emotional support, links to care and resources, and ongoing support over time. These tenets underscore all of the findings within this research study.

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## Appendix A: Interview Questions

1. Tell me how you got started in the Families Helping Families support group.

PROMPTS:

- How did you learn about this support group?
- How long have you been coming to the support group?
- How is this support group different from any other support group you've joined in the past?

2. Tell me about your involvement with this group.

- What role do you play in the group? Participant? Peer facilitator?
- What would you do differently if you were a peer facilitator?
- What causes you to join in and talk in the meetings?
- How do you feel about the meetings?
- What happens in the meetings?
- What makes you return each week? What do you like about coming here?
- How does coming to the support group on a weekly basis help you with the children in your care? Or not? \*

3. How has this made a change in your life, if it has?

- How has your participation changed you or your relationship with your child?
- How has this group changed your confidence? Your energy? Friendships? Physical health? The way you deal with difficult issues with the children in your care?
- How has attending the group influenced your ability to get needed resources?
- What do you feel more capable of doing since joining this group?
- How has the support group changed the way you parent? Or not? \*

4. Some people in a support group want to learn about their legal rights, some people want personal advice, or something else. What about you?
5. Is there anything you'd like to add that I didn't ask about? (Cool down question.)

\* Added prompts

## Appendix B: Human Subjects Review Committee Approval Letter



School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994  
December 10, 2015

Judith Farber Weissman

Dear Judith,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor

## Appendix C: Approval Letter from Community Coalition



8101 S. Vermont Ave.  
Los Angeles, CA 90044  
Tel: 323.750.9087  
Fax: 323.750.9640  
www.CoCoSouthLA.org

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### COMMUNITY COALITION

Marqueece Harris-Dawson  
President & CEO

November 20, 2015

Smith College  
School for Social Work  
Lilly Hall  
Northampton, MA 01063

To Whom It May Concern:

Community Coalition gives permission for Judith S. Farber to locate her research in this agency Community Coalition. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by Judith S. Farber. Community Coalition will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

Joseph Devall  
Director, Kinship in Action  
Community Coalition

## **Appendix D: Recruitment Letter**

Dear KIA support group participant,

I would like your help with my Master's thesis research project for the Smith College School for Social Work. The purpose of my research study is to learn how support groups benefit kinship care providers. I would like to meet privately with each willing kinship care provider who is a part of Families Helping Families (FHF) to ask some questions about being in the support group. The interview questions have to do with your experience, your thoughts, and feelings as a kinship care provider in the Families Helping Families peer support group. I will also want to ask some additional questions such as your age, ages of the children in your care, and length of time you've been raising the children in your care.

I would like to interview twelve people who are relatives or close family friends raising a child or children who are not their children, who attend or have attended the support group for a minimum of three months. Each one-hour interview will take place in the meeting room at Community Coalition, or some other agreed upon location (e.g. a library near you in a private meeting room) and will be audio recorded. The research study is an opportunity for you to express your opinions about the personal value and added knowledge gained through attending the support group. Your comments may help to make changes in future support groups for relative caregivers. The consent form I will ask you to sign will explain how I will protect your confidentiality in greater detail. In appreciation for your help, I will give each participant a \$20.00 gift card from a Target store.

If you are willing to participate, please contact me by e-mail at xxxxxxxxx@smith.edu or by phone at (XXX) XXX-XXXX.

Thank you so much for your time and your help!

Judith Weissman  
MSW Candidate, Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).



## **Appendix E: Assessment/Orientation Talking Points**

- Answer any questions about the recruitment letter.
- Verify that they are raising a child or children who are not their own but a child or children of a relative or family friend's child or children.
- Verify that they have been in the support group for 3 months or longer; or when they were in the support group that they were in for at least three months?
- Verify that the children are now grown and no longer in their care.
- Explain: The mention of neglect and/or physical/emotional/sexual abuse by participant or participant's neighbor will need to be reported by this interviewer to the Department of Child and Family Services (CWS).
- Verify willingness to meet for one hour at Community Coalition or other nearby location.
- Answer any questions about the consent form.
- Establish time and place for the interview.

## Appendix F: Human Subjects Review Committee Amendment Approval Letter



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School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 12, 2016

Judith Farber

Dear Judith:

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor

## Appendix G: Consent Form

**2015-2016**  
**Consent to Participate in a Research Study**  
**Smith College School for Social Work • Northampton, MA**

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**Title of Study: Impact of Peer-to-Peer Support Groups on Kinship Care Providers**

**Investigator(s):**

Judith Weissman, Social Work, (XXX) XXX-XXXX

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### **Introduction**

- You are being asked to be in a research study of how support groups benefit kinship care providers.
- You were selected as a possible participant because you are a kinship care provider in the Kinship in Action peer-to-peer support group.
- Please read this form and ask any questions that you may have before agreeing to be in the study.

### **Purpose of Study**

- The purpose of the study is to understand how peer-to-peer support groups benefit kinship care providers.
- This study is being conducted as a research requirement for my Master's in Social Work degree.
- Ultimately, this research may be published or be presented at professional conferences.

### **Description of the Study Procedures**

- If you agree to be in this study, you will be asked to do the following: contact the interviewer by email or telephone for a brief screening; meet the researcher at a convenient location and answer questions in a one-hour interview. Your name will be kept confidential and will not be used in the Masters' thesis.
- The interview will cover your experience, thoughts, and feelings about the Families Helping Families peer-to-peer support group under Kinship in Action at Community Coalition.
- You will be asked to provide demographic information about yourself.

### **Risks/Discomforts of Being in this Study**

- Mention of neglect and/or physical/emotional/sexual abuse during the interview will need to be reported by this interviewer to CWS.
- It is possible that you may be uncomfortable speaking about experiences in the support group, however, you will not be pushed to discuss experiences you do not want to discuss. You can decline to answer any question, or end the interview for any reason.
- Information shared with the interviewer or declining to answer any question will not influence or affect your access to services at KIA or Community Coalition.

### **Benefits of Being in the Study**

- The benefits of participation are to share your experiences in the peer to peer support group of Families Helping Families under Kinship in Action at Community Coalition. Your comments may improve what occurs in future support groups of this nature so that the caregivers receive added and deserved services for themselves and the children in their care.
- Social work and society will benefit by adding to the body of knowledge of how participation in peer-to-peer support groups improves kinship care providers ability to be empowered to advocate for themselves and for the children in their care.

### **Confidentiality**

- Your participation will be kept confidential. Participants will be assigned a number which will be used rather than any names when I work with the data. The data will be combined, themes will be presented, and selected quoted comments will be included in the study. Your name will not be included.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.
- Mention of neglect and/or physical/emotional/sexual abuse during the interview will need to be reported by this interviewer to CWS.

### **Payments/gift**

- In appreciation for your help, I will give you a \$20.00 gift card from a Target store.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with me or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by February, 15, 2016. After that date, your information will be part of the thesis and cannot be removed from it.

### **Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Judith Weissman at xxxxxxxx@smith.edu or by telephone at (XXX) XXX-XXXX. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### **Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

**1. I agree to be audio-taped for this interview:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I agree to be interviewed, but I do not want the interview to be taped:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix H: Demographic Questions

Introduce these with the following statement: “I would appreciate it if you would answer a few additional questions that I will read to you. It is okay if you choose not to answer them.”

1. What is your age?
2. How long have you been a relative caregiver?
3. How many children are you raising as a relative caregiver? What are their ages and are they boys or girls?
4. Are you a formal kinship caregiver, an informal caregiver, or are you in KinGAP?
5. What is your ethnicity (race)?
6. Do you work outside the home in addition to raising the children in your care?
7. Does the child’s bio-parent live with you as well

## Appendix I: Transcriptionist Confidentiality Form

2015-2016

### Volunteer or Professional Transcriber's Assurance of Research Confidentiality Form

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, Judith Weissman, shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

#### PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Judith Weissman, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

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Signature

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Date

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*Judith Weissman*

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Date