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## **Characteristics and attributes of kinship caregivers of Mexican descent**

Mayola Miranda

Dianna Irene Zuniga

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CHARACTERISTICS AND ATTRIBUTES OF KINSHIP CAREGIVERS  
OF MEXICAN DESCENT

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

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

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by  
Mayola Miranda  
Dianna Irene Zuniga

June 2001

CHARACTERISTICS AND ATTRIBUTES OF KINSHIP CAREGIVERS  
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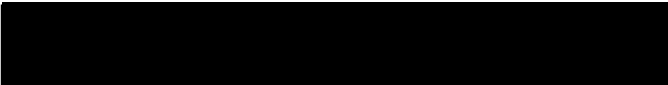
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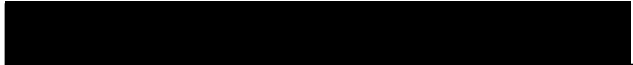
by

Mayola Miranda  
Dianna Irene Zuniga  
June 2001

Approved by:

  
Lawrence Vasquez, Faculty Supervisor  
Social Work

6/13/01  
Date

  
Sally Richter, S.S.S.P.  
Department of Children's Services

  
Dr. Rosemary McCaslin,  
M.S.W. Research Coordinator

## ABSTRACT

In recent years kinship foster care has been a growing phenomenon. Little research exists about the views of individuals of Mexican descent towards kinship care. The study evaluated the characteristics and attributes of Mexican and Mexican-Americans kinship caregivers. The study intended to determine if cultural values and acculturation impacted foster parents' decision to become kinship caregivers. The research data was analyzed using quantitative and qualitative statistics including frequencies and Pearson's  $r$  correlations. The nature of the study was descriptive and exploratory. The data was obtained from twenty-five mailed questionnaires completed by formal kinship caregivers of Mexican descent. The questionnaires were administered in English and in Spanish. The results of this study are discussed to aid in the improvement of placement services for foster children of Mexican descent. The implications for the profession of social work are discussed.

## ACKNOWLEDGMENTS

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We are extremely grateful to GOD for giving us the patience and blessings to be able to complete the Master's of Social Work program. Last, but not least, we would like to thank our families and friends for the guidance, love, and support they give us each and every day. We are truly blessed to have so many wonderful people in our lives.

To our families  
Para nuestras familias

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CHAPTER ONE  
INTRODUCTION

Problem Statement

For more than a decade the number of children placed in foster care has increased dramatically. Statistics show that from 1986 to 1993 the number of children placed in foster care rose from 280,000 to 464,000 (Altshuler, 1997). It was predicted that by the year 2000 the number would increase to almost 850,000. According to Holody (1999), "The rapid increase in the number of children in foster care after 1985, propelled by the crack-cocaine epidemic, the housing crisis, and AIDS required that agencies quickly find new foster families." Due to the shortage of foster homes, social workers are increasingly turning to relatives for the placement of children. As a result, a large majority of states have made the preferred placement of choice kinship care.

The shift towards placing children with family members as foster parents has been influenced by the enactment of Adoption and Safe Families Act of 1997 (ASFA). The Adoption and Safe Families Act committed agencies to placing children in a permanent home. The shift towards foster care and adoption has been part of the Clinton Administration's Adoption 2002 initiative

that intends to place children in a permanent setting (Department of Health and Human Services, 2000).

Adoption 2002 is based on a set of principles that declare that every child deserves a safe, and permanent family; that the child's health and safety should be the paramount considerations in all placement and permanency planning decisions; and that foster care is a temporary solution and not an appropriate place for children to grow up. (Department of Health and Human Services, 2000)

It is imperative that research be focused on the subject of foster care because of the high influx of children coming into the foster care system.

California's foster care caseload rose from 52,522 in 1988 to 80,290 in 1993 (Berrick et al., 1995). Of the Latino children entering foster care, 46.4 percent are being placed in kinship care (Berrick et al., 1995). The decision of placement location for children is related to culture, views of family, and proximity of relatives to one another (Berrick et al, 1995). It is in the child's best interest that foster care placement be with a relative caregiver. Placement with a relative allows the child to be close to his or her family, be near familiar surroundings, and maintain cultural ties.

For the past several years, the rise in the number of children placed in foster care has become an important subject for research. Children of Hispanic origin, including Mexican and Mexican-American children, comprise a large number of the children in foster care placement. In California, Hispanic children comprise 41 percent of the child population (Needell et al., 2001). In 1997, there were 109,945 children in out-of-home care. Of those children, 27.3 percent were of Hispanic origin. In 1999, Hispanic children accounted for 37 percent of those children entering foster care (Needell et al., 2001). Therefore, it is imperative that research start to focus on the this subset of the population.

Individuals of Mexican descent have several factors that influence their decision to become kinship foster parents including wanting to maintain family, cultural and ethnic ties. It is important for social workers to understand the influences that cause relatives to decide to become foster parents. Unfortunately, there is minimal information available on the characteristics, attributes, or perceptions of the Mexican and Mexican-American community towards kinship care. Understanding the factors that influence individuals of Mexican descent to become a foster parents will contribute to the improvement of service delivery to the foster parents and children involved in the child welfare system.

## Problem Focus

Kinship care has now become the preferred placement for many foster children. Kinship care is preferred over non-relative placement because of the stability that relatives provide for the children. Children placed with relatives are less likely to be moved around from one home to another. Moving children less frequently may diminish emotional anxieties and behavioral problems that children can experience while in foster care. Children placed with relatives also benefit from maintaining cultural and ethnic similarities. When placed with non-relatives, there is the likelihood that many of these children may be placed with individuals of a different ethnicity or culture (Dubowitz, 1994). Children need to maintain family, cultural, and ethnic ties in order to feel at ease with their new environment. Children in kinship care are more likely to have their racial and ethnic identity preserved by being placed within a familiar racial or ethnic community (Dubowitz, 1994; Heger & Scannapieco, 1995).

Within the Mexican and Mexican-American population strong traditions influence individuals to take relative children into their home during times of crisis. Many individuals decide to take on the responsibility of being a formal caregiver in order to comply with family obligations and cultural beliefs. In addition, placing

children with their relatives reduces the stigma of being in the foster care system while maintaining the ties with their culture and community.

The results of this study are necessary for the improvement of placement services for foster children. It will also aid in the progression of social services provided to the clientele of Mexican descent. Social workers will benefit from information in this study because it will increase their sensitivity to the needs of the Mexican population. In addition, it will add to social workers knowledge base on the factors that influence people of Mexican families to become foster parents to their kin. Social workers can gain insight as to who are the foster parents of Mexican descent in the community.

The purpose of the study is to determine the characteristics and attributes of Mexican and Mexican-American kinship caregivers. This study will help social workers become more sensitive to the needs of children of Mexican descent and their relative foster parents. Social workers can gain a better understanding of the cultural traditions, values, and language needs that a child of Mexican descent may have when taken out of their home and considering placement. Lastly, the study will contribute to the current research as to the importance and benefits of kinship care.

## CHAPTER TWO

### LITERATURE REVIEW

#### Kinship Care

In recent years, there has been a dramatic increase in the number of children placed in the foster care system. The increase in foster children can be attributed to the rise in child abuse and neglect reporting. Between 1985 and 1991 the number of children in foster care rose 45 percent (Scannapieco & Jackson, 1996). "The child welfare field has been caught off guard by the sharp increase in the use of kinship foster care since 1985, particularly in Illinois, New York, and California" (Gleeson & O'Donnell, 1997). According to Needell et al. (2001), there are 95,984 children in foster care in the state of California as of January 1, 2001.

Kinship care is the preferred option for out-of-home placements for foster children (Dubowitz, 1994; Gebel, 1996). Kinship care includes any relative related by blood or marriage or any person with close family ties who is caring for a child (Heger & Scannapieco, 1995). Children can be placed in kinship care either informally or formally. In some cases, parents who are unable to care for their children place them voluntarily with their relatives. In other cases, Child Protective Services or

the Department of Children's Services determine that a parent is unable to safely care for their children. The children are then placed in a relative or non-relative foster home. When children are placed in a relative's home, it is referred to as kinship care.

The United States Census data shows that approximately 4.3 million children were living with relatives in 1992 (Everett, 1995). In California, over 50 percent of children in out-of-home care are placed with relatives (Heger & Scannapieco, 1995). A more recent study found that 43 percent of all children in California that are in the foster care system are placed with kin (Needell et al., 2001). The response to the overwhelming increase in children entering the foster care system and the lack of available foster families have caused an upsurge in placing children with relatives rather than non-related foster parents (Everett, 1995; Scannapieco & Jackson, 1996).

Kinship foster care, especially since these caregivers disproportionately tend to be people of color even in agencies with a diverse traditional foster parent population, forces the foster care delivery system to confront and integrate different values and perspectives, including alternative strategies of providing help during family crisis. (Holody, 1999)



In 1979, the Supreme Court decision on *Youakim versus Miller* made it possible for relative caretakers to be paid federal foster care benefits (Iglehart, 1994). Several state and federal child welfare policies that encourage preferential treatment for relative placements have contributed to the increase in the use of kinship care (Heger & Scannapieco, 1995). In the past, relatives who agreed to take on the responsibility of caring for a child were not paid the same dollar amount as non-relative caretakers. The relatives received little supportive services and only qualified to receive Aid to Families with Dependent Children (AFDC) instead of the higher rate of foster care payments (Holody, 1999). Currently, relatives who care for their kin as kinship foster parents are entitled to the same amount of monthly payments as non-kinship foster parents.

Placing children with their relatives has many benefits in comparison to placing children with strangers. The stigma that the child and parent may experience by having the child removed from home is lessened if the child is staying with a relative. The kinship caregivers are more likely to maintain family ties with the child's biological family members. They are also more interested in working towards reunification with the biological parents than the non-related foster parents. "A suitable relative could be an effective role

model for the parent and allow a degree of supervised parenting (Dubowitz & Feigelman, 1993).

Children placed with relatives experience fewer placements and more stability than those children placed with non-relatives (Everett, 1995; Dubowitz, 1994; Iglehart, 1994). In a study conducted by Dubowitz & Feigelman (1993), 76 percent of the 524 children that were placed in the care of relatives had only been moved a single time from their parents' home to the relative's home. Another study by Needell et al. (2001) found that after two years of being in the foster care system, 33 percent of the children in kinship care had experienced three or more placements. In comparison, 63 percent of the children in non-kin foster care had experienced three or more placements in a two year period. The stability of placement may be due to the added commitment of the relatives to take care of the child (Dubowitz & Feigelman, 1993). The placement in a familiar environment may also lessen the trauma of the crisis that led to the initial removal (Iglehart, 1994).

In 1994, Iglehart conducted a study of adolescents who were placed in either kinship or non-kinship homes. The results indicated that the kinship placement is more stable and that the adolescents in kinship care were less likely to have a serious mental health problem. Children in kinship care are more likely to have their racial and

ethnic identity preserved by being placed within a familiar racial or ethnic community (Dubowitz, 1994; Heger & Scannapieco, 1995). African-American and Hispanic children are more likely to be placed in foster care with relatives and kinship care will most likely continue to be the out-of-home placement of choice in the future (Dubowitz & Feigelman, 1993).

### Adoption and Guardianship

There is a conflict in the literature regarding the issue of whether or not kinship caregivers would be willing to adopt their relative foster child. Thornton (1991) interviewed 20 kinship caregivers on the issue of adopting their related child. Of the caregivers interviewed, 85 percent stated that they would not agree to adopt even if the permanency plan was adoption. However, almost all of the caregivers were committed to long-term care for their relative foster child. Dubowitz & Feigelman (1993) had similar findings with 93 percent of kinship caregivers stating they were committed to carrying for a child as long as necessary.

Gleeson & O'Donnell (1997) interviewed 41 caseworkers at a private agency regarding kinship foster care. Caseworkers reported that there was a possibility of adoption for 88 percent of the children in kinship care. In another study, 66 percent of the kinship

caregivers were willing to consider adoption (Gleeson & O'Donnell, 1997). A study conducted in California's public adoption agencies showed an increase in relative adoptions from 12.8 percent in 1985-86 to 27.3 percent in 1991-92 (Everett, 1995).

Research has shown that a significant reason that kinship caregivers are not willing to adopt a relative's child is because they do not feel it is necessary. Some caretakers do not want to alter the family structure because the termination of parental rights may cause conflict with the biological parents (Thornton, 1991; Everett, 1995). According to a study conducted by Berrick, Needell, & Barth (1995), infants that are placed in non-kin settings are far more likely to be adopted after four years (24 percent vs. 6 percent). However, 8 percent of the infants placed in kinship care left placement for guardianship four years later versus only 1 percent of the infants placed in non-kin homes.

Since there has been a minimal interest expressed by kinship caregivers to adopt, new options have been developed (Iglehart, 1994). For kinship caregiver who are unwilling to adopt or when adoption is not appropriate, there is the option of applying for legal guardianship. The guardianship alternative offers permanence in the child's and the caregiver's life. In addition, the child is able to get out of the foster care

system. Another benefit of this option is that guardianship does not require the termination of parental rights. This option may make it more acceptable among kinship caretakers. Legally, relatives who are willing to accept guardianship for the children in their care are viewed more like parents than foster parents (Berrick, Needell, & Barth, 1995).

The concept of guardianship is a fairly new option. As a result, many kinship caregivers are unaware of this option. In a study by Thornton (1991), the caseworkers were reluctant to discuss the guardianship option with kinship caretakers because if chosen, the financial support given to the caregiver would be significantly reduced. However, the passage of Senate Bill 1901 allows for financial payments through a program called Kinship Guardian Assistance Program (Kin-GAP). Kin-GAP pays the relative the differences between the AFDC-FC payment and the regular foster care payment. The legislative intent of Kin-GAP is to offer an alternative for relatives who are unwilling to adopt for personal, financial, familial, and/or cultural reasons.

Families who choose the guardianship option will benefit by having increased freedom, autonomy, and by not having a social worker involved in their family. The child must be placed with the relative caregiver for the minimum of 12 months before guardianship can be

considered. There have been few studies conducted on the use of guardianship as an alternative to long-term foster care and adoption. Thornton (1991) states that a study conducted by Rowe et al. found that relative foster parents were not interested in the guardianship option. Heger & Scannapieco (1995) also states that kinship caregivers see no need to adopt or assume guardianship of children who are already related to them. "In cases of kinship care involving minority members of the community, permanency planning's acceptance of adoption as a satisfactory outcome thus is more congruent with the needs of the child welfare system than with the population it serves." (Holody, 1999).

#### Latino Culture and Traditions

There is limited research on the attitudes towards kinship care or adoption by the Mexican or the Latino population in general. It is known that the Latino culture has a strong commitment to the family and have traditionally provided care for their kin (Dubowitz, 1994). Latinos tend to turn to natural support systems, such as the extended family, for assistance in the event of a crisis. "During times of crisis, transferring children from one nuclear family to another within the extended family system is a common practice among Hispanics" (Lopez, 1999). They tend to view the

intervention or use of formal systems, such as the Child Protective Services, as a "breakdown of an individual's natural support system or social network" (Delgado & Humm-Delgado, 1982). The extended family functions as a survival mechanism for people who lack adequate resources (Scannapieco & Jackson, 1996).

Mexicans, as well as other Latinos, use the system of compadrazgo as part of their natural support system. "Compadrazgo is described as an extension of the kinship system; compadres take on the rights and obligations more characteristic of relatives and friends, and they are included as members of the extended kin network" (Keefe, Padilla, & Carlos, 1979). The use of godparents is common in the Catholic community for religious rituals such as baptism, first communion, and confirmation.

Lopez (1999) defines compadrazgo, or godparents, as the reciprocal relationship that is created by the sponsorship of ritualized rites of passage, such as baptism. Traditionally, the child's parent selects the godparent on the basis of the person being of good moral character and a role model. The godparent is expected to be willing to take the role of parent to the child in the event that something happens to the biological parents. "The godparents theoretically take on the status of second parents to the newborn and forge a special relationship with the child as he or she grows up"

(Lopez, 1999)." In addition, the godparents and the natural parents also form a special relationship that is centered around the child (Lopez, 1999). Godparents (padrinos) are consulted in child-related problems and issues for emotional support and advice. In times of crisis, it is expected that the godparents will help out with their godchildren.

In a study of 38 Latin American women, there was significant agreement with statements regarding being willing to care for their godchild if their comadre, the child's mother, was unable to care for them or if something were to happen to the godchild's parents. The comadres stated they were prepared to adopt the godchild as their own. Lopez (1999) found that with regard to their perceptions of their comadres as coparents, the women agreed at least somewhat that they would entrust their children's lives to their comadres. They also agreed that they could be counted as second moms and that they would take their godchildren into their homes either temporarily or permanently. Child welfare workers should consider godparents a valuable resource when placing children of Mexican heritage in foster care. "Broadening the conceptualization of the composition of Latino families may uncover additional resources for social work clients" (Lopez, 1999). Since there is a large immigrant population in California, there may be a lack of an



available extended family network. Godparents are considered as being part of the family. According to Holody (1999), "Kinship and community arrangements such as informal adoptions and the Hispanic tradition of godparents represent indigenous responses to the problem of providing substitute care for children." Therefore, it is even more important for child welfare workers to consider godparents as an additional resource for kinship care.

#### Acculturation

Taking into consideration a person's culture and acculturation level is also beneficial when working with Latino clients. Acculturation is believed to impact an individual's views, values, and beliefs. Cuellar, Arnold, and Maldonado (1995) define acculturation as follows, "Acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups. The level of acculturation influences a person's level of functioning and the way that they engage the world. "Acculturation has been found to affect individual's test responses and behaviors (Cuellar, Arnold, & Maldonado, 1995).

An individual's acculturation level impacts the degree to which a person practices cultural traditions and customs. It also influences attitudes, fundamental beliefs, and identity. According to Lopez (1999), family obligation appears to diminish as the level of acculturation increases, but the perception of family support remains unchanged. A person that is very acculturated to the United States will tend to identify themselves as American and share the same belief system as Americans. A person who has a low level of acculturation will tend to identify with their country of origin and share a belief system similar to those of people in their country. Levels of acculturation are also believed to be influenced by education level, generation level, and socioeconomic level. Taking into account a person's acculturation level is important in order to provide culturally sensitive services.

#### Summary

It is hoped that foster care drift will be diminished by the increase in kinship foster care and the push for permanency through adoption and guardianship. Foster care was never intended to be the permanent placement for children. "It is intended to provide a child with a temporary residence until the child can be returned to the parents or adopted" (Thornton, 1991).

The goal for the children placed in foster care is permanency. More attention needs to be directed toward permanent placement options to ensure that children have a permanent and stable home. Research needs to focus on kinship care, the needs of kinship caregivers, and the importance of maintaining culture in children's lives.

Kinship caregivers and godparents should be approached regarding permanency options such as guardianship or adoption. Especially since there are not enough adoptive parents or foster parents to provide foster children with permanent homes. The changes in the laws in the last decade and the shift towards permanency requires that research focus on alternatives to long term foster care.

CHAPTER THREE  
RESEARCH DESIGN

Methods

This study describes some of the factors that influence individuals of Mexican descent to become kinship caregivers. This study describes how factors such as levels of acculturation, generation level, educational level, reasons for kinship care, income, employment status, cultural values, traditions, and religion influence or impact an individual's perspectives on taking care of their relative's child or children. The study presents data about the association between the factors studied and the participant's decisions on kinship care. The study can help in the placement process of children of Mexican heritage who are entering foster care because it will help social workers determine the type of placement would be more appropriate for them. Furthermore, by exploring the views of Mexican and Mexican-American caregivers towards kinship care, social workers can develop new strategies to recruit more foster parents of Mexican descent. The recruitment of foster parents of Mexican descent will allow social workers to place children in homes that share similar culture, customs, traditions, and language.

The research method used for this study was mostly qualitative because of its descriptive and exploratory nature. The research method used to gain the data for this study was mailed questionnaires. The questionnaires consisted of an acculturation scale and questions constructed by the researchers. Bilingual researchers who are fluent in English and Spanish contacted the caregivers to solicit participation. The caregivers were first contacted by phone and asked if they were willing to participate in the research study. The participants were given the choice to receive the questionnaire in English or in Spanish.

#### Sampling

A random sample was selected from a computer generated list of Hispanic relative caregivers provided by the San Bernardino County Department of Children's Services, Rancho Cucamonga office. The sample includes formal relative caregivers of foster children. The researchers contacted a random selection of caregivers by telephone. The caregivers that did not have a listed telephone number or had a disconnected telephone number were excluded from the study. The selection criteria for the sample was that the participants be relative caretaker of a foster child through the San Bernardino County Department of Children's Services. The

participants had to meet the following criteria: be of Mexican descent, be a relative caretaker of a child in formal foster care, be at least twenty years old, have a working telephone number, and be assigned to the Rancho Cucamonga office of the Department of Children's Services. This particular subset of the population was chosen because of the lack of research conducted with Mexican and Mexican-American foster parents. The Department of Children's Services was selected based on the availability and convenience of access to case files and families.

The sample used for this study only included caregivers of children who are receiving services through the Department of Children's Services. Children who were informally placed with relatives by family members without the involvement of the Department of Children's Services were not included as part of the sample for this study.

#### Data Collection and Instruments

The data for this study was obtained through questionnaires mailed in English and Spanish. The independent variables in this study were levels of acculturation, educational level, reason for placement, employment status, cultural values, traditions, and religion. The dependent variable in this study was the caregivers' perspective on kinship care. The level of

measurement in this study was nominal for the variables: influenced for reasons for kinship care, educational level, cultural values, traditions, and religion. The level of measurement for the variables levels of acculturation, income, and employment status was ratio. Other items on the questionnaire had various levels of measurement.

The questionnaires for this study included a self-administered acculturation scale, the Acculturation Rating scale for Mexican Americans-II (ARSMA-II). The ARSMA-II is a self-administered bilingual questionnaire consisting of 30 Likert type scale items. The ARSMA-II is an instrument that measures cultural orientation towards Mexican and Anglo culture. It includes two subscales, the Anglo Orientation Subscale (AOS) and the Mexican Orientation Subscale (MOS). The ARSMA-II covers four factors of acculturation: language use and preference, ethnic identity and classification, cultural heritage and ethnic behaviors, and ethnic interaction. It also covers basic demographic questions such as gender, age, marital status, place of birth, religion, and level of education. The ARSMA-II subscales has been found to have good internal reliability, Cronbach's Alpha = .86 for the AOS and .88 for the MOS (Cueller, Arnold, & Maldonado, 1995).

The questionnaire also included questions about factors that influenced the caregivers' decision to become a kinship caregiver and the role of godparents in the children's lives. The caregiver's commitment to the foster children is also addressed. The questionnaire contained items adapted from other studies and items developed by the researchers based on a review of relevant literature. The questionnaire consisted of questions regarding family demographics, caregiver's feelings about the child placement, caregiver attributes, health and educational status of caregiver, attitudes towards taking care of relative's children, religion, cultural views of kinship care, willingness to continue caring for child, and parent's satisfaction of the care of their children.

The content of the questionnaire was pre-tested for validity and clarity purposes by social work agency staff. After reviewing the questionnaire, the agency staff provided the researchers with feedback on the format and level of comprehension of the questionnaire. The Spanish questionnaires were translated from English to Spanish by the researchers. The Spanish questionnaires were then reviewed by other bilingual individuals who verified the accuracy of the translations.



## Procedure

The initial task was to obtain a list of caregivers of Hispanic descent involved with the San Bernardino County Department of Children's Services. The next step was to select a random sample of caregivers from this list. The researchers selected a random sample of ninety-four individuals from the list provided by the Department of Children's Services.

The caregivers were then contacted by telephone over a period of two weeks. A large number of individuals had disconnected phone numbers, wrong numbers on file, or no phone number on file. The individuals without a working telephone number were excluded from the study. The caregivers were informed that their names and phone numbers were obtained from the Department of Children's Services. The participants were briefed on the purpose and voluntary nature of the study in their preferred language. They were also informed that the study was being conducted by social work students, not the Department of Children's Services. The caregivers were assured that their participation would remain anonymous and any information they provided would not be associated with their names.

When the caregiver agreed to participate in the study, they were informed further about the nature and importance of the study. The caregivers were asked for

verification of their mailing address. The caregivers were also asked their ethnicity. The caregivers that stated that they were of Hispanic origin, but not of Mexican descent were screened out of the study. The caregivers that agreed to participate and met the selection criteria were then informed that they would be sent a questionnaire packet with a consent form, a questionnaire, a self-addressed stamped envelope, and a debriefing statement attached (See Appendixes A-J). The caregivers were asked to read and sign the consent form and mail it back in the self-addressed envelope, along with the completed questionnaire. The participants were also instructed to keep the debriefing statement for their own records.

Of the sixty-six individuals that were actually contacted, forty-four individuals agreed to participate in the study and were mailed questionnaires. The data collection process began in January of 2001 and finished in April of 2001. The data analysis began in April of 2001 and was completed at the end of May 2001.

#### Protection of Human Subjects

The study is a non-manipulative, non-stressful, minimal risk study of individual caregiver's characteristics. The confidentiality of the participants was protected by not including the name of the

participants on the questionnaires or in the results. Each participant was assigned a number for tracking purposes only. The researchers only knew the numbers assigned to the participants in order to conduct follow-up phone calls. None of the participant's identifying information was included in the study, analysis, or reporting of findings.

The participants were given a consent sheet that informed them of information on the researchers, a contact number, confidentiality, length of time to complete the questionnaire, and the nature of the study. The participants were also given a debriefing statement that informed the client of the nature of the study, purpose and importance of the study, a contact number if they had any concerns or suffered any harm as a result of the study, and a thank you for their willingness to participate.

## CHAPTER FOUR

### RESULTS

#### Demographics of Sample

Initially, sixty-six Hispanic caregivers were contacted by telephone and asked to participate in the study. Five were screened out for not meeting the selection criteria. Forty-four caregivers agreed to participate in the study. Originally, only nineteen caregivers returned the questionnaires. The researchers conducted follow-up courtesy phone calls to remind the caregivers to mail back the questionnaires that resulted in six additional questionnaires being returned. A total of twenty-five caregivers returned the questionnaires. The response rate of the mailed questionnaire was fifty-seven percent. Six questionnaires were returned from Mexican participants, individuals born in Mexico, and nineteen from Mexican-American participants, individuals born in the United States. Five of the participants returned the Spanish version of the questionnaire.

The focus of the study was kinship caregivers of Mexican descent. Ninety-six percent of the respondents stated that they identified themselves as Mexican American at least some of the time. Eighty-eight percent (N=22) of the respondents stated that they spoke at least some Spanish. Seventy-two percent stated that they spoke

Spanish moderately to almost always. Sixteen percent (N=4) stated that they spoke no English or very little English. Twenty-four (96%) of the respondents were female and one (4%) was male. The caregiver's ages ranged from 30 years old to over 60 years old (see Table 1). There were no caregivers under the age of thirty years old.

Table 1. Age of the Caregiver

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 30-39	5	20.0	20.0	20.0
40-49	7	28.0	28.0	48.0
50-59	9	36.0	36.0	84.0
60+	4	16.0	16.0	100.0
Total	25	100.0	100.0	

Fifteen (60%) of the respondents were married and ten (40%) were unmarried. The unmarried respondents included those respondents that stated they were widowed, divorced, separated, or single. Fifteen respondents stated their religious preference as Catholic (60%), eight as Christian (32%), one as a Jehovah's Witness (1%), and one stated no religious preference (1%) (see Appendix K, Figure 1).

The educational level of the respondents ranged from elementary school to college graduate (see Table 2). Twenty-two (88%) of the caregivers had a high school education or lower. Seven caregivers (20%) had an 8<sup>th</sup>

grade education or lower. Sixteen (80%) of the caregivers completed their education in the United States. Four (20%) of the caregivers completed their education in Mexico or another country. Four caregivers left the question blank.

Table 2. Educational Level of the Caregiver

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid elementary-6	5	20.0	20.0	20.0
7-8	2	8.0	8.0	28.0
9-12	15	60.0	60.0	88.0
3-4 years of college	2	8.0	8.0	96.0
college graduate or higher	1	4.0	4.0	100.0
Total	25	100.0	100.0	

Eleven (44%) of the caregivers stated that they were working full-time, four stated they were working part-time (16%), and ten (40%) of the caregivers stated they were not working or were retired. Nine (36%) of the caregivers had an annual household income of less than \$10,000. Ten (40%) of the caregivers had annual incomes between \$10,001-\$30,000. Six caregivers (24%) had annual household incomes between \$30,001-\$50,000. None of the respondents had an annual household income of greater than \$50,000 (see Appendix L, Figure 2).

The mean number of adults in the home was two (see Appendix M, Figure 3). Thirteen caregivers (54.2%)

stated that there were four or more children in the home (see Appendix N, Figure 4). Six caregivers (24%) stated that four or more of the children in their home were relative foster children. Eleven (44%) of the caregivers were the grandparent of the foster child, twelve (48%) were either an aunt or an uncle, and two (8%) were a cousin to the child(see Appendix O, Figure 5). Sixteen (64%) of the caregivers stated that their health status was excellent to good (see Appendix P, Figure 6). The majority of the foster children were in out of home placement due to neglect (36%)(see Appendix Q, Figure 7). Sixteen (80%) of the caregivers stated that they had been the foster parent for their relative child for 12 months or more (see Appendix R, Figure 8).

#### Acculturation Scale

The categories of generation levels were determined by an item on the Acculturation Rating Scale for Mexican Americans II (ARSMA-II) that was administered to the caregivers. The 1<sup>st</sup> generation respondents were born in Mexico or another country. The 2<sup>nd</sup> generation Respondents were born in the United States and had at least one parent that was born in Mexico or another country. The 3<sup>rd</sup> generation respondents were born in the United States, had parents born in the United States, and had grandparents that were born in Mexico or another

country. The 4<sup>th</sup> generation respondents were born in the United States, had parents born in the United States, and had at least one grandparent that was born in Mexico or another country. The 5<sup>th</sup> generation respondents were born in the United States, had parents born in the United States, and had grandparents born in the United States. The generation levels of the respondents ranged from 1<sup>st</sup> generation to 5<sup>th</sup> generation (see Table 3).

Table 3. Generation Level of the Caregiver

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1st generation	6	24.0	24.0	24.0
2nd generation	7	28.0	28.0	52.0
3rd generation	4	16.0	16.0	68.0
4th generation	5	20.0	20.0	88.0
5th generation	3	12.0	12.0	100.0
Total	25	100.0	100.0	

The ARSMA-II was utilized to determine the caregiver's acculturation level. The acculturation level was determined by the score a caregiver's received on a series of Likert type questions. Each caregiver received three scores on the ARSMA-II. The first score was the caregiver's mean score on the Anglo Oriented Subscale (AOS). The second score was the caregiver's mean score of the Mexican Oriented Subscale (MOS). The third score,



the acculturation score, was determined by subtracting the mean score of the MOS from the mean score of the AOS.

Based on this formula, there were five possible acculturation levels. Acculturation Level I indicated that the respondent is Very Mexican Oriented and had an acculturation score of less than -1.33. Acculturation Level II indicated that the respondent is Mexican Oriented to Approximately Balanced Bicultural and had an acculturation score of greater than or equal to -1.33 and smaller than or equal to -.07. Acculturation Level III indicated that the respondent is Slightly Anglo Oriented Bicultural and had an acculturation score of greater than -.07 and smaller than 1.19. Acculturation Level IV indicated that the respondent is Strongly Anglo Oriented and had an acculturation score of greater than or equal to 1.19 and smaller than 2.45. Acculturation Level V indicated that the respondent is Very Anglicized and had an acculturation score of greater than 2.45.

Fifty-two percent (N=13) of the respondents had an acculturation level of III, Slightly Anglo Oriented Bicultural. Twenty percent (N=5) had an acculturation level I, twelve percent (N=3) had an acculturation level of II, and sixteen percent (N=4) had an acculturation level of IV (see Table 4). No respondents had an acculturation level of V. The acculturation scores ranged from -2.78 to 1.86. The mean acculturation score

was .2284 (SD= 1.24), indicating they were mostly Slightly Anglo Oriented, Bicultural.

Table 4. Acculturation Level of the Caregiver

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very Mexican Oriented	5	20.0	20.0	20.0
Mexican Oriented to Balanced Bicultural	3	12.0	12.0	32.0
Slightly Anglo Oriented Bicultural	13	52.0	52.0	84.0
Strongly Anglo Oriented	4	16.0	16.0	100.0
Total	25	100.0	100.0	

There was a significant correlation ( $r=.834$ ) between the acculturation level of the caregiver and their generation level at the 0.01 probability level. A significant correlation was also found between the caregiver's acculturation score and the caregiver's willingness to continue caring for their relative child ( $r=.521$ ).

There were no significant correlations between the caregiver's health status, age, marital status, or income and their willingness to continue caring for their relative child.

## CHAPTER FIVE

### DISCUSSION

The results of this study are based on the responses of 25 caregivers of Mexican descent. After the data was collected, frequencies and correlations were conducted to explore the associations between participant responses and the demographic variables. This study describes how factors such as levels of acculturation, educational level, reasons for kinship care, whether or not caretakers receive aid, employment status, cultural values, traditions, and religion influence or impact an individual's perspectives on taking care of their relative's child or children.

Qualitative measures were used in this study that demonstrated that kinship caregivers of Mexican descent are committed to long-term care of their relative children. Eighty percent (N=20) stated that they were willing to continue caring for their relative foster child for 12 months or more. The majority of the caregivers stated that they were willing to consider adopting their relative child if reunification with the parent failed.

The study demonstrates that strong cultural and family beliefs influence individuals of Mexican descent, rather than age, to become relative caregivers. Eighty-

four percent (N=21) of the caregivers stated that their decision to become a relative caregiver was influenced by their relationship to the child. The study found that there was no correlation between the caregivers' religion preference and their decision to become a caregiver. The study showed that factors such as age or marital status did not affect the caregivers' decision to become a caregiver or their commitment level to the children.

The study also found that relative caregivers of Mexican descent demonstrate a strong commitment towards family. There seems to be a strong commitment to maintaining family ties between the child and their relatives, including the parents. When asked if the parents were satisfied with the child's placement, eighty percent (N=20) stated yes. Sixteen percent (N=4) of the respondents stated they did not know if the parents were satisfied with the placement.

The relative caregivers seem to be able to facilitate visitations with family members more readily than non-relative caregivers. Forty-five percent of the caregivers stated that the children had weekly phone contact with their parents. Another twelve percent stated that the child had monthly phone contact with their parents. Sixty percent (N=15) stated that the child had weekly visits with other relatives. Thirty-six percent (N=9) stated that the child had weekly visits

with their parents. Another sixteen percent (N=4) caregivers stated that the children had monthly visits with their parents (see Table 5). Of the children that had visits with their parents, fifty-two percent have the visits in the caregiver's home. Visitations in the relative's home can enable the caregiver to act as a role model and demonstrate appropriate parenting skills for the parents. These results indicate that the relative caregivers are able to maintain the ties between the child and their relatives.

Table 5. Frequency of Visitations with Parents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid weekly	9	36.0	39.1	39.1
monthly	4	16.0	17.4	56.5
every 6 months	2	8.0	8.7	65.2
yearly	1	4.0	4.3	69.6
rarely or never	7	28.0	30.4	100.0
Total	23	92.0	100.0	
Missing no answer	2	8.0		
Total	25	100.0		

Forty-eight percent (N=12) of the caregivers stated that the children in their home has godparents. Of the caregivers that have children in their home with godparents, thirty-six percent stated that the godparents provide the child with emotional support. Twenty-seven percent of the caregivers stated that the godparents

provide them with emotional support. The data supported the research that found that godparents provide an additional support system for parents.

There was no significant correlation found between marital status and willingness to become foster parents. Both single and married individuals stated that they were committed to caring for their kin foster children on a long-term basis. As a result, it appears that strong cultural and family commitment, rather than age, income, health, or marital status influence the decision of individuals of Mexican descent to become foster parents to their relative's children.

Although the acculturation scores indicated that the majority of the relative caregiver (52%) are Slightly Anglo Oriented Bicultural, the caregivers demonstrated that they still hold strong cultural ties in spite of acculturation. Finally, the study found that relative foster parents are willing to adopt their relatives children. There is contradiction in the research literature as to the willingness of Hispanics to adopt children, especially their relative's children. Seventy-six percent of the participants stated that they would be willing to consider adopting if reunification efforts failed. Twenty-four percent of the participants stated that they were not willing to adopt or were not

sure if they would be willing to consider adopting their relative foster child, if reunification efforts failed.

#### Limitations of Study

A limitation in this study was the time constraints, which resulted in a smaller population. The study has also presented information on only one of the population groups involved with the Department of Children's Services. As a result the focus of this study is only on individuals of Mexican descent who have made formal arrangements for foster care through the Department of Children's Services, San Bernardino. The use of only this population results in the presentation of information on formal kinship care relationships and a lack of information on informal kinship caregivers.

Another limitation present in this study is the low response rate that resulted from the use of mailers. The participants were contacted by phone to solicit participation. There was never any face-to-face contact between the researchers and the participants. This method of contacting people may have led to fewer people willing to participate in the study. A face-to-face meeting would probably ensure a higher number of people willing to participate in the study. For individuals of Mexican descent, it is important to make a connection and gain their trust in order to get individuals to

participate. Although, the fact that caregivers are busy raising their relative's children may have also been a factor in the result of a low response rate. Another factor that may have caused the low response rate was that at the time this study was being conducted, the Department of Children's Services was also conducting a needs assessment questionnaire for relative caregivers. The caregivers may have not wanted to fill out two questionnaires or may have felt that the two studies were connected in some way.

The negative views and apprehensions that individuals have towards social services and government agencies also presented itself as a limitation in this study. When making phone contacts the researchers encountered resistance, anger, and at times hostile caregivers. Even when the researchers stated that they did not work for the Department of Children's Services, many caregivers were still reluctant to give any information. It seems that caregivers felt as though their privacy was violated when contacted by the researchers.

The use of questionnaires also presented itself as a limitation because of the formality that is associated with questionnaires. Again, there is a lack of a relationship and face-to-face contact with the caregiver. The lack of Latino participation in support groups



prevented the researchers from obtaining participants from a kinship support group. Thus resulting in a lower sample size that is less representative of this ethnic population.

The unknown level of competency of the participants is also a limitation in any study. When an individual is not literate or has limited comprehension, the results of the study will be affected. Even if a participant is literate, other factors such as poor vision can effect their ability to complete a questionnaire. Perhaps these factors can explain why many questions were left blank or answered twice. The data may also be affected if participants have someone help them in completing the questionnaires. The person helping the participant may misinterpret or influence the questions leading to inaccurate results.

A final limitation of this study is based on the format of the instruments being utilized. The acculturation scale's (ARSMA-II) format appears to have been complicated and confusing for some respondents. The vast majority of the questions that were left blank or answered twice on the questionnaire were on the ARSMA-II. The format of this scale allowed for some questions to be missed and for other questions to be answered twice. The use of a Likert type scale seemed to be confusing for some respondents. It was apparent that some respondents

circled and crossed out answers because the format was hard to follow. Another problem with the instruments were that the questionnaire forced respondents to choose only one answer. As a result, some respondents answered twice to the same question. For example, there was a question regarding the frequency of visitations between the child and their parents. The questionnaire did not allow the respondent to answer separately for visitations with the mother and visitations with the father. Also, many caregivers had children in their home with different parents. The questionnaire did not allow for them to answer separately for different children.

Finally, the answers for the questionnaires may be based on the caregivers desire to please the researchers. The researchers had phone contact with the caregivers that took place prior to the questionnaire being mailed out to the participants. It was necessary for the researchers to develop rapport and trust with many of the participants before they would agree to participate in the study. Some caregivers specifically asked if the researchers were also of Mexican descent before they agreed to participate.

#### Implications for Social Work

The study presents valuable information for social workers because it gives information on relative

caregivers of Mexican descent. Social workers can also become aware of the factors that affect and influence an individual's decision to take on the responsibility of becoming a relative caregiver. Understanding these factors can be beneficial when making decisions on placement of children. The study demonstrated that factors such as an individual's acculturation and generation level are influential when making the decision to become a relative caregiver. Social workers need to understand that strong family and cultural values influence a relative's decision to become a caregiver in spite of acculturation.

The study presents information on cultural factors that have influenced individuals of Mexican descent to take on the responsibility of becoming foster parents. It demonstrates how relatives are willing to become kinship caregivers and commit to their relative children. The study has also presented valuable information on how to interact with clients of Mexican descent when attempting to engage and build rapport with them. Establishing a relationship is extremely important in the Mexican culture because this allows for small talk. With small talk comes the possibility of conversation about family issues, personal matters, marital problems, employment, immigration, and children. When using questionnaires, establishing a relationship with an

individual of Mexican descent would have increased the number of participants. The success of any research with individuals of Mexican descent must allow for a relationship to be established so individuals can feel comfortable with participating in a study such as this one.

The information and data in this study can help social workers develop programs that are catered to the characteristics and needs of the caregivers of Mexican descent. This study also provided important suggestions for social workers in working with foster parents of Mexican descent. Social workers must remember to be culturally sensitive and respect the beliefs of relative caregivers. The role of godparents and the importance of culture traditions should also be respected. All those issues will impact the relationship between the caregiver and social worker, and therefore must continue to be evaluated in future research.

In addition, it is apparent that there is a need for an increased number of bilingual social workers in the child welfare system due to the increase of Latino children placed in foster care. In the year 2000, children of color represented 70 percent of California's foster care caseload (Needell et al., 2001). Having bilingual social workers would allow caregivers to speak about sensitive issues directly with the social worker in

Spanish rather than having an interpreter present. Bilingual social workers will also help caregivers feel that these individuals have an understanding of certain cultural issues and share a common bond.

A culturally sensitive social worker will also advocate for caregivers on issues of importance. Especially since some clients, in particular non-English speaking, have difficulty with communication and engaging the system on their own. By being able to identify with the same culture, the establishment of a relationship between the social worker and caregiver can develop. This can result in the improvement of service delivery by the social worker to the caregiver. In turn, the caregiver may also feel more comfortable and develop trust when interacting with a government agency, therefore becoming more cooperative.

#### Conclusions

The results of the study should be beneficial in helping social workers gain a better understanding of the culture and traditions involved in the lives of children of Hispanic descent. This study addressed cultural issues that influence the decision of relatives to become formal kinship caregivers. Cultural traditions are viewed as influential factors in the decision to take on the role of a caregiver. The notion of fictive kin, or

godparents, are addressed as one of the solutions that Latinos turn to in time of need or for assistance with family problems. For Mexican and Mexican-Americans, fictive kin or "padrinos" play an important role in the child's life. Godparents are willing to take on a parental role in the absence of a parent. Godparents can be utilized as an additional resource in the placement of children that are removed from their home. Using godparents as a foster care placement instead of searching for a non-relative foster care placement should continue to be assessed.

In spite of the high level of acculturation of the research participants, it appears that they continue to have strong cultural values. The main influence of the decision to become a caregiver was the sense of responsibility the caregivers felt for caring for their own family members. This strong value is important because it will influence their commitment. Therefore, you can count on them to be long term foster parents.

When helping individuals of Mexican descent, keeping in mind the strong cultural values of this population is important. Strong cultural values can assist foster parents in dealing with obstacles such as low income, that can surface when becoming a caregiver. Finally, it is apparent that caregivers of Mexican descent are willing to fulfill their commitment even when there is

dissatisfaction with social services programs. Although many caregivers shared that they were dissatisfied with the child welfare system, they were still willing to continue being foster parents for their kin. Lastly, the use of kin as foster parents increases the chances that the foster child will maintain contact and visits with family members.

APPENDIX A:  
ENGLISH ACCULTURATION SCALE

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APPENDIX A: ENGLISH ACCULTURATION SCALE

**Please tell us about yourself by circling the answer that best applies to you.**

**Do not leave any questions blank.**

**Gender**

1	2
Male	Female

**Age**

1	2	3	4	5
18-29	30-39	40-49	50-59	60+

**Marital Status**

1	2	3	4	5
Single	Married	Divorced	Separated	Widowed

**What is your religious preference?**

1	2	3	4	5
Christian	Catholic	Jehovah's Witness	Other Religion	No religious preference

**(a) Last grade you completed in school: (Circle your choice)**

1. Elementary-6
2. 7-8
3. 9-12
4. 1-2 years of college
5. 3-4 years of college
6. College graduate and higher

**(b) In what country? \_\_\_\_\_**

**Circle the generation that best applies to you. Circle only one.**

1. 1<sup>st</sup> generation= You were born in Mexico or other country.
2. 2<sup>nd</sup> generation= You were born in USA; either parent born in Mexico or other country.
3. 3<sup>rd</sup> generation= You were born in USA; both parents born in USA and all grandparents born in Mexico or other country.
4. 4<sup>th</sup> generation= You and your parents born in USA and at least one grandparent born in Mexico or other country with remainder born in the USA.
5. 5<sup>th</sup> generation= You and your parents born in the USA and all grandparents born in the USA.

*Circle a number between 1-5 next to each item that best applies.*

	Not at all	Very little or not very often	Moderately	Much or very often	Extremely often or almost always
1. I speak Spanish	1	2	3	4	5
2. I speak English	1	2	3	4	5
3. I enjoy speaking Spanish	1	2	3	4	5
4. I associate with Anglos	1	2	3	4	5
5. I associate with Mexicans and/or Mexican-Americans	1	2	3	4	5
6. I enjoy listening to Spanish language music	1	2	3	4	5
7. I enjoy listening to English language music	1	2	3	4	5
8. I enjoy Spanish language TV	1	2	3	4	5
9. I enjoy English language TV	1	2	3	4	5
10. I enjoy English language movies	1	2	3	4	5
11. I enjoy Spanish language movies	1	2	3	4	5
12. I enjoy reading books in Spanish	1	2	3	4	5
13. I enjoy reading books in English	1	2	3	4	5
14. I write letters in Spanish	1	2	3	4	5
15. I write letters in English	1	2	3	4	5
16. My thinking is done in the English language	1	2	3	4	5
17. My thinking is done in the Spanish language	1	2	3	4	5
18. My contact with Mexico has been	1	2	3	4	5
19. My contact with the USA has been	1	2	3	4	5

	Not at all	Very little or not very often	Moderately	Much or very often	Extremely often or almost always
20. My father identifies or identified himself as "Mexicano"	1	2	3	4	5
21. My mother identifies or identified herself as "Mexicana"	1	2	3	4	5
22. My friends, while I was growing up, were of Mexican origin	1	2	3	4	5
23. My friends, while I was growing up, were of Anglo origin	1	2	3	4	5
24. My family cooks Mexican foods	1	2	3	4	5
25. My friends now are of Anglo origin	1	2	3	4	5
26. My friends now are of Mexican origin	1	2	3	4	5
27. I like to identify myself as an Anglo American	1	2	3	4	5
28. I like to identify myself as a Mexican American	1	2	3	4	5
29. I like to identify myself as a Mexican	1	2	3	4	5
30. I like to identify myself as an Mexican	1	2	3	4	5

APPENDIX B:  
SPANISH ACCULTURATION SCALE

APPENDIX B: SPANISH ACCULTURATION SCALE

**Marque con un circulo el numero a la respuesta que sea mas adecuada para usted.**

Genero

1	2
Masculino	Femenina

Edad

1	2	3	4	5
18-29	30-39	40-49	50-59	60+

Estado Civil

1	2	3	4	5
Soltero/a	Casado/a	Divorciado/a	Separado/a	Viudo/a

Cual es su religion predilecta?

1	2	3	4	5
Cristiano/a	Catolico/a	Tesgio de Giova	Otra	Ninguna preferencia religiosa

(a). Hasta que grado fue a la escuela? (Indique con un circulo la respuesta)

1. Primaria – 6
2. Secundaria 7-8
3. Preparatoria 9-12
4. Universidad o Colegio 1-2 anos
5. Universidad o Colegio 3-4 anos
6. Graduado o grado, mas alto de Colegio o Universidad

(b). En que pais? \_\_\_\_\_

**[Indique con un circulo el numero de la generacion que considere adecuada para usted. De solamente una respuesta.]**

1. 1a. generacion = Usted nacio en Mexico u otro pais [no en los Estados Unidos].
2. 2a. generacion = Usted nacio en los Estados Unidos Americanos (USA), sus padres nacieron en Mexico o en otro pais.
3. 3a. generacion = Usted nacio en los Estados Unidos Americanos (USA), sus padres tambien nacieron en los Estados Unidos (USA) y sus abuelos nacieron en Mexico o en otro pais.
4. 4a. generacion = Usted nacio en los Estados Unidos Americanos (USA), sus padres nacieron en los Estados Unidos Americanos (USA) y por lo menos uno de sus abuelos nacio en Mexico o algun otro pais.
5. 5a. generacion = Usted y sus padres y todos sus abuelos nacieron en los Estados Unidos(USA).

**Marque con un circulo el numero entre 1 y 5 a la respuesta que sea mas adecuada para usted.**

	Nada	Un poquito o A veces	Modera- mente	Mucho o muy Frecuente	Muchisimo o casi todo el Tiempo
1. Yo hablo Espanol	1	2	3	4	5
2. Yo hablo Ingles	1	2	3	4	5
3. Me gusta hablar en Espanol	1	2	3	4	5
4. Me asocio con Anglos	1	2	3	4	5
5. Yo me asocio con Mexicanos o con Norte Americanos	1	2	3	4	5
6. Me gusta la musica Mexicana (musicas en idioma Espanol)	1	2	3	4	5
7. Me gusta la musica de idioma Ingles	1	2	3	4	5
8. Me gusta ver programas en la television que sean en Espanol	1	2	3	4	5
9. Me gusta ver programs en la television que sean en Ingles	1	2	3	4	5
10. Me gusta ver peliculas en Ingles	1	2	3	4	5
11. Me gusta ver peliculas en Espanol	1	2	3	4	5
12. Me gusta leer (libros en Espanol)	1	2	3	4	5
13. Me gusta leer (libros en Ingles)	1	2	3	4	5
14. Escribo (Cartas en Espanol)	1	2	3	4	5

	Nada	Un poquito o A veces	Moderamente	Mucho o muy Frecuente	Muchísimo o casi todo el Tiempo
15. Escribo (Cartas en Ingles)	1	2	3	4	5
16. Mis pensamientos ocurren en el idioma Ingles	1	2	3	4	5
17. Mis pensamientos ocurren en el idioma Espanol	1	2	3	4	5
18. Mi contacto con Mexico ha sido	1	2	3	4	5
19. Mi contacto con los Estados Unidos Americanos ha sido	1	2	3	4	5
20. Mi padre se identifica (o se identificaba) como Mexicano	1	2	3	4	5
21. Mi madre se identifica (o se identificaba) como Mexicana	1	2	3	4	5
22. Mis amigos(as) de mi ninez eran de origen Mexicano	1	2	3	4	5
23. Mis amigos(as) de mi ninez eran de origen Anglo Americano	1	2	3	4	5
24. Mi familia cocina comidas Mexicanas	1	2	3	4	5
25. Mis amigos recientes son Anglo Americanos	1	2	3	4	5
26. Mis amigos recientes son Mexicanos	1	2	3	4	5
27. Me gusta identificarme como Anglo Americano	1	2	3	4	5

	Nada	Un poquito o A veces	Modera- mente	Mucho o muy Frecuente	Muchisimo o casi todo el Tiempo
28. Me gusta identificarme como Norte Americanos (Mexico Americano)	1	2	3	4	5
29. Me gusta identificarme como Mexicano	1	2	3	4	5
30. Me gusta identificarme como un(a) Americano(a)	1	2	3	4	5



APPENDIX C:  
ENGLISH QUESTIONNAIRE

APPENDIX C: ENGLISH QUESTIONNAIRE

*Please circle the choice that best applies.*

1. Number of adults in the home

1	2	3	4
One adult	Two adults	Three adults	Four or more adults

2. Number of children in the home

1	2	3	4
One child	Two children	Three children	Four or more children

3. Number of relative foster children in the home

1	2	3	4
One child	Two children	Three children	Four or more children

4. Your relationship to the foster child(ren)

1	2	3	4	5
Grandparent	Aunt/Uncle	Cousin	Sibling	Other

5. Occupation

1	2	3	4	5
Full-time	Part-time	Not working	Retired	Other

6. Annual household income

1	2	3	4
Less than \$10,000	\$10,001-\$30,000	\$30,001-\$50,000	\$50,001 or more

7. Housing status

1	2	3	4
Own House	Rent	Subsidize	Other

8. Your Health Status

1	2	3	4
Excellent	Good	Fair	Poor

9. Reason for initial placement of child(ren)

1	2	3	4	5
Neglect	Physical Abuse	Sexual Abuse	Parent Unavailable	Other

10. What language do(es) the child(ren)'s prefer to speak at home?

1	2	3
English	Spanish	Both English and Spanish

11. What language do you speak to the child(ren) in?

1	2	3
English	Spanish	Both English and Spanish

12. What language do(es) the child(ren) speak to each other?

1	2	3
English	Spanish	Both English and Spanish

13. Was your decision to become the child(ren)'s caregiver influenced by your family?

1	2
Yes	No

14. Was your decision to become the child(ren)'s caregiver influenced by your religion?

1	2
Yes	No

15. Was your decision to become the child(ren)'s caregiver influenced by the child(ren)'s parents?

1	2
Yes	No

16. How often do(es) the child(ren) have phone contact with their biological parents?

1	2	3	4	5
Weekly	Monthly	Every 6 Months	Yearly	Rarely or Never

17. What made you decide to become a relative caregiver?

1	2	3	4
Relation to Child	Religion	Culture	Other Reason

18. Are the parent(s) satisfied with the child's placement in your home?

1	2	3
Yes	No	Don't Know

19. How often do(es) the child(ren) have visitations with their biological parents?

1	2	3	4	5
Weekly	Monthly	Every 6 Months	Yearly	Rarely or Never

20. If visitations do occur, where do they take place?

1	2	3	4	5
Your Home	Parent's Home	DCS Office	Other	Does Not Apply

21. How often do(es) the child(ren) have contact with siblings?

1	2	3	4	5
Weekly	Monthly	Every 6 Months	Yearly	Rarely or Never

22. How often do(es) the child(ren) have contact with other relatives?

1	2	3	4	5
Weekly	Monthly	Every 6 Months	Yearly	Rarely or Never

23. Do(es) the child(ren) have godparents?

1	2	3
Yes	No	Don't Know

***If you answered No to #23, please skip to question #30.***

24. How often do(es) the child(ren) have contact with the godparents?

1	2	3	4	5
Weekly	Monthly	Every 6 Months	Yearly	Rarely or Never

25. How important are the godparent(s) in the child's life?

1	2	3	4
Very Important	Important	Somewhat Important	Not important

26. Do the godparents provide you with economic support?

1	2
Yes	No

27. Do the godparents provide the children with emotional support?

1	2
Yes	No

28. Do the godparents provide you with emotional support?

1	2
Yes	No

29. Are the godparents helping you raise the children?

1	2
Yes	No

30. Do you depend on any other family or friends for support with the child(ren)?

1	2
Yes	No

31. How long have you been a caregiver for your relative's child(ren)?

1	2	3	4
Less than 3 Months	3-6 Months	7-11 Months	12 Months or More

32. How long are you willing to continue caring for your relative's child(ren)?

1	2	3	4
Less than 3 Months	3-6 Months	7-11 Months	12 Months or More

33. Would you be willing to consider adopting your relative's child(ren) if they were unable to reunify with their parent?

1	2	3
Yes	No	Not Sure

APPENDIX D:  
SPANISH QUESTIONNAIRE

APPENDIX D: SPANISH QUESTIONNAIRE

Por favor circule la respuesta mas apropiada.

1. Numero de adultos en la casa

1	2	3	4
Un adulto	Dos adultos	Tres adultos	Cuatro o mas adultos

2. Numero de niños en la casa

1	2	3	4
Un niño	Dos niños	Tres niños	Cuatro o mas niños

3. Numero de hijos de crianza

1	2	3	4
Un niño	Dos niños	Tres niños	Cuatro o mas niños

4. Relacion con el niño

1	2	3	4	5
Abuelo/a	Tio/Tía	Primo/a	Hermano/a	Otra Parentela

5. Ocupacion

1	2	3	4	5
Tiempo completo	Medio tiempo	No Trabaja	Jubilado/a	Otra Razon

6. Ingresos al ano

1	2	3	4
Menos de \$10,000	\$10,001-\$30,000	\$30,001-\$50,000	Mas de \$50,001

7. Describa su vivienda

1	2	3	4
Dueno de Casa	Renta	Soy subsidiario	Otra situacion

8. Su estado de salud

1	2	3	4
Excelente	Bueno	Regular	Mal

9. Cual es la razon por la cual el/los niños los pusieron bajo su cuidado

1	2	3	4	5
Negligencia	Abuso Fisico	Abuso Sexual	Padres Aucentes	Otra Razon

10. En que idioma prefieren hablar los niños cuando estan en casa?

1	2	3
Ingles	Español	Ingles y Español

11. En que idioma les habla a los niños?

1	2	3
Ingles	Español	Ingles y Español

12. En que idioma se hablan los niños el uno al otro?

1	2	3
Ingles	Español	Ingles y Español

13. Influyo su familia en su decision de ser padre de crianza?

1	2
Si	No

14. Influyo su religion en su decision de ser padre de crianza?

1	2
Si	No

15. Influyeron los padres del niño en su decision de ser padre de crianza?

1	2
Si	No

16. Cuantas veces hablan por telefono los niños con sus padres?

1	2	3	4	5
Semanal	Mensual	Cada 6 Meses	Annual	Nunca o rara vez

17. Cual fue la razon por la que usted decidio ser un padre de criansa?

1	2	3	4
Parentela al Nino	Religion	Cultura	Otra Razon

18. Estan satisfechos los padres de que el niño este a su cuidado?

1	2	3
Si	No	No Se

19. Cuantas veces tienen visitas los niños con sus padres?

1	2	3	4	5
Semanal	Mensual	Cada 6 Meses	Annual	Nunca o rara vez

20. Cuando hay visitas donde se llevan acabo?

1	2	3	4	5
Su casa	La casa de los padres	La oficina de DCS	Otro Lugar	No aplica

21. Cuantas veces tienen visitas los niños con sus hermanos/as?

1	2	3	4	5
Semanal	Mensual	Cada 6 Meses	Annual	Nunca o rara vez



22. Cuantas veces tienen contacto los niños con otros parientes?

1                      2                      3                      4                      5  
Semanal              Mensual              Cada 6 Meses      Annual      Nunca o rara vez

23. Tienen padrinos los niños?

1                                      2                                      3  
Si                                      No                                      No Se

*Si su respuesta fue No a la pregunta #23, continúe con la pregunta #30.*

24. Si tienen padrinos los niños, cuantas veces tienen contacto los niños con sus padrinos?

1                      2                      3                      4                      5  
Semanal      Mensual      Cada 6 Meses      Annual      Nunca o rara vez

25. En la vida de los niños, que importante son los padrinos?

1                      2                      3                                      4  
Muy Importante      Importante      Un poco Importante      No son Importantes

26. Le ayudan económicamente los padrinos de los niños?

1                                      2  
Si                                      No

27. Le dan apoyo emocional los padrinos a los niños?

1                                      2  
Si                                      No

28. Le dan apoyo emocional los padrinos de los niños a usted?

1                                      2  
Si                                      No

29. Los padrinos le ayudan con la crianza de los niños?

1                                      2  
Si                                      No

30. Depende usted de otro familiar o amigo/a para recibir apoyo con el cuidado de los niños?

1                                      2  
Si                                      No

31. Cuanto tiempo lleva siendo un padre de crianza?

1                      2                      3                                      4  
Menos de 3 meses      De 3 a 6 meses      7 a 11 meses      12 meses o más

32. Cuanto tiempo continuara siendo un padre de crianza?

1                      2                      3                                      4  
Menos de 3 meses      De 3 a 6 meses      7 a 11 meses      12 meses o más

33. Si los niños no son reunificados con sus padres, consideraría usted adoptarlos?

1  
Si

2  
No

3  
No esta Seguro/a

APPENDIX E:  
ENGLISH CONSENT FORM

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APPENDIX E: ENGLISH CONSENT FORM

The study in which you are about to participate is designed to investigate the attitudes of Mexican and Mexican-Americans towards kinship care. As a participant your values and feelings are important to this study. This study is being conducted by Mayola Miranda and Dianna Zuniga, M.S.W. students at California State University San Bernardino, under the supervision of Lawrence Vasquez, LCSW with guidance from Dr. Rosemary McCaslin. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

In this study you will be asked to respond to several interview questions. The interview should take about 15 to 20 minutes. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses to the agency or anyone else. All data will be reported in group form only. You may see the group results of this study upon completion after June of 2001 in the Pfau Library at CSUSB.

The group results of this study will be shared with the Department of Public Social Services (DPSS) for San Bernardino County. All information will remain confidential. DPSS will not know whether you decide to participate or not and your decision will not affect the services you receive from DPSS in any way.

Your participation in this study is totally voluntary. You are free to withdraw at any time during this study. In order to ensure the validity of the study, we ask you not to discuss this study with other foster parents.

If you have any questions about the study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507.

By my mark below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.

\_\_\_\_\_  
Participant's Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

APPENDIX F:  
SPANISH CONSENT FORM

APPENDIX F: SPANISH CONSENT FORM

Consentimiento para Participacion

El estudio en el que va a participar intenta investigar la actitud de Mexicanos y Mexico-Americanos hacia el cuidado por parentela. Como participante sus sentimientos y valores son importante para el estudio. El estudio sera conducido por Mayola Miranda y Dianna Zuniga bajo la supervision de Lawrence Vasquez, LCSW y con la direccion de la Dr. Rosemary McCaslin. El estudio a sido aprobado por el Consejo Institucional de Revision del Sub-Comite del Departamento de trabajo social.

Parte del estudio consiste de una entrevista. La entrevista durara de 15 a 20 minutos. La entrevista sera confidencial. Su nombre y respuestas no seran compartidas con ninguna persona, ni la agencia. Los datos seran reportados en un formato de grupo. Podra ver los resultados cuando el estudio se haya completado en Junio del 2001, en la biblioteca de la Universidad del Estado de California en San Bernardino.

Los resultados del estudio seran compartidos con el Departamento de Servicios Publicos del condado de San Bernardino. Toda la informacion permanecera confidencial. El Departamento de Servicios Publicos no sabra sobre su decision de participar en el estudio, y su decision no afectara los beneficios que usted recibe por el Departamento de Servicios Publicos. Su participacion en el estudio sera absolutamente voluntario. Usted podra retirarse del estudio a cualquier momento. Por el bien del estudio, le pedimos que por favor no hable sobre el estudio con otros padres de criansa.

Si usted tiene alguna pregunta sobre el estudio, puede llamarle a la Dr. Rosemary McCaslin al (909) 880-5507.

Al marcar abajo, yo indico que he sido informado/a, y entiendo el proposito del estudio, y estoy participando por mi propia voluntad. Yo declaro que soy mayor de edad.

\_\_\_\_\_  
Marca del Participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Investigador

\_\_\_\_\_  
Fecha

APPENDIX G:  
ENGLISH DEBRIEFING STATEMENT

## APPENDIX G: ENGLISH DEBRIEFING STATEMENT

The study you have just completed was designed to investigate the attitudes of Mexicans and of Mexican-Americans towards kinship care. In this study the researchers are interested in discovering whether a relationship exists between the level of acculturation and the difference in attitudes between Mexicans and Mexican-Americans. We are interested in finding the results of a study such as this because there is minimal research on this topic and the results will assist social workers in making appropriate placement decisions for children of Mexican descent.

If you were affected by your participation in this study and feel that you need to discuss your feelings about this experience you are free to approach one of the researchers who will be willing to assist you in any way possible.

Thank you for your participation and for not discussing the contents of the questionnaire with other individuals. If you have any questions about the study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507. If you would like to obtain a copy of the results of this study, you may find one at California State University, San Bernardino in the Pfau Library after June 2001.



APPENDIX H:  
SPANISH DEBRIEFING STATEMENT

APPENDIX H: SPANISH DEBRIEFING STATEMENT

**Informe sobre el Estudio**

El estudio en el que acaba de completar fue designado para investigar las actitudes de Mexicanos y Mexico-Americanos hacia el cuidado por parentela. En este estudio los investigadores estan interesados en descubrir si existe una relacion entre el nivel de aculturacion y la diferencia en actitudes entre Mexicanos y Mexico-Americanos. Estamos interesados en encontrar resultados de un estudio como este por la razon de que hoy muy poca investigacion en este tema. Los resultados ayudarian al trabajador social en hacer decisions apropiadas para ninios de decendencia Mexicana.

Si usted a sido afectado al participar en este estudio y siente que necesita discutir sus sentimientos sientace libre en conversar con uno de los investigadores quien lo podra ayudar en cualquier forma posible.

Se le agradece su participacion y su confidencialidad al no informar a otros individuos hacerca del cuestionario del estudio. Si tiene alguna pregunta relacionada al estudio, favor de llamar a la Dr. Rosemary McCaslin al (909) 880-5507. Si desea conseguir una copia de los resultados del estudio, usted puede conseguir uno en la Biblioteca de la Universidad del Estado de California en San Bernardino despues de Junio 2001.

APPENDIX I:  
ENGLISH INSTRUCTION SHEET

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## APPENDIX I: ENGLISH INSTRUCTION SHEET

Thank you for your participation in this study. Your feelings and opinions are important for this study.

In this packet, you will find:

- An informed consent page
- A 5 page questionnaire
- A debriefing page
- A self-addressed stamped envelope

Please read the consent form and place a mark on the designated line and date it. Read and follow all the directions as you complete the survey.

Once you complete the survey, read the debriefing statement and keep it for your own records.

When you are done, include the following in the self-addressed stamped envelope:

- The informed consent page
- The 5 page survey

**Please mail the envelope within 3 days of receiving it.**

Again, thank you for your participation,

Mayola Miranda and Dianna Zuniga

APPENDIX J:  
SPANISH INSTRUCTION SHEET

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## APPENDIX J: SPANISH INSTRUCTION SHEET

Gracias por su participacion en este estudio. Sus sentimientos y opiniones son importante para el estudio.

En el paquete encontrara:

- La pagina de consentimiento para participacion
- El cuestionario de 5 paginas
- La pagina del informe
- Un sobre para regresar el paquete

Por favor lea la pagina de consentimiento y marque con una "X" en la linea indicada, y pongale la fecha. Despues lea las indicaciones y complete el cuestionario.

Al terminar lea el informe y quedese con esta hoja.

Al final incluya en el sobre incluido:

- La pagina de consentimiento
- El cuestionario de 5 paginas.

**Por favor, mande el sobre por correo dentro de 3 días de haberlo recibido.**

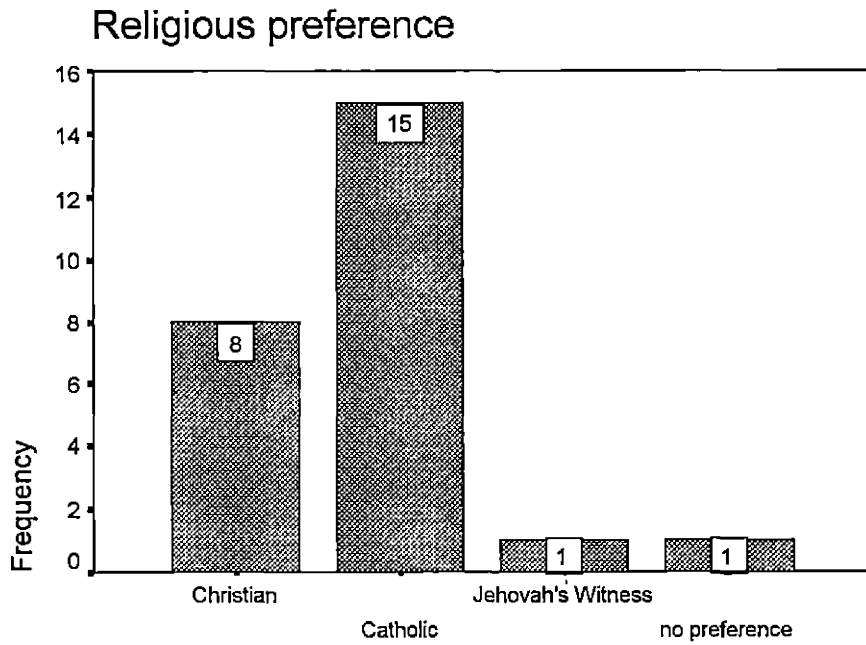
Otra vez, gracias por su participacion,

Mayola Miranda y Dianna Zuniga

APPENDIX K:

FIGURE 1. RELIGIOUS PREFERENCE

APPENDIX K: FIGURE 1. RELIGIOUS PREFERENCE

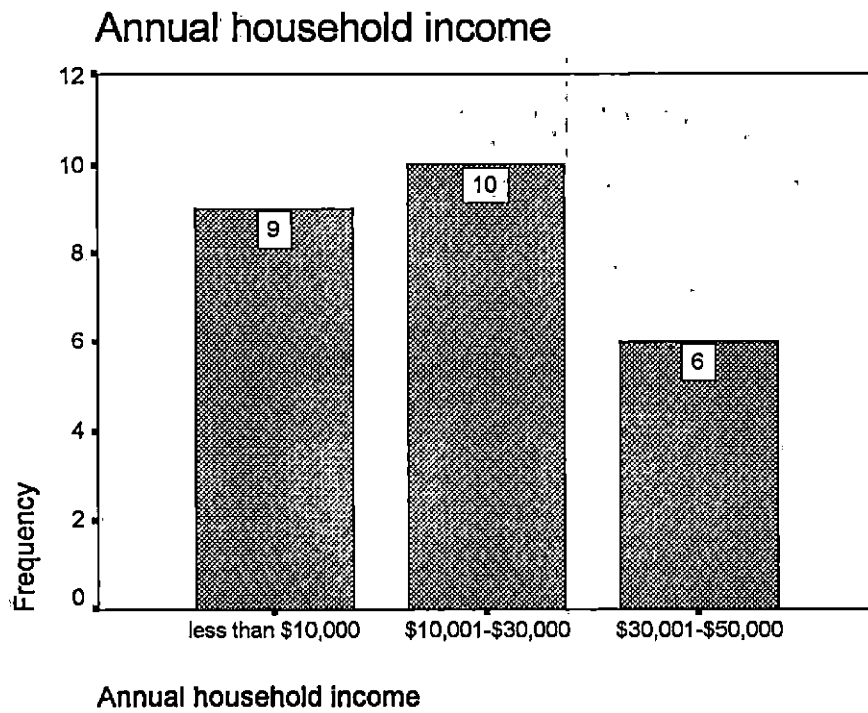


Religious preference



APPENDIX L:  
FIGURE 2. ANNUAL HOUSEHOLD INCOME

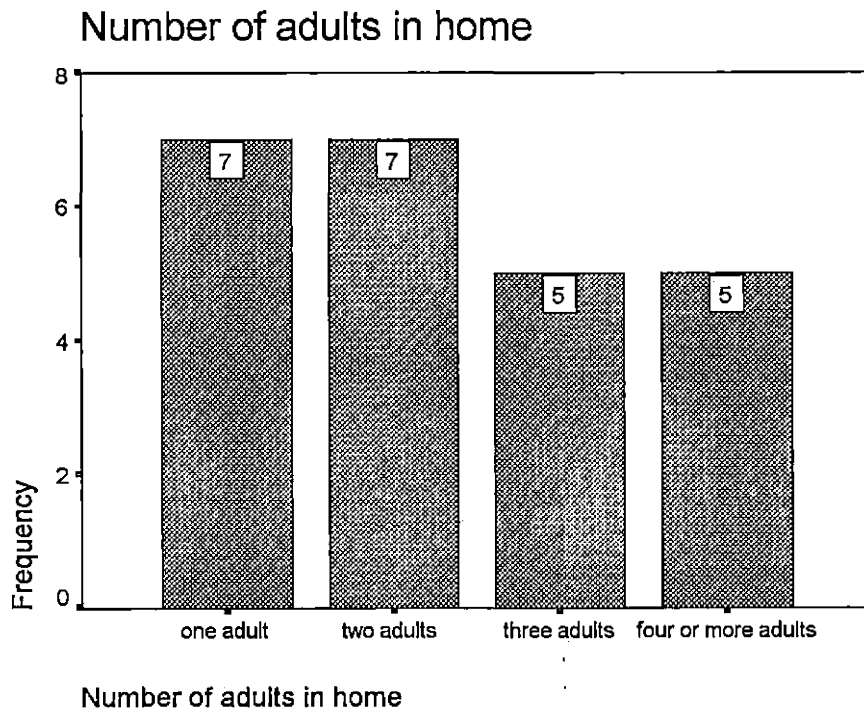
APPENDIX L: FIGURE 2. ANNUAL HOUSEHOLD INCOME



APPENDIX M:

FIGURE 3. NUMBER OF ADULTS IN HOME

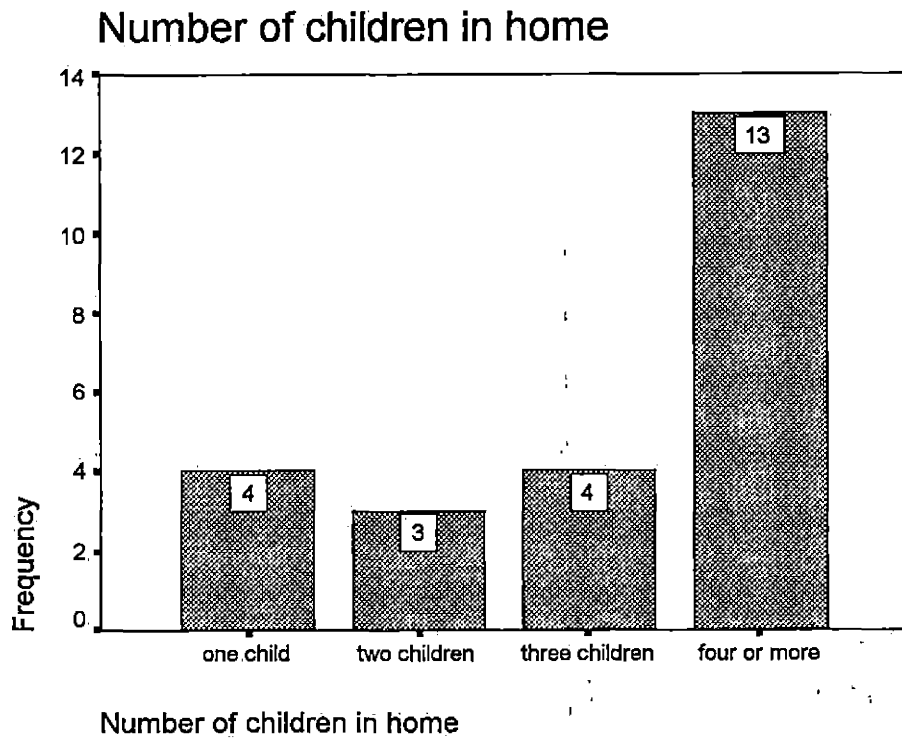
APPENDIX M: FIGURE 3. NUMBER OF ADULTS IN HOME



APPENDIX N:

FIGURE 4. NUMBER OF CHILDREN IN HOME

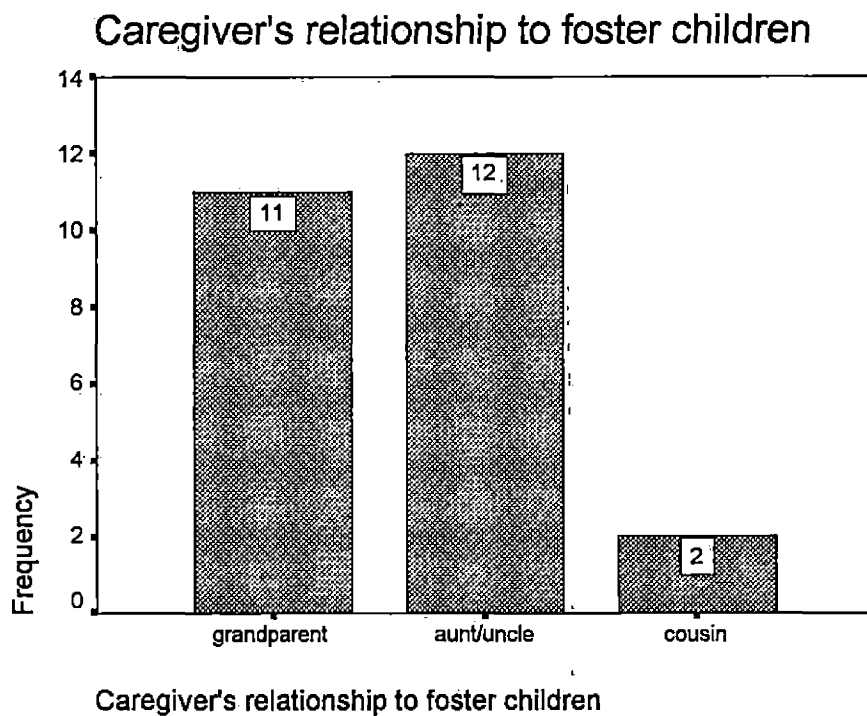
APPENDIX N: FIGURE 4. NUMBER OF CHILDREN IN HOME



APPENDIX O:

FIGURE 5. CAREGIVER'S RELATION TO CHILD

APPENDIX O: FIGURE 5. CAREGIVER'S RELATION TO CHILD



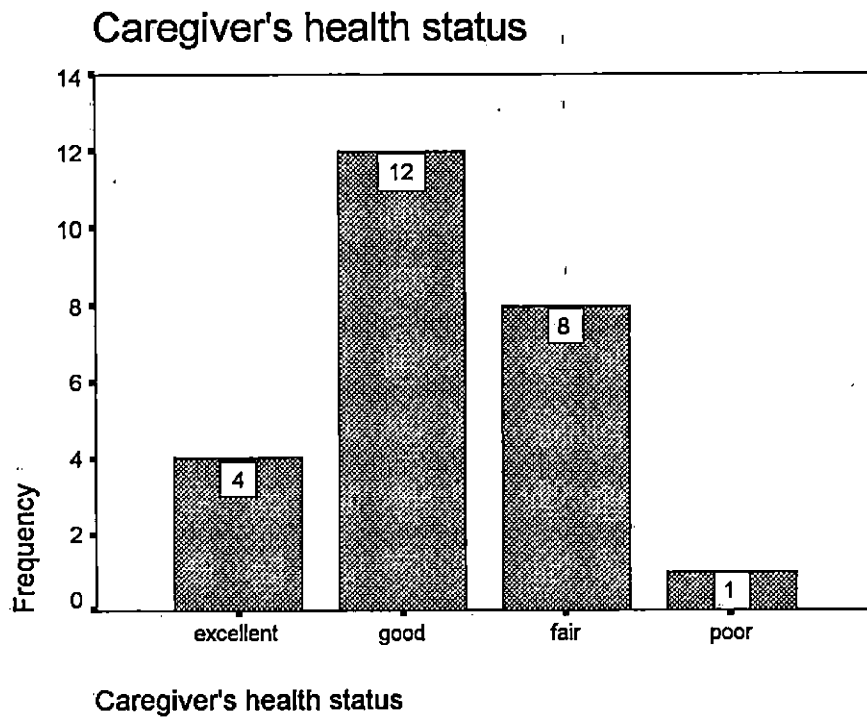


APPENDIX P:

FIGURE 6. CAREGIVER'S HEALTH STATUS

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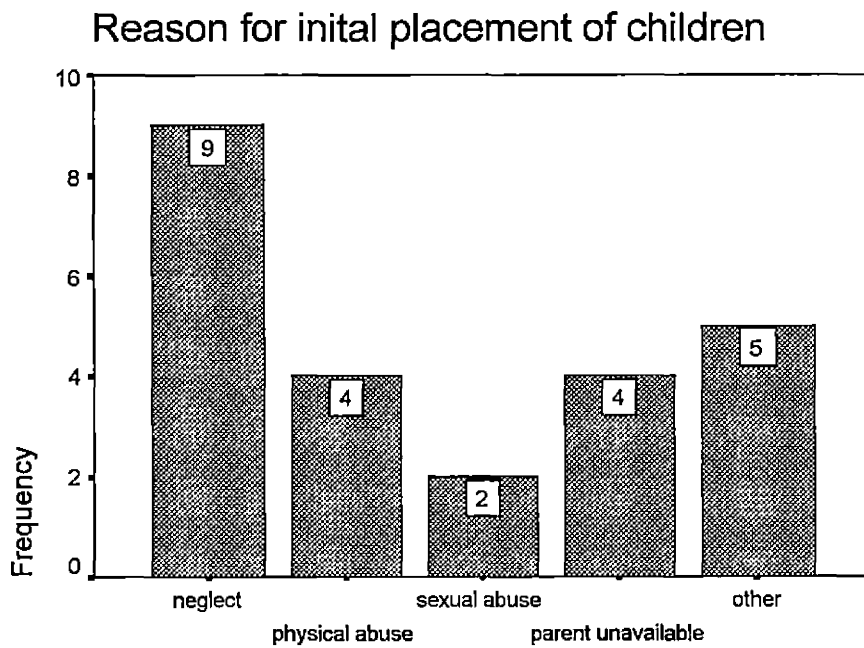
APPENDIX P: FIGURE 6. CAREGIVER'S HEALTH STATUS



APPENDIX Q:

FIGURE 7. REASON FOR INITIAL PLACEMENT

APPENDIX Q: FIGURE 7. REASON FOR INITIAL PLACEMENT

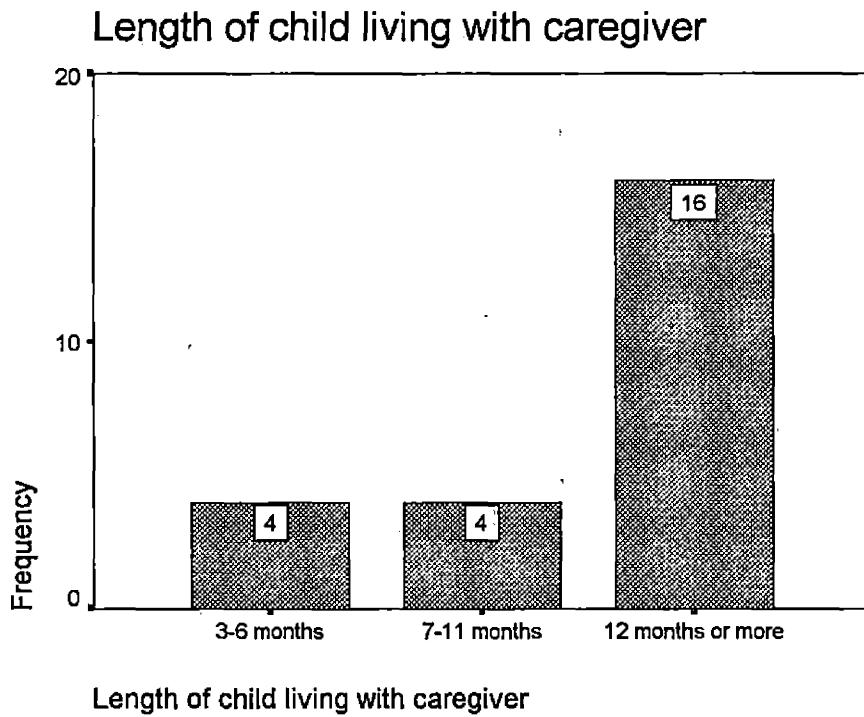


Reason for initial placement of children

APPENDIX R:

FIGURE 8. LENGTH OF TIME LIVING WITH CHILD

APPENDIX R: FIGURE 8. LENGTH OF TIME LIVING WITH CHILD



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## ASSIGNED RESPONSIBILITIES PAGE

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

### 1. Data Collection:

Assigned Leader Dianna Irene Zuniga

Assisted by Mayola Miranda

### 2. Data Entry and Analysis:

Assigned Leader Mayola Miranda

Assisted by Dianna Irene Zuniga

### 3. Writing Report and Presentation on Findings:

#### a. Introduction

Assigned Leader Dianna Irene Zuniga

Assisted by Mayola Miranda

#### b. Literature Review

Assigned Leader Mayola Miranda

Assisted by Dianna Irene Zuniga

#### c. Research Design

Assigned Leader Dianna Irene Zuniga

Assisted by Mayola Miranda

#### d. Results

Assigned Leader Mayola Miranda

Assisted by Dianna Irene Zuniga

e. Discussion

Assigned Leader Dianna Irene Zuniga

Assisted by Mayola Miranda

f. Tables and Figures

Assigned Leader Mayola Miranda

Assisted by Dianna Irene Zuniga