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AN EXPLORATION OF THE PARADIGM OF KINSHIP CAREGIVING AND CAREGIVERS’ EXPERIENCES WITH CHILD WELFARE AND PUBLIC WELFARE SYSTEMS USING CRITICAL THEORY ANALYSIS

A Dissertation
Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy in The School of Social Work

by Tara Valinchus DeJohn B. S., Louisiana State University, 1986 M.S.W., Louisiana State University, 1990 May, 2011
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ABSTRACT

Kinship caregiving as a paradigm in the United States (US) is historically linked to slavery subcultural practices. Over time, dominant US systems have vacillated in demonstrating formal acknowledgement of kinship as an acceptable family unit and in availing resources to support kinship caregiving. The patterns and practices of these variations pertaining to kinship caregiving as a paradigm have received little attention despite documentation of its increased utilization in public child welfare and welfare systems. This exploratory case study responds to the paucity of knowledge regarding the systemic shifts towards the kinship caregiving paradigm and the perspectives of kinship caregivers who interface with public child welfare and welfare systems during their relative caring episodes. Critical theory is used to explore the impact of privilege and oppression as relates to the variations of the paradigm over time within these systems, as well as to the kinship families’ interactions with the child welfare and welfare systems. Kinship caregivers’ recommendations for child welfare and welfare systems’ improvements are also included in this study. Information gained from this study may assist policy makers, trainers, educators, and practitioners involved in child welfare and welfare agencies enhance these systems towards policies and practices that are culturally responsive and improve services to sustain kinship families.
CHAPTER 1: INTRODUCTION

The manner in which the construct of family has been defined, supported, measured, and sustained in the United States (U.S.) has largely been controlled by dominant legal and bureaucratic systems. Rarely have these systems functioned within a context of equity across racial, sexual, or socioeconomic groups. The very privilege of family in terms of marital unions and the ability to keep custody of birthed children was limited to White, free citizens during the founding years of the U.S. Legally, people of color were not afforded the privilege of having familial ties, and their biological networks were commonly severed for the sake of economic gains of White property owners (Hollinger, 2003; Jones, 2010; Penningroth, 2007; Pescoe, 1996). However, it is well known that despite these oppressive practices, African American slaves developed strategies to create and maintain their own familial networks without legal or public acknowledgements in the White, free world. These familial networks were maintained throughout generations, in part, by what is now considered kinship caregiving (Jones, 2010).

Kinship caregiving is, thus, a very old practice of familial functioning. However, only recently has kinship caregiving begun to receive legitimacy as a viable, functional family configuration in U.S. systems and dominant society. Scholarly and popular media tout kinship families as a growing phenomenon, failing to realize that it is the systems that are newly recognizing these families, not that these families are newly forming. Statements such as “kinship caregiving is a growing pattern of family configurations in the U.S.” that frequently appear in articles related to kinship caregiving fail to recognize assumptions embedded within those statements. It is not fully possible to know the accuracy of such statements because there is not a consistent manner in which kinship families are defined or counted in this country (Cuddeback, 2004; Geen, 2004).
Kinship Families Recognized in Society

Rubin and Babbie (2008) define paradigm as “a fundamental model or scheme that organizes our view of something” (p. 43). It is within this context of paradigm that kinship caregiving is explored in this study. Kinship caregiving is one of very few examples of a paradigm associated with African American slavery subculture that emerged from centuries of neglect and misunderstanding by the dominant culture to become not only recognized but given preferential status in some circumstances. Discussions in the literature review illuminate the changes kinship caregiving has undergone in the U.S. from being a private, non-legal, phenomenon to a public, legally recognized phenomenon. Specifically, in the field of child welfare, kinship placement is now considered the preferred practice in times when children must be removed from their natural homes (Barth et al., 2008; Geen, 2004). In public welfare, funding for Temporary Assistance for Needy Families (TANF) has been broadened to include a kinship subsidy program for Title IV-E eligible children (Blair & Taylor, 2006). This paradigm shift for kinship caregiving moving from a status of no recognition to preferred status is substantial and has received little attention in the literature from this context.

U.S. Society and Kinship Families

It is difficult to know the precise number of kinship families that currently exist in the U.S. due to the lack of a national standard for defining and documenting kinship care (Allen, DeVooght, & Geen, 2008; Child Welfare League of America [CWLA], 2007). In 2010, the Census Bureau reports that there are 74,718,000 households in the U.S. with children under the age of 18 years old. Of these households, 4.1% consisted of children living without a biological parent present (U. S. Census, 2010). Kreider (2007), utilizing 2004 U. S. Census population data, indicated that households in which relatives are caring for children without a biological parent present have a higher percentage of utilization of public assistance compared to households with
one or both biological parents present. Specifically, in 2004, some form of public assistance was received by 77% of households headed by one or both grandparents, by 84% of households headed by extended relatives or nonrelatives as compared to 43% of households headed by one or both biological parents (Kreider, 2007). Although complete reports on the newly collected census data are not yet disseminated, publicly available data tables suggest that households without biological parents present continue to receive public assistance at a greater proportion than those with one or both biological parents present (see Table C8, U. S. Census, 2010).

Utilization of relative placements in child welfare agencies is considered the fastest growing practice of this field (Berrick, 1998; Billing, Ehrle, & Kortenkamp, 2002; Fuller-Thomsom, & Minkler, 2000; Geen & Berrick, 2002). The literature notes that in the last decade attention to public policies and agency practices related to kinship families has increased (Child Welfare Information Gateway 2008; Dorch, Mumpower, & Jochnowitz, 2008). Research has seen a shift moving attention from kinship caregivers as external or ancillary support systems for families to exploring a myriad of issues related to kinship family households and children’s outcomes. However, much of the research is limited to secondary analyses of administrative data (Barth et al., 2008), comparisons of kin to non-kin caregivers (Harden, Clyman, Kriebel, & Lyons, 2004; Pabustan-Claar, 2007), and worker and children perceptions of kinship caregivers (Beeman, & Boisen, 1999; Messing, 2005; Peters, 2004). Less research is available that represents the first person voice of the kinship caregivers themselves. Analyses of child and family related legislation and policy changes from a critical theory approach are also sparse in the literature. Thus, little is known about the impact legislative and policy changes have had on kinship families. Letiecq, Bailey, and Porterfield (2008) provide insight on some legal and policy issues faced by grandparents raising grandchildren from their qualitative study that consisted of 26 grandparents. Their study sample was markedly different than what is
commonly noted in the literature for kinship caregivers. Specifically, their study contained grandparents who were mostly married, had high school or above education levels and all but one grandparent was identified as being White (the non-White grandparent identified as Native American). In the literature, kinship caregivers tended to be single females with some high school education, rarely education beyond the high school level, and are identified as African American. Despite demographic differences, the barriers experienced by the caregivers in the Letiecq, Bailey, and Griffin (2008) study appeared similar to those faced by the caregivers in this study related to custody, financial assistance, access to resources, and feelings of respect. This was anticipated because these issues that are embedded in the child welfare (CW) service and Temporary Assistance for Needy Families (TANF) service agencies are believed to be systemic.

**Social Work Relevance**

This study focused on kinship caregiving within the U.S. public systems of child welfare and welfare. Specifically, the government based systems responsible for the protection of children from abuse and neglect (child welfare) and for the financial assistance related to poverty or public relief (welfare). Scholars agree that there have been persistent tensions in society related to child welfare and welfare that directly relate to kinship families. These include government versus individual or family responsibility for childcare, relative versus non-relative placements for children, and social costs versus benefits of child welfare and welfare services (Brooks & Webster, 1999; Dorch et al., 2008; McGowan, 2005). This study addressed these tensions from the kinship caregivers’ perspectives. Providing a voice to a population often placed at the margins of social systems aligns with social work’s principles of empowerment and importance of human relationships (National Association of Social Workers [NASW], 2008). Critically examining the underpinnings of the policies and practices within the CW and TANF agencies forwards social work’s commitment to social justice and the elimination of oppression.
and assists in moving these systems beyond the status quo (Cox & Hardwick, 2002; NASW, 2008). Gaining a deeper understanding of how kinship caregivers believe CW and TANF agencies perceive them can illuminate details of how the paradigm shift in valuing kinship exists from abstract concept, to policy, and to practice. If CW and TANF agencies are striving towards increased collaborative policies and practices that are to include kinship caregivers, it is imperative that mutual perceptions of value and trust are established. Gaining a deeper understanding of how kinship caregivers feel empowered and supported provides clear opportunities to build relationships of value and trust. Allowing kinship caregivers to determine their needs and priorities for change demonstrates congruency with declaring kinship as a valuable familial option.

Social workers are often the leaders in training professionals that will work in settings in which kinship families regularly interact. The literature indicates occurrences of biases against kinship caregivers by various public service professionals (Beeman & Boisen, 1999; Peters, 2004), as well as an uncertainty pertaining to best policies and practices for relative placement cases (Cuddeback, 2004; Geen, 2004; Messing, 2005). Gaining a better understanding of kinship caregivers’ experiences has the potential to dispel myths and stereotypes, to improve relationships between social workers and kinship caregivers, to improve training of future social workers, and to develop policies and practices that are more inclusive and supportive of this familial composition.

**Purpose of Study**

**Theoretical and Conceptual Frameworks**

This study had two purposes. One purpose explored the paradigm shifts of kinship caregiving in child welfare (CW) and public welfare (TANF) systems over time in the U.S. The second purpose sought to gain a deeper understanding of the individual experiences of kinship caregivers.
caregivers who have interacted with those systems. Critical theory analysis was used to examine the themes of the explorations of both purposes. The overall premise of this study was that kinship caregivers, regardless of their individual characteristics, are experiencing hardships because the paradigm shift related to the status of kinship as preferred priority has not occurred in our dominant institutions beyond a hegemonic posture. Specifically, the dominant institutions of CW and TANF fail to demonstrate true support of kinship caregiving as evidenced by their use of power through rules and resources that continue inequalities and oppressive conditions towards kinship caregivers as compared to dominant group constructs of family that exist in the U.S. Dominant group constructs of family are considered as non-kin caregivers in CW and TANF systems, as well as non-minority families in U.S. society.

Critical theory analysis was used to identify discourses of power between dominant and oppressed groups (Lietz, 2009; Morrow, 1994). Issues of power and dominance in CW and TANF have largely been attributed to institutional racism (Abdullah, 1996; Carter-Black, 2002; Cross, 2008; Harris, & Hackett, 2008; Hill, 2006). According to Hill (2004), institutional racism pertains to the perpetuation of policies and practices that originate from or favor a dominant racial group over one or more minority racial groups. The policies and practices do not require an overt intention of promoting one group over another; the process may be unintentional, insidious, covert, and without direct malfeasance towards the minority racial group(s) (Hill, 2008, 2004; People’s Institute for Survival and Beyond [PISB], 2009). Often, institutional racism is perpetuated unconsciously by actors in the system, including by members of the minority group oppressed (Hill, 2004). This perspective is not to be interpreted as a blaming the victim [emphasis added] mentality. Rather, the message is to enhance the reader’s awareness to the lack of attention and knowledge that has been dedicated to analyzing and evaluating policies and practices systemically. Policies and practices continue to be implemented and adhered to by
system employees and system recipients, even if the policies and practices may be contributing to their own inequities. Examples of this perspective are illuminated in many of the kinship caregivers’ experiences when they express beliefs that the system discriminates against them yet they continue to follow the system’s rules. The kinship caregiving paradigm is the systemic attribute believed to contribute to the inequities. Comparing CW and TANF policies on kinship caregiving, especially in terms of rules, distribution of resources, and changes in utilization or recognition of kinship caregiving over time in the U.S. assists in clarifying the findings of inequities pertaining to kinship caregiving. In concert, the personal experiences within the kinship caregiving paradigm intertwine to provide a model for examining power and authority discourses in the data.

The use of critical theory analysis requires an inclusion of historical, social, and political contexts in the research process. Therefore, the inclusion of the historical and sociopolitical construct of family in the U.S. along with historical accounts of CW and TANF in the U.S. guided the literature review process. It was anticipated that history would impact kinship caregivers’ perspectives and that kinship caregiving as a paradigm experienced changes over time within both CW and TANF systems. The extent to which these anticipated notions were discovered is addressed in the results and discussion sections of this study.

The case study design provides an avenue to gain an increased understanding of a specific experience (Creswell, 2007). Yin (2003) states case studies as the “preferred strategy when ‘how’ or ‘what’ questions are being posed…and when the focus is on a contemporary phenomenon within some real-life context (p. 1)”’. This study consists of an exploratory case study approach inclusive of within-case and across-case analyses. The cases originate from a larger evaluative study of the impact of CW and TANF agencies’ collaboration on kinship family outcomes. This larger study exists via a grant from the U.S. Administration of Children and
Families (ACF), Children’s Bureau (CB). The grant was awarded to the Louisiana Department of Children and Family Services (LA DCFS) (formerly known as Department of Social Services at the time of the initial award) for a five year period, 2006 – 2011. LA DCFS contracted with the Louisiana State University (LSU) School of Social Work’s (SSW) Office of Social Science Research Development (OSSRD) to provide the evaluation component of the grant.

Among the multiple facets of information collected as part of the evaluation process were structured interviews of randomly selected kinship caregivers from a specific geographic area of the state. These interviews collectively provide one source of data for this exploratory case study. An additional data source are LA DCFS policies and descriptive demographic information on the kinship caregivers. Specifically, the DCFS policies selected for cross training the LA Kinship Integrated Services System (KISS) grant project staff were the policies utilized in this study. A list of these policies is located in Appendix B. These policies were selected as most relevant to kinship caregivers and the LA KISS project as determined by the steering committee of the LA KISS grant.

Formative members of the evaluation team designed an instrument called a Satisfaction Survey to serve as the format for the kinship caregiver interviews (see sample in Appendix C). To add depth to the information collected, an open-ended question was added requesting caregivers to recommend improvement priorities for DCFS in serving kinship families. This open ended question was added within the first quarter of data collection after noting many caregivers were expressing a desire to make recommendations or asking if their recommendations could be included in our report back to “Social Services”. Additionally, any caregivers’ comments beyond the offered response items on the survey were manually recorded during the interviews. These additional qualitative elements provide the primary source of
critical analysis for this study. More specific details on these cases are discussed in the methodology section of this study which follows the literature review.
CHAPTER 2: LITERATURE REVIEW

In keeping with the conceptual framework and critical theory approach of this study the literature review was organized across four areas, 1) the U.S.’ sociopolitical construction of family with emphasis on children and families of color, 2) policy trends in child welfare (CW) and traditional welfare systems pertaining to kinship caregiving, 3) overview of contemporary research pertaining to kinship caregivers involved with child welfare or welfare systems, and 4) theoretical frameworks pertaining to critical theory, hegemony, and structuration theory. The purpose of this literature review was to provide a historical and sociopolitical context for the exploration and analysis of the paradigm of kinship caregiving and of kinship caregivers’ experiences with CW and TANF systems.

This review focused on works that illuminate the breadth and unique occurrences of power differentials across U.S. history related to kinship caregiving. Evidence of the paucity of direct knowledge of kinship caregivers’ perspectives was brought forth in the literature review. Variations in how kinship caregivers were defined by U.S. systems are noted in the literature. Inconsistencies related to degree and type of relation of the caregiver to the child in care, as well as the presence or absence of the biological parent in the household, were factors that tend to create conflicts in eligibility determinations for services and levels of assistance awards for kinship caregivers across CW and TANF systems (Geen, 2004).

To provide context and clarity about the larger grant project from which the sample of kinship caregivers were drawn for this study, a brief overview of the LA KISS model and intervention follows the literature review. This chapter concludes with the study’s research questions and operationalization of key terms.
The Sociopolitical Construction of Family with Emphasis on Children and Families of Color in the U.S.

Pre-Civil War Years

The formative years of the U.S. were filled with examples of power and privilege pertaining to social elites. Cannella and Swadener (2006) note prominence of patriarchy and colonialism as the perspectives framing the U.S. Constitution and all other early laws. Initially only White males were afforded any civil rights. Their wives and children, and all African-origin people were all considered property. The construct of family had many important legal, social, and psychological implications. Legally, family determined inheritance rights and marital rights for those persons acknowledged to have civil rights. Socially, family influenced one’s standing in the community. Psychologically, family affected one’s sense of belonging and mental well-being. However, U.S. policy prohibited those placed in slavery from formally accessing these legal, social, and psychological family benefits. Many scholars have confirmed that there was a range from approved but not legal to complete disallowance of male-female unions between slaves by their White masters (Jones, 2010). Even when unions were approved, the couple remained under persistent vulnerability of separation if it suited the interest of the slave owner.

Marriage was not the only means by which slave families were treated differently than White families. Parentage was also bifurcated by White versus slave status. When a female slave gave birth to a child, only the mother’s name and her owner were recorded regardless of the paternity of the child (Hogan, 2009). During this time, paternal responsibility for a child born to a female slave was not socially or legally mandated or supported. The child was considered additional property of the owner of the maternal slave. This practice was in direct contrast to the culture of Africans, when in their native land both mother and father took active responsibility and acknowledgement of their children (Pinderhughes, 2002). Some scholars
suggest it is survival adaptation from slavery that developed the notion of Blacks as a matriarchal cultural as opposed to an indigenous cultural trait (Hogan, 2009; Jones, 1996; Penningroth, 2007). Pargas (2009) reports that an estimated one-third of all children were separated from at least one parent and one-fifth of all children were separated from both parents during the time of slavery. There were times when slave families were broken up because of being sold. Pargas (2009) also notes that Louisiana had a unique law that prohibited the sale of a child under the age of 10 separate from the sale of the mother. This suggests a social underpinning of emphasizing the mother-child connection whilst ignoring the father-child connection. However, orphans of any age could be sold and no requirement to keep sibling groups together existed (Pargas, 2009). A pass system was often utilized to grant slaves permission to visit with their family members for a limited amount of time (Pargas). Efforts to maintain familial ties were considered to have occurred informally primarily through maternal kinship networks throughout the course of slavery and early reconstruction years.

The lack of paternal regard by White masters for birthed children was considered to be one of the unique features of the U.S. slavery system. In other countries where slavery existed, masters were known to have acknowledged their children born to their slaves (Jones, 2010; Penningroth, 2007). Hogan (2009) notes the contrast between the U.S. and St. Domingo, in which the practice of the masters of the latter area were to free their slave children, and often the mothers too, and send them to France to become educated as compared to the U.S. where masters tended to abdicate their responsibilities to their children born to slave women.

As the U.S. moved into the Civil War, African Americans remained without the rights of Whites to construct, stabilize, or maintain families of their choosing. If they were granted the rare occasion to select their own mate, that union was not legally recognized and any children of that union would not have their father’s name recorded. Scholars note that even when unions
were approved, the female was still often vulnerable to rapes, and thus, additional children resulting from the rapes (Hogan, 2009; Smallwood, 1977). Literature also notes that slaves were often forced to breed for the economic gain of the slave owner (Jones, 2010; Penningrath, 2007).

**Reconstruction Through New Deal**

Social science has done little to expand the knowledge base on the experiences of the Black family from Reconstruction through the New Deal period. Most research focuses on polarized conflicts, typically between the North and the South or between races or on the industrialization issues faced by the U.S. A few scholars have found that there was a significant trend and stabilization of patriarchy in Black families towards the end of the reconstruction period. In 1865, U.S. Congress declared slave marriages as legal (Smallwood, 1977). Scholars note that by the late 1800s married African American families were as prolific as or more common than White married families (Hogan & Sau-Fong, 1988; Pinderhughes, 2002). Historical legal records also reflect divorce awards to African American couples as early as the Reconstruction period. Unions that were forced during slavery and northern migration are attributed as factors contributing to the early divorces in African American families (Pargas, 2009; Pescoe, 1996).

Historical reports also note that efforts were made to find children and extended relatives during the early emancipation period. The Freedman’s Bureau worked with communities to connect children sold in slavery to their biological families (Hogan & Sau-Fong, 1988; Smith & Devore, 2004). However, state laws varied in their implementations and interpretations of emancipation. New barriers associated with the Black Codes and Jim Crow laws impacted African American families’ legal, social, psychological, and economic conditions in a manner that no other immigrant population has faced in the U.S. For example, despite the almost equal occurrence of married households for Blacks and Whites during this time, a much larger
proportion of Black women and children worked outside of the home as compared to White women and children (Pinderhughes, 2002). Opportunities for asset building and education were also severely limited for African Americans as compared to Whites. Miscegenation laws and the Rule of Hypodescent placed restrictions on legal marital unions, disallowing anyone with one drop or more of African blood to be able to marry anyone other than African American (Penningroth, 2007).

**New Deal to Present**

By the end of WWII, African Americans in the U.S. gained numerous civil liberties previously denied during slavery. However, dominant systems continued to engage in institutionally racist practices. Moehling (2006) reports bias against single female-headed households in state welfare policies dates back as far as 1910. Forrester Blanchard Washington, a pioneer social work advocate, was noted to have cautioned President Roosevelt against elements of the New Deal’s welfare policies, fearing the inequitable and debilitating consequences it would have on African Americans (Barrow, 2007). Many of the social programs developed after WWII allowed state and local level decision-makers to determine eligibility requirements; therefore, exclusions of African Americans in these programs was commonplace (Handler & Hasenfeld, 2007; Kamerman & Kahn, 2001).

With the industrialization of the U.S., the dominant group’s treatment of the African American family changed. Fears of being sold, indentured, and restricted from basic civil liberties such as marriage and education were replaced by other sociopolitical barriers attributed to the current prevalence of single female-headed, impoverished African American families. These new barriers included laws reflecting principles such as separate but equal formulated from the infamous *Plessy v Ferguson* Supreme Court case, redlining for housing loans and rentals, employment discrimination, as well as societal changes related to increased access and
uses of illicit drugs, and strains in extended kin networks (Hogan & Sau-Fong, 1988; Pinderhughes, 2002). Moehling (2006) cites one example of inequity that occurred in 1960 in which Louisiana dropped 95% of the Black children on its welfare roll by enacting a policy change for defining unsuitable home.

By the end of the 1960s, the sociopolitical landscape of the U.S. and its treatment of African American families had changed in numerous ways since the times of slavery. Basic civil rights for African Americans had been established. Separate was determined not to be equal, and integration laws were passed. Through Title VI, all health, education, and welfare programs that received federal assistance were required to provide equal services to minorities; however, it took 15 years before compliance reviews ever began in programs other than education (Davidson & Anderson, 1982). Miscegenation laws and the Rule of Hypodescent were declared unconstitutional in 1967, and people were allowed to self-identify their own racial identities to the extent of categories available on Census and other government forms rather than government employees determining racial assignments (Haslip-Viera, 2009). Despite these advances, the power imbalances between U.S. administrative systems and African American families have yet to reach an equitable balance. Reviews of contemporary child welfare and welfare policies and findings from research continue to demonstrate inequalities and disparities towards African American families with U.S. bureaucratic systems continuing to dominate the sociopolitical construction of the family (Barrow, 2007; Close, 1983; Crewe, 2003; Critelli & Schwam-Harris, 2010; Fellowes & Rowe, 2004; Hill 2006; Hogan & Sau-Fong, 1988; Lindhorst & Leighninger, 2003; Moehling, 2006; Pimpare, 2007; Piven & Sampson, 2001; Smith & Devore, 2004).

It is important to note the intentionality of the omission of other minority populations in this section’s discussion. It is common knowledge that virtually all immigrant groups faced some forms of discrimination or undue hardships when they first came to the U.S. However, the
literature persistently notes the occurrence of greater inequalities for longer durations by African Americans in U.S. society and in regards to CW and TANF systems in the U.S.

The indigenous population of the U.S. has also experienced lengthy and intense inequities by U.S. systems. Native Americans, known to uphold the construct of family from a clan system, were and continue to be dealt with through a treaty system by the U.S. government (Cross, 2006). During the formative years of the U.S., genocide towards Native Americans was commonplace, reducing a significant number of indigenous tribes to non-existence. There was a long history in the U.S. in which Native American children were placed in boarding homes with the stated purpose of civilizing them (Cross, 2006; Mooradian, Cross, & Stutsky, 2006). A thorough discussion of the unique experiences of the Native American family and the U.S. dominant system deserves its own attention and in-depth analysis that is not brought forth in this study. There is a lack of literature that provides clarity on the experiences of multiple minority groups over time within the same study. If reports address multiple racial and ethnic groups, the focus tends to be on descriptive or program outcome variable findings. There is a need for more knowledge on the U.S. historical sociopolitical experiences of minority groups from an inner group perspective (Goodman & Silverstein, 2002; Jones, 1996; Lincoln & Cannella, 2004; Smallwood, 1977). This study, due to the geographic and demographic constraints of the sample, provides the perspective primarily of the African American kinship caregiver, which as a collective group, is disproportionally represented in CW and TANF systems in the U.S.

**Policy Trends on Kinship Caregiving in Child Welfare and Public Welfare**

**Child Welfare Historical Overview**

The first national congressional session on the rights and welfare of children, held in 1932, contributed to the formation of the national Children’s Bureau which continues to exist today (Popple & Leighninger, 1995; Trattner, 1999). Momentum continued towards the
actualization of a national public child welfare system in the U.S. with the passage of the Social Security Administration Act (SSA) of 1935 (Stein, 2006). SSA mandated that all states create and maintain a specific agency to administer and manage child welfare services. Specificity of state child welfare agencies was decentralized to the state level, as generally, the federal government minimizes requirements to states, although it may offer recommendations (Stein, 2006). The Children’s Bureau established federal precedence in the U.S. towards children’s rights and the need for children to be protected from severe harm as a national value (Heppner and Heppner, 2004). The SSA provided financial assistance to states towards the development of child protective services (Popple & Leighninger, 1995).

Initial child welfare services primarily consisted of adoptions of abandoned children, many of whom were abandoned as a consequence of war, and orphanages for older children who failed to be adopted (McGowan, 2005). Some services were also extended to the remaining Native American tribes under the guise of saving their souls from what was considered the immoral practices of their native tribes (Smith & Devore, 2004). These children were often used in a manner similar to indentured servants or were placed in boarding homes for the process of civilizing them to European ways (Mooradian, et al., 2006). However, Black children were not served by early child welfare programs at all (Abdullah, 1996; Carter-Black, 2002). During the early development of the CW system, Black children in need were commonly cared for by extended relatives (i.e., kinship families) or the Black church, which was the primary source of community support and services at this time (Abdullah, 1996; Daniel, 2007).

The shift from exclusion to overrepresentation of African American children in the child welfare system is noted to have occurred from the 1960s through the 1980s and continues to persist to date (Billingsley & Giovannoni, 1972; Hill, 2008; Johnson, Antle, & Barbee, 2009; Miller & Ward, 2008; Morton, 1999). Child welfare studies that included race as one of its
primary areas of investigation generally disseminated findings that race was not a predictor of child maltreatment occurrence, yet was a predictor of disparate outcomes, decreased number and quality of service provisions, increased likelihood of out-of-home placements, and increased likelihood of kinship placements (Chinball et al, 2003; Courtney et al, 1996; Dunbar & Barth, 2008). Factors such as poverty, substance abuse, and visibility theory are commonly touted as causal contributors to the persistence of disproportionality and disparity within the child welfare system (Clark, Buchanan, & Legters, 2008; McCrory, Ayers-Lopez, & Green, 2006). Drake and Zuravin (1998) expanded on the idea of visibility theory as one potential factor for bias in child maltreatment reports conveying the notion that minorities have increased likelihood of interactions with public institutions, which therefore, garners greater attention to aspects of their private lives so as to place them at greater risk of being reported because they are “more visible”. However, other scholars have demonstrated weaknesses to poverty, substance abuse and visibility as primary factors creating or perpetuating disproportionality and disparity by controlling these variables (i.e., income, substance abuse, race), and obtaining results indicating race as the primary predictive factor of poorer outcomes across all decision-making points in child welfare (Barth, 2005; Derezotes & Poertner, 2005; Lu et al., 2004). Hill (2008) adds there are gaps in research and policy analysis at the organizational level contributing to the existence of and minimal understanding of disproportionality and disparity in child welfare. These gaps include issues related to lack of exploration of agency factors, paucity of longitudinal studies, and lack of exploration and equity regarding treatment of and attention to kin caregivers, as well as other workforce issues (Hill, 2008).

Racial demographics were not the only factors that changed over the course of the U.S. child welfare system. The purpose of the system has also experienced variability over time. Initially, child welfare was established to be a vehicle for protecting children from harm. The
notion of *parens patriae* undergirded the foundation of the child welfare system (McGowan, 2005; Stein, 2006). Towards the 20th century, the focus began to shift towards family preservation and child maltreatment prevention. With this shift, utilization of kinship placements became more prevalent. Recent studies report that the majority of states report the consideration and utilization of kinship placements as a priority when out-of-home care is a determined need (Allen, et al., 2008; Ehrle, Geen, & Main, 2002). However, there does not appear to be any consistency by which kinship is defined, supported, or monitored across states. Most states report adopting a broad definition of kin to extend beyond a biological relationship to include relationships by law and relationships that have existed over time, the latter of which is commonly referred to as fictive kin (Allen, et al., 2008).

**Child Welfare Policies and Kinship**

In regards to child welfare legislation, the Indian Child Welfare Act (ICWA) of 1978 is considered to be the first major policy to support kinship placement as primary (Smith & Devore, 2004; Stein, 2006). ICWA explicitly stated that the maintenance of tribal connections must be the first priority explored for placement considerations of children identified as Native American and in need of removal from their parental home (Smith & Beltran, 2003). Scholars note the continued struggle with preserving Native American families due to the dominant system’s interpretations and implementation practices of ICWA and persistent child welfare workforce training deficits related to ICWA and Native American culture (Cross, 2006; Smith & Devore, 2004).

The Adoption Assistance and Child Welfare Act (AACWA) of 1980 is considered to be one of the major pieces of contemporary child welfare policies that has shaped the current child welfare system with its four-fold mandates of reducing unnecessary home removals, increasing family reunification, limiting the time to achieve reunification, and increasing adoptions when
reunification is not possible (Brooks & Webster, 1999). Gaska and Edmonds Crewe (2007) attribute the increased utilization of kinship placements to AACWA due to its requirement for workers to perform relative outreach efforts when out-of-home placements are determined necessary. However, guidelines and the means to support relative placements were not clearly defined in AACWA, and variability across states in if and how relatives were utilized in the child welfare system persisted (Geen, 2004).

CW legislation in the 1990s focused primarily on delineating timeframes and decision-making factors for CW workers. These policies include expediting the time in which parental rights may be terminated through the Adoptions and Safe Families Act (ASFA) of 1997 and prohibiting the consideration of race and ethnicity (with the exception of terms defined in ICWA) for placement decisions through the Multi-Ethnic Placement Act (MEPA) of 1994 and the Interethnic Adoptions Provisions (IEPA) of 1996 (Brooks & Webster, 1999). Jantz, Geen, Bess, Andrews, and Russell (2002) note that ASFA extended the definition of permanency to include kin placements without adoption and termination of parental rights (TPR) requirements, clarified conditions for waiver awards to kin homes, and provided the means for foster care board payments through Title IV-E funds to kin who met state foster care licensing requirements.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 is the most recent CW legislation that specifically includes items directed towards kinship caregiving. Stoltzfus (2008) reports this legislation as garnering the broadest changes in federal assistance for CW since AACWA. Encompassed within this act are provisions for states to recoup costs for kinship guardianships and new allocations for states to develop kinship navigator programs and other service models related to family intervention services (Stoltzfus, 2008). An additional feature of the Fostering Connections to Success and Increasing Adoptions Act is the decision to sever the connection between the adoption subsidy and TANF eligibility requirement whilst
continuing to preserve the same connection for kinship foster care board payments (U.S. Ways and Means Committee, 2004).

From the inception of child welfare policies to present, kinship caregiving has transitioned from non-existence, to possible consideration, to its current status of priority consideration when determinations of out-of-home placements are made by child welfare workers. Policies, practices, and financial resources to support kinship placements are varied at best. It appears that for each gain in recognition kinship caregivers achieved, new barriers arose to confiscate the gain. U.S. systems continue to control the definition of kinship and the terms by which kinship caregivers deserve to be financially supported. Testa (2005) found no significant difference in permanency outcomes for children when guardianship was offered as an alternative to adoption for permanency planning; that is, when guardianship was offered placements remained intact and was found to be a more viable option for kinship caregivers who were reluctant to pursue adoption. Yet many CW and policy makers strive to force kinship caregivers into adoption or risk losing the care of their relative children (Blair & Taylor, 2006; Bundy-Fazioli & Law, 2005; O’Brien, Massat, & Gleeson, 2001). Jantz, Geen, Bess, Andrews, and Russell (2002) found that most kinship licensing waivers were due to space issues. Thus, because of lack of ownership of sizable property, kinship caregivers were awarded licensing waivers that allow CW workers to place children in the caregivers’ homes, whilst disqualifying the kinship caregivers from eligibility to receive foster board payments. This pattern of implied support connected to decreased or eliminated financial benefits is not unique to CW policies. Similar patterns of espoused support connected to restrictive benefits were discovered in the review of traditional welfare policies of the U.S. further delineated below.
Welfare Historical Overview

Early U.S. ideology on welfare and social policy is rooted in Puritan and Protestant values that emphasize individualism, worthy versus unworthy poor, a strong work ethic, patriarchy, and private charity (Cannella & Swadener, 2006; Ginsberg, 1980). Epstein (2010) contends that U.S. social policy is driven by the will of the people, rooted in individualism and the notion of good citizenship rather than social need. Just as tensions persist regarding whether or not relatives should receive financial assistance when caring for kinship children, tensions between individual versus structural causes and solutions persist in the domain of welfare policy (Allen et al., 2008; Berrick, 1998; Segal & Stromwall, 2000). Throughout the colonial and reconstruction periods of the U.S., welfare as a national social policy did not exist. At the local level, emergency assistance was offered in the form of outdoor relief or almshouses and was available solely to assist White females and their children (Handler & Hasenfeld, 2007). As the U.S. became more industrialized and more people migrated to cities, the emergence of poorhouses and orphanages occurred to assist the poor and abandoned or orphaned children (McGowen, 2005).

Federally supported welfare and social policy programs began after the Great Depression of the 1930’s and World War II. The Social Security Act (SSA) of 1935 was the first most significant and expansive welfare policy of the U.S. In addition to facilitating the development of the CW system, as mentioned previously, SSA also created a nationally supported program to provide financial assistance to the poor, initially titled Aid to Dependent Children (ADC). Early ADC, often referred to as the mothers’ pension program, was known to limit assistance to White widows with children (Handler & Hasenfeld, 2007). The sociopolitical image of ADC became stigmatized towards the end of the 1950s and early 1960s when a greater number of African Americans became recipients of the program’s benefits (Levenstein, 2000).
Since the 1950s, racial epithets and blame the victim ideologies have proliferated the construct of welfare in the U.S., precipitated by the amendment of SSA eligibility to include domestic and farm laborers (Lindhorst & Leighninger, 2003). This expansion created increased opportunities for African Americans to receive ADC benefits. Scholars note the contentious times that existed from the 1950s through the 1980s regarding race relations, legitimate versus illegitimate family structures, and welfare and social policies (Handler & Hasenfeld, 2007; Moehling, 2006). Mohan (1999) poignantly identifies the system’s focus on attacking individual factors such as out-of-wedlock births rather than societal and system factors such as racial violence and poverty in past alleged welfare reform efforts. Increases in out-of-wedlock births, crime, unemployment, poverty, and drug related problems that began to affect all areas of the U.S. became politically tied to African Americans, which led to rationalizations for demonizing welfare as a national social policy (Crewe, 2003; Levenstein, 2000; Piven & Sampson, 2001). Aforementioned rationalizations have culminated into welfare reform policies that are more restrictive and punitive (Kamerman & Kahn, 2001). Specifically, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 overhauled the U.S. welfare system from the purpose of providing income assistance for the poor to a work-first, temporary assistance program with goals targeted to increase marriage, decrease teen pregnancy, and decrease government dependency (Handler & Handler, 2007). PRWORA also devolved more power back to the state level, which created a sociopolitical climate reminiscent of reconstruction and early civil rights periods (Crewe, 2003). Research demonstrates a significant relationship between race, political conservatism, and punitive and restrictive welfare policies (Fellowes & Rowe, 2004; Levenstein, 2000; Moehling, 2006).
Welfare Policies and Kinship

Provisions for kinship caregivers to receive financial assistance for children in their care date back to 1950; however, means-tests are linked to these provisions (Jantz et al., 2002). PRWORA allows for kinship caregivers to receive child-only cash grants through TANF if the child in their care was previously Title IV-E eligible. All states in the U.S., except Wisconsin, report utilizing this policy option to some extent. The majority of states’ TANF programs define kin narrowly to the bounds of blood relations within one degree of separation (e.g., grandparent, aunt/uncle, sibling, great grandparent, great aunt/uncle) or legal lines (e.g., marriage) (Stoltzfus, 2008). Numerous studies indicate there is a trend in child welfare to divert the administration of kinship placements to TANF, thus reducing the number of caseloads in the child welfare system, which also reduces child welfare expenditures (Allen et al., 2008; Blair & Taylor, 2006; Cuddeback, 2004; McRoy, 2002). Concerns related to this trend have included the narrower definition of kinship caregiver in most TANF systems thus increasing risks for ineligible determinations, the lower amount of financial assistance offered through the child-only grants as compared to foster care board payments, and the decreased amount of services, supervision, and other supports offered to kinship families in TANF as compared to full child welfare programs (Dorch et al., 2008; Geen, 2004; Office of Inspector General, 1992; Smith & Devore, 2004; Stoltzfus, 2008). These differences vary by state, especially in terms of financial awards in both CW and TANF; however, states consistently are noted to have lower amounts of financial assistance paid to caregivers receiving TANF subsidies when compared to those receiving CW board payments. In terms of services, CW commonly provides counseling, case management, and other ancillary support services to children in state’s custody. TANF commonly does not provide any support services to families beyond financial assistance for which they qualify, with the exception of some job readiness services typically offered to biological parents within non-
kinship subsidy related programs. Scholars also note that relatives, especially grandmothers, raising grandchildren is a long-standing phenomenon, especially in the African American community, and many of these families have never interacted with formal child welfare or the legal system; thus, rendering the social service community uninformed about the complexities of this particular family type (Allen et al., 2008; Blair & Taylor, 2006; Bratteli, Bjelde, & Pigatti, 2008; Bundy-Fazoli & Law, 2005; Cuddeback, 2004; Farber, Miller-Cribbs, & Reitmeier, 2005; Goodman & Silverstein, 2002; Smith & Beltran, 2003). Gibson and Singh (2010) discuss legal and policy barriers commonly faced by informal caregivers pertaining to custody and guardianship issues.

Kinship Caregivers’ Perspectives on Child Welfare and Welfare Policies

As previously mentioned, there is a paucity of literature that provides information directly from kinship caregivers related to CW and TANF policies. A couple of studies interviewed grandparents to explore the legal and policy dilemmas encountered in their roles as kinship caregivers (Letiecq et al., 2008; Murphy, Hunter, & Johnson, 2008; O’Brien et al., 2001). In a similar notion, Mooradian, Cross, and Stutsky (2006) also interviewed kinship caregivers’ experiences with policy; however, this study was specialized to Native American kinship caregivers and included cultural and historical contexts. These studies all identified tensions between the caregivers and the systems, especially in terms of cultural responsiveness, and services as compared to non-kinship caregivers. O’Brien, Masaat, and Gleeson (2001) included the opportunity for kinship caregivers to offer their recommendations for how the CW system could better support the children in their care. Their findings indicate caregivers’ main themes of CW recommendations pertained to increasing respect for caregivers and increasing provision of concrete assistance and services (O’Brien et al., 2001). The majority of other studies in this area provide recommendations that appear to be conclusions drawn from the
authors’ interpretations of the caregivers’ experiences and perspectives with CW and TANF systems rather than the caregivers’ first voice accounts. The first voice perspective continues to be noted as an area in need of further investigation, especially pertaining to informal kinship caregivers (i.e., kinship caregivers who have no CW involvement).

**Contemporary Research on Kinship in Child Welfare and Welfare**

In reviewing the literature addressing kinship caregivers, the following common areas of focus were on evolution of kinship policies, descriptive studies of kinship caregiver characteristics, comparative studies of kinship and non-kinship caregivers in CW, and worker attitudinal studies towards kinship caregiving. Findings across studies and topical areas tend to be consistent. Explorations of the evolution of kinship policies are noted in discussions above. The following summary provides highlights of literature discovered for the other focal areas.

**Descriptive Studies**

Kinship caregiver characteristics appear to be fairly consistent across studies. Scholars typically find that kinship caregivers are predominantly female, in their fifties, report health problems, live at or below poverty, have high school or below educational attainment, and are typically single, widowed or divorced (Dorch et al., 2008; Ehrle et al., 2002). These studies primarily rely on analyses from administrative data from CW and TANF systems. Other descriptive studies used interviews with caregivers in combination with administrative data and found similar demographic characteristics as well as anecdotal knowledge that kinship caregivers are willingly fulfilling the caregiver role as a means to keep their relative children out of the foster care system, feared the CW system, and identified inequities in policies for kin versus non-kin caregivers (Goodman & Silverstein, 2002; Letiecq et al., 2008; Murphy et al., 2008; O’Brien et al., 2001).
Comparative Studies

The influence of the 1994 federal legislation directing the U.S. Department of Health and Human Services to evaluate child- and family-serving programs funded by Title IV-B and Title IV-E of the SSA is apparent in outcome-related studies on kinship caregiving. Specifically, the Child and Family Service Reviews (CFSRs) required of all state CW systems encompass the reporting of outcomes for safety, permanency, and child and family well-being (Milner, Mitchell, & Hornsby, 2005). Numerous comparative studies on kinship versus non-kinship caregiving investigate variances of length of stay for permanency and caregiving environments for well-being outcomes. Studies consistently indicate that children placed in kinship homes tend to remain in care longer than those children in non-kin placements (Barth et al., 2008; Pabustan-Claar, 2007; Testa, 2005). These studies also note the caution and complexity required in placing meaning to this length of stay difference as variances in services, system attitudes, conditions and needs of children are all confounding variables impacting placement and permanency decisions. Metzger (2008) found that children in kinship placements tended to have higher self-concepts, greater sense of support, and resiliency as compared to children in non-kin foster care placements.

A few recent studies that compared kinship caregivers to non-kin foster care parents within formal CW systems found few differences in individual characteristics of the caregivers and significant differences in CW services and supports, with kinship caregivers receiving fewer services and supports across all areas than non-kin caregivers (Barth et al., 2008; Berrick, 1998; Cuddeback, 2004). The need for increased understanding of the kinship caregivers’ experiences and clarifications and guidance in best policies and practices to serve kinship families were consistently reported as needs for further research in this area.
Attitudinal Studies

Studies that have explored CW workers’ attitudes regarding kinship caregiving find that overall workers believe relative placements are best when children must be removed from their natural homes. These studies also report workers’ perceiving relative placements as more difficult to work with, the existence of a greater degree of systemic inconsistencies and ambiguities, and a need for more training and skill development to work with kinship placements (Beeman & Boisen, 1999; Peters, 2004). Hasenfeld and Weaver (1996) explored the impact of worker attitudes on client compliance and found that those workers who maintained an ideology of clients as morally deficient with a service focus of coercion and sanction had a greater number of non-compliant cases than those workers who maintained an ideology of clients as experiencing hardships with a service focus of persuasion and cooperation.

Other attitudinal studies have explored different aspects of the kinship caregiving experiences from the family members themselves. Areas of exploration have included interviews with kinship caregivers to ascertain greater details of their experiences with the role of caregiving (Bunch et al., 2007; Bundy-Fazioli & Law, 2005), to conduct needs assessments of kinship caregivers (Blair & Taylor, 2006), and to explore family structures and family dynamics (Goodman & Silverstein, 2002). Gibson (2002) explored grandmothers’ experiences across multiple social service systems with the rare inclusion of eliciting caregivers’ input for recommendations for other kinship caregivers and social service professionals. Themes related to respect, worker attitudes, and policy clarifications were discovered in this exploration (Gibson, 2002).

Summary of Kinship Related Literature

Garnering kinship caregivers’ recommendations on policy and practice improvements specific to CW and TANF continue to elude the literature. Rather, authors tend to impart their
professional recommendations drawing inference from caregivers’ expressed experiences or from summative outcomes of administrative data sources. Despite the tremendous value these contributions provide, the omission of caregivers’ direct input perpetuates an imbalance of power within the CW and TANF systems. The historical and policy reviews portrayed an ongoing pattern of the dominant system defining and persistently altering the boundaries of kinship and family to serve its best interest. In U.S. dominant systems, kinship and family definitions have varied based on legal determinants, biological relationships, and civil liberties. Even today, these definitions vary across CW, TANF, and legal systems and have additional clarifying labels that include formal, informal, private, voluntary, and involuntary – all of which are externally applied without input or self-identification from the persons directly affected by the labels (Geen, 2004). Concurrently, these same systems purport a trend towards preferring kinship caregiving, fostering partnerships and collaborations, and incorporating inclusive practice models, such as family decision making (Ehrle et al., 2002; Jantz et al., 2002; O’Brien et al., 2001; Office Inspector General, 2007; Smith & Devore, 2004; Stoltzfus, 2008). The inclusion of these disparate systemic factors within the context of direct human experiences for gaining greater understanding of phenomenon is supported in a critical theory framework.

**Theoretical Frameworks Pertaining to Critical Theory, Hegemony and Structuration Theory**

Qualitative studies and theoretical frameworks have a unique relationship that is dependent upon epistemological orientations, intentions of use within the study, and timing of their use within the study (Padgett, 2008). Shank (2006) advises that theory is a useful tool in qualitative research if it assists to coordinate and orchestrate our growing sense of richness of meaning without forcing premature positions at any point in the investigatory process. Scholars consistently agree that a core purpose of critical theory is to illuminate power imbalances
between dominant and oppressed groups for the purpose of social justice oriented changes (Creswell, 2007; D’Cruz, 2004; Fook, 2003; McLaren, 2003; Padgett, 2008; Shank, 2006).

A constructivist epistemology guides this study. According to Charmaz (2006), a constructivist epistemology allows for information to be explored from historical and current time periods, from personal and professional/objective sources, and most pertinently, strives to “make visible hierarchies of power, communication, and opportunity” (Creswell, 2007, p. 65). This supports the inclusion of history, policy, and kinship caregivers’ personal accounts as data sources within the same study. The acknowledgment of an intentional epistemological guide also provides transparency to this qualitative study to inform the audience of the researcher’s position which is important in terms of integrity, rigor and credibility of qualitative research (Anastas, 1999; Bowen, 2005; Drisko, 2000; Shank, 2006).

Case studies commonly use theory prior to data collection and analysis (Anastas, 1999; Yin, 2003). The theories selected in qualitative inquiry are often selected to shape the interpretive stance of the researcher (Creswell, 2007). Critical theory, hegemony, and structuration theory serve as the theoretical orientations by which to explore the kinship caregiving paradigm over time and to interpret the data to answer to the research questions of this study. In addition to clarifying each of these main theoretical components, this section of the literature review also provides evidence, where available, of their application to CW, welfare, or kinship caregiving topics.

**Critical Theory**

Scholars note that critical theory seeks to closely examine the contradictions within systems and strives to move beyond the organizational status quo functioning that generally perpetuates inequities of historically oppressed populations (Cox & Hardwick, 2002; Daniel, 2007; Limbert & Bullock, 2005). Hill (2008) identifies the need for research in CW to address
systemic issues and to obtain direct participant input. Critical theory, given the well documented persistence of disparity and disproportionality of minorities, especially African Americans, in CW and TANF, is a well matched theoretical vehicle that allows such exploration. Studies have employed critical theory and its many sub-theories to examine how dominate groups have maintained dominance over oppressed groups across several topical issues. Examples include the explorations of the link between race or ethnicity to educational achievements, to marriage and family counselor training, and to administrative decision-making (Daniel, 2007; McDowell, 2004; Nylund, 2006).

Applications of critical theory to CW have been utilized in multiple contexts as well. Some scholars note the benefit of critical theory as a vehicle to educate future CW and social work professionals and towards determining best practices, especially for populations historically oppressed or marginalized (Cox & Hardwick, 2002; DePoy, Hartman, & Haslett, 1999; Ferguson, 2003; Saleeby & Scanlon, 2005; Spratt & Houston, 1999; Stovall, 2008). Lietz (2009) demonstrates the use of critical theory in understanding the decision making process of CW workers and demonstrated how the application of critical theory assists in broadening the assessment perspective of a CW worker. Rodenburg (2004) addresses the impact of poverty and race on service delivery within the framework of institutional discrimination theory. D’Cruz (2004) uses critical theory to deconstruct the manner in which child maltreatment is established by professionals in Western society. These studies share the commonality of illuminating the various ways in which dominant groups or systems use knowledge or policies to maintain positions of power and privilege over oppressed groups.

The extent to which the above referenced studies provide depth of detail regarding which influences of critical theory pertained to their works varied. Reference to influences from the Frankfurt School or its scholars, such as Habermas, were explicitly referenced in several of the
studies (DePoy et al., 1999; Cox & Hardwick, 2002; Ferguson, 2003; Saleeby & Scanlon, 2005). Other studies referenced post-modern critical theorists, such as Foucault and Giroux, and feminist influences, such as hooks (Cox & Hardwick, 2002; Lietz, 2009; Spratt & Houston, 1999). Critical race theory (CRT) was also commonly cited as the theoretical framework for investigations (Daniel, 2007; McDowell, 2004; Stovall, 2008). A combination of Foucaultian critical theory and social constructivist influences were noted as guiding the principles of critical reflection and reflexivity and critical discourse that served as the conceptual framework for D’Cruz’s study (2004).

A variety of influences and levels of critical theory specificity are expected when reviewing critical theory works. Scholars note that a unitary approach to critical theory does not exist and perhaps due to its founding notion to assert there is no one truth or one way to come to know truth is unnecessary (DePoy et al., 1999; Ferguson, 2004; Saleeby & Scanlon, 2005). Mohan (1999) asserts critical theory provides a rationale for “the praxis transformation”. That is, critical theory calls for reflection on our understanding of knowledge and the process by which that knowledge came to be understood with an allowance for change in understanding, knowledge acquisition or both which is counter to positivist approaches that fail to reflect on the assumptions of knowledge or its acquisition (Mohan, 1999).

Hegemony

Originally coined by Antonio Gramsci, a 20th Century Marxist philosopher, hegemony reflects a philosophy of social cohesion rather than struggle to maintain social control (Gramsci, 1991; Jay, 2003; Pozo, 2007). This submission to social cohesion was not necessarily a conscious or a passive act, but rather a spontaneous consent (Gramsci, 1991; Jackson-Lears, 1984; Kivisto, 2004). Through hegemony, dominance is maintained by convincing subordinates that going along is in their best interest (Joseph, 2000; Pozo, 2007). For example, the dominant
group controlling what legal configuration constitutes permanency for child placements under the guise of family stability forces caregivers into roles directed by others. This type of coercion keeps the dominant group in power and increases the potential of directing conflict within oppressed groups, in this case, kinship caregivers and biological parents (Berrick, 1998; Gaska & Edmonds Crewe, 2007). Scholars have presented several detailed arguments of the impact hegemonic processes within U.S. social service systems, including CW, TANF, and the familial and racial constructions (Daniel, n.d.; Hall, 2005; Haslip-Viera, 2009; Jay, 2003; Mizrahi, Humphreys, & Torres, 2009). Joseph (2000) further clarifies that there are two types of hegemony, agential and structural. Agential hegemony refers to the relational or intersubjective processes between groups and has received the most attention from scholars (Joseph, 2000). Structural hegemony refers to the ongoing processes that unify social formations with social conditions to secure reproduction of social structures (Joseph, 2000). According to Joseph (2000), structural hegemony is the deepest, longest lasting form of hegemony, yet has received the least amount of scholarly attention.

MacKinnon (2009) utilizes the philosophies of Gramsci to challenge social work to take a leadership role in shaping public policy to counter hegemonic processes rather than continuing in its current course of adapting the public to conform to hegemonic policies. Hegemony is included in this study because of its unique characteristics beyond the broad scope of critical theory. As noted in the historical review of CW and TANF policies, when contextualized to time, place, and/or culture, the perpetuation of oppressive conditions are evident between groups of people and structurally. For example, TANF policies create mechanisms of exclusion or restriction of benefits, resources, or services in a disproportionate manner to both Whites and African Americans, albeit typically from different perspectives. Expecting and cooperating with disparate repetitions, such as continuing to participate in a system that one believes is biased and
is not striving towards equity for all parties, demonstrates both structural and agential hegemonic processes (Barrow, 2007; Crewe, 2003; Daniel, n.d.; Fellowes & Rowe, 2004; Hasenfeld & Weaver, 1996). In order to establish counter-hegemonic processes, greater understanding of the structural and interpersonal dynamics of a social system is required (Joseph, 2000).

The examination of kinship caregiving as a paradigm with hegemonic processes was not found in the literature. As mentioned previously, the literature on kinship caregiving is limited, with the dominant system having prominence in the research agenda, implementations, and interpretations, with little apparent accountability back to the kinship families. According to Bishop (2005), this is a common problem in research that is perceived as problematic by minority groups. A limitation of hegemony is a lack of clear methodology for explicating hegemonic processes. Thus, the addition of structuration theory provides an additional analysis tool in this study’s theoretical framework to gain greater understanding of the kinship caregiving paradigm shifts and kinship caregivers’ experiences within a critical theory approach.

Structuration Theory

Parsons (1937) popularized the notion of examining the interrelationship of action and social structure. In Parson’s (1937) grand Theory of Social Action social systems were considered to be whole, organic structures created through human interactions. According to King (2011) Parson’s understanding of social order was explained by the existence of shared values and collectively agreed upon rules. Although Parsons was known to have included the construct of kinship in his works, he failed to adequately account for historical or minority contexts. Attention to issues of privilege and oppression appear to be lacking in Parson’s social action theory.

Preserving the attention to the interrelationship of human action and social systems, structuration theory aligns with the critical theory school of thought due to its
contextually oriented philosophy (Giddens, 1984). Kondrat (2002) provides a clear argument for the selection of structuration theory in social work research, emphasizing its utility for the examination of how structural outcomes have been maintained and reproduced by human actions over time. Additional strengths attributed to structuration theory include operationalizations of power and human knowledgeability, the bridging of the micro-macro divide common in social sciences, and its potential for transformative change (Kondrat, 2002; Sandfort, 2003; Wheeler-Brooks, 2009).

Despite these strengths, there is very little evidence of the utilization of structuration theory in social work research. Kondrat (2002, 1999) has explored the utility of structuration theory as a framework to encourage the advancement of critical schools of thought in social work education and social work practice. Wheeler-Brooks (2009) discusses the potential of structuration theory towards building critical consciousness and empowerment practices for social workers. Other scholars have incorporated structuration theory to guide the exploration of organizational factors, such as technology, communication, service-delivery policies in human service, faith-based and non-government organizations (NGOs, Bransford, 2006; Ferguson & Heidemann, 2009; Sornes, Stephens, Browning, & Saerte, 2005; Tangenberg, 2005). Cooney (2007) utilized a structuration theory framework to examine the recursiveness of social service workers (the human agent component) within a welfare institution (the social structure component), illuminating the often contentious process in which workers mitigate the demands of their institutional work environments. Sandfort (2003) also utilizes structuration theory to explore the human service technology of selected welfare agencies. Although these studies vary in design from conceptual, to case study, to ethnography, they share the commonality of demonstrating the active recursiveness between social structures and human agents. Further, these studies provide demonstrations of the specific components of structuration theory including
knowledgeability, recursiveness, and power (operationalized as rules and resources) as tools to examine the recursive processes between social structures and human agency.

**Integrative Summary**

This study has a multi-layered theoretical foundation to guide its exploration of the paradigm of kinship caregiving over time and within the space of the U.S. history through current Louisiana CW and TANF systems’ policies and practices. Figure 1 provides a graphical display of the incorporation of the epistemological orientation and theoretical guides that serve as the conceptual and theoretical framework for this study. Specifically, constructivism serves as the starting ground, acknowledging that knowledge is constructed and there are multiple paths towards discovery with reality dependent upon perspective. Critical theory serves as the next layer, which contends knowledge is shaped by history, culture, and sociopolitical environments. To understand phenomena from this theoretical orientation, examinations of power and control, dominance and oppression, as well as continuance of historical and cultural factors must be included. Hegemony builds on critical theory’s breadth, calling attention to the insidious nature by which dominance and oppression exists between and within groups of people and social structures. Finally, structuration theory, specifically its components of recursiveness, operationalized power, and knowledgeability, are used to examine kinship caregivers’ perspectives in concert with CW and TANF agencies’ history, policies and practices for the purpose of gaining a greater understanding of the kinship caregiving paradigm. As this information is explored, it offers the potential to reassess the way in which reality and knowledge of kinship caregiving is put forth, which potentially starts the constructive cycle again. Although figure 1 appears flat and orderly, this is purely due to limitations of presentation format. This author encourages the reader to interpret the theoretical constructs as intertwined, three-dimensional layers existing in such a way that there is no true order to their occurrence.
LA KISS Project Overview

The goal of the Louisiana Kinship Integrative Services System (LA KISS) initiative is to enhance collaboration between CW and ES at all management levels and at the direct service level by developing a System of Care (SOC) model beginning with a focus on kinship care families. A SOC model has the philosophy of providing services that are individualized, child and family focused, collaborative in nature, inclusive of clients in the decision making processes, and comprehensive in scope of services and involved partners accessed to maximize families’ strengths and meet families’ needs. LA KISS is designed to improve safety, stability,
permanency, and well-being outcomes for kinship care families in the Greater New Orleans region. Upon award of the grant from ACF, a steering committee of executive level administrators in DCFS, CW, and ES was developed along with a workgroup. The workgroup developed the logic model, selected the instruments, and provided general oversight of the project. This general oversight continues through monthly meetings of the workgroup members. The workgroup consists of representatives from various employment positions within DCFS, CW, ES, and the LSU OSSRD evaluation team. Agency employees work at state and regional levels.

Although CW and ES are under the same larger institution, LA DCFS, these agencies are distinctly different beyond the obvious programmatic factors. Table 1 provides highlights of some key elements related to CW and ES and services to kinship families for LA DCFS. The differing of the definition of kinship caregiver is one policy factor that creates confusion and conflict with workers and families that interface with each other and between workers in the same agency. Further, ES’ kinship subsidy is generally limited to one year regardless of the duration of the child’s residence with the kinship caregiver unless certain legal custody criteria are met. CW’s assistance to kinship caregivers is driven by permanency plan of child placement rather than the custody status of the caregiver’s residence as certified by the agency.

Table 1

**Comparison of CW and ES**

<table>
<thead>
<tr>
<th>CW</th>
<th>ES</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Department of Children and Family Services Agency</td>
<td>A Department of Children and Family Services Agency</td>
</tr>
<tr>
<td><strong>Administers the State’s child &amp; family services programs within a centralized framework</strong></td>
<td><strong>Administers the State’s public assistance programs</strong></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>Accredited by the Council on Accreditation</strong></td>
<td><strong>8 Regional offices, 70 Parish offices, 3,100 budgeted classified positions</strong></td>
</tr>
<tr>
<td><strong>33% CW Specialist 1 &amp; 38% CW Specialist 2 staff turnover in 2007</strong></td>
<td><strong>2008-09 Kinship Care Subsidy Program (KCSP) statewide payments of $2,158,573; LA KISS target region’s KCSP payments of $296,879</strong></td>
</tr>
<tr>
<td><strong>On September 30, 2003, 12.7% of children in out-of-home care were living with relatives while in care</strong></td>
<td><strong>2008-09 KCSP statewide recipients = 4,042 adults &amp; 7,597 children; LA KISS target region’s KCSP recipients = 562 adults &amp; 1,046 children</strong></td>
</tr>
<tr>
<td><strong>Definition of kinship – a meaningful connection of either blood or relationship between a child &amp; an adult</strong></td>
<td><strong>Definition of kinship – biological/adoptive: grandfather or grandmother (extends to great-great-great), brother/sister (including half), uncle/aunt (extends to great-great), stepfather/mother, stepbrother, stepsister, first cousin, including first cousin once removed, &amp; nephew/niece (extends to great-great), or legal spouse of above</strong></td>
</tr>
</tbody>
</table>

The logic model for this initiative is located in the Appendix D of this study. The initiative as whole focuses on employee and agency level factors as well as individual kinship family factors. The remainder of this discussion is limited to the individual kinship family factors as they are most pertinent to the parameters of this study.
A few employees from CW and ES were selected to transfer as Care Managers for the LA KISS project. These employees participated in the monthly workgroups and received cross-training in the policies of the agency from which they did not originate. That is, workers who were selected from CW were trained in ES policies and workers who were selected from ES were trained in CW policies. The policies selected for the cross training were the policies selected as a data unit for this study. A total of 4 care managers were cross-trained for this project. Three of the workers were assigned to manage treatment caseloads and one was assigned to manage the observation caseload. All kinship families randomly drawn from the LA DCFS database, controlling for geographic region, were also randomly assigned to the care managers (except those randomly assigned to observation group automatically went to the 1 observation care manager).

The Care Managers were responsible for recruiting families into the LA KISS project, obtaining signed consents, and for collecting all data except for the Satisfaction Survey. The LSU OSSRD evaluation team performed all of the kinship caregivers’ interviews for the Satisfaction Survey. The Care Managers assigned treatment caseloads were also responsible for serving as liaisons to the kinship families to advocate, broker, and educate them on services relevant to the families’ needs within LA DCFS and within the greater New Orleans regional community. The Care Managers were not to perform direct service but rather assist the families in mitigating barriers and identifying unknown resources that could assist in improving outcomes related to safety, permanency and well-being. This treatment case management service was influenced by a Systems of Care model. The observation Care Manager only collected data and consents from those randomly assigned families that agreed to participate in the LA KISS project. The families were not informed if they were assigned to treatment or observation groups. The families assigned to observation group received routine services from the LA DCFS
agency that they were already involved. Families assigned to the treatment group received the care management services developed specifically for the LA KISS grant as described previously in the LA KISS overview section. Families were enrolled in the LA KISS project for 18 months unless the child left the caregiver’s residence prior to that time. If the child changed residence, then the case was closed prior to the 18 months period. A minimum of 6 months, 12 months, and then the final 18 months contact and updates were conducted on the participating families. Those families in the treatment group could have additional contacts on an as needed basis determined by their individual family circumstances.

A complete evaluation report on all of the data collected at the kinship family level and the agency level is in process. The final evaluation report will include elements of this study along with additional quantitative and qualitative data collected after the time of this study’s completion. This study includes the data collected on the kinship caregivers’ interviews from the beginning years of the LA KISS project. Additional interviews were continuing to be collected for the purposes of the LA KISS grant initiative, which extended beyond completion of this study.

**Research Questions**

Since qualitative inquiry is an inductive approach to research, hypotheses were not established or tested (Padgett, 2008). However, the selection of a critical theory approach and an exploratory case study research design allows the researcher to formulate research questions within a qualitative study (Creswell, 2007; Yin, 2003). There were six research questions for this study:

1) What are the demographic characteristics of the sample of kinship caregivers participating in the Louisiana Kinship Integrated Services System project?
2) What aspects of power are evident in the kinship caregivers’ experiences with the CW and TANF systems?

3) What changes have kinship caregivers made in response to their experiences with or beliefs about the CW or TANF systems? (knowledgeability)

4) What changes in agency policies and practices are needed from the caregivers’ perspectives? (recursive potential)

5) What are the caregivers’ perspectives on the characteristics and quality of interactions with CW and TANF workers? (agential hegemony)

6) What are the caregivers’ perspectives on the characteristics and quality of the CW and TANF policies regarding kinship families? (structural hegemony)

**Operationalization of Key Terms**

**Demographic Characteristics**

In this study, kinship caregivers were those persons who have had at least one interaction with LA DCFS CW and/or ES agency and agreed to participate in the LA KISS grant project. In LA, CW and ES agencies define kinship differently. These differences are detailed in each section below. The descriptive analysis section of this study explored a number of demographic variables common to social science research to provide a clear picture of this sample of kinship caregivers, as well as to address representativeness and transferability of this study. Specifically, variables of age, self-reported race or ethnicity, relationship to child(ren) in their care, familial or type of connection between child’s biological parent(s) and caregiver, kinship caregiver’s employment status, length of current caregiving episode, and type of agency affiliation (i.e., CW, ES, or both) were collected, and underwent univariate analyses.
Power

Informed by structuration theory, power is operationalized in the constructs of rules and resources. For this study, CW and TANF systems’ kinship policies, services, and supports are examined. To add greater depth beyond organizational artifacts, the kinship caregivers’ reports on their perspectives of these systems’ rules and distribution of resources were included.

Child Welfare (CW) System

When this study was initiated, LA’s authorized agent for the protection of children from abuse and neglect was known as the Office of Community Services (OCS). OCS was a division of the Department of Social Services (DSS). In the 2010 state legislative session, an act was passed to re-title and re-organize DSS. Effective July 1, 2010, DSS became Department of Children and Family Services (DCFS) and OCS became Child Welfare (CW). The agency continues to work the planning and implementation of additional re-organization efforts. Prior to the inception of this study and through the time of this writing, the LA CW system has adopted the broad definition of kinship that aligns with Child Welfare League of America’s (CWLA). Specifically, CW defines kinship as a meaningful connection of either blood or relationship between a child and an adult, including fictive kin.

Temporary Assistance for Needy Families (TANF) System

The TANF serving agency for LA is experiencing reorganization and a recent agency name change as mentioned for the CW system. At the beginning of the LA KISS project, the division responsible for all TANF programs was termed Office of Family Services (OFS). Effective July 1, 2010, OFS became Economic Stability (ES). As previously noted in the literature review discussion, public welfare systems typically adopt a narrower definition of kinship compared to CW systems. LA’s ES follows suit to this pattern in that kinship is defined as biological or adoptive relative, specifically, grandfather or grandmother (extends to great-
great-great), brother/sister (including half), uncle/aunt (extends to great-great), stepfather/mother, stepbrother, stepsister, first cousin, including first cousin once removed, nephew/niece (extends to great-great), or legal spouse of above and does not include fictive kin. This definition remains current through the system’s reorganization process as of this writing.

**Recursiveness**

In structuration theory, recursiveness applies to the interaction between systems and human agents (Giddens, 1984). Giddens stated that people’s actions can affect how systems function just as systems can affect people’s actions (Giddens, 1997; Kondrat, 2002). Exploring the themes within the kinship caregivers’ expressed recommendations for system change provides an opportunity to affect how the CW and TANF systems are functioning.

**Knowledgeability**

In structuration theory, knowledgeability refers to the notion that people consciously make adjustments or engage in certain actions or decisions based on their knowledge or understanding of a system (Giddens, 1997; Kondrat, 2002; Wheeler-Brooks, 2009). Decisions and actions kinship caregivers report as a direct response to their understanding of the child welfare or welfare system are explored in this study. This knowledge provides a greater understanding of how these systems are perceived by their recipients.

**Agential Hegemony**

Agential hegemony refers to the relational processes between two groups where a power differential occurs (Gramsci, 1991; Joseph, 2000). In this study, the perceived power group is considered to be the child welfare and welfare workers. Gaining information on kinship caregivers’ experiences of how they are treated by the workers of these systems provides greater understanding of future training needs for workers in these systems.
Structural Hegemony

Structural hegemony refers to the organizational layering over time of policies that persistently protect the status quo of the dominant group (Gramsci, 1991; Joseph, 2000). For the purposes of this study, structural hegemony differs from the operationalization of power (i.e., rules and resources) in that the exploration of how kinship caregivers’ perceive child welfare and welfare policies as creating or perpetuating barriers or inequities in their lives is the focus of attention.
CHAPTER 3: METHODOLOGY

Method and Procedures

This study explores the paradigm shifts of kinship caregiving in child welfare (CW) and public welfare (TANF) systems over time in the U.S., to gain a deeper understanding of the individual experiences of kinship caregivers who have interacted with those systems, and to examine the themes of the explorations with a critical theory analysis. An exploratory case study with multiple embedded units was the selected methodology. Case study is a qualitative research method that is not to be confused with clinical case studies that are common to single subject or AB research designs often utilized in clinical social work research and education. This approach involves the study of an issue explored through one or more cases within a bounded system (Creswell, 2007, p. 73). A case study approach is”…preferred strategy when ‘how’ or ‘what’ questions are being posed…and when the focus is on a contemporary phenomenon within some real-life context.” (Yin, 2003, p. 1). The Louisiana (LA) Department of Children and Family Services (DCFS), formerly known as the Louisiana Department of Social Services (LA DSS) is the identified case. The multiple embedded units within this case study are:

- LA’s Child Welfare (CW) kinship policies utilized in the LA KISS project cross training
- LA’s Temporary Assistance for Needy Families (TANF) serving agency, Economic Sustainability’s (ES) kinship policies utilized in the LA KISS project cross training
- LA Kinship Integrated Services System’s (KISS) kinship caregivers’ Satisfaction Survey interviews

The benefits to using an exploratory case study include the ability to utilize a linear analytic structure in a research strategy that supports multiple forms of data sources (Yin, 2003).
LA CW Kinship Policies

Policies related to kinship caregiving within the LA CW division are part of the public domain. Broad regulations for the policies are determined by federal and state legislation, with DCFS having the responsibility to promulgate legislation into policies and procedures for system workers and recipients to follow. The LA KISS steering committee selected those policies deemed most relevant to the purpose, philosophy, and services affecting caregivers within the LA CW agency. These policies were used to cross train the care managers who staffed the treatment component of the LA KISS grant project.

LA ES Kinship Policies

Policies related to kinship caregiving within the LA ES division are also part of the public domain. Broad regulations for these policies are specifically determined by PRWORA and SSA federal legislation and state block grant decisions. DCFS has the responsibility to promulgate the legislation into policies and procedures for ES system workers and recipients to follow. The LA KISS steering committee selected those policies deemed most relevant to the purpose, philosophy, and services affecting caregivers within the LA ES agency. These policies were used to cross train the care managers who staffed the treatment component of the LA KISS grant project.

LA KISS Kinship Caregivers’ Interviews

From 2006 – 2011, participants for the LA KISS project were randomly selected on a quarterly basis from the LA CW and ES state databases using queries at the child case level and documented as residing in a kinship family arrangement within the Greater New Orleans geographic region, as specified by the grant. Once the cases were drawn, they were randomly assigned using a computer software program to a treatment or observation group and randomly assigned to a LA KISS care manager. Kinship caregivers were sent letters requesting their
voluntary participation in the LA KISS project, without being informed of their group (treatment or observation) assignment. If caregivers did not respond to the letters within two weeks of distribution, LA KISS care managers would attempt to contact the caregivers via telephone calls and home visits to illicit their participation decisions. Once care managers obtained written agreements to participate in the project from caregivers, signed formal consents were obtained from the caregivers and all participating children aged four and older before further information on the families was collected.

Once the consent forms were obtained, appointments to complete the \textit{Satisfaction Survey} were arranged between the evaluation team and the caregivers. The \textit{Satisfaction Survey} used in the LA KISS project served as the guide for the semi-structured interviews of the kinship caregivers. A total of 114 kinship caregiver interviews, conducted by this author, were used in this study. The interviews were conducted either in the caregiver’s home or over the telephone based on the caregiver’s preference. The majority of interviews lasted one hour, with a range of thirty minutes to two hours. Caregivers’ comments were hand recorded and repeated back to the caregiver at the end of the interview to ensure accuracy of capturing the caregiver’s experiences and recommendations correctly. Audio recording of the interviews was prohibited by LA DCFS.

\textbf{Representativeness}

A purposive sample is frequently used in exploratory case studies (Creswell, 2007). In this study, the sample consists of caregivers who met either or both of the definitions of kinship caregiver for the LA CW or LA ES agencies. As mentioned previously, the geographic region for the sample selection was determined by the LA KISS grant; specifically, the Greater New Orleans region of LA. This region was specifically targeted due to its historical trends in accounting for over half of all kinship caregivers in LA CW and LA ES agencies. As the eligibility definitions for these caregivers are constant statewide, and are within national trends,
it is reasonable to assert that although this sample is purposive, it likely represents kinship caregivers in other areas within and without LA. As noted in the literature review, kinship caregivers tended to be single, African American females of lower socioeconomic status.

**Protection of Human Subjects**

The protection of human subjects for research purposes is a standard that was fully upheld throughout this research project. Prior to any contact with caregivers, Internal Review Board (IRB) approvals were obtained from the Louisiana State University (LSU) and the LA DCFS. This researcher successfully completed the required training related to research with human subjects. Additionally, detailed consent forms were reviewed with caregivers and involved children prior to the collection of data. Participating households were given copies of the consent forms that included contact information related to questions or withdrawal from study requests on the forms. Signed copies of the consents were also maintained within each caregiver’s data file. Participants were encouraged to ask any questions related to the study, their participation, dissemination of information, and so forth. Consent forms were reviewed and approved annually through LSU’s IRB.

All participating kinship caregivers and children were assigned unique case ids upon study enrollment. All data collection steps utilized these case ids to protect the confidentiality of all the project’s participants. It is common for qualitative studies to include direct quotes in the findings as a means to provide richness to the report. To maintain this richness without compromising participants’ confidentiality, quotes are used in this study excluding personal names that were often given in the course of the interview.

**Research Design**

This is an exploratory case study with multiple embedded units utilizing a critical theory analysis approach. Descriptive analyses of demographic characteristics were incorporated to
provide representativeness, transferability and context to the study. Interpretive thematic analyses of the policies and interviews in within-case and across-case approaches were utilized to convey kinship caregivers’ experiences and to explore answers to the remaining research questions related to the conceptual framework of this study (i.e., hegemonic processes, recursiveness, knowledgeability, etc.). Ayres, Kavanaugh, and Knafl (2003) note the usefulness of within-case and across-case approaches for research focused on exploring greater understanding of a given experience. Details of the specific strategies utilized in the interpretive thematic analyses are discussed in the data analysis section.

**Issues of Rigor and Accountability**

In quantitative designs, this would be the point in the study where threats to internal validity and reliability would be discussed. Broadly stated, the purpose of validity and reliability discussions in quantitative research is to determine the extent to which the variance of one or more variable is attributed to the other variable and not to other threats or conditions. In qualitative research, validity is primarily concerned with questions of rigor, accuracy, and quality (Creswell, 2007; Drisko, 2000; Padgett, 2008). No single agreement in perspective, purpose, or strategy exists within or outside of the scholarly field pertaining to reliability and validity issues in qualitative research (Anastas, 1999; Rubin & Babbie, 2008). Rather, an array of recommendations exists to address rigor and accountability issues in qualitative inquiry. Researchers are encouraged to utilize those techniques that are most congruent to their overall research design and context (Creswell, 2007; Drisko, 2000; Padgett, 2008). Verification, trustworthiness, prolonged engagement, and negative case analysis were the techniques selected to demonstrate rigor and accountability in this study. Each of these strategies is further delineated below.
Verification

Verification is defined as the process of checking, confirming, making sure, and being certain (Morse, Barrett, Mayan, Olson, & Speirs, 2002). In qualitative research, verification refers to the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and, thus, the rigor of a study (Morse et al., 2002, p. 17). During the constructive process of this study, verification was utilized as a technique to address questions of accuracy during data collection, to address methodological coherence, and to assure the development of a dynamic relationship between sampling, data collection, and data analysis.

Questions of Accuracy

To ensure accuracy, kinship caregivers were asked to confirm their responses to the satisfaction survey items. At the end of each interview all additional comments were repeated back to the kinship caregivers for confirmation. Prior to interview termination, kinship caregivers were asked two closure questions, 1) if they had any additional comments to add, 2) in considering the purpose of the survey as to gain an understanding of the kinship caregiving experience and how the system can improve, is there anything we are missing or should be asking that we have not discussed? If kinship caregivers gave any responses to these closure questions, their comments were repeated back to them to assure accuracy. Additionally, information given throughout the course of the interview was repeated back to the caregiver to assure accuracy of shared details. Lastly, kinship caregivers were given the name and contact number of the researcher to have the option to make any further changes, ask questions, or give additional input after the interview terminated.

Methodological Coherence

Methodological coherence is concerned with assuring that the research question and method components remain congruent (Morse et al., 2002). For the purposes of this study, it was
imperative to illuminate issues of power and identify any hegemonic processes. The utilization of multiple embedded units within the case study design provided a spectrum of components to explore the recursive dynamics between the CW and TANF agencies and the kinship caregivers’ experiences. Additionally, the researcher made every effort to emphasize confidentiality, to demonstrate gratitude and respect to the kinship caregivers for their time, to emphasize the inherent value of their input, and to naturalize any disclosure apprehensions kinship caregivers may have had related to opening up to a stranger and talking about social service systems and their families. These actions on the researcher’s part were necessary to maintain congruency with a critical theory approach by acknowledging the historical and cultural contexts relevant to the kinship caregivers and the CW and TANF agencies.

**Development of Dynamic Relationship Between Sampling, Data Collection, and Data Analysis**

Throughout this research project, as is common with most qualitative studies, fluidity occurred in the processes of sampling, data collection, and data analysis. The initial design of the LA KISS grant project was to have samples drawn from each agency on a quarterly basis that would be randomly assigned to either treatment or observation. However, early in the life of the grant, the workgroup decided to adjust the random assignment to 75% treatment, 25% observation as a means to increase the opportunities of providing project services to more families. That is, over assignment to the treatment group was done initially so that more families could receive the cross-trained case management services developed specifically for the LA KISS project. Through the use of constant comparison technique, it became readily apparent to add the recommendations for improvement question towards the end of the survey, as kinship caregivers were often asking to give this input during the course of the survey interview.
The addition of providing incentives to the caregivers after participation in survey interviews is another example of an action that occurred based on the dynamic relationship of the research process. Initially, only tokens for employees who attended collaboration trainings were included in the LA KISS grant project. After LA DCFS became more aware of the realities of the kinship caregivers (such as, their financial hardships, time constraints, and multiple barriers to accessing community resources), amendments to the grant project were made to add incentives for the kinship caregiver participants.

**Trustworthiness**

Trustworthiness is one of the most commonly agreed upon strategies to address rigor and accountability in qualitative research (Anastas, 2004; Heppner & Heppner, 2004). Credibility, auditability, transferability, and confirmability are the major components of trustworthiness (Padgett, 2008). Credibility refers to the degree of fit between the respondents’ views and the researchers’ descriptions and interpretations of their views. One means of demonstrating credibility in this study is with the incorporation of kinship caregivers’ quotes within the findings section. Thus the reader can determine congruency in this researcher’s interpretations with the kinship caregivers’ own responses.

This researcher also consistently demonstrated the utmost respect, honor, and gratitude towards the kinship caregivers for the sharing of their time and information. Emphasis on confidentiality, the importance of their experiences and perspectives were used to develop rapport at the initiation of the interview. Active listening skills and affirmations furthered the interview process to encourage kinship caregivers to openly share their opinions and details of their kinship caregiving experiences. Demonstrating respect and adhering to confidentiality are congruent with the agreements delineated in the LA KISS participant consent forms. These actions also preserve the commitment of protection of human rights in a research study.
Auditability refers to the ability to review a study’s procedures or documents; that is, the research is traceable. For this study, confidential files that include consent forms and all handwritten data collected were securely maintained at LSU. Additionally, electronic files of transcribed interviews were securely maintained on a flash drive. All other LA KISS related data on the participants was securely maintained on a password protected shared server. Each kinship caregiver has a unique case id that links each separate file, hard or electronic, together. Only those persons with IRB approval to the data have access to these materials. All data are to be maintained and secured according to regulatory standards. From the point of caregiver enrollment through case closure, there is a clear data trail for each case. Additionally, the use of Atlas.ti software for the coding of the interviews provides a data trail for the text that was coded and linked into themes. All codes are directly linked back to the original quotes of the caregivers’ collected during the Satisfaction Survey interviews. Hard copies of the hand recorded interviews are retained in the files of the LA KISS kinship caregivers.

Transferability refers to the extent to which a study’s findings generalize to larger populations. Comparing the kinship caregivers’ experiences with those reported by other kinship caregivers in previous studies provide a means of demonstrating the strength of transferability of this study. The results and discussion sections provide details on the similarities and differences of this study’s sample of kinship caregivers’ characteristics as compared with those characteristics of other studies related to kinship caregivers. These sections also delineate the similarities and differences in experiences reported with the CW and TANF systems of the kinship caregivers in this study as compared to other studies, all of which have occurred in markedly different geographic regions than this study. Relevance of the results of this study to CW and TANF policy implications and to the education and training of social workers and other
human service workers is another level of transferability asserted in the discussion chapter of this study.

Confirmability refers to the extent to which the findings are clearly linked to the data. This is demonstrated in the detailed reports of the kinship caregivers’ characteristics and experiences provided in the findings and discussion sections of this study. The use of in vivo coding and interpretive thematic analysis streams the raw data into the results section inductively and fluidly. The use of different data forms, specifically policies and interviews, fulfills a function known as data triangulation in qualitative research. The literature supports data triangulation as another technique to address trustworthiness in qualitative research (Anastas, 2004; Creswell, 2007; Padgett, 2008). In the study, data triangulation assisted in corroborating the kinship caregivers’ interviews in that some of the details shared in the interviews about the CW and TANF systems matched the rules and definitions documented in those systems’ policies.

**Prolonged Engagement**

Prolonged engagement is noted as a tool to address issues of validity that relate to respondent bias (Padgett, 2008). Prolonged engagement may occur in two possible manners, one is through the immersing of the researcher in the environment of the target population over a long period of time such that the researcher’s presence loses any sense of novelty. The other manner is through the researcher engaging with many members of the target population over long periods of time. It is this latter form of prolonged engagement that occurred with this study. This researcher interviewed a large number of kinship caregivers every month for a period of 3.5 years. The frequency of contacts with kinship caregivers over the long duration of time mitigates threats to validity such as historical events and respondent bias.
Peer Debriefing

Peer debriefing is a technique noted to assist in addressing potential researcher bias in qualitative methods (Padgett, 2008). There were several avenues in which this technique was utilized to assist in ensuring the accuracy of the kinship caregivers’ perspective was maintained and this researcher’s bias minimized. The monthly workgroups provided opportunity to discuss the process and preliminary findings as they occurred in the interviews. Additionally, as the findings for this study were prepared the codes, themes, and kinship caregiver quotes were reviewed with the LA KISS Care Managers, one LA KISS kinship caregiver, and the LA KISS program manager for their feedback on the accuracy of maintaining the kinship caregivers’ voice. There was consensus within the entire group that the findings well reflected their understandings of what they had heard the kinship caregivers’ express in their interactions with them. The one kinship caregiver also concurred that the findings reflected her experience as well as other people that she knew who were kinship caregivers also.

Negative Case Analysis

Negative case analysis is a tool used to address issues of validity that relate to researcher bias threats. Critical theory approaches are often challenged as being especially vulnerable to researcher bias by their very nature of espousing anticipated directionality to research findings. Negative case analysis mitigates researcher bias in that evidence that contradicts the researcher’s findings anticipated or not, is presented in the study. Themes or codes that emerged in the policies and/or interviews that are interpreted as supportive or empowering to kinship caregivers are presented. These instances serve as negative case examples to the overwhelming body of evidence that support the principals of the critical theory framework.
Position of Researcher

Contemporary trends in qualitative inquiry promote the open acknowledgement of the researcher’s presence in research processes rather than the past trends of the researcher as an “omniscient, distant observer” (Creswell, 2007). The traits of the researcher are considered as influences to all phases of the research process from design, to data collection, to data analysis, and through interpretation. The researcher for this study was Biracial, middle aged female doctoral student who has been a licensed clinical social worker for almost 20 years. The researcher has prior knowledge of CW and TANF systems, as well as parenting and kinship families. However, the researcher did not disclose any of her previous experience or background information to the kinship caregivers. Introductions to the kinship caregivers placed the researcher in the context of a worker for LSU OSSRD with the responsibility of facilitating confidential interviews for the LA KISS Satisfaction Survey. This researcher acknowledges that it was possible that this researcher’s sex, age appearance, and racial ambiguity, along with years of clinical experience may have contributed to the quality of data collected in the kinship caregiver interviews. Years of establishing rapport with diverse populations may have naturally transferred to establishing rapport with the kinship caregivers in a non-clinical setting such that they shared their experiences and opinions openly with this researcher.

The experiences of this researcher also influenced the selection of the theoretical framework for this study. The use of in vivo coding, peer debriefing, and negative case analysis techniques were utilized to counter potential researcher biases and expectations that originate from this researcher’s historical and cultural background and work experiences. The intentional delay in utilizing the theoretical framework as the last step of the analysis process was another strategy selected to counter researcher bias and expectations.
Summary of Rigor and Accountability

Constructive and evaluative methods were utilized to mitigate the threats to validity and demonstrate rigor for this exploratory case study. The inability to utilize member checking, that is, contact the interviewed kinship caregivers to review this researcher’s interpretations of their experiences is one of the limits to this study. At the time of the interview, the kinship caregivers were informed that reports and research products would be created from their interviews. Offers were extended to contact them when documents were ready to afford them the opportunity of review. However, the kinship caregivers consistently stated they did not wish to be re-contacted. Some stated, “I’m too busy and would not have to time to read reports.” and others stated, “That’s not necessary, I just hope it helps future families. I don’t think there’s any hope of anything changing in the system that will make a difference for my own family.”

The depth and openness with which so many kinship caregivers provided intimate details and opinions about their experiences with CW and ES to the researcher well beyond the scope of the prompt of the survey question is perhaps one of the truest testaments to the trustworthiness, overall validity and value of this study. The results chapter provides a sampling of types of detailed information kinship caregivers relayed. The adherence to the theoretical model and utilization of several strategies to manage threats to validity in qualitative research further demonstrate this study’s rigor. Adopted from Padgett’s (2008) illustration of Strategies for Enhancing Rigor and Trustworthiness (p. 187) Table 2 provides a summary of the strategies utilized to demonstrate rigor and accountability in this study.
### Table 2

**Strategies for Rigor and Accountability**

<table>
<thead>
<tr>
<th>Technique</th>
<th>Action</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification</td>
<td><strong>Questions of accuracy</strong></td>
<td>Primarily impacts accountability</td>
</tr>
<tr>
<td></td>
<td><strong>Methodological coherence</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Development of dynamic relationship between sampling, data collection, and data analysis</strong></td>
<td></td>
</tr>
<tr>
<td>Constructive Technique</td>
<td><strong>Quasi-member checking technique; researcher confirmed with kinship caregivers the accuracy with which their responses were understood and recorded</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Researcher includes historical and cultural contexts in study; utilization of in vivo coding; emphasis on confidentiality; researcher demonstrates honor and respect to kinship caregivers to mitigate power/control dynamics</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Researcher demonstrates flexibility in adapting interview survey</strong></td>
<td></td>
</tr>
<tr>
<td>Primarily impacts accountability</td>
<td><strong>Keeps focus on participant and off researcher; increases accuracy of interview data</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Maintenance of critical theory approach; accountability to theoretical framework</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Decreases researcher bias; demonstrates accountability to flexibility of qualitative methods</strong></td>
<td></td>
</tr>
</tbody>
</table>
(Table 2 continued)

<table>
<thead>
<tr>
<th>Trustworthiness</th>
<th>Evaluative Technique</th>
<th>Addresses rigor and accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Credibility</td>
<td>- Researcher displays use of quality interviewing skills, rapport, adherence to confidentiality, use of quotes in results section</td>
<td></td>
</tr>
<tr>
<td>- Auditability</td>
<td>- Researcher maintained clear documentation trail and study process is able to be replicated and verified by outside sources</td>
<td></td>
</tr>
<tr>
<td>- Transferability</td>
<td>- Researcher connects findings of this study with those of other similar focus areas; researcher links findings of this study with policy and practice implications</td>
<td></td>
</tr>
<tr>
<td>- Confirmability</td>
<td>- Demonstrates researcher and data reflect the naturalistic experience studied</td>
<td></td>
</tr>
<tr>
<td>- Data triangulation</td>
<td>- Demonstrates accuracy and legitimacy of data and research processes</td>
<td></td>
</tr>
<tr>
<td>- Prolonged engagement</td>
<td>- Demonstrates relevance and utility to study</td>
<td></td>
</tr>
<tr>
<td>- Negative case analysis</td>
<td>- Decreases researcher bias</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Comparison of different sources corroborates and illuminates facets of the kinship caregiving paradigm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Decreases respondent bias</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Decreases researcher bias; increases accountability and rigor</td>
<td></td>
</tr>
</tbody>
</table>
(Table 2 continued)

<table>
<thead>
<tr>
<th>Trustworthiness</th>
<th>Evaluative Technique</th>
<th>Addresses rigor and accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Researcher uses in vivo coding and interpretive analysis methods to inductively bring raw data into results and discussion sections</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Researcher uses interviews, system policies, and literature review to answer research questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Researcher engages with large number of kinship caregivers over extended period of time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Researcher presents information from interviews and policies that have differing themes than those anticipated or most commonly found</td>
<td></td>
</tr>
</tbody>
</table>
Data Analysis

The benefits of the constructivist orientation and the multiple embedded units case study approach include the option to utilize a variety of data sources (Creswell, 2007; Yin, 2008). Determining how data will be methodically coded is a critical decision in the data analysis process. The parameters of the constructivists’ orientation and critical theory approach allow the researcher to create coding systems based on the data itself (Creswell, 2007). This study had two data analysis processes. The first process utilized descriptive statistics to examine the demographic characteristics of the kinship caregiving sample. This process was conducted at the completion of the interviews. Process two utilized interpretive thematic analysis to explore kinship caregiving policies and kinship caregivers’ experiences. This process was iterative and included constant comparison techniques of the coding of data within and across data units.

Descriptive Statistics Analysis

Descriptive univariate analyses were completed on self-reported characteristics that relate to demographics, kinship family factors, and agency involvement of the kinship caregivers that participated in the Satisfaction Survey interviews with this researcher for the LA KISS grant project. Table 3 provides the complete list of variables that were descriptively addressed through univariate analyses. Analysis results are reported in the findings section.

Table 3
Descriptive Variables Subject to Univariate Analyses

<table>
<thead>
<tr>
<th>Demographic Variables:</th>
<th>• Age</th>
<th>• Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Employment status</td>
<td></td>
</tr>
</tbody>
</table>
(Table 3 continued)

| Kinship Family Factors: | • Length of time providing care to child(ren)  
| | • Relationship to child(ren) in care  
| | • Maternal or paternal connection to child(ren) in care  
| Agency involvement: | • CW involvement due to kinship care  
| | • ES involvement due to kinship care  
| | • Both CW and ES involvement due to kinship care  
| | • Certified foster parent status  
| | • Ever received information from DCFS worker on foster parent certification  

**Interpretive Thematic Analysis**

Askeland and Bradley (2007) note the need to reflect upon how power, oppression and discrimination are exercised when critical theory is the frame of a research study. Interpretive practices to qualitative research are known to be useful when questions of how people construct their experiences with social structures and when questions of what conditions occur through the course of the distribution of resources are of interest in research projects (Gubrium & Holstein, 2000). Rubin and Babbie (2008) define the purpose of interpretive research as a means to inform others of the perceived experience of a studied group. These authors use the cliché *what it is like to walk in another’s shoes* to convey the intent of interpretive research. Interpretive thematic
analyses are also utilized to illuminate the essence of phenomena that are not well understood (Fereday & Muir-Cochrane, 2006).

Interpretive thematic analysis of the data is considered to be congruent with the critical theory approach because it allows for the researched to be placed in the first person voice rather than the researcher. Demonstration of interpretive thematic analysis in CW or TANF related research is limited. Letieqc, Bailey, and Porterfield (2008) incorporate thematic analysis in their study exploring legal and policy dilemmas faced by grandparent caregivers. Mooradian, Cross, and Stusky (2006) utilized thematic analysis in their study examining factors of culture, history, and policy as pertains to American Indian grandparent caregivers. Murphy, Hunter, and Johnson (2008) applied interpretive thematic analysis to their study exploring African American grandmothers and the CW system. Although detailed descriptions of the analytic process were not provided in these studies, they all commonly reported extracting themes from the data during the analysis process.

This study selected interpretive thematic analysis to manage the data collected from the kinship caregiver interviews and the LA DCFS policies. Interpretive thematic analysis calls for the researcher to illicit themes from the data that reflect the meaning of the origin of the data. For the kinship interviews, the themes must be interpreted that reflect kinship caregivers’ meanings of their information provided in the interviews. For the CW and ES policies, the themes must be interpreted that reflect the rules, resources, and delivery of services for kinship caregivers of LA DCFS.

Yin (2008) recommends the within case analysis of text data for embedded units prior to the conclusive analysis for the overall case. The procedures recommended by Creswell (2007) will be followed in that direct interpretation of each interview was conducted, followed by
exploring patterns across cases, and culminating in generalizations to kinship caregiving in the LA DCFS system with the critical theory framework as the final analytic step. Coding of the kinship caregivers’ interviews was done in vivo rather than a priori to ensure the analysis was driven from the kinship caregivers’ voices and not from preconceived notions maintained by dominant groups (Gubrium & Holstein, 2000; Stake, 2000). Coding of the policies was also done in vivo rather than a priori to reduce researcher bias. A priori coding with a critical theory approach would place the data at risk for omitting any instances that would fail to support issues of dominance or oppression.

Specifically, the comments collected in each interview were transcribed into individual primary documents (PD) and loaded into Atlas.ti. Codes were freely defined from each line within each PD. Initially codes were defined using kinship caregivers’ own words, reducing the sentence structure. For example, “OCS was the most horrible experience I’ve ever been through” was highlighted and became the code “OCS horrible”. As additional interviews were collected, transcribed, and coded, if a caregiver had the same or similar statement this same code was assigned. For example, another caregiver statement was “OCS was an awful experience”. This researcher interpreted “awful” and “horrible” to be substantively the same in meaning based on the inflections, shared story, and interaction with the kinship caregivers. If another caregiver statement was “OCS was ok, some workers were good and some were not so good”, then a new code was created as this statement was substantively different than “horrible” and “awful”.

Upon completion of coding each PD, cross-case analysis was conducted to determine the collective themes, labeled as families in Atlas.ti. By organizing the codes into themes the interpretive process provides a broader picture of the overall experiences of kinship caregiving (Ayres, Kavanaugh, & Knafl, 2003; Fereday, & Muir-Cochrane, 2006).
The same process for coding and determination of themes was used for the analysis of the CW and ES kinship policies. Comparisons of themes in system policies with kinship caregivers’ perceptions of those systems was the next layer of analysis. The final analysis step was to apply the critical theory framework with knowledge gained from the literature review in concert with the data analysis themes to answer the research questions 2-6. Table 4 provides a summary of the interpretive thematic analysis strategy used.

Table 4

**Interpretive Thematic Analysis Strategy**

<table>
<thead>
<tr>
<th>Data Unit</th>
<th>Purpose</th>
<th>Strategy</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual kinship caregiver interview (Primary document, PD)</td>
<td>Provides information on an individual kinship caregiver’s experience with CW and/or TANF serving agency</td>
<td>Create codes reflective of the individual kinship caregiver’s comments (within case analysis)</td>
<td>A list of codes that consolidate the individual kinship caregiver’s comments in fewer words than full interview</td>
</tr>
<tr>
<td>Codes list from kinship caregivers interviews</td>
<td>Determine themes or patterns in the codes list</td>
<td>Across case analysis to determine themes across the group of kinship caregivers</td>
<td>Gain a greater understanding of the more universal aspects of kinship caregiving</td>
</tr>
</tbody>
</table>
(Table 4 continued)

<table>
<thead>
<tr>
<th>CW and ES policies from the LA KISS cross training orientation</th>
<th>Provides information on how the rules, resources, and kinship caregiver paradigm in general is addressed in the LA DCFS system</th>
<th>Create codes reflective of the LA DCFS system’s policies affecting kinship caregiving</th>
<th>A list of codes that consolidate the rules, resources, and kinship caregiver paradigm in general is addressed in the LA DCFS system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes list from the LA DCFS policies</td>
<td>Determine themes or patterns in the codes list</td>
<td>Across case analysis to determine themes from the codes list</td>
<td>Gain a greater understanding of the LA DCFS policies affecting kinship caregivers</td>
</tr>
<tr>
<td>Themes from kinship caregivers’ interviews and themes from LA DCFS policies</td>
<td>Explore the recursive, knowledgeable, and hegemonic constructs (i.e., application of critical theory framework)</td>
<td>Compare and contrast the data analysis themes with knowledge gained from the literature review</td>
<td>Interpret answers to research questions 2-6</td>
</tr>
</tbody>
</table>

**Methodology Summary**

As kinship caregiving is receiving recognition as a preferred option when biological parents are unable to care for their children, it is imperative that practitioners and policymakers understand the perceptions and circumstances faced by kinship caregivers. Failure to garner
their perspective increases risks of practices and policies that are incongruent with this population’s needs at the individual family level and as a collective whole. Individual family level risks pertain to children’s well-being, family stability, and caregivers’ well-being; all of which decline if they are inadequately served. A history of systemic bias against kinship caregivers is well documented in the literature (Beeman & Boisen, 1999; Bratteli et al., 2008; Cuddeback, 2004; Hill, 2008). Collectively, issues of disproportionality and disparity pertaining to children and families of color will continue to persist if leaders do not understand the impact of the decisions they make (Clark et al., 2008; Courtney et al., 1996; Crewe, 2003). Lastly, failure to identify and ameliorate the oppressive patterns that have been endemic to CW and TANF systems will hinder the success of any policies and practices with empowering or restorative orientations (Adams & Chandler, 2004).

The purpose of this study was to gain a deeper understanding of the experiences of kinship caregivers who had experience with CW and/or ES agencies during the course of their kinship family arrangement, as well as to compare their experiences with the paradigm shifts that have occurred in dominant social service systems regarding kinship caregiving. The literature strongly supports the need to explore these purposes from a critical theory approach due to the extensive documentation of inequities, oppressive conditions, and hegemonic processes that have occurred over time in the U.S. related to the construct of family, and within CW and TANF systems.

It was anticipated that a recursive nature between caregivers and CW and TANF systems would reflect hegemonic processes in the policies and perceptions of inequities and oppressive conditions by the kinship caregivers. Specifically, it was anticipated that kinship caregivers would perceive their experiences as coercive, and hold beliefs of being unvalued by CW or ES systems (i.e., existence of agential hegemonic processes). Further, rules and resources would be
perceived as confusing, unfair, inconsistent and/or inadequate to meet the kinship families’ needs (i.e., power maintained by dominant group or system). It was also anticipated that the descriptive characteristics of the kinship caregivers would be similar to those reported in other studies that have examined kinship caregiving.
CHAPTER 4: RESULTS

The purpose of this study was to explore the paradigm shifts of kinship caregiving in child welfare (CW) and public welfare (TANF) systems over time in the U.S., to gain a deeper understanding of the individual experiences of kinship caregivers who have interacted with those systems, and to examine the themes of the explorations with a critical theory analysis. This chapter answers each of the 6 research questions presented in chapter 3 of this study. The first research question leads this chapter’s discussion as it pertains to the descriptive analyses conducted on demographic characteristics, kinship family factors, and agency related factors pertaining to the kinship caregivers interviewed. An overview of the emergent themes interpreted from the across-case analyses of the kinship caregivers’ interviews and of the LA CW and LA ES policies follows the descriptive findings. The remainder of the chapter provides results to research questions 2 through 6 of the study. This order of results presentation is intentionally selected by this researcher to remain true to the overall theoretical framework of the study. Because the research questions were developed by the researcher and the themes interpreted from the data were emergent from the kinship caregivers and the LA DCFS system they do not neatly interlock. If attention to only the research questions were given, then the researcher recaptures the power and control of the study rather than the target group of the study which is incongruent to the theoretical frame.

Descriptive Statistics Results

The first research question explored the demographic characteristics of the kinship caregivers that participated in the LA KISS interviews with this researcher. These demographic characteristics included age, sex, race or ethnicity, as well as kinship family related variables and LA DCFS system related variables.
A total of 114 kinship caregivers were interviewed. This represents 75% of the total sample (n = 152) of kinship caregivers who consented to participate in the LA KISS project. Attempts were made to reach all kinship caregivers that agreed to participate in the LA KISS project with a minimum of three calls made at differing times of day. Two caregivers elected not to participate in the interview process and the remaining 36 kinship caregivers were unable to be reached by this researcher for interviews during the time of this study. The sample of participants in this study consisted of very little variability across demographic and agency involvement factors; therefore, further multivariate analyses were unwarranted.

As seen in Table 5, the majority of kinship caregivers interviewed were identified as African American maternal grandmothers whose only LA DCFS agency affiliation experience was with ES. The mean age of the kinship caregivers was 54 years old, with a range in age from 24 years to 77 years (see Table 5). Females accounted for 109 (96%) of the interviewed kinship caregivers (see Table 5). Information on race/ethnicity was collected with the researcher asking an open ended question of how the kinship caregivers identified their own race/ethnicity. The results of this question were 92 (81%) African American/Black, 13 (11%) Caucasian/White, 6 (5%) Other/Preferred not to say, 2 (2%) Native American, 1 (1%) Latina (see Table 5). Almost one-third of the kinship caregivers reported being disabled and on disability assistance (32%), 18% of the kinship caregivers reported they were currently working full time and the remainder had varying reports related to their employment status (see Table 5). Many of the kinship caregivers reported they had been “taking care of the child since birth”. The average length of time of the kinship caregiving living arrangement was 7 years, with a range of 1 month to 18 years (see Table 5). In terms of familial factors, most of the kinship caregivers were grandmothers (67%) with aunts (13%) as the second largest relationship represented (see Table
The majority of kinship caregivers reported being related to the child or children in their care through the family’s maternal side (65%).

For CW and TANF related factors there was also little dispersion across the variables. Kinship caregivers whose only LA DCFS experience was with ES accounted for 62% of the interviewed, 4% had only interacted with CW, and 34% had experience with both ES and CW. Although not quantitatively collected, many of the kinship caregivers who reported having experience with both CW and ES stated that their CW experience was limited to one or two contacts at placement or for inquiry purposes initiated by the caregiver and were not sustained over time. Among the interviewed, 28 (24%) kinship caregivers reported that at some point in their adulthoods they were certified foster parents, many were certified for the current kin children in their care and others were certified for past, non-related children. Three-fourths of the interviewed kinship caregivers (75%) reported that they had never heard of/received information about certified foster parenting from any LA DCFS worker (see Table 5).

Table 5

**Descriptive Variables Findings**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Age      |  Mean age = 54 years (standard deviation of 10)  
          |  Mode age = 50 years  
          |  Range = 24 years to 77 years  
          |  11% of caregivers below age 40 |
(Table 5 continued)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>- 109 (96%) females</td>
</tr>
<tr>
<td></td>
<td>- 5 (4%) males</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td>- Caucasian/White = 13 (11%)</td>
</tr>
<tr>
<td></td>
<td>- African American/Black = 92 (81%)</td>
</tr>
<tr>
<td></td>
<td>- Latina = 1 (1%)</td>
</tr>
<tr>
<td></td>
<td>- Native American = 2 (2%)</td>
</tr>
<tr>
<td></td>
<td>- Other/Preferred not to define = 6 (5%)</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td>- Full time = 21 (18%)</td>
</tr>
<tr>
<td></td>
<td>- Part time = 14 (12%)</td>
</tr>
<tr>
<td></td>
<td>- Retired = 10 (9%)</td>
</tr>
<tr>
<td></td>
<td>- Disabled with disability assistance = 36 (32%)</td>
</tr>
<tr>
<td></td>
<td>- Disabled without assistance = 7 (6%)</td>
</tr>
<tr>
<td></td>
<td>- Unemployed and seeking work = 11 (10%)</td>
</tr>
<tr>
<td></td>
<td>- Unemployed and not seeking work = 4 (3%)</td>
</tr>
<tr>
<td></td>
<td>- Did not disclose = 11 (10%)</td>
</tr>
<tr>
<td><strong>Length of time providing care to child(ren)</strong></td>
<td>- Mean = 7 years (standard deviation of 7.4 years)</td>
</tr>
<tr>
<td></td>
<td>- Mode = 8 years</td>
</tr>
<tr>
<td></td>
<td>- Range = 1 month to 18 years</td>
</tr>
</tbody>
</table>
(Table 5 continued)

| Relationship to child(ren) in care | ▪ Grandmother = 76 (67%)  
| | ▪ Grandfather = 4 (3.5%)  
| | ▪ Aunt = 15 (13%)  
| | ▪ Uncle = 1 (1%)  
| | ▪ Cousin = 6 (5%)  
| | ▪ Great Grandmother = 2 (2%)  
| | ▪ Other = 10 (8.5%)  
| Maternal or paternal connection to child(ren) in care | ▪ Maternal = 74 (69%)  
| | ▪ Paternal = 29 (26%)  
| | ▪ In-law = 2 (2%)  
| | ▪ Unknown = 4 (3%)  
| Agency involvement | ▪ Economic Sustainability (ES) = 71 (62%)  
| | ▪ Child Welfare = 4 (4%)  
| | ▪ Both = 39 (34%)  
| | ▪ Certified Foster Parent  
| | ▪ Yes = 28 (25%)  
| | ▪ No = 86 (75%)  
| | ▪ Ever Received Information from DCFS Worker on Foster Parent Certification  
| | ▪ Yes = 33 (29%) ▪ No = 65 (57%)  
| | ▪ Unsure/Don’t remember = 16 (14%)  

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Interpretive Thematic Analysis Results

As stated in chapter 3, this study selected interpretive thematic analysis to manage the data collected from the kinship caregiver interviews and the LA DCFS policies. Interpretive thematic analysis calls for the researcher to illicit themes from the data that reflect the meaning of the origin of the data (Heppner & Heppner, 2004). For the kinship interviews, the themes were interpreted that reflect the kinship caregivers’ meanings of their information provided in the interviews. For the CW and ES policies, themes were interpreted that reflect the rules, resources, and delivery of services relevant to kinship caregivers and their families when interfacing with LA DCFS. Table 6 shows a summary of the interpretive thematic analysis highlighting the data collected, the codes reflective of the commonalities and ranges within and across cases for kinship caregivers and policies, and the themes that emerged from the in vivo codes.

The data codes were intentionally interpreted into broad themes to capture the richest essence of the kinship caregiving experience across individual caregivers to maintain the exploratory focus of this study. At times codes were considered to be appropriate for more than one theme because the understood meaning was equally reflective of each theme to which it was assigned. For example, the code adoption only option given was assigned to both Caregiver focused issue and DCFS/System issue as kinship caregivers’ shared this as a specific issue they believe affects them and it is totally in the agency’s control.

A brief presentation of each theme is presented inclusive of examples of kinship caregivers’ comments and LA DCFS policy text excerpts that were the basis of the coding from which the themes were derived. The themes pertaining to the kinship caregiver interviews are presented first, followed by the themes from the DCFS policies. This chapter concludes with responses to the remaining research questions.
### Table 6

**Summary of Interpretive Thematic Analysis**

<table>
<thead>
<tr>
<th>Data Unit</th>
<th>Total of Data Collected by Unit</th>
<th>In Vivo Codes Across Cases*</th>
<th>Themes Emerged from Codes</th>
</tr>
</thead>
</table>
| Individual kinship caregiver interview (Primary document, PD) | 114 kinship interviews completed | • Assistance doesn’t match reality of expenses  
• Caregiver with system burden  
• Fighting barriers/constant challenges  
• Gap in time between placement and receipt of services to care for children  
• Improve/need assistance for clothing, education, extracurriculars, medical, mental health services  
• OFS unresponsive  
• Renewal process drives worker contact  
• Worry about losing children to system | • Caregiver issues  
• Child issues  
• DCFS strengths  
• DCFS/System issues  
• General familial issues/experiences  
• LA KISS perceptions  
• Non DCFS services  
• Solutions and recommendations for system improvements |
(Table 6 continued)

<table>
<thead>
<tr>
<th>LA DCFS Policies</th>
<th>• CW policies</th>
<th>• ES policies</th>
<th>• AD suitable home</th>
<th>• AR short time limit of service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Caretaker defined as legal obligation to provide/secure care of child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CW Resources Center maximum of 24 tx sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• FS philosophy kids belong in family home</td>
<td></td>
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*A complete list of all codes are included in Appendices F and G of this study.*
Kinship Caregiver Interview Themes

Caregiver Issues

The codes assigned to this theme ranged from characteristics caregivers shared about themselves, caregivers’ beliefs, caregivers’ activities as primary caretaker of child, caregivers’ DCFS related experiences, caregivers’ supports, and caregivers’ concerns. In terms of characteristics about themselves, caregivers shared an array of self-descriptions including:

“I’m good at budgeting and cooking at home.”

“I volunteer at school.”

“My home is paid for, it was donated to me from my father and mother.”

Many shared they were retired or disabled, some stating they were “on disability”, some adding they were “applying for disability” and others did not clarify. Many caregivers talked about experiencing challenges coping with their own medical issues and costs whilst juggling the costs of raising the children in their care with “little to no support”. One caregiver shared,

Many months I’m trying to decide whether or not I’m going to get my medicine this time or if there’s going to be something my granddaughter needs for school. It’s a constant stress and I worry that as she gets older she will pick up on it and I don’t want her having that on her mind.

Many of the caregivers shared statements about their beliefs related to their family situation and members and their beliefs about the system, which they sometimes specified specifically to CW or ES, to the state of LA, or just left it broadly as “the system”. When speaking about their family situation or family members, caregivers often spoke of their biological children in a removed form, such as “the child’s parent” or “the biological parent” rather than as “my daughter” or “my son”, when such relationship was applicable. Caregivers
shared mixed beliefs about their hopes and beliefs for the future of their families. Some caregivers stated they were never going to relinquish hope that the biological parents “would get themselves together and be able to raise their own children”. Other caregivers reported worrying and being “fearful” that the biological parent would take the children back and the caregiver would have no recourse. The caregivers with these latter responses also shared that they “had little to no hope of the biological parent ever being able to care for the children.” Concerns and beliefs about custody and adoption were also commonly given by kinship caregivers. Many caregivers reported having no knowledge of the availability of different types of custody or any knowledge of the foster care certification process. Many caregivers report paying annual notary fees for securing guardianship papers so that they can continue to be eligible for ES services and have access to educational and medical services for the children in their care. Caregivers report “feeling the burden of the system” is on them as they try to keep their families intact. For example, one caregiver shared,

The baby was 10 months old when first placed with me. This all started in 1993, the oldest was about 5 years old at that time. I had hard time getting information together. It’s terrible trying to get information when you’re not the parent. They’re too worried about fraud. I’m the mother of the mother of these kids. I had to go to court to get order to make them give me papers. To get that I had to pay a lawyer to get the court order. These kids were already in the system from their mother before. But they wouldn’t look at that. I was trying to take care of an ailing mother at same time as going through this. I had to also bring in my daughter’s birth certificate to prove she was my daughter. It was a lot of red tape.

Several caregivers report having received some ES services for years without a worker ever informing them of additionally available services within the same agency and the caregiver
discovers the information from a friend or church member; “a friend told me about kinship not any of the OCS or OFS workers.”

Caregivers’ experiences with DCFS agencies ranged from highly positive to extremely negative. One of the common elements of the focus of the experience as positive or negative tended to relate to how workers treated the caregiver. There were clusters of statements that related to positive treatment by workers, these are discussed further in the theme DCFS strengths. There were also clusters of statements that related to negative treatment by workers, these are discussed further in DCFS/System issues.

Whether DCFS related experiences were positive or negative, most caregivers reported they “would do whatever I have to keep these children.” Caregivers reported taking early retirements, coming out of retirement and returning to work, adjusting their work schedules, and changing jobs to match school schedules all to meet their beliefs of childrearing requirements. A few caregivers also mentioned changing residences in order to meet space needs or find more child-friendly neighborhoods for the children in their care. One caregiver expressed that one of the most challenging and unrecognized aspects in taking on children as grandparents is the lack of connections to babysitters and the complete readjustment it takes on the caregiver’s social life. He added,

In the last month, we had to turn down a Valentine’s Ball and a Mardi Gras Ball invitation because we don’t know anyone who wants to keep a 3 year old. All our friends have children that are grown and gone.

Other caregivers report receiving support from their other grown children, other extended family, friends, and their church. Some reported this support came in the form of financial assistance, others reported it as emotional and spiritual support, and others as in kind support of sharing resources like clothing, food, housing, and transportation.
Caregivers also shared concerns about the future, especially pertaining to the care and custody of their kinship children. They reported a lack of knowledge about their rights and the children’s rights as to custodial provisions in the event of the caretaker’s death or major illness. Caregivers also reported that they are using all of their resources and are unable to save anything for the future. They report wanting the children to be able to go to college, but do not have a means to save or “pass anything on to them”. Much of the caregivers’ issues readily lead to their sharing of issues related to their concerns about the children in their care.

**Child Issues**

The codes assigned to the theme Child Issues are those statements shared by kinship caregivers whose meanings are most relevant to the characteristics or relationships of the children in their care. These issues ranged from factors related to the children’s physical health, biological parents, biological siblings, and psychological/well-being concerns. Many of the children were reported as in need of or currently receiving some type of medical or dental attention. These health issues ranged from those related to being born exposed to substances, to having chronic medical conditions such as asthma, seizure disorders, and sickle cell anemia, to needing braces or other orthodontic services. Most of the caregivers reported that the children in their care did not have any contact with their biological parents. Others reported that the children in their care had some or regular contact with one or both biological parents. This same variability in contact was found in what caregivers shared about communication and connections between the children in their care and related siblings. Some caregivers shared that they knew other siblings existed but there was no contact with them. Other caregivers shared that even if the siblings were in different homes, they were making efforts to keep the siblings connected. One caregiver shared that “all us grandmothers talk regularly and we make sure to get the kids together so they know each other.” Many of the caregivers expressed concern that they could
not get any help from “social services” in keeping the siblings connected. A few reported that siblings were being treated differently within the system. One caregiver stated she is caring for a sibling group in which she only receives assistance for one child. Because she is not biologically related to the other child she is ineligible for assistance. She added, “they share the same father, but have different mothers, the one I get help for is my daughter’s baby.” Another caregiver shared,

The youngest two’s worker told me she couldn’t help me with their older brother because the mamma gave him to me on her own before they took the other ones into care. The worker comes and does all these things for the youngest two, and he needs help too. How am I supposed to explain that to a 10 year old?

As caregivers shared their experiences and concerns they often added concerns about how all of these experiences are going to impact the overall development of the children in their care. Caregivers frequently commented on worrying about the self-esteem of the children in their care because of all the experiences they have endured and because of how difficult it is for the caregivers to provide the material things and experiences children in “today’s times are gettin’ that these children can’t because I can’t afford ‘em”.

**DCFS/System Strengths**

Keeping with issues of rigor and accountability, the technique of negative case analysis is an important aspect of qualitative research. The DCFS/System strengths theme is a unique way of operationalizing the concept of negative case analysis. Typically negative case analysis involves presenting a case or cases that contradict the expected results. In this study, what emerged was a theme that was unexpected to the research study. Although there were no single identified cases that were markedly unique in an unanticipated fashion, there were codes (i.e., kinship caregiver comments) that share the commonality of representing positive and/or strength
focused traits of the LA DCFS system per the kinship caregivers’ perspectives. These codes were grouped together into the family labeled as the theme DCFS strengths. See Appendix F for a complete list of the codes that were grouped into this family. The dominant characteristics of these codes were the kinship caregivers’ perceptions of the CW and TANF workers’ treatment as positive and/or the agency services as consistent. Some of the most frequent comments made that supported coding in this area include:

“I never had any problems with any of the workers. They all treated me real nice.”

“A few workers really took their time with us; wish that would happen more often.”

“I have been treated with respect at office visits.”

“I was blessed that this process has worked well.”

“Recertification used to be every 6 months, now it’s every 12 months; much better now”

“The workers always accommodate me. If I tell them I already have something else scheduled then they give me another appointment time.”

Usually she calls me back in about 15-20 minutes. She calls me right back. If she don’t call me, her supervisor calls. I don’t know about the other workers, but I’ve got good ones. They’ve even checked on the childcare. These last two kids have special needs like both their parents. They made sure the childcare workers were managing them the way they needed to be cared for.

Once I was finally approved, they told me what I was going to get for help. They didn’t lie. They were courteous. I have been getting exactly what they said and every little bit helps ‘cuz times are hard these days.

Some kinship caregivers reported being satisfied with their LA DCFS experiences and had no or few recommendations for changes. When they were satisfied with their experiences
and did have suggestions for improvements they strongly emphasized “how expensive everything is” and wanted to be clear that they were not unappreciative of the assistance they received and that they did not see the workers as having any power or control over changing the amount of assistance awarded but said power lies “with the state”.

DCFS/System Issues

After Caregiver Issues, this was the theme with the most codes. Due to the complexity, uniqueness, variety of experiences and beliefs, this data was treated with utmost caution to minimize risk of researcher bias and misinterpretation of the nuances of the various meanings of the kinship caregivers. So many caregivers reported feeling disrespected and unvalued and shared a disbelief that their input was actually being solicited. Many stated “no one has ever asked me my opinion about this experience” or “no one has ever stopped to listen to what it’s been like for me”. Along these sentiments, some caregivers reported beliefs that the agency is impersonal, self-serving, difficult to understand, inconsistent, unfair/inequitable, a persistent challenge. As mentioned previously, some of the DCFS/System issues focused on worker treatments towards caregivers. Examples of negative experiences by workers include:

“I was told I was nothing but a glorified babysitter by one worker”

“I was told if I didn’t do everything they way she said, when she said then she would take my grandchildren and put them in a foster care home.”

Other concerns related to the various rules and services perceived as inconsistent, unfair, or unorganized by the kinship caregivers. Examples of the types of experiences kinship caregivers shared related to this theme include:

I’m just a little upset right now. They had cut my case off because they mixed up my case with another lady. We had the same names but different social security numbers. They put her income on me and said I didn’t
qualify anymore. I got all the paperwork they asked for in order to prove that wasn’t my income. They opened my kinship case back but they cut my food stamps by $100 per month and I don’t know why.

I missed work to go to two six hour parenting classes then was denied certification because of something my daughter’s father did years ago. I couldn’t be certified even though I wanted to because of my estranged husband. We’re not legally divorced but have been separated for many years and he’s nowhere around. I couldn’t get approved because of him and we have no connections. His history has nothing to do with violence or crime against person or child.

They (OFS) move their offices and don’t even tell you they’re moving. I couldn’t feed him in the waiting room when he was a baby even though it was a long wait. It seems like they make unnecessary hassles. So much paperwork.

They hold you responsible for things that they make barriers for that you can’t do. Try take kids from you, if you don’t get them certain things for them, they know you don’t have the income and they offer no help.

In addition to general operation frustrations expressed by caregivers, many caregivers expressed challenges specific to the area of custody.

In dealing with provisional custody – it’s kind of hard – can’t always find the mom in their deadline times. Only give you 7 days. Mother lives in Lafayette. Tend to decrease benefits until I can find the mother and get paperwork done.

Court documents aren’t always recognized by social services. Court said I have legal custody of these children, OFS says each year I have to get an affidavit from OCS that says I have the kids, then I have to get it notarized, then I can get assistance. Too much every year to go through. OCS told me I’d get custody cards, but I never got them.

There was also a lot of confusion and lack of knowledge about foster parenting. Some caregivers stated they had never heard of foster parent certification. Many others stated they
thought foster parenting was “only an option if you wanted to take in a lot of strangers’ children”. Very few caregivers reported receiving any information from any DCFS workers on foster parenting. Of those who did recall receiving information, many reported inconsistent details were given to them. Examples include:

First worker told us that we’d have to take other children if we became certified foster parents. A second worker told me I could be child-specific foster parent. I would have done this from the beginning.

Worker only asked me once if I’d consider being a foster parent to other people’s children; never said I could be one for my own grandchildren. She never gave me any details about it.

Worker really didn’t give me much detail about what’s involved (re: foster parent certification) and gave me impression I’d have to be open to taking a lot of children. I have friends who have foster kids. I can’t go through what the state puts them through.

The experiences and concerns expressed by the caregivers applied to both CW and ES agencies as well as to the court system and occasionally to other public and private agencies that commonly interact with DCFS agencies and families, such as Court Appointed Special Advocates (CASA), Housing Authority, public mental health providers, Medicaid, and Support Enforcement (which is another agency within DCFS). However, not all experiences with these agencies were negative. More details of caregivers experiences with non-DCFS service providers are discussed below in the theme labeled Non-DCFS Services.

**General Familial Issues/Experiences**

Many kinship caregivers shared information about their family members, situations, and experiences that were not directly related to any of the specific items on the Satisfaction Survey. A lot of the information shared tended to relate to details about one or both of the biological
parents of the children in the care. Some caregivers gave brief statements like “his mother is a
drug addict” or “who knows who her father is”. Other caregivers shared detailed information,
often related to one or more traumatic events related to the child and biological parent. For
example,

She [kinship child] was taken from me then the case
was closed. Her mother [granddaughter’s] left her
alone. She [child] called the police, they took her to my
son, he couldn’t handle dealing with them and then he
gave her to me. The court gave me temporary custody
of her. Foster care worker said they couldn’t help her
anymore because the court gave me the temporary custody.

I had taken care of this same child before when her mother
first died, then my husband died, so I couldn’t take care of
her for a while. She went to a cousin’s house, then into
foster care, so I took her back. She was only 3 when her
mother died. I’m her maternal aunt.

When his mother started working, she had to pay child
support but not the father because he was on social security.
This mother, who has Schizophrenia, is not working now
but they’re garnishing her social security. Mother was
walking streets at 4 am. No one helped. She dropped
baby in middle of expressway and still no one did anything.
I called CPS and they told me they are her children and they
couldn’t do anything.

She’s [granddaughter] always been with me. Except at the
age of 2, she went to her mother. On 3/9/06 her mother was
murdered in TX and she came back to me. TX called me to
come get her in Houston. The baby [granddaughter] was at
the perpetrator’s home that killed my daughter, her mother.
Her [granddaughter] father’s in and out of jail. He’s always
fighting women. He doesn’t ever see her. He knows where
we live, but he doesn’t ever come see her or send anything
for her. My granddaughter witnessed her mother being shot
multiple times. Mother was 19 years old at time of murder.

Some of kinship caregivers shared experiences related to hardships family endured going
through evacuation and return process of Katrina. Many report that post-Katrina life in the
greater New Orleans area is harder or worse than pre-Katrina life.
Kinship caregivers also shared stories of achievements and successes that they reported being proud of related to their other grown children and/or the kinship children they were currently raising or had previously raised. Attainments related to education, employment, military enrollment were among the more commonly shared experiences.

**LA KISS Perceptions**

The kinship caregivers that were randomly assigned to the treatment group of the LA KISS project had numerous comments and experiences they shared; whilst the kinship caregivers assigned to the observation group of the project expressed uncertainty or lack of clarity about the LA KISS project beyond the basic premise of the Satisfaction Survey. For those in the treatment group the comments could easily be grouped into three sub-themes, services received, LA KISS purpose, and perception of worker (LA KISS Care Manager). In terms of services the kinship caregivers overwhelmingly reported high satisfaction with the LA KISS services. Kinship caregivers reported LA KISS services assisted in connecting them with resources for custody/legal, educational, health, mental health, and community programs for holidays and clothing needs. Many caregivers reported LA KISS as “very helpful and most positive experience with a government agency.”

Caregivers identified the purpose of LA KISS as ranging for being a “support and guide to grandparents raising grandchildren” to being a project that provides caregivers with information specific to the needs of kinship families. Perceptions of LA KISS as valuing and respecting the role of kinship caregiver and addressing the family unit as a whole and in an individualized manner were identified as unique and highly regarded traits of the LA KISS program that caregivers stated they wish would continue and exist in “all social service agencies.”
Caregivers stated that most often LA KISS workers were accessible, followed through on commitments, seemed genuinely concerned about the families, were help focused, respectful, very nice, patient, were solution focused, and shared information on community resources and agency rules. Examples include:

I talked to her [LA KISS] several times, plus she came to my house a few times. She gave me lots of information on programs in the community. She was very good and helpful. She never left me hanging. She talked to my grandchildren and was very encouraging to them; praised and motivated them.

She [LA KISS] really made me feel good. She acknowledged my good job I’m doing. No one’s done that.

LA KISS gives you a lot of support, not just financially, but security and having someone to talk to and listen with your child that understands what you are going through.

Non DCFS Services

Some caregivers shared experiences that included interactions with agencies other than CW and ES. As with CW and ES, these experiences were both positive and negative across caregiver situations. Most often when a caregiver shared an experience with a private provider that related to mental health services, such as a counselor, therapist, or psychiatrist, the caregiver reported that service as “very helpful” or “it got us through this.” One caregiver reported that the local police had been helpful to her; stating, “police have been somewhat helpful in emergencies when their mother was out of control.”

CASA was mentioned by a few caregivers and received mixed reports. Some caregivers reported CASA spent time with the kids and/or CASA was helpful to the kids. A few caregivers reported they did not understand the purpose of CASA and/or CASA’s services did not fully meet kids’ needs/expectations.
Housing Authority also had mixed results in caregivers’ reports. Caregivers reported being thankful if they received housing assistance. Caregivers also reported that the Housing Authority system had long waiting lists, unfair/inconsistent rules, and treated kinship caregivers with disrespect.

Medicaid and public health and mental health services also received mixed reports. Caregivers reported appreciation for these services if they could access them. Caregivers concerns of these agencies centered on waiting lists and lack of providers to access services for their children in a timely fashion.

A few caregivers mentioned receiving assistance from other various non-profit agencies in their communities. These included Catholic Charities, Council on Aging, churches, Legal Aid, Total Action Community, Salvation Army, and Urban League in Houston, Texas. In instances when caregivers mentioned interacting with these agencies, their comments tended towards how the agency had helped them at one point in time, generally with a specific need, such as, assistance with utilities, food, or shelter.

**Solutions and Recommendations for System Improvements**

As mentioned previously, early in the life of the LA KISS project, kinship caregivers asked for the opportunity to give recommendations for improvement to DCFS. Several reported that they did not believe that any changes would happen to assist their families but reported hoping that outcomes from the LA KISS project would help future families in similar situations. A few caregivers stated that they did not have any recommendations for changes and thought “Everything is ok as it is. I have no complaints.” However, this was not the majority of kinship caregivers.

Areas for recommendations tended to cluster around specific areas of the kinship caregiver role/status, services to children and kinship families, and training/supervision of
agency workers. In regards to kinship caregiver role/status, caregivers expressed a desire for the system to demonstrate support for the kinship caregiver role. This included the request to include caregivers in decision making processes, acknowledge the relationship of caregiver beyond current biological terms set by agency rules, take time with caregiver when going over forms/rules and allow time for questions and assure understanding rather than forcing signatures and rushing caregivers through processes.

They need to talk to the caregiver. No one’s ever asked me anything or what it’s like for me. It’s confusing for me. How should I help her mother and help this child? I want guidance. No one’s talking to me. Hard to know what’s right or wrong.

Need to give support to the caregivers. I wasn’t expecting to start over. My other children are doing well, this one child of mine has problems. I’m being treated like it’s my fault and I’m up for extra screening. They don’t look at the one’s I’ve raised that are doing well.

Some support to caregivers because it can be overwhelming. I think relatives have a different stress than when strangers take a child. Somehow find a way to reach out and support the caregiver. I went to a foster parent association meeting. I met with stranger foster parents and they agreed that relatives have different challenge. Maybe a special support group for them.

Caregivers’ had numerous suggestions for improvements and recommendations for services to children and kinship families. Many focused on remedying the deficits the caregivers perceived as existing, such as improve assistance for health care, mental health services, and transportation assistance. Additional services targeted to the children included assistance for educational needs ranging from supplies, to uniforms, to tutoring, to expanding choices for “quality education.”
Many of the services identified for children and families included providing supports for their unique family configuration as well as for the experiences endured that contributed to becoming a kinship family. Services that target issues related to incarcerated parents, substance-related disorders, kinship family arrangements, parents with mental illness, parents deceased/murdered, teen parenting, were amongst the more frequently mentioned services lacking in DCFS and the community according to the kinship caregivers.

Provide quality options for children. I want to send kids to a camp that’s at a park that doesn’t always have shootings. Why would I want them to go somewhere that’s not safe? They treat these children like second class citizens. They can only go to state run, substandard programs.

Need programs or services when foster care teen is a parent too. They do take care of her school and doctor needs, they are doing that well because she’s in foster care.

The baby’s not in foster care, so I take care of him. They shouldn’t assume the kin caregiver will take care of everything for the baby. The same services for the teen’s baby is needed and should be provided.”

Services need to be more equal across all parishes, schools shouldn’t be segregated. My granddaughter goes to an all Black school, that’s not right. No charter schools in Jefferson Parish.

Need to have mental support for these children and what they’ve been through.

Caregivers also expressed need for some of DCFS agency procedures to be simplified. Most specific references were made to CW’s foster parent certification, custody awards, and ES’ renewal processes.

I don’t like to complain. I wish it didn’t take so long to finish all the steps. I finished classes in October. Said they have to come check out my home and pass it before I can start receiving a check to help with her care; they still haven’t come.
[this interview took the following February]

Transferring cases between parishes needs to get better. Transferring from one parish to the other doesn’t seem to work. First worker in parish where child was gave my local worker all his records with the wrong last name on them, she was much slower to respond to me than my local worker. Child was already on Medicaid when placed with me. They didn’t help me get his information changed when he moved parishes, I had to figure it out by myself.

Recommendations related to training/supervision of DCFS workers tended to focus on how they interacted with kinship caregivers. Caregivers suggested workers receive more training on “professionalism” and “public relations skills”. Examples include,

Be more professional and understanding; treat us with respect not like we’re underdogs.

Enhance customer relationships; teach integrity, people deserve respect even if they’re seeking assistance, that doesn’t make you a bad person.

LA KISS DCFS Policies

The review, coding and interpretive thematic analysis of the selected LA DCFS policies was more challenging than the kinship caregivers’ interviews. The majority of the policies were from the CW agency with only 3 of the 17 policies reviewed originating from the ES agency. In general the ES policies were predominantly regulatory in perspective. Specifically, the ES policies focused on the eligibility criteria to qualify as a qualified relative under LA’s Families Independence Temporary Assistance Program (FITAP, LA’s name for its TANF program), the verification documents required to prove eligibility, and kinship care subsidy program (KCSP) eligibility requirements.

The CW policies had a broader range of foci varying from definitions, to philosophies, to regulations, to references of state legislation that supports the policy. CW policies reflected a
range of programs including alternative response (AR), adoptions (AD), child protection investigations (CPI/CPS), foster care (FC), family services (FS), and home development (HD). CW policies also included references to external parties frequently involved in CW programs and procedures other than family members including courts, police, mental health/medical professionals, and school personnel. Child safety was the most consistent phrase and stated goal or purpose across all of the CW policies. A few examples to explain details of policies were noted and were not included in coding of the text directly, but examined for greater context of understanding to code the text.

**Agency Controls Information on Family**

This theme pertains to those codes assigned to the text in the policies that indicated some department, program, or staff as having authority over information that relates to a family. This includes who information is shared with amongst family members and outside of the defined family unit. The use of the information is another component of this theme. Examples of text associated with codes under this theme include:

…”when making a referral, the CPI worker should not provide information on the child or an investigation that is confidential and cannot be shared with the family by the SPOE.”

Annually, the FC Worker shall review the home study with the noncertified caregiver to determine if the information therein continues to be accurate and to determine if the home continues to meet the needs of the child, including safety, permanency, and well-being. However, any criminal history identified in a fingerprint-based clearance may not be discussed with the caregiver.

These policies do not state whether or not workers are to inform families about the limitations of what information is shared with them and what is recorded and kept from them. The implication is family members are instructed to comply with procedural requirements for
reviews without necessarily being forewarned that they will not be privy to the outcomes of their compliance.

Policies also reflected the control of information in terms of approved relationship verification documents, eligible reporters, information workers are to include in court documents, and effects of information contained in Risk and Safety assessments.

Once the parental relationship has been established, use documentary proof to establish the child's relationship to the qualified relative….the following may be used: family bible, church records, U.S. Census records, insurance policies over 3 years old, or legal document executed by the court, such as a custody order, which states the qualified relative's relationship to the child.

Permitted Reporter - Persons who may report suspected cases of child abuse and/or neglect but not specifically required by law to report.

The Child Protection Investigation Worker requests the instanter order from the court with juvenile jurisdiction as soon as possible when the decision to remove the child on an emergency basis has been reached. The request to the court is made orally, telephonically, or in writing with an affidavit (verified complaint). It includes the identifying information on the child, information on the reasons that the child must be removed from his own home, the reasonable efforts, if any, by the agency to prevent the need for the removal, and any information the agency has been able to obtain regarding the interest and availability of a relative as a placement resource (as per Article 622 of the Louisiana Children's Code).

The assessment of the safety of a child begins at intake and continues throughout the investigation and service delivery process. It is a formal procedure at specified times during the investigation and, like the risk assessment, its outcome affects the critical decision making and activities of the investigation.

One specific policy that explicitly notes the sharing of information with family was discovered within a section pertaining to the Early Steps program, which is a referral program for children birth to 3 years of age with known or suspected developmental delays. This policy
demonstrated the shared control of information, with precautionary tones, in the following excerpt:

The SPOE Provider complies with the Family Education and Rights Privacy Act which gives the family the right to review any information contained in the child’s case record. Any information provided to the SPOE by OCS which is subsequently filed in the SPOE’s records may be reviewed at any time by the family. Therefore, when making a referral, the CPI worker should not provide information on the child or an investigation that is confidential and cannot be shared with the family by the SPOE.

**Agency Preferences/Priorities**

This theme emerged from the codes created from the policy texts that pertained to those instances when statements were made that included the terms “preference”, “priority”, and/or “philosophy”. Also, codes that implicitly gave a message of preference and/or priority were included, such as describing the focus, goal, or orientation of a program or service. The majority of instances in which this occurred pertained to policies from CW and varied across different programs labeled as components of LA CW. Examples of policy text associated with codes in this theme include

The first priority would be to identify a legal or biological parent who lives separately from the parent or caretaker from whom the child was removed.”

Providing individualized, culturally responsive, flexible, and relevant services for each family.

As mentioned previously, the majority of priorities referenced child safety as primary. Other subthemes included cost effective and time limited services to achieve family stability and self-sufficiency.

Treatment services are expected to be time limited and goal directed toward addressing the issues in the family that have contributed to any safety concerns and the risk of future maltreatment.
A placement should be chosen that can guide the mother in becoming a self-sufficient parent.

*Child’s best interest* [emphasis added] was another common subtheme that was noted across many of the CW policies. This term was used as a guiding preference for worker’s decisions primarily pertaining to child placement needs and included a definition of the concept as well as specific factors to consider such as child’s attachment, geographic proximity to biological family, placement stability and school retention factors.

In accordance with Public Law 96-272, the foster child shall be placed in the least restrictive (most family-like), most appropriate setting available and in close proximity to the parent’s home, consistent with the best interest and special needs of the child.

Factors to be considered in relative placement include: …

The attachment between the child and any relatives interested in caring for the child

Moving the child from one placement to another has the potential to be harmful to the child. Moving is to be avoided whenever possible through the reasonable use of supportive services

**Definitions of Services/Key Agency Terms**

This theme comprised the largest number of data and codes for the LA DCFS policies. The scope of definitions and terms ranged from those pertaining to legal areas to those very specific factors internal to CW or ES agencies. Issues of eligibility, qualifications, and service activities were also features of this theme.

The family assessment is an alternative response to an investigation of a report of child abuse/neglect. It is a safety focused, family centered and strength-based approach to addressing reports.

Have an annual family income of less than 150% of the federal poverty threshold, in accordance with the size of the qualified relative’s family.
CW policies seemed to have greater variability in their definitions and terms than ES policies. For example, “caregiver”, “caretaker”, “family member”, “fictive kin”, “kinship caregiver”, “relative”, and “other” were all terms used in policies applicable to kinship caregiving.

Fictive kin are defined as those individuals connected to an individual child or the family of the child through bonds of affections, concern, obligation, and/or responsibility and are considered by an individual child or family to hold the same level of relationship with an individual child or family as those individuals related by blood or marriage.

Neglect - Defined in the Louisiana Children's Code, Article 603 (14), means: the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired.

To initiate action to obtain out of home care for children who are in clear and present or impending danger, or whose parents or caretakers are unable, with available assistance, to meet their minimum needs or protect them from further harm in their own home.

Each CW program (such as, AD, AR, CPS, FC, etc.) had its own list of policies that included definitions and descriptions of program services. Some of the policies referenced federal legislation of AACWA and ICWA in their policies.

Congress endorsed this view in the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which mandates that states receiving federal funding for their Child Welfare Programs provide services to families to prevent the foster care placement of children.

Refer to the Indian Child Welfare Act in Appendix A for placement considerations when the child is eligible for
membership or is enrolled as a member of a federally recognized Native American tribe.

Other policies referenced various state legislation or administrative acts in their policies.

First, each OCS Regional Office is a licensed child placing agency authorized under the Louisiana Administrative Code, Title 48, chapter 41, Minimum Licensing Requirements for Child Placing Agencies with and without Adoption Programs to place children available for adoption in certified adoptive homes.

Louisiana R.S. 46:1700-1709, the enabling statutes that allowed Louisiana to become a party to this Compact, were enacted in 1968.

The majority of CW programmatic policies referenced services to be provided to the parent or caretaker. Excerpts of policies reflecting such preference include,

Once the assessment of strengths and needs is completed, the focus of the case is for the provision of services. These are to address the identified needs related to family functioning to assure child safety and reduce risk of future abuse/neglect.

Services to intact families are appropriate when the parent/caregivers are willing to change the conditions that contributed to a finding of abuse or neglect and address identified family needs.

Definitions within this theme also included concepts required for the substantiation of child maltreatment allegations. The following are examples of policy definitions discovered,

Preponderance of the Evidence - The legal term for the standard of proof which means that, after all the evidence has been considered, the outcome will favor the side that has presented the most convincing evidence. This standard is used in adjudication and disposition hearings. The state must prove, by the evidence it presents, that it is more likely than not that a child is abused or neglected.

Reasonable Cause - The legal term for the standard or proof which means that there are grounds for belief in the existence of facts that a child is in clear and immediate danger and that
unless the child is removed from his caretaker(s), there is a greater likelihood than not for the child to be harmed or further harmed. This standard is used for Instanter/Continued Custody Hearings.

**Describes Worker Responsibility/Action**

Numerous CW policies and some ES policies included specific references to what workers “should”, “must”, or “may” do in the fulfillment of their employment duties. These responsibilities ranged from addressing the tasks workers should complete with caregivers to those required for the fulfillment of their duties to LA DCFS and/or the court system. Directives focused on workers’ tasks with caregivers ranged from those of an evaluative nature of the caregiver to those of an informative nature for the caregiver. For example, an evaluative directive included, workers were to “assess commitment of relative caregivers”; and, an informative directive included, workers were to “Inform of the Guardianship Subsidy Program, including discussion of the judicially created relationship created between the child and relative which is intended to be permanent and self sustaining…” Both CW and ES policies consisted of more evaluative directives than informative directives in their policies. Additional examples of informative directives from LA DCFS policy include:

The worker should notify the qualified relative of the need to update the provisional custody by mandate and offer assistance in completing the form… The document granting provisional custody by mandate should be provided by the client. If the client needs assistance in initiating the document, provide form KCSP 4K to the client.

The Foster Care (FC) worker also needs to ask the parent or caregiver and the child to confirm previously provided information and identify all other adult relatives and fictive kin.

Additional examples of evaluative directives from LA DCFS policy include:

The Child Protection Investigation Worker is responsible for completing a preliminary assessment of a potential...
relative placement for its appropriateness for the child or children when an emergency placement is necessary. To assess the family's willingness and ability to participate in services and give FS Staff adequate information on referrals of valid cases of children who have been abused or neglected to determine if services are appropriate or necessary to protect the child(ren) and to ameliorate family dysfunction.

Another consideration for prospective parents is their willingness to assist in the child's return to the family from whom they were removed or, if this is not possible, the willingness to provide a permanent home for the child or assist in the achievement of a permanent home in accordance with the OCS case plan.

**Limits of Services**

Some policies made reference to conditions and/or length of time that different services could be provided. Some policies used subjective terms to limit service delivery, such as, “short term”. Other policies contained specific time frames that services must be completed or length of time service could be offered. For example,

A tickler must be set for the tenth month following the child’s KCSP certification. The tickler will serve as a reminder to check the custody status of the child. The worker should notify the qualified relative of the need to update the provisional custody by mandate and offer assistance in completing the form.

Eligibility for certain professional services provided through the Child Welfare Resource Centers is restricted to the client’s maximum of twenty-four (24) treatment sessions for which OCS is responsible for payment in areas with regional treatment funds.

Limitations in scope of services were another aspect of data elements coded within this theme. Examples include,

Conditions under which the Preventive Assistance Fund may be used ... The fund may be utilized only when existing community resources have been explored and exhausted.
In no instance shall the PAF fund be accessed without available community resources being engaged on behalf of the family first. Efforts to utilize community resources shall be documented in the case record on the CR-8 (CPI/FS). When a contracted provider for Intensive In-Home Services is using PAF funds, their written verification that there are no available provider or community resources is filed in the case record.

A parent cannot have his home certified to receive board payments, but the child is eligible for Medicaid services as long as the child is in OCS custody. Depending upon the parent’s circumstances, the parent may be reimbursed for allowable expenses based on the foster child's needs.

Other instances in which policies indicated limitations to services were noted in differences of expenditure allowances for children in care. For example, in the list of expenses for children under the age of two, formula was an allowed line item expense, yet for children over the age of two there were no line items inclusive of any food or nutritional expenses. Another example refers to the policy stating workers should purchase used items over new items whenever possible.

Whenever possible, previously owned but reliable or well functioning merchandise should be purchased when available as such purchases will conserve the funds and achieve the purpose of family assistance and the case plan objective.

Reference to Agency/State as Primary Decision Maker

This theme consists of data elements pertaining to those aspects of policy that overtly indicate LA DCFS or the state of LA as having authority over the decisions of the family or child. These include those aspects referenced in the LA DCFS policies that were mandated by law, such as reference to the LA Children’s Code, as well as those data elements in policy that the agency has promulgated such authority independently. Examples of the latter include,
Children shall be placed in homes and facilities approved and supervised by the agency. This applies even in the case of noncertified relatives and friends who must be assessed to determine their ability to provide safety and adequate care for the child.

When more than one relative is interested in providing a placement for the child, the worker must consider which relative is the most suitable.

The Foster Care Worker for the child may retain responsibility for fulfilling the same responsibilities for children in OCS custody who become available for adoption and are being adopted by their foster parents if approved by the Regional Administrator

Reference to Caregiver as Equal Partner

None of the ES policies referenced caregivers or any family members as equal partners in the policies that were reviewed for this study. In a few of the CW policies, specific directives were discovered that called for caregivers, as recognized potential family participants in the relevant CW program, to be included in the decision making processes. In most cases these references referred to caregiver in the same position as parent. It is noteworthy that this theme consisted of the least amount of content and these references to equality were not consistent across CW policy programs. Examples discovered include:

A family assessment is a less adversarial approach to a family than an investigation. It focuses more on establishing a partnership with the family and less on the incident based fact finding determination of child abuse/neglect.

While the child’s health and safety is always paramount, the worker should seek to understand and respect each family’s unique traditions and values. The family shall be included as a full partner in decision making to promote a committed and successful completion of services.

AR related policies had the greatest reference to utilizing an egalitarian approach for services with families as compared to the other CW programs. However, even CPS policies
included terminology encouraging a non-adversarial and solution-focused approach to working with families.

To promptly initiate an investigation of all reports of child abuse and/or neglect in families, foster homes, day care centers and restrictive care facilities in order to safeguard children whose physical or mental condition presents a substantial risk of harm to their health or welfare as a result of conditions resulting from parental actions or inactions, using an objective non-adversarial approach with the family.

To promptly refer families to Family Services as appropriate as soon as abuse or neglect is validated and the current safety and the future risk of harm to the child(ren) is assessed to be controllable with the child remaining in the home. The purposes of referral are: to assure protection of the child in his home, if possible, to prevent premature or unnecessary separation of the child(ren) from his home, and to remedy or assist in solution of problems which result in child maltreatment.

Reference to Kinship Caregiver in Any Form

The ES policies focused on the criteria by which persons could qualify for FITAP or KCSP. They referred to kinship caregivers in terms of rules of eligibility to determine qualified relative or approved relationship to child and the income and expense allowances for eligibility if kinship relationship criteria are met.

As previously mentioned, CW had variability in its policy references related to kinship caregiving. These variances ranged from terminology, to inclusion as relevant participant. There were several incidents in which policies stated relatives were to be priority considerations for placement if child removal was warranted and the non-custodial parent was unavailable.

Policies were discovered that indicated protocols for non-certified relative homes. Policies also indicated requirements for dissemination of information to relatives and for reviews of relatives’ homes.
In most situations, the progression of consideration in the selection begins with a non-custodial parent and relative resource and moves to family foster care or other specialized types of foster homes.

Describe the process for becoming a certified foster family and the benefits of certification; … Inform of the Guardianship Subsidy Program, including discussion of the judicially created relationship created between the child and relative which is intended to be permanent and self-sustaining as evidenced by transfer of the rights for protection, education, care and control of the person, custody of the person and decision making for the person with respect to the child; will be beneficial to fulfilling the federal requirements of P.L. 110-351. The legislation requires relatives to be notified of the child’s removal from the parents, opportunities for participation by relatives in the care and placement of the child/youth, any care/placement options that will be lost by failure to respond to notice by the Department, requirements for becoming certified as a foster parent to include the benefits of certification, all services and supports available to a relative caregiver of the child/youth in foster care and eligibility requirement for adoption/guardianship subsidies or other ‘post-state custody’ financial support.

Anually, the FC Worker shall review the home study with the noncertified caregiver to determine if the information therein continues to be accurate and to determine if the home continues to meet the needs of the child, including safety, permanency, and well-being.

**Use of Subjective Terminology**

Throughout many of the LA DCFS policies the use of language that is considered subjective was discovered in this review process. Specifically, adequately, appropriate, best, effective, flexible, less, reasonable, proper, suitable, and seriously were the most prolific subjective terms noted throughout the system’s policies. In most instances these terms were applied to aspects of assessing family members and placements for children by workers. No instance was found where any of these terms could be applied by family to workers or the system. Examples include,
Providing individualized, culturally responsive, flexible, and relevant services for each family;…

The purpose of service provision by the Child Protection Investigation Worker is to meet the family's needs for services in the most timely and least invasive manner possible.

If it does not appear that there is a suitable relative available to the child, the most appropriate, least restrictive, alternative placement resource available for the child shall be determined.

Guidelines for defining these terms were not discovered in the policy reviews.

**Research Questions 2-6**

**Exploration of Power**

The second research question seeks to explore the aspects of power that are evident in the kinship caregivers’ experiences with the CW and TANF systems. Power was defined using structuration theory’s operationalization as rules and resources (Giddens, 1984, 1997). There were numerous examples of power, in the form of rules and resources, that the kinship caregivers’ identified as persistent aspects of interactions with CW and TANF agencies. Rules determining the legal authority of residence of children with kinship caregivers through some avenue of custody were one of the most prolific factors illuminated in this experience. The length of time the child resided with the caregiver, and evidence from natural and occasionally from formal collateral supports tended to be insufficient to meet LA DCFS’ rules to verify child custody. Kinship caregivers tended to agree on solutions to determine custody that would minimize costs to them (financial, time, and emotional costs) in addition to the limited choices currently available. However, there did not appear to be an avenue for their suggestions to be incorporated into the rule making processes of LA DCFS.
Other rules discovered included those related to how kinship is defined, and what information can be shared with kinship caregivers. As noted in the literature review in chapter 2, the definition of kinship caregiver varies across states and programs. This was found to be true with the data in this study as well. ES had a more restrictive definition of kinship caregiver that fails to recognize fictive kin; whereas CW had a broader definition inclusive of fictive kin. Some policies clearly identified that they applied to caregivers while other policies stated application was to child and parent only or application was to family and how family was to be interpreted was left undefined.

Resources were also identified as having unique attributes for kinship caregivers across various LA DCFS policies. Although CW policy indicates kinship caregivers may be certified as foster parents and receive board payments to “assist with the offsetting of costs of care”, only three caregivers reported receiving any board payments from CW. Of these, one was for pre- and post-adoptive stipends. The large majority of kinship caregivers claimed to have no knowledge of the foster parent certification option regardless if they had any CW contact or not. Caregivers also reported beliefs that they received less service resources, financial and in-kind, from LA DCFS workers than “strangers” receive for caring for similar children. Caregivers’ reported feelings of appreciation for the resources they received despite their acknowledgement that the services did not meet the full needs of the children in their care. Caregivers also reported that the availability of resources in their natural communities has remained sparse since Hurricane Katrina in 2005. Additionally, some caregivers’ expressed concerns that workers had a goal to keep people off of assistance more so than to provide assistance for them.

Therefore, power is controlled by the dominant system, in this situation, LA DCFS, by its ability to control the defining and implementation of rules and through control of access and distribution of resources. As previously mentioned, these are also considered common
characteristics of institutional racism, when such power control favors one group over another.

In this case, kinship caregivers are disempowered and are disproportionately represented by minority populations. Caregivers expressed sentiments of powerlessness over the ability to change the way rules are constructed and resources are distributed, evidenced by their comments quoted below,

They’re keeping people/these children in poverty.

Don’t believe they, the state, they’re not going to change. You can’t trust or rely on them. It’ll just make your blood pressure high and get you sick.

They just want to see you to get their paperwork done and get their own paychecks. They don’t really care about the children. No face to face contact. Not interested in really putting the child first. Don’t give them good education, always down on the child. No consistency in schools, with social workers, anything. They, those people here in Louisiana, don’t care about raising children up. They want to keep ‘em down.

Should have a say in what’s in my house. The oldest had a nice queen size bed. He has to take it down because the other grandson has to have his own bed. They want to put cheap iron or some kind of metal beds that are $60/each in their room. I don’t want that junk in my house. I asked if I could pay the difference for something better. They said no - either I take what they give or I pay for what I want 100%.

The overarching power theme placed the agency in a position of dominance and the kinship caregivers in a position of oppression, as evidenced by their reports of fear to make any negative comments due to perceived risks that the system would remove the children from their care if they were to assert themselves against the system.

I’m afraid to apply for kinship because I figured I’d wind up paying for more than what I receive.

Stop making us feel like they’re going to take the children from you at any time. That’s a lot of pressure
and stress on a grandparent. I know these children feel it. Don’t tell me, ‘they belong to the state’ and then they’re not taking care of them. I feel like they’re constantly using that tactic against caregivers. ‘We’ll come in with police and take them if you don’t do what we say.’

There were a few exceptions of powerlessness discovered in this study. These exceptions were evident in the analysis of both the kinship caregivers’ interviews and the LA DCFS policies. The collection of codes that comprised the DCFS Strengths theme (see Appendix F) counter the notion of complete powerlessness by all kinship caregivers.

They (OCS) were very good to me during the time we worked together in the past.

They (OCS) provided bus tokens, anything I needed, back before 2000, like in 1998-1999, when I first got him; he’s 20 years old now.

The collection of codes that comprised the Reference to Caregiver as Equal Partner (see Appendix G) also counter the power imbalance discovered in all the other data elements. These segments of reference to shared power or perceptions of equality demonstrate episodic disruptions in the otherwise pervasive pattern of power imbalance between the dominant system and kinship caregivers.

It assumes that people are best understood within the context of their own environment and when they are allowed to define their own circumstances and capacities.

The agency and the family are partners in the assessment process with family centered practice. The principles of the partnership are as follows:
• Everyone desires respect;
• Everyone needs to be heard;
• Everyone has strengths;
• Partners share power; and,
• Partnership is a process
Exploration of Knowledgeability

Caregivers often reported that because of their fear or distrust, they were very careful about their interactions with LA DCFS workers. This addresses the issue raised by research question 3 relating to the concept of knowledgeability. Question 3 asked, what changes have kinship caregivers made in response to their experiences with or beliefs about the CW or TANF systems (knowledgeability)? In interpreting the responses of many of the caregivers’, their feelings of mistrust and fear directly impact their actions with CW and TANF systems. Caregivers reported that they rarely initiate contact with workers and interactions are based on providing the information requested of them by workers.

Mainly only talk to OFS at 6 month review. When any changes happen, I’m obligated to report that within 10 days.

I barely talk to them [OCS] about anything. It’s just the minimum of what needs to get done to keep the kids.

It was usually once a year then changed to every six months. Then if one of the grandchildren would work in the summer I had to report that and assistance would decrease.

Exploration of Recursiveness

The majority of caregivers expressed appreciation and surprise regarding the opportunity to provide input about the policies and practices of DCFS as relates to kinship families. A few caregivers reported they had no complaints or recommendations and “were fine with the way things were”. However, this only occurred with less than 5% of the kinship caregivers interviewed.

Question 4 of this study asked, what changes in agency policies and practices are needed from the caregivers’ perspectives. Addressing this question provides an opportunity to enhance the recursive relationship between kinship caregivers and the LA DCFS system. According to
Giddens (1984), recursiveness represents the feedback property between people and structures that occurs intentionally. This differs from a functionalist perspective that tends to view interactions between people and structures as unconscious processes (Giddens, 1997). Some of the kinship caregivers’ recommendations were presented previously in the discussion of the theme labeled Solutions and Recommendations for System Improvements. Recommendations by the kinship caregivers not previously discussed include,

- Care for all siblings in a group
- Create a solution focused agency – “focus on how to help, not what you can’t qualify for and can’t do”
- Create policy for long-term guardianship when parent is incarcerated for long time or deceased
- Equalize services for kinship caregivers to those that non-kin caregivers receive and to those in the private sector
- Improve collaboration between all the agencies and the agencies and courts
- Improve family visitation sites
- Increase accessibility of workers
- Increase individualization of services
- Provide emergency transition services at time the child comes into care
- Provide multi-lingual services
- Provide respite care
- Provide services for father figures

Caregivers gave personal examples of barriers or concerns they faced with CW or TANF agencies through the course of their kinship caregiving that directly related to one or more of the
above issues. They added that if these issues could be resolved they believed they would have more financial, emotional, and physical (i.e., have more energy) resources to dedicate directly to the children in their care.

I have to pay $75 to get a paper signed from my incarcerated daughter every 3 months. That’s their biological mother. They really need to look at their policy for incarcerated parents. I shouldn’t have to keep paying money and jumping through hoops when they know she’s locked up.

Caregivers should receive same benefit as non-related foster care parents - I don’t understand reason for the difference.

From what I experienced there were a lot of costs up front in taking on a child unexpectedly and no help for that.

Need to help caregivers, especially when male, to help with knowing how/what to teach them about their personal hygiene and how they’re changing and support for their supplies. [Note, this quote was from a male caregiver who is raising twin female children]

Focus on how to make things work when there’s a relative who’s willing to help instead of looking for reasons to rule them out.

Need to address how benefits are terminated, shouldn’t be sudden cutoff and should take it under consideration of what’s going on.

**Exploration of Agential Hegemony**

In addition to agency policies and practices, kinship caregivers also reported being impacted by the nature of the interactions with CW and TANF workers. Question 5 of this study asked, what are the caregivers’ perspectives on the characteristics and quality of interactions with CW and TANF workers. One purpose of this question is to illuminate any agential hegemonic factors that appear to exist in the LA DCFS system. Comparing the kinship caregivers’ experiences with the LA DCFS policies, there appears to be agential hegemonic
processes occurring. One finding that supports agential hegemony is the overwhelming evidence of kinship caregivers feeling disrespected, depersonalized, and threatened by LA DCFS workers. This occurs despite LA DCFS’ documented philosophy that states,

…committed to recognition and respect of basic human needs and civil rights of both consumers and employees and the holistic delivery of services with integrity, honesty and fairness.” (Office of the Secretary, 2004, p. 2)

It is reasonable to assert that the inability of kinship caregivers to feel respected and valued by the LA DCFS system increases the likelihood of their cooperating with the rules and practices as they exist rather than work towards advocating for changes that would improve their conditions.

I was forced to take guardianship. He was in foster care for 12 months. They (OCS) said they’d take him away and send him to Chicago with the other grandmother. If she didn’t qualify, then they would take him and place him elsewhere. I couldn’t take the constant threats of them taking him, so I agreed to do the guardianship.

The kinship caregivers’ reports of their experiences with the LA KISS care managers provide an example of negative case analysis finding to counter the dominant findings of agential hegemonic processes. The findings (see Appendix F for list of codes in LA KISS perceptions theme) in this area are not indicative of any type of subtle coercive actions. Rather, kinship caregivers reported beliefs of being treated with their interests as primary rather than the institutions. Additionally, kinship caregivers reported feeling valued and respected by the LA KISS workers. The kinship caregivers in the treatment group of the LA KISS project did not report any incident in which they perceived being forced to go along with a decision but rather stated they were given options and provided avenues to additional services in their community that they were not previously knowledgeable.
She (LA KISS worker) was very nice. She seemed more concerned than anyone I ever came across. She really tried to me to see what we needed and to get it.

She (LA KISS CM) really tried to see what help we needed, focused on the children

She (LA KISS cm) also sends me a lot of very helpful information. Because of her, I was able to get shoes for the kids and myself and get them nice Christmas presents. She’s (LA KISS cm) given me information about what process to go through to adopt my granddaughters.

**Exploration of Structural Hegemony**

This study also sought to illuminate any occurrences of structural hegemony. Question 6 asked, what are the caregivers’ perspectives on the characteristics and quality of the CW and TANF policies regarding kinship families as the first step in bringing forth structural hegemonic factors. In reviewing their experiences with the system’s rules and policies within the context of the historical trends discovered in the literature review, numerous indicators of structural hegemonic processes emerge. Beginning with the system’s continued control over the defining construct of family for the purposes of access to legal and civil rights as well as resources is noted to have occurred during slavery times and continues to the present. Although the definitions have changed and the kinship caregiving paradigm has seen a shift in breadth of recognition by the dominant system, it continues to remain in a position of subordination.

Further, it appears that with each gain in outward social recognition, kinship caregiving incurred new negative consequences. For example, as financial assistance options within CW and TANF programs opened eligibility for kinship caregivers, the conditions for such eligibility became more restrictive or were established based on dominant society norms that were elusive to a majority of kinship caregiving families. In CW as policies opened to recognize and allow the placement of children with kinship caregivers, competing policies to divert them to TANF
programs were added. Also, policies dependent on asset attainment, such as size of home and one stay-at-home parent for certified foster care placement rules are specific examples of conditions that are disfavorable to kinship families.

In TANF programs, the addition of the kinship subsidy emerged partnered with restrictive definitions of kin and cumbersome legal requirements that often result in the inability of the kinship caregiver to access services. The system’s continued use of historically and emotionally charged terminology in their policies, such as suitable home is another example of a structural hegemonic process. This practice assists in reminding the kinship caregivers to cooperate with the system to avoid negative consequences reminiscent of those from the past. As mentioned in chapter 3, suitable home was the mechanism used in LA to withdraw assistances from 95% of the Black population on the welfare rolls in the 1960s (Lindhorst, & Leighninger, 2003).

A final example of structural hegemony is the shift in the kinship caregiving paradigm to achieve priority status in CW for placement of children in times when removal from home is warranted while failing to create policies that would provide equivalent levels of support to kinship families as are provided to non-kin foster care placements. Rather, kinship caregivers are encouraged and even have as an evaluative criteria their willingness to apply for TANF funds, which are less than CW board payment funds. This policy does not exist for non-kin caregivers.

The literature also reports that there tends to be a higher utilization of kinship placements for Black children than White children who enter CW systems. The literature and popular media also frequently report that there is a higher proportion of Blacks than Whites on welfare rolls. The contributions of cross agency policies are not reflected in these latter reports, leaving the
impression of racial stereotyping to persist in US welfare related policies as noted in the literature (Berrick, 1998; Cannella, & Swadener, 2006; Levenstein, 2000).
CHAPTER 5: DISCUSSION AND CONCLUSION

The purpose of this study was to explore the paradigm of kinship caregiving and caregivers’ experiences with CW and public welfare systems using critical theory analysis with an exploratory case study design. Kinship caregiving as a paradigm was explored through the literature review examining how the acknowledgement of kinship caregiving has shifted in dominant U.S. systems over time and through definitions, rules, and access to CW and public welfare resources historically to the present. Mohan (1999) criticizes social workers for implementing policies and practices without having questioned their logic or epistemological origins yet feigning the intent to help others. Poetically emphasizing this point, Mohan (1999) states,

“We are helping professionals who would go on Band-Aiding the Victims of war without questioning the logic and morality of mass murder.” (p. 60)

Currently, the U.S. is positioning itself for the reauthorization of legislation that regulates public welfare; that is, TANF. Timing is critical for social workers and other children and family advocates to heed Mohan’s wisdom to critically analyze policy from its historical and epistemological origins. The history of kinship caregiving is one piece of origins impacting CW and TANF policies and practices. To garner a full perspective of the kinship caregiving paradigm, it was vital to include information from the kinship caregivers themselves. This study utilized interviews from kinship caregivers that participated in a Satisfaction Survey for the LA KISS grant project. Selected LA DCFS policies served as data units to represent current system policies and practices impacting kinship caregiving.

This chapter leads with an overview of the results of the study incorporating key findings from the literature review. Implications for social work practice and education, and implications
for policy and research are discussed. This is followed with the limitations and merits of the study. The chapter concludes with how this study contributes to the knowledge base on kinship caregiving.

**Exploration of Kinship Caregiving**

The case study design was used to explore kinship caregiving due to its utility in using multiple data units and analytic strategies (Yin, 2008). Phenomenology was not selected as a strategy because this researcher’s purpose was to explore the kinship paradigm from a system’s perspective as well as individual’s perspective. Case study design is supported when the researcher seeks answers to “how” and “what” questions (Creswell, 2007; Yin, 2008). This study sought to explore how the kinship caregiving paradigm has shifted over time in CW and TANF systems and what are the experiences of kinship caregivers’ perceptions with CW and TANF systems.

A targeted literature review that addressed the construct of family in the U.S. over time, the U.S. CW system, the U.S. public welfare system, and kinship caregiving were the beginning steps of this exploratory process. The LA DCFS served as the case for the case study with kinship caregiver interviews from the LA KISS project and LA DCFS policies selected for the LA KISS project served as the data units for the study.

Specific results of the descriptive and interpretive thematic analyses of the kinship caregiver interviews and the selected LA DCFS policies were presented in chapter 4 to answer the research questions presented in chapter 3. The descriptive analyses of the variables related to characteristics of the kinship caregivers interviewed demonstrated that this sample of kinship caregivers were demographically similar to many of the samples of kinship caregivers presented in the literature. These descriptive results add representativeness and transferability to this study.
The interpretive thematic analyses of the kinship caregivers’ interviews and selected LA DCFS policies provided the depth of this study. The first function of the interpretive thematic analysis process was to impart kinship caregivers’ perceptions of their experiences with CW and TANF systems. The second function was to interpret the common themes occurring in the LA DCFS policies that were identified as most relevant to kinship caregiving in LA as determined by the LA KISS project. The third function was to utilize the themes from the first two functions to answer research questions 2 through 6 within a critical theory approach which included incorporating knowledge gained from the literature review that offered historical and additional cultural contexts.

From this critical interpretive thematic process, results support the occurrence of power imbalances through inequitable rules and control of resources as well as hegemonic processes that favor the LA DCFS system. The literature and LA DCFS policies demonstrate the manner in which the construct of kinship caregiving is understood has changed over time at the system level in terms of public recognition. In practice, the kinship caregiving paradigm appears to continue to thrive through informal, unrecognized processes, frequently through maternal channels as they often occurred during slavery times. Kinship caregivers seem to cooperate with systems out of beliefs that it is in their best interest, for to do otherwise would result in harm to the family unit. To some extent this supports Gramsci’s notion of hegemony, with perhaps a higher degree of overt conflict than what is ascribed to the pure notion of hegemony.

The results demonstrate additional signs of power and oppression through the inconsistencies of policy stating workers are to inform, provide and assist with information and forms on provisional custody by mandate (OFS Policy 04-M210). However, one of the most prolific challenges kinship caregivers reported related to securing and renewing some form of
custody. There was no incident in which a caregiver stated a TANF worker implemented the referenced policy. Kinship caregivers consistently reported custody procurements were obtained either independently, with assistance of the biological parent, Legal Aid, or occasionally through CW. None of the kinship caregivers reported ES workers providing information or assistance with provisional custody forms or applications as stated in the policy. In fact, several kinship caregivers reported “having their benefits cutoff by worker” when they could not obtain custody verifications within required renewal timeframes and that workers offered no assistance in the custody process.

This researcher further questions the system’s push to further automate and computerize its services when the majority of kinship caregivers expressed dissatisfaction with how impersonal services have been the over the years, with the knowledge that the majority of these households do not have computers, and with considering the age of many of these caregivers and their expressed lack of knowledge and experience with computers. In fact, many caregivers expressed desires for assistance and resources related to educational supports for the children in their care that included technology because they did not have those resources in their own homes.

Another example of power and oppression relates to the emergence of research literature on kinship caregiving that often portrays kinship caregivers as inferior to non-kin caregivers without including any historical, cultural, or geographical context to the research (Dorch et al., 2008; Ehrle et al., 2002; Harden et al., 2004). That is, the literature are often criticized kinship caregivers because the children in their care are receiving less educational, mental health, and/or health services as compared to children placed with non-kin caregivers (Cuddeback, 2004; Zinn, 2009). These studies fail to address whether or not the kinship caregivers have access to such services and whether or not they receive the same level of assistance from CW or TANF workers
as the non-kin caregivers. The findings of this study suggest that kinship caregivers are very desirous of additional services for the children in their care. However, these caregivers are faced with a plethora of challenges in accessing such services. Additionally, some of them expressed the concern of fear of retaliation that if they asked for help, the system would perceive that as a reflection of weakness or incompetence in their caregiving abilities and would remove the children from them.

The persistence in the system controlling the definitions of eligible family members for services without any input from the families themselves and the use of language that has historically pejorative origins was another finding that supports the existence of dominance and oppression in the LA DCFS system. Although an admirable attempt is noted by CW in its more culturally responsive and inclusive definition of kinship caregiver, concern is still warranted due to the disparity in services and allocation of resources to kinship caregivers and the apparent diversion to TANF systems of kinship caregivers, even when said caregivers, by TANF definition then become ineligible for assistance and no recourse or support is offered. However, the child tends to remain in the home and the family is placed at further vulnerability due to increased economic strain.

They put kids in my custody in June, denied kinship custody because I’m their 3rd cousin. My mother and twin’s grandmothers are sisters. So a stranger could get assistance to take care of them and not me because I’m not closely related. I think it’s wrong for strangers to get paid more than a “distant relative”. Now they’re pushing for me to adopt. I don’t want to take the mother’s place. I do want to help these children. They shouldn’t put pressure on relatives to cross those lines.

Collectively, the kinship caregivers’ were very forthcoming in the sharing of their experiences and suggestions for CW and TANF systems. Their commitment to their families
was pervasive and steadfast. Their hopes for systemic change were reticent at best and largely directed towards future families rather than themselves. The lessons learned from their stories timeless and priceless. The solutions offered at surface level appear to be basic common sense. It is in the context of history and bureaucracy that the quagmire emerges transforming solutions into complex barriers.

Implications for Social Work Practice and Education

There are numerous implications for social work practice and education in this study. Ethically social work is committed to advance social justice and work towards the elimination of oppression (NASW, 1999). This study demonstrates the need for social workers to advocate for equitable rules and resources in CW and TANF systems for kinship families. Information on the pervasive systemic roots of institutional racism within the CW and public welfare systems are explicated in this study, giving social workers an example to apply to other constructs in our society to become more aware of the historical and epistemological origins of that which we practice, teach, and study. As discussed in literature review, institutional racism refers to policies and practices that originate from or favor a dominant group (Hill, 2004). Kinship caregiving as a paradigm is a historical phenomenon that has its own unique history and meanings to systems and families. Most social work bachelor’s and master’s programs include family dynamics and relationships in their curriculums, generally in the context of Practice and Human Behavior and the Social Environment (HBSE) courses. This study emphasizes the importance of orientations to family that extend beyond the typical Eurocentric nuclear family construct that tends to dominate U.S. social work curricula.

Social work is one of the lead professions guiding the practice and policy development of CW. This study provides insight into the perceptions of kinship caregivers that CW social
workers may use to interact with kinship caregivers with greater sensitivity and cultural responsiveness. The literature review noted the tendency of CW workers to have a bias towards kinship families as being more difficult to work with, and the kinship caregivers’ experiences included overwhelming reports of negative experiences with CW and TANF workers. Those instances when kinship caregivers reported positive experiences with CW or TANF systems all included comments pertaining to positive interactions with the workers. Those kinship caregivers who received services from the LA KISS treatment group frequently singled out that experience as their first and only positive experience with a LA DCFS agency. The kinship caregivers credited these experiences as positive because of the respect they received from the LA KISS workers and the solution focused approach of the service. This study provides guidance to CW and TANF workers, supervisors, and trainers regarding approaches needed to engage kinship caregivers to establish a collaborative partnership for case goal attainments.

The higher satisfaction and feelings of value the kinship caregivers expressed from their experiences with the LA KISS project as compared to standard CW and TANF services underscores the importance of worker-client interactions and organizational culture. The LA KISS care managers did not have long term, high frequency contacts with the kinship caregivers. Their difference was in their approach to each interaction with the kinship caregivers and to the overall organizational culture of the LA KISS project. Where CW and TANF standard services are dictated by agency policies that, per kinship caregivers’ perceptions, primarily appear to be implemented from a regulatory perspective, the LA KISS services were focused on collaborative, solution focused perspectives. The kinship caregivers reported that the LA KISS project provided increased access to resources and assistance to overcome procedural barriers. A couple of caregivers were able to finalize adoptions, obtain health insurance for the children in their
care, enroll their children in extracurricular and educational programs, all through the case management assistance provided by the LA KISS care managers. Many of these same activities were described as actions workers should take in working with families in their respective LA DCFS programs. However, the organizational culture of collaboration and solution focused perspective was not found to be pervasively infused in LA DCFS’ policies. There appears to be vast potential to impact permanency, safety, and well-being of children by LA DCFS if they were to adopt the same organizational culture as the LA KISS project. As kinship families interact with a diverse range of public and private systems, the information gained from this study has implications beyond LA DCFS as well.

Implications for Policy and Research

As previously mentioned, the reauthorization for TANF is a 2011 federal legislative agenda item. Social Security funding, which finances CW, Medicaid, Medicare, and disability assistance programs, is vulnerable in the current economically strained and politically volatile climate of the U.S. Epstein (2010) notes there has been a lack of substantive equality for basic citizenry rights for all in America. This study demonstrates the inequities that continue in the U.S. with arbitrary definitions that the dominant systems create to define family or relative. The inequities are furthered with the use of the definitions to control access to resources and rules of participation in processes that directly affect family life. This study supports the need to reframe the tension in the CW and TANF systems that questions the appropriateness of paying relatives to raise related children to the question the appropriateness of having children grow up in impoverished conditions void of educational, health, mental health, social, recreational, and economic resources and supports. The literature notes there is a broad range of variability across states in policies defining and delivering services to kinship families in CW and TANF agencies. In terms of services, variability includes different rate payments, different evaluation or
certification processes, and different levels of involvement of workers in case planning and case management. No explanation to support the rationale for these differences was noted.

The semantics of CW and TANF policies are also in need of attention. The continued use of language that is linked to historical and cultural biases is unwarranted (such as, *suitable home*), not to mention the broad variability in subjectivity that accompanies some of the terminology. Alternatives ranging from omitting the adjectives altogether to obtaining feedback from system recipients as to neutral language are options for adjusting the language and providing guidance on interpretation and implementation of policies. For example, suitable home could be replaced with home that provides for the safety and mutually agreed upon needs of the child. The former is currently used and reflects subjectivity and historical and cultural bias whereas the latter is neutral and implies the need for inclusive collaboration between agency and family. Further exploration of the numerous occurrences across social policies is warranted to examine the opportunities to improve the language of policies due to their power of influencing organizational functions and external perceptions.

An additional policy implication brought forth in this study and identified in the kinship caregiving literature pertains to custody. Historically, kinship caregivers have shifted from having no civil rights to currently having some civil rights that are largely dependent upon their ability to financially pay the legal fees to access. Currently most TANF systems have policies requiring kinship caregivers to obtain some form of legally recognized confirmation of their kinship status to receive any assistance or resources. Further, without one of the system’s approved acknowledgements, the caregivers are often officially unable to access healthcare or education for the children in their care.

Across the U.S., states vary on their policies and options for kinship caregivers’ roles to be civilly recognized. Gibson and Singh (2010) identify the strengths and limitations of an
emerging legal option, *De Facto Custodian*, for informal kinship caregivers. The *De Facto Custodian* option applies for those caregivers who have been responsible for and provided financial support to a child for a specified amount of time and based on showing proof of the support for the time period can then apply to the court for custodianship with minimal or no fees, hearings, or required paperwork from the biological parent. The *De Facto Custodian* option is considered to be less intrusive than adoption or guardianship (Gibson & Singh, 2010). This option appears to be congruent with the suggestions offered by the kinship caregivers in this study. Caregivers expressed the need for a process that would recognize their role on a long term basis, without frequent renewal requirements attached to ongoing fees, and that would eliminate the challenges of locating and “dealing with a parent who’s out on the streets on drugs”.

CW claims permanency as one of its primary goals. Policies defining permanency tend to incorporate dominant systems’ definitions of permanency without recognition to the barriers and challenges these systems place on kinship families. In turn, these families are labeled with rates of children lingering in care longer or longer timeframes to permanency. Further studies on permanency that include definitions reflective of the lived kinship family experience, such as length of time child has lived with caregiver are warranted to gain a truer picture of permanency and revisit policies on permanence and child placement. CW has the opportunity to revise permanency to include those placements in which a child has remained stable with the same caregiver over time regardless of the status of the parental rights or custody status as currently defined. Providing options for kinship caregivers that do not place them in positions of choosing loyalties between family members has the potential to increase collaborative efforts within the family and between the family and the agency. The cumulative effect will most likely benefit the child, at least more than the current conflictual and strained conditions that currently exist.
In addition to permanency issues, there are other implications this study indicates as in need of further exploration. Broadly, this study encourages that future research on kinship caregiving continue to include historical, cultural, and geographical contexts. Analyses of administrative data without these contexts fail to present the full picture of the complexity between kinship families and CW and TANF systems. Further, these studies risk perpetuating the status quo of blaming the victim and abdicating the systems from their responsibilities needed to make transformative change.

Further studies inclusive of CW and TANF workers’ perceptions, kinship children’s perceptions, biological parents’ perceptions, and stakeholders’ (such as, court personnel, CASA advocates, etc.) perceptions along with kinship caregivers’ perceptions are warranted to gain breadth and depth of the full dynamics of the kinship caregiving paradigm from all perspectives. Longitudinal studies following kinship families and system workers are lacking in the literature. This study demonstrates the interactive nature between CW and TANF systems and kinship caregivers. Therefore, increasing studies that are dually focused is strongly encouraged.

**Limitations and Merits**

The limitations of this study primarily relate to LA KISS project constrictions. The *Satisfaction Survey* used to structure the kinship caregivers’ interviews was constructed to meet broader purposes of the LA KISS grant project. The LA KISS project and interviews were initiated before this specific study was conceptualized. If a similar study were to be replicated, this researcher recommends that the kinship caregiver interviews be broader, semi-structured rather than structured, and occur 2 to 3 times with each caregiver to ensure individual saturation of the all the information the caregivers wished to disclose regarding the kinship caregiving experience. To what extent the *Satisfaction Survey* constricted the breadth or depth of what was learned about the kinship caregiving experiences with CW and TANF systems is unknown.
Although kinship caregivers expanded and deviated from the survey prompts, this researcher believes the survey constrained the interview nonetheless.

The single interview episode is another limitation to the study. Member checking is one of the most common strategies of demonstrating trustworthiness in qualitative studies. Since the caregivers were not available for this process, the researcher was limited to repeating the recorded interview to the caregiver at the end of the session. Peer debriefing occurred with members of the LA KISS project to ensure ongoing credibility and adherence to the kinship caregivers’ perceptions and minimizing any influence from this researcher. Some of these members of the LA KISS project had direct experience with the kinship caregivers and others served in supervisory capacities only. One kinship caregiver also participated in the peer debriefing process by providing input and approval to the conclusion of themes and interpretations of the kinship caregiving experiences and recommendations related to CW and TANF systems.

This study is further limited by the sample of kinship caregivers all coming from one geographic region of the state. This study does not include the perceptions of kinship caregivers’ experiences with CW and TANF systems in north and rural LA. This study also does not include all of the currently enforced LA DCFS policies. It is possible that the LA KISS steering committee’s determination of relevant kinship related policies were not the most accurate group of policies to review and thus pertinent policy reviews have been inadvertently omitted from this study.

The final limitation pertains to the inability to link kinship caregivers’ interviews with CW and TANF administrative data and workers. The addition of all related administrative data by kinship family and worker interviews by family would offer a more complete data package for exploring individual through structural factors.
Despite the limitations of the study, there were also many merits to the study. The high number of kinship caregiver interviews was one of the greatest merits of this study. Most kinship caregiving studies that include direct interviews have 25 or less participants. This study consisted of 114 interviews with few divergent perceptions.

Another merit to this study is the historical and cultural contexts along with a critical approach to interpreting all the parts of the study, exploring human agent and structural properties in tandem rather than the traditional approach where studies focus on one property or the other, human agent or structural. This researcher’s commitment to bringing forth the first person account of kinship caregivers’ perceptions is another merit of this study. This commitment not only demonstrates trustworthiness to support the study’s rigor and accountability, but also demonstrates a commitment to social work’s ethic of social justice.

Procedurally, this study demonstrates merit in its adherence to its theoretical framework and adherence to maintaining a clear audit trail. The study clearly presents the rationale and protocols utilized from literature review through the analytic strategies used to interpret the data. Drisko (2000) states one of the weaknesses of qualitative studies is the lack of reports of design and methodological strategies. This study incorporates the recommendations of scholars for conducting and writing quality research, including the clear statement of theoretical frame, design and methodological strategies, and techniques to address rigor and accountability.

The incentives paid to the kinship caregivers impact the study as well. The LA KISS grant afforded the opportunity to send a small check to each kinship caregiver after participating in a Satisfaction Survey. Although the incentive was of a small monetary value, it still likely contributed to the large response rate obtained in this project. This creates implications for replication of the study as opportunities for funding research projects that allow incentives for survey completions are limited.
Contribution to the Knowledge Base of Kinship Caregiving

This study contributes to the knowledge base on kinship caregiving pertinent to many fields of study. Virtually every public system of the U.S. interfaces with kinship families. Literature and kinship caregivers’ shared experiences suggest that these systems flounder at best in their approaches to working with kinship families. The tendency of systems to function from the Eurocentric nuclear family orientation, then layer on policies and practices from that orientation without regard to history and culture, perpetuate a disconnect and distrust between the systems and the kinship families. Kinship caregivers’ express a strong commitment to bettering the lives of the children in their care and a willingness to work with U.S. systems despite the challenges they have endured.

This study identified numerous policy and practice issues in need of attention to enhance the well-being and sustainability of kinship families in the U.S. This study also demonstrates that if approached with respect and genuine regard, kinship caregivers’ are willing to participate in research projects. Many studies addressed in the literature review identified the need for studies that included direct information from kinship caregivers, especially voluntary or informal caregivers. The majority of caregivers in this study were voluntary or informal caregivers.

This study demonstrates the long term commitment kinship caregivers are investing in the children in their care. It challenges the common criticisms in the literature pertaining to kinship caregivers’ commitment to providing educational, mental health and other supplemental supports to the children in their care with the reality of their desires to do so hindered by the reality of limited access to said supports.

They need to examine what it really means to raise a child. Shouldn’t set caregivers up to not do a good job. I’m not out to get my nails done or anything like that. I don’t want fancy clothes. I want to teach my granddaughter things about life that are of quality, not just hanging out on the porch.
REFERENCES


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APPENDIX A: LIST OF ACRONYMS

AACWA – Adoption Assistance and Child Welfare Act of 1980

ACF – Administration of Children and Families

AD – Adoptions Program for Louisiana’s Child Welfare agency

ADC – Aid to Dependent Children

AR – Alternative Response; a program of CW for those families determined low risk for future child maltreatment cases and in need of services to prevent child maltreatment

ASFA – Adoptions and Safe Families Act of 1997

CB – Children’s Bureau

CPI – Child Protection Investigation

CPS – Child Protection Services

CW – child welfare

ES – Economic Stability

FC – Foster Care

FITAP – Families Independence Tempory Assistance Program; Louisiana’s TANF program

FS – Family Services


KCSP – Kinship Care Subsidy Program

LA DCFS – Louisiana Department of Children and Families

LA DSS – Louisiana Department of Social Services (former name of LA DCFS)

LA KISS – Louisiana Kinship Integrated Services System

MEPA – Multi-Ethnic Placement Act of 1994

OCS – Office of Community Services (former name of Child Welfare)
OFS – Office of Family Stability (former name of Economic Stability)

P.L. – Public Law

SPOE – Single Point of Entry; often refers to a regional coordinator who screens for entry into public services

SSA – Social Security Act of 1935

TANF – Temporary Assistance for Needy Families

TPR – Termination of parental rights
APPENDIX B: LA DCFS POLICIES SELECTED FOR LA KISS

1. Office of Community Services (OCS)
   Chapter No./Name 8. Adoption
   Part No./Name 1 Introduction
   Section No./Name 8-100 Overview of the Adoption Services
   Dates Issue/Reissued March 2004 Replacing February 2000

2. Agency Name Office of Community Services (OCS)
   Chapter No./Name 4. Child Protection Investigation
   Part No./Name 6. Alternative Response Family Assessment
   Section No./Name 4-600 Alternative Response Family Assessment
   Dates Issue/Reissued June 2010 Replacing October 2007

3. Agency Name Office of Community Services (OCS)
   Chapter No./Name 4. Child Protection Investigation
   Part No./Name 1. Introduction
   Section No./Name 4-100 Goal, Definition and Objectives of CPI Services
   Dates Issue/Reissued May 2008 Replacing August 2006

4. Agency Name Office of Community Services (OCS)
   Chapter No./Name 4. Child Protection Investigations
   Part No./Name 8. Services Provided by Child Protection Investigation Workers
   Section No./Name 4-800 Concrete Services
   Dates Issue/Reissued July 2008 Replacing November 2006

5. Agency Name Office of Community Services (OCS)
   Chapter No./Name 4. Child Protection Investigations
   Part No./Name 8. Services Provided by Child Protection Investigation Workers
   Section No./Name 4-807 Emergency Placement of Children
   Dates Issue/Reissued March 2004 Replacing January 2000

6. Agency Name Office of Community Services (OCS)
   Chapter No./Name 6. Foster Care
   Part No./Name 16. Payments, Expenditures and Approvals
   Section No./Name 6-1605 Board Payments for Foster Children

7. Agency Name Office of Community Services (OCS)
   Chapter No./Name 6. Foster Care
   Part No./Name 4. Placement With The Family or Friends
   Section No./Name 6-400 Identifying and Locating Placement Resources with Relatives and Friends
   Dates Issue/Reissued July 2010 Replacing June 2005

8. Agency Name Office of Community Services (OCS)
   Chapter No./Name 6. Foster Care
9. Agency Name: Office of Community Services (OCS)
   Chapter No./Name: 6. Foster Care
   Part No./Name: 4. Placement With Family or Friends
   Section No./Name: 6-405 Placement With The Noncustodial Parent as a Noncertified Caretaker

10. Agency Name: Office of Community Services (OCS)
    Chapter No./Name: 6. Foster Care
    Part No./Name: 3. Placement Considerations
    Section No./Name: 6-300 Guidelines For Selecting A Placement/Replacement Resource
    Dates Issue/Reissued: April 2010  Replacing February 2010

11. Agency Name: Office of Community Services (OCS)
    Chapter No./Name: 6. Foster Care
    Part No./Name: 1. Introduction
    Section No./Name: 6-110 Foster Care Program Philosophy
    Dates Issue/Reissued: March 2004  Replacing July 1999

12. Agency Name: Office of Community Services (OCS)
    Chapter No./Name: 5. Family Services
    Part No./Name: 1 Introduction
    Section No./Name: 5-100 Definition and Purpose
    Dates Issue/Reissued: September 2010  Replacing March 2004

13. Agency Name: Office of Community Services (OCS)
    Chapter No./Name: 9. Home Development
    Part No./Name: 1. Introduction
    Section No./Name: 9-100 Philosophical Premises of Home Development

14. Agency Name: Office of Community Services (OCS)
    Chapter No./Name: 11. Interstate Compact on the Placement of Children
    Part No./Name: 1 Introduction
    Section No./Name: 11-100 The Compact and Its Statutory Basis

15. Agency Name: Office of Family Support (OFS)
    Chapter No./Name: 04 – Family Assistance Manual (FAM)
    Part No./Name: B. Eligibility Factors (FITAP)
    Section No./Name: B-800 Relationship (FITAP)
    Document No./Name: B-810-FITAP Eligibility Requirement
    Dates Issue: July 14, 2010  Effective July 14, 2010

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16. **Agency Name**  Office of Family Support (OFS)  
   **Chapter No./Name**  04 – Family Assistance Manual (FAM)  
   **Part No./Name**  B. Eligibility Factors (FITAP)  
   **Section No./Name**  B-800 Relationship (FITAP)  
   **Document No./Name**  B-820-FITAP Required Verification  
   **Dates Issue**  March 1, 2011  **Effective**  March 1, 2011  

17. **Agency Name**  Office of Family Support (OFS)  
   **Chapter No./Name**  04 – Family Assistance Manual (FAM)  
   **Part No./Name**  M. Kinship Care Subsidy Program (KCSP)  
   **Section No./Name**  M-200 KCSP Kinship Care Eligibility Requirements  
   **Document No./Name**  M-210-KCSP Eligibility Requirements  
   **Dates Issue**  March 1, 2011  **Effective**  March 1, 2011
APPENDIX C: LA KISS SATISFACTION SURVEY

Kinship Care Family Satisfaction Survey

When parents face difficult situations, family members, other than a child's parents, often play an important role in helping to raise a child. For the purposes of this survey today, we are going to talk about kinship care. What we mean is that kinship care is the full time care, nurturing and protection of a child by adult relatives or any adult who has a long-term bond with a child.

The Office of Social Service Research and Development at the Louisiana State University School of Social Work is helping OCS and OFS improve the quality of services delivered to you. The following survey is designed to learn about your experiences. Your answers will be anonymous and confidential.

Section 1

Please complete each item in the survey.

1. Date and Time:

2. (Do not ask, but note) What medium is used to conduct the survey?
   - Face to face
   - Phone
   - Written
   - Web based

3a. Several Agencies (such as Child Protection, OCS and OFS) and other organizations often help kinship care families with their needs, which agency helps you most of the time with kinship care?
   - Office of Community Services (A.K.A Child Protection)
   - Office of Family Support, Support Enforcement Services, or Child Support Services
   - Louisiana Kinship Integrated Service System
   - Catholic Family Services
   - Local Church
   - Council on aging
   - Local Housing Authority
   - Volunteers of America
   - CASA
   - Other
   3b. If other, who:

4. Using a scale from 1 to 5 where one is very bad and five is very good, how well do workers from (use response from question 3a) work together with other agencies to solve your kinship care problems?
   5. Very Good
   4. Good
3. Neither Good Nor Bad
2. Bad
1. Very Bad
Don't Know

5. If you have a question or problem related to your kinship care child, who would you most likely try to contact first for help?
   • The child's parents
   • another family member
   • a friend
   • My case worker from LA Kiss
   • OCS
   • OFS
   • I solve problems myself
   • I don't know
   • Other

Section 2

1. Have you ever talked with a worker from the Office of Community Services (OCS) about kinship care?
   (OCS is sometimes referred to as Child Protection.)
   (If no skip to Section 3.)
   • No
   • Yes
   • Don't Know

2. How often do you talk to or meet with a worker from OCS?
   • Never
   • Once, or a few times a long time ago
   • At least once a year
   • At least once a month
   • Several times a month
   • At least once a week
   • Several times a week

3. The word consistent means something usually happens on a regular basis and is predictable. If the quality of service provided by an agency changes greatly from worker to worker or if the service provided a single employee changes a lot from day to day, then service is inconsistent. On a scale of 1 to 5 where 1 is very inconsistent/unpredictable and 5 is very consistent/predictable, how consistent is the service provided by different workers at OCS?
   5. Very Consistent
   4. Consistent
   3. Neither consistent/ nor inconsistent
   2. Inconsistent
   1. Very inconsistent
4. On a scale of zero to 100, where 100 is extremely satisfied and zero is extremely dissatisfied, how happy are you with the service OCS has provided? (If Not Applicable, type in 999.)

5. If you need to contact someone from OCS to help you, how do you contact them most of the time?
   • By phone
   • They visit me
   • Go to the agency office
   • By mail
   • By email
   • I would not contact them
   • Don’t know
   • Not applicable

6. If you have a question, how long does it take a case worker from OCS to answer your question most of the time?
   • Instantly
   • One day
   • Two days
   • Three days
   • Approximately One Week
   • Approximately Two Weeks
   • Approximately Three Weeks
   • Approximately One Month
   • Longer than One Month
   • Never
   • N/A

7. On a scale of 1 to 5 where 1 is very bad and 5 is very good, rate the quality of service OCS provides you if you have a kinship care emergency during the evening or on weekends.
   5. Very Good
   4. Good
   3. Neither Good/ nor Bad
   2. Bad
   1. Very bad
   Don’t know

8. On a scale of 1 to 5 where 1 is very bad and 5 is very good, how do you feel in general about the assistance OCS has provided you? (Only mark N/A if self identify)
   5. Very Good
   4. Good
   3. Neither Good/ nor Bad
   2. Bad
   1. Very bad
   N/A
Section 3

1. Have you ever talked to a worker from the Office of Family Support (OFS), which includes Support Enforcement Services and Child Support Services? (If no skip to Section 4.)
   - No
   - Yes
   - Don’t know

2. How often do you talk to or meet with a worker from OFS?
   - Never
   - Once, or a few times a long time ago
   - At least once a year
   - At least once a month
   - Several times a month
   - At least once a week
   - Several times a week

3. The word consistent means something usually happens on a regular basis and is predictable. If the quality of service provided by an agency changes greatly from employee to employee or if the service provided a single employee changes a lot from day to day, then service is inconsistent. On a scale of 1 to 5 where 1 is very inconsistent/unpredictable and 5 is very consistent/predictable, how consistent is the service provided by different workers at OFS?
   - 5. Very consistent
   - 4. Consistent
   - 3. Neither consistent nor inconsistent
   - 2. Inconsistent
   - 1. Very inconsistent

4. On a scale of zero to 100, where 100 is extremely satisfied and zero is extremely dissatisfied, how happy are you with the service OFS has provided you? (If Not Applicable, type in 999.)

5. If you need to contact someone from OFS to help you, how do you contact them most of the time?
   - By phone
   - They visit me
   - Go to the agency office
   - By mail
   - By email
   - I would not contact them
   - Don’t know
   - Not applicable

6. If you have a question, how long does it take a worker from OFS to answer your question?
   - Instantly
   - One day
   - Two days
• Three days
• One week or less
• Two weeks or less
• Three weeks or less
• One month or less
• More than one month
• Never
• N/A

7. On a scale of 1 to 5 where 1 is very bad and 5 is very good, how do you feel in general about the assistance OFS has provided you? (Only mark N/A if self identify)
• Very good
• Good
• Neither good nor bad
• Bad
• Very bad
• N/A

Section 4

1. Have you heard of the Louisiana Kinship Integrated Service System (or LA KISS) program? (If no, skip to section 5.)
• Yes
• No
• Not sure

2. How often do you talk or meet with a worker from Louisiana Kinship Integrated Service System (LA KISS)?
• Never
• Once, or a few times a long time ago
• Less than once a year
• At least once a year
• At least once every few months
• At least once a month
• At least once every few weeks
• At least once a week
• Several Times a week

3. Which of the following choices best describes the purpose of La Kiss?
• To enforce the rules
• To provide kinship care children with financial assistance
• To help me care for any child in my home
• To help me with financial assistance and services for the kinship care child in my home
• Don't know
4. If you need to contact someone from LA KISS to help you, how do you contact them most of the time?
   • by phone
   • they visit me
   • go to the LA KISS, OCS, or OFS office
   • by mail
   • by email
   • I would not contact them
   • don't know
   • N/A

5. If you have a question regarding your kinship care child, how long does it take a worker from LA KISS to answer your question?
   • Instantly
   • One day
   • two day
   • three days
   • approximately one week
   • approximately two weeks
   • approximately three weeks
   • approximately one month
   • longer than one month
   • never
   • N/A

6. On a scale of 1 to 5 where 1 is very bad and 5 is very good, rate the quality of service LA KISS workers provide you if you have a kinship care emergency during the evening or on weekends.
   1. Very Bad
   2. Bad
   3. Neither Bad Nor Good
   4. Good
   5. Very Good
   Don't Know

7. In general, how do you feel about the assistance LA Kiss has provided you? (Only mark N/A if self identify.)
   • extremely Good
   • Good
   • neither good nor bad
   • Bad
   • extremely Bad
   • not applicable

8. In your own words, what is the purpose of the LA KISS program?
Section 5

1. On a scale from 1 to 5 where 1 is very Bad and 5 is very Good, how well do you feel workers from OCS and OFS work together to solve your kinship care problems?
   5. Very Good
   4. Good
   3. Neither Good Nor Bad
   2. Bad
   1. Very Bad
   Don't Know

2. Do you feel OCS and OFS workers talk with each other about your case?
   • Yes
   • No
   • don't know

3. Based upon your individual experience, which of the following categories best describes communication between workers for OCS and OFS:
   • Very Bad
   • Bad
   • neither Bad or Good
   • Good
   • Very Good

4. How often do workers from OCS and OFS disagree about your case?
   • I don't know
   • Never
   • Rarely
   • Sometimes
   • Frequently
   • Constantly

5. How often do workers from OCS and OFS schedule you to be in two places at the same time?
   • Never
   • Rarely
   • Sometimes
   • Frequently
   • Constantly
   • Not Applicable

6. If question 4 has ever occurred, did you lose benefits because of this problem?
   • N/A
   • Yes
   • No

7. If you previously provided kinship care to one or more children but no longer provide kinship care, which of the following choices best describes why kinship care ended?
- Parents began caring for child or children
- agency took child
- because of age or health, unable to care for child
- child became an adult
- child was out of control or creating problems
- other

8. If "other" in question 7, why did kinship care end?

### Section 6

1. How many individuals live in your home?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 20 or more

2. How many natural, or biological, children under the age of 18 do you currently care for?
   - None
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11 or more

3. How many children, born to someone else and under the age of 18, do you currently provide kinship care for?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 20 or more

4. Besides the children you currently provide kinship care for now, how many children have you provided kinship care for in the past?
   - None
   - 6
5. Some people we are interviewing care for children that are in the state's custody. Of the children you care for, how many are currently in the legal custody of the state?

None
1 11
2 12
3 13
4 14
5 15
6 16
7 17
8 18
9 19
10 20 or more

Enter the following information on the primary kinship care provider (the survey respondent)

6. First two letters of your last name: *

7. Last four digits of your Social Security Number: *

8. Date of Birth: *
(MM/DD/YYYY)

9. Enter the last four digits of the social security number of the oldest child you currently provide kinship care for:

10. First two letters of your kinship care child's last name:

11. Child's Date of Birth:
(MM/DD/YYYY)

12. How many months have you provided kinship care for this child?

13A. Conduct the Caregiver CDI for the oldest child and record it here:

13B. Caregiver Functional CDI:

13C. Caregiver Emotional CDI:

14. Conduct the CDI for the oldest child:
If you provide kinship care to only one child, skip to section 7.
Child 2 (Second Oldest)

15. Enter the last four digits of the social security number of the next oldest child you currently provide kinship care for:

16. First two letters of your kinship care child's last name:

17. Child's Date of Birth:
(MM/DD/YYYY)

18A. Conduct the Caregiver CDI for this child:

18B. Caregiver Functional CDI:

18C. Caregiver Emotional CDI:

19. Conduct the CDI for child number 2:

Child 3 (Third Oldest)

20. Enter the last four digits of the social security number of the next oldest child (the third oldest) you currently provide kinship care for:

21. First two letters of your kinship care child's last name:

22. Child's Date of Birth:
(MM/DD/YYYY)

23A. Conduct the Caregiver CDI for this oldest child:

23B. Caregiver Functional CDI:

23C. Caregiver Emotional CDI:

24. Conduct the CDI for the child number 3:

Child 4 (Fourth Oldest)

25. Enter the last four digits of the social security number of the next oldest child (the fourth oldest) you currently provide kinship care for:

26. First two letters of your kinship care child's last name:

28. Child's Date of Birth:
(MM/DD/YYYY)

29A. Conduct the Caregiver CDI for the fourth oldest child:

29B. Caregiver Functional CDI:
29C. Caregiver Emotional CDI:

30. Conduct the CDI for child number 4:

Section 7

1. What term best describes you?
   • Caucasian
   • African American
   • Latino/Latina
   • Creole
   • Vietnamese
   • Asian
   • Native American
   • Bi or multi-racial
   • other

2. Specify bi-, multi-, or other:

3. Are you a certified foster parent?
   • No
   • Yes

4. Have you ever thought about being a certified foster parent?
   • No
   • Yes

5. If yes to either questions three or four, were there barriers to getting certified?
   • No
   • Yes, resolved
   • Yes, not resolved
   • Don't Know

6. Has your worker ever talked to you about being a certified foster parent?
   • Yes
   • No (If no, skip questions 7 & 8.)
   • Don't Know

7. When did your worker first talk with you in detail about being a certified foster parent?
   • within the last few days
   • within the last month
   • between two and six months ago
   • between six and 12 months ago
   • One to two years ago
   • more than two years ago
   • don't know
8. How many times has your worker talked in detail with you about being a certified foster parent?

- Never
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- more than 9 times

9. Did you receive adequate information about a specific child's history and problems prior to providing care for the child?

- Yes
- No
- Don't Know

10. Are you receiving money and/or financial assistance from a government agency because of care you provide for a child or children in your home?

- Yes
- No

11. Approximately how much money and/or food stamps, do you receive each month from government agencies to help with the care of a child or children in your home?

- less than $10
- $11-$250
- $251-$500
- $501-$750
- $751-$1,000
- $1,001-$1,250
- $1,251-$1,500
- $1,501-$1,750
- $1,751-$2,000
- $2,001-$2,250
- $2,251-$2,500

12. How much support in the form of money and/or food stamps would be adequate to provide for the kinship care child?

$
13. Approximately how much do you pay each month as rent or a mortgage to live in your apartment or home? 
   $ 

14. Approximately how many hours each week do you work outside the home?
APPENDIX D: LA KISS BLANK PARTICIPANT CONSENT FORM

LA KISS Consent 1

LOUISIANA STATE UNIVERSITY-BATON ROUGE CAMPUS
PROGRAM EVALUATION CONSENT FORM
Kinship Care Relative

1. Study Title: Evaluation of the collaboration between the Office of Community Services and the Office of Family Support called Louisiana Kinship Integrated Service System (LA KISS).

2. Primary Site: LSU School of Social Work

3. Investigator: Siobhan Pietruszkiewicz, LCSW, (225) 578-1016

4. Purpose of the Study: The purpose of this project is to find out how services can be improved to families that are taking care of a relative or friend’s child.

5. Subject Inclusion: Any family who is taking care of someone else's child and is receiving services from the Office of Community Services and/or the Office of Family Support.

6. Subject Exclusion: Any family who wishes not to participate in the evaluation of the services provided to families by the Office of Community Services and/or the Office of Family Support.

7. Description of the Study: This project will evaluate the how the Office of Community Services and the Office of Family Support can work better to help you strengthen the relationship with the child placed in your home and increase your emotional and financial support of the child. This evaluation is voluntary.

9. Risks: Program evaluators cannot use your personal information without your consent. The information gathered from you will not be released unless required by law. Information you provide to interviewers about your involvement with the Office of Community Services and/or the Office of Family Support will be included as part of the evaluation. This information, however, will not be linked to you by using your name or your social security number. Additionally, this information will be entered into a database and used for research on how best to help families support kinship care placements.
10. Right to Refuse: You may choose to drop out of the evaluation at any time. You can make this choice at any time without and the program evaluators will support your decision.

11. Privacy: Your privacy will be protected and your identity will not be revealed to anyone other than program evaluators.

12. Release of Information: The information (data) about you will be kept confidential. Program evaluators are protected by law from releasing any information about you or your placement progress. When you have completed the evaluation there will be no names or other ways of identifying those included in the study of the this program. The results of the study may be published but your privacy will be protected and your identity will not be revealed.

13. Financial Information: You will receive monetary compensation for participating in the program evaluation and there is no cost to you. Participating in this program evaluation study has no effect on the placement of this child in your home.

14. Signatures:

This program evaluation has been discussed with me and all my questions have been answered. I understand that any other questions about the evaluation should be directed to Siobhan Pietruszkiewicz. I understand that if I have questions about my rights, or other concerns, I can contact Robert Mathews, Ph. D. IRB Chairman 225-578-8692. I agree with the terms above, will participate in the evaluation of the program and acknowledge I have been given a copy of the consent form.

________________________________________  __________________________
Signature of the study participant          Date

________________________________________  __________________________
Signature of Witness                        Date
## APPENDIX E: LA KISS LOGIC MODEL

### LOGIC MODEL FOR THE KINSHIP CARE PROGRAM

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we invest:</td>
<td>What we do:</td>
<td>Activities will produce this evidence:</td>
<td>Short/long term:</td>
<td>Changes to occur:</td>
</tr>
<tr>
<td>Diverse, dedicated DSS staff and community partners to participate in the governance processes as well as DSS staff with expertise to implement the program at the local level:</td>
<td>1a. Create collaborative team of OCS/OFS workers through state level collaboration, planning and training and regional level implementation of evidence based practices</td>
<td>1a. (1) # of workgroup meetings held/year</td>
<td>1a. (1) Improved agency participation and awareness of initiative</td>
<td>OCS/OFS Supervisors and staff meet on a regular basis to ensure adequate provision of services to KC families</td>
</tr>
<tr>
<td>• Steering Committee</td>
<td>1a. (2) # of steering committee meetings held/year</td>
<td>1a. (2) Change in the functioning partnership between OCS and OFS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Workgroup Committee</td>
<td>1a. (3) # of subcommittee meetings held/year</td>
<td>1a. (3) Signed Memorandum of Understanding between LAKISS and LAYES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluators</td>
<td>1b. (1) # of CMs and grant staff hired/year</td>
<td>1b&amp;c&amp;e. (1) Increased # of visits with clients documented every 6, 12 and up to 18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Care Managers</td>
<td>1b. (1) # of CMs and grant staff hired/year</td>
<td>1b, c, &amp;e. (2) Increased # of referrals made for clients documented every 6, 12 and up to 18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• OCS Supervisors</td>
<td>1c. # cross trainings/year for CMs</td>
<td>1b, c, &amp;e. (3) Increased # of follow-ups with clients documented every 6, 12 and up to 18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• OFS Supervisors</td>
<td>1d. # CM and grant staff with offices and equipment</td>
<td>1b, c, &amp;e. (4) Clients have increased access to government services and funds documented every 6, 12 and up to 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• OCS staff</td>
<td>1e. (1) # letters sent out by CMs and support staff</td>
<td>1b, c, &amp;e. (4) Clients have increased access to government services and funds documented every 6, 12 and up to 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• OFS staff</td>
<td>1b. Hire Care Managers (CM) and support staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Trainers/consultants</td>
<td>1b. (1) # of CMs and grant staff hired/year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• LA Y.E.S.</td>
<td>1c. Design and implement training for CM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• IT Department</td>
<td>1d. Secure location for CM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1e. Recruitment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

164
<table>
<thead>
<tr>
<th>Activities</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1f. Clients enrolled in LAKISS</td>
<td></td>
</tr>
<tr>
<td>1e. (2) # calls made to prospective clients</td>
<td></td>
</tr>
<tr>
<td>1e. (3) # visits made to prospective clients</td>
<td></td>
</tr>
<tr>
<td>1f. (1) # client visits by CMs</td>
<td></td>
</tr>
<tr>
<td>1f. (2) # client data forms initiated</td>
<td></td>
</tr>
<tr>
<td>1f. (3) # family resource packets distributed to clients</td>
<td></td>
</tr>
<tr>
<td>1f. (4) # contacts by CMs with primary case worker of clients (when appropriate)</td>
<td></td>
</tr>
<tr>
<td>1f. (5) # pretests administered to clients</td>
<td></td>
</tr>
<tr>
<td>1f. (6) # families receiving incentives to participate</td>
<td></td>
</tr>
<tr>
<td>1f. (7) # post tests administered to clients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Develop</td>
<td></td>
</tr>
<tr>
<td>2a. Identify and</td>
<td></td>
</tr>
</tbody>
</table>

- Increased access to job training by clients documented every 6, 12 and up to 18 months
- Clients have improved access to Foster Parent Certification training
- Improved training protocols for future hires
- CMs educate clients on array of services/funding by OCS/OFS to help support kinship children in their home
- Prospective and current KC clients can easily access CMs by phone, in office and in community.
- Improved access to departmental policies and procedures for OCS/OFS staff
- KC families receive more appropriate services based on collaborative approach
<table>
<thead>
<tr>
<th>evaluation plan</th>
<th>create/replicate needed instruments to measure collaboration, staff perceptions of effectiveness, and client outcomes</th>
<th>captured by instruments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b. Create environmental assessment instrument</td>
<td>2b. (1) # OCS/OFS staff that complete the Environmental Assessment</td>
<td>2b. Change in attitude and perceptions of OCS/OFS staff based on learning new policies and procedures</td>
</tr>
<tr>
<td></td>
<td>2b. (2) # cross-trainings held for OCS/OFS staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2b. (3) # OCS/OFS staff that attend cross-trainings</td>
<td></td>
</tr>
<tr>
<td>2c. Identify tool to measure collaboration between OCS and OFS.</td>
<td>2c. (1) # of OCS/OFS staff that complete the Wilder Collaboration Survey Pre and Post Tests.</td>
<td>2c. (1) Increased perception of collaboration between OCS and OFS.</td>
</tr>
<tr>
<td></td>
<td>2c. (2) # scores on Wilder Post Tests for OCS/OFS staff</td>
<td>2c. (2) Scores on Wilder Post Tests show improvements in collaboration between OCS and OFS</td>
</tr>
<tr>
<td></td>
<td>2c. (3) # trainings held for OCS/OFS staff</td>
<td>2c. (3) Increase in # of OCS/OFS staff cross-trained in policies and procedures</td>
</tr>
<tr>
<td></td>
<td>2c. (4) OCS/OFS staff rate cross-trainings as effective and relevant for improving collaboration</td>
<td></td>
</tr>
<tr>
<td>2d.</td>
<td>2d (1). Improvement in well-being scores after</td>
<td></td>
</tr>
<tr>
<td>2d. Identify instrument to measure children well-being</td>
<td>to improve collaboration</td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>2c. (4) # OCS/OFS staff attending trainings</td>
<td>receiving LA KISS treatment</td>
<td></td>
</tr>
<tr>
<td>2d. (1) # Children that complete CDI</td>
<td>2d (2). Improved awareness of child well-being by kinship care relative after receiving LA KISS treatment</td>
<td></td>
</tr>
<tr>
<td>2d. (2) # Parents that complete CDI</td>
<td>2e. (1) Multi agency records are compiled into a single database</td>
<td></td>
</tr>
<tr>
<td>2e. Create an instrument to capture disconnected multi agency records</td>
<td>2e. (2) Evaluators can compare outcomes of children under the care of OCS and OFS</td>
<td></td>
</tr>
<tr>
<td>2e. (1) Develop a common form to gather data from multi agency records automatically recorded to an electronic database.</td>
<td>2e. (3) Improved outcomes including safety, permanency, well-being and economic stability for LA KISS clients</td>
<td></td>
</tr>
<tr>
<td>2e. (2) # client data forms completed LA KISS staff</td>
<td>2f. (1) Ability to capture information on clients’ perceptions</td>
<td></td>
</tr>
<tr>
<td>2f. Design a survey to capture client satisfaction with OCS and OFS</td>
<td>2f. (3) Improved perception of collaboration by OCS and OFS for clients</td>
<td></td>
</tr>
<tr>
<td>2f. (1) Refined survey instrument</td>
<td>2g. (1) Improve access to instruments, protocols, and results</td>
<td></td>
</tr>
<tr>
<td>2f. (2) # surveys administered to clients pre and post.</td>
<td>2g (2) Enhance communication between grant partners</td>
<td></td>
</tr>
<tr>
<td>2g. Disseminate information on LA KISS</td>
<td>2g. (1) Develop internal and external website</td>
<td></td>
</tr>
</tbody>
</table>
2g. (2) Develop grant guide book for replication

2g. (3) Develop and update protocols for administering all grant instruments
APPENDIX F: THEMES WITH ASSIGNED CODES FROM KINSHIP CAREGIVERS’ INTERVIEWS

Code Families – Kinship Caregiver Interviews

Code Family: DCFS/System Issues
Codes (98)

- a lot of improvements needed
- adoption only option given
- adoption would end services
- agency has money saving as primary concern
- assistance depends on where you live
- assistance doesn't match reality of expenses
- assume foster parent for stranger children only
- coercive system
- confidentiality used as reason to withhold information
- considered foster parent certification couldn't get info
- court challenges/helplessness
- CPS intrusive
- CPS made family relations hard
- Disrespected
- disrespected by Housing Authority
- don't know if OCS and OFS communicate/collaborate
- don't trust/believe in system
- don't understand OCS system
- don't understand OFS system
- don't understand purpose of CASA
- employment jeopardized because of worker demands
- few workers are patient
- fighting barriers/constant challenge
- foster parent certification info never rec’d
- foster parent certification intense/long process
- foster parent certification long process
- foster parent req unclear/lack sensitivity
- gap in placement to time of receiving assistance
- impersonal treatment
- inconsistency btw court and agencies
- inconsistent rules
- informed foster care for non relatives only
- initial enrollment challenging
- kinship role not valued by system
- kinship role unclear in systems
• lack child centered focus
• lack follow up
• lack of collaboration
• make it harder on non-working than working
• missed work due to OCS requirements
• no assistance rec'd at placement
• no help from any social service agency
• no information on kids received at placement
• no knowledge about certified foster parenting
• no warning/prep time for child placement
• not benefitting from foster parent certification
• not receiving all services available in OCS
• not working with all the children in a sibling group
• OCS contact decreased over time
• OCS doesn't return calls
• OCS experience negative
• OCS gave incorrect info
• OCS gives no choices to caregivers
• OCS horrible/unhelpful
• OCS poor communication
• OCS services inconsistent
• OCS took kids from bio parent
• OCS worker for kid only
• OCS workers changed
• OCS workers changed a lot
• OCS workers unfriendly/disrespectful
• OCS unorganized
• OFS assistance cancelled/cutoff
• OFS changed workers
• OFS horrible
• OFS inflexible
• OFS needs to work with OCS
• OFS not helpful, withholds info
• OFS problematic/challenging
• OFS renewal repetitive process
• OFS takes long time to return call
• OFS too many different workers
• OFS work requirement
• OFS workers are inconsistent
• OFS workers difficult to contact
• OFS poor communication
• OFS unorganized
• OFS unresponsive
• penalized for receiving support
• penalized for working
• question service progress/purpose
• racial bias in system
• receive no support because lack bio relationship
• renewal process drives worker contact
• self opting out of services because of way I'm treated
• services don't meet needs
• sibling contact not occurring
• Social Security doesn't recognize kinship caregiver role
• state has limited resources
• state will never change
• system disrupted placement
• system is setup for its own interests
• system is unsupportive
• system judges us by our children's behavior
• system overloaded/backed up
• threatened/fearful
• workers change a lot
• worry abt losing child to system
Quotation(s): 497

Code Family: DCFS/System Strengths
Codes (36):

• appreciate any help I get
• basically doing good job
• few workers are patient
• info rec'd improved with time
• no problems experienced with agency(ies)
• OCS board payment recipient
• OCS checked on kids
• OCS comes to check to make sure I'm doing right
• OCS contact consistent
• OCS does regular home visits
• OCS flexible
• OCS gave me kid(s)
• OCS gave out contact info
• OCS good to me
• OCS helped with custody
• OCS helpful in early part of placement
• OCS home certification worker helpful
• OCS provides for child(ren) needs
• OCS returns calls
- OCS worker accessible
- OCS worker gave info on fp certification
- OCS worker organized
- OCS worker showed dedication
- OCS workers are nice/treat me ok
- OCS workers good
- OCS works well with other agencies
- OFS gives financial support
- OFS good to me
- OFS good/helpful
- OFS recent improved accessibility
- OFS recently improved by less frequent renewals
- OFS returns calls
- OFS work requirement
- OFS workers are nice/treat me ok
- satisfied because my goals were met
- workers are accommodating

Quotation(s): 104

Code Family: Caregiver Issue
Codes (137):

- adopted/adopting
- adoption only option given
- adoption stipend recipient
- adoption would end services
- applying for disability
- appreciate any help I get]
- assistance reduced
- assume foster parent for stranger children only
- assumed caregiver role to avoid child going to system
- barriers to certification
- came out of retirement for kids
- can't afford private legal help for adoption/custody resolution
- caregiver's bio child died as minor
- caregiver's income goes to care for kids
- caregiver's retired
- caregiver changing home to meet kids' needs
- caregiver cooks
- caregiver disrupted placement
- caregiver doesn't want to bother worker
- caregiver experienced distress
- caregiver good budgeter
• caregiver got custody on own
• caregiver got voucher/scholarship for prvt school
• caregiver had kids involved in extracurriculars
• caregiver has custody, type unspecified
• caregiver health issues
• caregiver initiated services
• caregiver is main family support role
• caregiver knows expenses of child
• caregiver lived in same home for years
• caregiver paid counseling for kids
• caregiver paid court expenses to get child
• caregiver pays daycare expenses
• caregiver providing prvt educ
• caregiver questioning paternity
• caregiver tries to be role model
• caregiver volunteers
• caregiver with system burden
• caregiver works full time
• caregiving started just before Katrina
• caregiving as primary assistance criteria
• caring for non-related sibling of kin child
• caring for other relatives in household too
• child info rec’d from parent(s) at placement
• church helps me the most
• coercive system
• completed/completing foster parent training
• confidentiality used as reason to withhold information
• considered foster parent certification couldn't get info
• court challenges/helplessness
• CPS from other state contact/involvement
• CPS intrusive
• CPS made family relations hard
• custody challenge
• custody info from legal aid
• custody on my own
• delaying retirement because of caregiver role
• disability with disability assistance
• disabled without disability assistance
• disrespected
• don't know if OCS and OFS communicate/collaborate
• don't trust/believe in system
• don't understand OCS system
• don't understand OFS system
• don't understand purpose of CASA
• dual role parent/grandparent difficult
• employment jeopardized because of worker demands
• everything is expensive
• expecting to get kin kids back
• financially struggling
• food stamp recipient
• given child by parent
• God/faith get me through/how I survive
• grown child(ren) with challenges
• grown children successful
• help from employer
• help from family
• help from friends
• help from my church
• helped by many agencies
• home is paid for
• hopes to return child to bio parent one day
• impersonal treatment
• income too high
• incurred debt for kids
• ineligible for services because of income
• informed foster care for non relatives only
• initial enrollment challenging
• kinship recipient
• kinship role not valued by system
• kinship role unclear in systems
• looking for job
• missed work due to OCS requirements
• no assistance rec'd at placement
• no help from any social service agency
• no help from family
• no information on kids received at placement
• no knowledge about certified foster parenting
• not benefitting from foster parent certification
• not receiving all services available in OCS
• not working with all the children in a sibling group
• penalized for receiving support
• penalized for working
• permanent custody
• post Katrina life worse
• provisional custody
• question service progress/purpose
• raised other kinship children
• receive no support because lack bio relationship
- receive Section 8/other housing assistance
- receive some support from bio parent
- recent court bio parent related
- recent family crisis
- recent shelter stay
- reduce/refrain outside employment to care for kin child
- renewal process drives worker contact
- satisfied because my goals were met
- self opting out of services because of way I'm treated
- services don't meet needs
- solve problems myself
- system is unsupportive
- system judges us by our children's behavior
- taking care of child since born/infancy
- taking care of child since toddler
- taking care of child(ren) for many years
- temporary custody
- threatened/fearful
- try to believe in best of people/things
- trying to get off assistance
- unemployed
- using up retirement to care for kids
- utilities turned off
- welfare recipient
- worry about children's self esteem
- worry abt child's future due to own mortality
- worry abt losing child to bio parent
- worry abt losing child to system

Quotation(s): 679

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**Code Family: Caregiver Recommendations**

Codes (88):

- a lot of improvements needed
- allow caregiver to participate in decisions
- assistance needs to be more expansive for families
- assistance should be adjusted as children grow
- assistance should meet kids needs to fit in
- be more help focused
- care for all siblings in a sibling group
- caregiver's income should count towards assistance determination in addition to number of children in care
- caregiver aging issues should be considered
• caregivers' income/assets shouldn't count in determining assistance
• collaborate to keep paperwork correct
• demonstrate concern for clients
• equalize kinship to stranger caregiver
• equalize services to those rec'd in private systems
• extend help for older teens
• family should rec full amt of support enforcement pymt
• find balance for child, parent, caregiver and system
• follow through on meeting needs
• get children to have goals
• honor relationships beyond biology
• improve accessibility to workers
• improve collaboration with all parties involved
• improve communication with caregivers
• improve communication with children
• improve consistency
• improve dental/health assistance
• improve education assistance
• improve family visitation sites
• improve finances
• improve housing assistance
• improve listening skills
• improve mental health/counseling assistance
• improve office operations
• improve professionalism
• improve public relations skills
• improve sensitivity to individual needs
• improve services btw parishes/states
• improve services to be more personalized/face to face
• increase effort to locate bio parents
• increase time/patience spent with caregivers
• kids are first priority
• need accountability to systems
• need advocacy for foster parents
• need assistance for caregivers' health needs
• need assistance for clothing
• need assistance for extracurriculars
• need assistance for holidays/special events
• need assistance for youth employment
• need assistance to meet food costs/healthier choices
• need assistance to obtain healthy food choices
• need childcare assistance
• need emergency transition assistance for unexpected placements
• need employment assistance for caregiver
• need give info on community resources
• need help on how to care for teenagers
• need mentors for the children
• need more child specific training
• need more focus on child's needs
• need more helpful workers
• need multi lingual service providers
• need other custody or renewal options for caregivers
• need planning time/transition support
• need programs for teens
• need programs/services for teen parents
• need provide legal assistance to caregivers for custody/adoption issues
• need services and monitoring of bio parent(s)
• need services for sub exposed kids
• need specialized program dealing with incarcerated parent
• need tax credit for kin caregivers
• need to check on voluntary placements
• need to do home inspections
• need to help provide for all kids' basic needs
• need to improve foster parent training to include more than sexual abuse
• need to inform caregivers of what to expect and details of systems
• need to train workers better
• need transportation assistance
• OFS needs to work with OCS
• place family togetherness as priority
• provide post placement supports
• provide quality options for children's programs
• provide respite care
• provide support for coping with kinship family arrangement
• services for father figures
• simplify OCS process/took too long
• simplify OFS renewal process
• stop hurting the most in need
• support caregivers' role
• work with for solutions before just cutting you off

Quotation(s): 435

Code Family: Child Issue
Codes (21):

• child born substance exposed
• child has no contact with bio parent(s)
• child has some contact with bio parent(s)
- child involved with community mentoring agency
- child needs counseling
- child receiving mh services
- child with health issues
- father unknown/never been involved
- kids had multiple needs when placed
- kinship child died
- kinship child premature/complicated birth
- kinship child successful
- kinship children are twins/multiples
- mother whereabouts unknown
- not working with all the children in a sibling group
- sibling contact maintained
- sibling contact not occurring
- sibling incarcerated
- siblings in other homes
- worry about children's self esteem
- worry abt child's future due to own mortality

Quotation(s): 53

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**Code Family: General Familial Issues**

Codes (30):

- bio mother has more children
- bio parent deceased/murdered
- bio parent disrupted placement
- bio parent hard to find for guardianship renewal
- bio parent with major medical illness
- bio parent with mental illness
- bio parent with sub related problem
- caregiver's bio child died as minor
- caring for non-related sibling of kin child
- caring for other relatives in household too
- child has no contact with bio parent(s)
- child has some contact with bio parent(s)
- custody challenge
- dual role parent/grandparent difficult
- father unknown/never been involved
- given child by parent
- grown child(ren) with challenges
- grown children successful
- mother whereabouts unknown
- parent(s) incarcerated
- parent(s) never paid support enforcement award
- parental rights terminated
- post Katrina life worse
- receive some support from bio parent
- recent court bio parent related
- recent family crisis
- recent shelter stay
- reunified with parent(s) as planned
- sibling incarcerated
- worry abt losing child to bio parent

Quotation(s): 108

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**Code Family: LA KISS Perceptions**

Codes (34):

- didn't want LA KISS help
- LA KISS contact at follow ups
- LA KISS contact individualized
- LA KISS focused on the children
- [LA KISS helped with custody/adoption
- LA KISS helped with resources
- LA KISS highly satisfied
- LA KISS made regular check ups
- LA KISS program educ caregivers to work with children
- LA KISS program purpose unknown/unclear
- LA KISS program valuable/helpful
- LA KISS provided nothing to me
- LA KISS purpose for educ assist
- LA KISS purpose for financial assist
- LA KISS purpose for health care assist
- LA KISS purpose give mh/behav services for kids
- LA KISS purpose provide support and understanding
- LA KISS purpose resources for children
- LA KISS purpose to ensure fairness
- LA KISS purpose to help people caring for children
- LA KISS purpose to meet family's needs
- LA KISS purpose to preserve kin placement
- LA KISS purpose to talk to kids and support them
- LA KISS validated caregiver role
- LA KISS worker came to my home
- LA KISS worker caring
- LA KISS worker didn't give contact info
- LA KISS worker easily accessible

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- LA KISS worker hard to contact
- LA KISS worker initiated all contact
- LA KISS worker nice/helpful
- LA KISS worker organized/efficient
- LA KISS worker returned calls
- LA KISS worker second choice for help

Quotation(s): 75

Code Family: Non DCFS Agency Services
Codes (22):

- CASA mixed feelings
- CASA spends time with kid(s)
- CASA was helpful
- Catholic Charities helpful
- Council on Aging helpful
- Family Services used for child
- help from employer
- help from my church
- helped by many agencies
- Housing Authority most helpful
- Infant specialist helpful
- Jeff Parish Human Servc Auth helpful
- Legal Aid course on custody completed
- Medicaid wonderful
- Medicare helps
- police helpful
- Private Counselor/Psychiatrist helpful
- receive Section 8/other housing assistance
- Road Home recipient
- Salvation Army helped
- Total Community Action helpful
- Urban League in Houston TX helpful

Quotation(s): 50
APPENDIX G: THEMES WITH ASSIGNED CODES FROM LA DCFS POLICIES

Code Families - LAKISS Policies

Code Family: Agency Controls Information On Family
Codes (27)

- acknowledges some info might not be shared with family
- adoption services prepare court documentation
- court shall be kept updated on search efforts
- CPS inform other depts
- Early Steps gives rights to families to review child's case
- FC worker cannot tell caregivers about any criminal hx identified from their fingerprint reports
- FC worker examines info for relative and fictive kin on child in state custody
- FC worker should inform relatives of Guardianship Subsidy program
- Initial investigation with child and parent/caretaker
- Instanter Order notification requirement includes both parent and caretaker
- Instanter Order request must include availability of relative as placement resource
- noncertified caregivers must do criminal record checks
- noncertified caretaker home study preferred process for noncustodial parental placement
- OFS criteria for qual relative to receive KCSP
- OFS paternity determination methods if not on birth certificate
- OFS secondary verification documents proving relationship to child
- OFS worker must give notice to qual relative at 10 mos post certification
- Permitted Reporter is person who may report maltx but not legally required to do so
- Provisional custody by mandate rules
- purchasing of parenting materials only cites young mothers and older parents
- Reasonable Cause concept used for state custody award hearings
- relatives should be contacted within 30 days
- Risk Assessment also formal procedure affecting CPS investigation
- Safety Assessment also formal process affecting CPS investigation
- worker and resource center staff decide how services utilized
- worker chooses most suitable relative when more than one is available
- worker/supervisor may make exceptions on criminal record/valid CAN report

Quotation(s): 32

Code Family: Agency Preferences/Priorities
Codes (35)

- ability of caregiver to meet child's racial/cultural needs not to be presumed
- burden of maltx proof on state
• child's attachment to relative is to be considered
• child's best interest should be considered for placement
• child placement least restrictive as possible
• child placement should be close to family as possible
• courts are second step for assistance in finding relatives
• custody transfer to noncustodial parent should be OCS recommendation
• database third step for finding relatives
• first priority given to legal or biological parent living separate
• FS philosophy and purpose backed by Congress via AACWA
• FS philosophy kids belong in family home
• geography of relative's closeness to parent is to be considered
• HD belief that child is primary client
• HD belief that families are best resources for serving children
• ICWA applies to federally recognized tribes only
• mother should be guided to becoming self-sufficient parent
• moving placements is to be avoided
• OCS believes certified families more prepared
• parent is first step for finding relatives
• preference for reentries to return to same previous placements
• preference to find placement to keep child in same school
• preference to find placement to keep child practicing same faith
• preference to keep teen mother and baby together
• preference to maintain sibling groups
• preference to placements willing to adopt, accept custody/guardianship for long term basis
• preference to state funded over private funded placements
• race not reason to choose placement
• Reasonable Cause concept used for state custody award hearings
• relative's ability to provide supervision and structure to child is to be considered
• relative's closeness to child's school is to be considered
• Relative placement as priority when removal order granted
• relatives second choice for placement after noncustodial parent
• tx srvcs must relate to safety concerns and risk future maltx
• used items should be purchased if possible over new items

Quotation(s): 37

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Code Family: Definition Of Services/Key Agency Terms
Codes (167)
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• Abuse as anything sex related with child
• Abuse as exploitation/overwork of child
• Abuse as infliction, attempt, allowance by parent or other person
• Abuse as seriously endanger any aspect of child health/safety
• adopt assist includes defray cost of adoption process
- adoption legal relationship
- adoption mostly for maltx kids
- adoption one goal of foster care
- adoption post TPR
- adoption post voluntary parental surrender
- adoption private or public
- adoption program has multiple focuses
- adoption services require licensing
- adoption services through financial assist post adopt
- adoption services to assist family in process
- adoption services to assist in post placement
- adoption services to child
- adoption services to find homes
- adoption services to supervise homes
- adoption social relationship
- agency approves and supervises homes
- Allegation by other or by CPI worker
- Allegation can be oral or written
- AR community support is strength to family
- AR culturally responsive
- AR environmental context of family
- AR everyone desires respect
- AR everyone has strengths
- AR face contact parent figure and child
- AR family centered
- AR family defines own sit/abilities
- AR flexible
- AR for assessed low risk families
- AR future risk maltx
- AR individualized to family needs
- AR involves all parties
- AR kin support is strength to family
- AR less adversarial
- AR partnership with family
- AR power shared
- AR safety focus
- AR service focus
- AR strengths based
- AR to enhance families to care/protect own kids
- AR whole family unit focus
- birth certificate is primary OFS verification document
- board pymt not given to parent
- board rate under two includes expense for formula
- board rates for child's basic needs/expenses
- board rates for foster parents and relatives with certified homes
- burden of maltreatment on state
- Caretaker defined by legal obligation to provide/secure care for child
- Child defined by age and law
- child holds foster care status until adoption complete
- Child in need of care determined by court
- child interest factors are listed
- child placement least restrictive as possible
- child placement should be close to family as possible
- Children's Code set of definitions and laws affecting juvenile court jurisdiction
- Continued Custody Hearing determines reasonable grounds
- Continued Custody Hearing held within 3 days removal
- CPS nuclear family member
- CPS collaterals professional and nonprofessional
- CPS Investigation to be fact finding and assessment process to detect act of maltreatment and perpetrator if possible
- CPS referral driven by child safety, well-being, and/or permanency
- CPS referral not dependent on validation of maltreatment
- CPS service purpose is to meet family's needs, timely and least invasive
- CPS types of services
- CPS assess family willingness to participate
- CPS attempt to avoid removal
- CPS current harm
- CPS determine appropriate services
- CPS document evidence supporting decisions
- CPS emerg services
- CPS find out of home care
- CPS future risk of harm
- CPS harm by parent figure
- CPS inform other departments
- CPS investigation focus
- CPS involves legal and community partners
- CPS kids without proper custody/guardianship
- CPS link family with community service providers
- CPS maltreatment of kids
- CPS multidepartment staff
- CPS nonadversarial with family
- CPS prompt investigations
- CPS seriously threatened leads to removal
- CPS solutions to problems that result in child maltreatment
- custodial rights verification document options
- CW Family Resource Center for parent or caretaker headed families
- CW Family Resource Centers provide family preservation and family support services focused on child safety first
• Disposition Hearing determines what happens to child
• documentation requirements on provisional custody of mandate
• Early Steps for parent or caretaker families
• Early Steps gives rights to families to review child’s case
• Families in Need of Services after all available voluntary choices have failed
• Families in Need of Services court order mandates families and providers into services
• family request for specific relative is to be considered
• family should be equal partners in decisions in FS
• Family Unit defined by blood and law/decree and person granted responsibility of child care in house
• fc services continue til adoption complete
• fc services may be same as adoption services
• FC services must be cost effective
• FC services to be consistent with reasonable needs of kids and families
• fictive kin defined as close relationship with child or family without requirement of blood or law
• first family visit lists parents and children only
• first priority given to legal or biological parent living separate
• foster parents may move out of state with foster child
• FS appropriate for parents/caregivers willing to change
• FS goal focus
• FS philosophy and purpose backed by Congress via AACWA
• FS philosophy kids belong in family home
• FS purpose to prevent unnecessary removals
• HD belief that child is primary client
• HD belief that families are best resources for serving children
• ICWA applies to federally recognized tribes only
• Inconclusive defined finding to support maltx but not enough info for valid report
• Informal Adjustment Agreement btw parents, DA/court and DSS if applicable
• Initial investigation with child and parent/caretaker
• Instanter Order gives temp custody to state
• Instanter Order notification requirement includes both parent and caretaker
• Instanter Order request must include availability of relative as placement resource
• Invalid is CPS term for no finding of maltx
• Involved Subject CPS term for person determined to be involved in child maltx
• Law enforcement can remove child without court order in emergency situations
• mother should be guided to becoming self sufficient parent
• Multidisciplinary Team defined as group of professionals
• Neglect definition includes parent or caretaker
• noncert caregivers must pass CAN report
• noncertified caregivers must do criminal record checks
• noncertified caretaker home study preferred process for noncustodial parental placement
• nondiscrimination of placement based on race, color, or national origin only
• nonrelatives not interested in certification have same procedure as relatives for home study
• OFS criteria for qual relative to receive KCSP
• OFS paternity determination methods if not on birth certificate
• OFS qualified relative criteria
• OFS secondary verification documents proving relationship to child
• Permitted Reporter is person who may report maltx but not legally required to do so
• Perpetrator defined as suspected or determined to have committed child maltx
• Preponderance of Evidence is legal concept that state must prove maltx
• Preventive Assist Fund Srvcs for urgent financial needs to prevent removal
• prospective parent suitability factors
• Protective Capacity concept associated with ability and willingness to keep a child safe
• Provisional custody by mandate rules
• Reasonable Cause concept used for state custody award hearings
• Relationship defined as familial or social connections
• relative's ability to provide supervision and structure to child is to be considered
• relative's closeness to child's school is to be considered
• Relative placement as priority when removal order granted
• Removal includes placing child away from parent or caretaker
• Risk Assessment also formal procedure affecting CPS investigation
• Risk Assessment applies to parent or caretaker
• Risk Assessment where worker determines future risk of maltx
• Safety Assessment also formal process affecting CPS investigation
• Safety Assessment incorporates protective capacity concept
• Safety Assessment is ongoing process done by worker
• Safety Assessment pertains to assessing present or impending substantial harm to child
• Safety pertains to present and future
• Safety Plan is control factors that place child as unsafe
• Sexual Abuse activities defined by state law
• Sexual Abuse definition includes parent, caretaker or any other person
• special board rate only references foster parent
• Transportation assist only cites parent
• tx srvcs must relate to safety concerns and risk future maltx
• Unsafe definition includes parent or other caretaker
• Valid term confirming occurrence of child maltx
• Victim defined as child suffered/alleged maltx

Quotation(s): 153

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**Code Family: Describes Worker Responsibility/Action**

**Codes (99)**

• ability of caregiver to meet child's racial/cultural needs not to be presumed
• adoption services prepare court documentation
• adoption services through financial assist post adopt
• adoption services to assist family in process
- adoption services to assist in post placement
- adoption services to child [adoption services to find homes
- adoption services to supervise homes
- adoption social relationship
- AD regional supervisor as decision maker
- agency approves and supervises homes
- Allegation by other or by CPI worker
- AR community support is strength to family
- AR culturally responsive
- AR environmental context of family
- AR face contact parent figure and child
- AR future risk malt
- AR individualized to family needs
- AR less adversarial
- AR partnership with family
- AR whole family unit focus
- child's attachment to relative is to be considered
- child's best interest should be considered for placement
- child placement least restrictive as possible
- child placement should be close to family as possible
- Client noncooperation status after reasonable effort by worker
- court shall be kept updated on search efforts
- CPI worker assess relative placement for appropriateness
- CPI worker check relative's commitment to care for child
- CPI worker check relative's commitment to not give child back to parent
- CPI worker determine relative's ability to meet basic certification requirements
- CPI worker determine relative's financial ability/willingness to care for child
- CPI worker determine relative's interest in receiving board pymt
- CPI worker determine relative's willingness to get custody
- CPI worker determines length of time relative home suitable for
- CPI worker determines relative's willingness to apply for welfare for child
- CPI worker inform relative of certification process
- CPI worker refer tx srvcs when approp and avail
- CPI worker to explain to relative what to expect from placement
- CPI workers make after hour placements in relative, uncertified nonrelative, and residential emerg care facilities
- CPS worker should refer to cmnty resources
- CPS workers provide needed and appropriate services
- CPS assess family willingness to participate
- CPS attempt to avoid removal
- CPS det approp srvces
- CPS document evidence support decisions
- CPS emerg srvcs
- CPS find out of home care
- CPS future risk of harm
- CPS inform other depts
- CPS investigation focus
- CPS link family with cmmty srvc providers
- CPS nonadversarial with family
- CPS prompt investigations
- CPS solutions to probs that result in child maltx
- custody transfer to noncustodial parent should be OCS recommendation
- documentation criteria if race/culture addressed
- documentation requirements on provisional custody of mandate
- Families in Need of Services court order mandates families and providers into services
- family request for specific relative is to be considered
- family should be equal partners in decisions in FS
- fc services continue til adoption complete
- FC services must be cost effective
- FC services to be consistent with reasonable needs of kids and families
- FC worker cannot tell caregivers about any criminal hx identified from their fingerprint reports
- FC worker describe family's attitude toward agency
- FC worker examines info for relative and fictive kin on child in state custody
- FC worker make after placements in fc family/group homes
- FC worker review noncert caregiver home study annually
- FC worker should include foster parent in determing approp special board rate
- FC worker should inform relatives of Guardianship Subsidy program
- FC worker to state ability of home to adequately meet child's needs
- FC worker to describe concerns and strengths of relative home
- first family visit lists parents and children only
- FS worker should discover family's strengths and resources
- FS worker should understand/respect family's unique traditions/values
- FS worker to assess willingness, confidence and capacity
- FS workers primary duty to ensure child safety
- Initial investigation with child and parent/caretaker
- Instanter Order request must include availability of relative as placement resource
- kinship placements to be reassessed prior each FTC
- mother should be guided to becoming self sufficient parent
- moving placements is to be avoided
- OCS staff work with law enforcement to find parents
- OFS worker must give notice to qual relative at 10 mos post certification
- OFS worker to offer assist at 10 mos for form completion
- OFS workers must interview collaterals
- race not reason to chose placement
- relative's ability to provide supervision and structure to child is to be considered
- relative's closeness to child's school is to be considered
- Relative placement as priority when removal order granted
• relatives second choice for placement after noncustodial parent
• relatives should be contacted within 30 days
• Risk Assessment where worker determines future risk of malt
• Safety Assessment is ongoing process done by worker
• used items should be purchased if possible over new items
• worker and resource center staff decide how services utilized
• worker chooses most suitable relative when more than one is available
• worker/supervisor may make exceptions on criminal record/valid CAN report

Quotation(s): 92

Code Family: Limits Of Services
Codes (38):

• ability of caregiver to meet child's racial/cultural needs not to be presumed
• adoption services require licensing
• AD suitable home
• appropriate home
• AR short time limit of services
• board pymt not given to parent
• board rate does not include expense for food after age 2
• board rates for child's basic needs/expenses
• board rates for foster parents and relatives with certified homes
• certain expenses are reimbursable to parent for child in fc custody
• Child defined by age and law
• Child in need of care determined by court
• child interest factors are listed
• CPS short term services
• CW Family Resource Centers max of 24 tx sessions
• Families in Need of Services after all available voluntary choices have failed
• Family Unit defined by blood and law/decree and person granted responsibility of child care in house
• fc services continue til adoption complete
• FC services must be cost effective
• ICWA applies to federally recognized tribes only
• KCSP disqualifiers
• Law enforcement can remove child without court order in emergency situations
• mother should be guided to becoming self sufficient parent
• Multidisciplinary Team defined as group of professionals
• nondiscrimination of placement based on race, color, or national origin only
• OFS criteria for qual relative to receive KCSP
• OFS custody not factor for relationship
• OFS qualified relative criteria
• preference to state funded over private funded placements
• Preventive Assist Fund Srvcs for urgent financial needs to prevent removal
• prospective parent suitability factors
• purchasing of parenting materials only cites young mothers and older parents
• race not reason to chose placement
• Relationship defined as familial or social connections
• special board rate only references foster parent
• Transportation assist only cites parent
• tx srvcs must relate to safety concerns and risk future maltx
• used items should be purchased if possible over new items

Quotation(s): 46

Code Family: Reference to Agency/State as Primary Decision Maker
Codes (85):

• acknowledges some info might not be shared with family
• AD regional supervisor as decision maker
• agency approves and supervises homes
• Allegation by other or by CPI worker
• board rates for foster parents and relatives with certified homes
• burden of maltx proof on state
• Caretaker defined by legal obligation to provide/secure care for child
• certain expenses are reimbursable to parent for child in fc custody
• Child defined by age and law
• Child in need of care determined by court
• child interest factors are listed
• Children's Code set of definitions and laws affecting juvn court jurisdiction
• Client noncooperation status after reasonable effort by worker
• Continued Custody Hearing determines reasonable grounds
• Continued Custody Hearing held within 3 days removal
• CPI worker assess relative placement for appropriateness
• CPI worker check relative's commitment to care for child
• CPI worker check relative's commitment to not give child back to parent
• CPI worker determine relative's ability to meet basic certification requirements
• CPI worker determine relative's financial ability/willingness to care for child
• CPI worker determine relative's interest in receiving board pymt
• CPI worker determine relative's willingness to get custody
• CPI worker determines length of time relative home suitable for
• CPI worker determines relative's willingness to apply for welfare for child
• CPI worker refer tx srvcs when approp and avail
• CPI worker to explain to relative what to expect from placement
• CPS collaterals professional and nonprofessional
• CPS workers provide needed and appropriate services
• CPS assess family willingness to participate
- CPS det approp srvces
- CPS document evidence support decisions
- CPS future risk of harm
- CPS inform other depts
- CPS kids without proper custody/guardianship
- CPS link family with cmnty srvc providers
- CPS seriously threatened leads to removal
- custody transfer to noncustodial parent should be OCS recommendation
- Disposition Hearing determines what happens to child
- documentation criteria if race/culture addressed
- Families in Need of Services court order mandates families and providers into services
- Family Unit defined by blood and law/decree and person granted responsibility of child care in house
- FC worker cannot tell caregivers about any criminal hx identified from their fingerprint reports
- FC worker describe family's attitude toward agency
- FC worker review noncert caregiver home study annually
- FC worker to state ability of home to adequately meet child's needs
- FC worker to describe concerns and strengths of relative home
- first priority given to legal or biological parent living separate
- foster parents may move out of state with foster child
- FS appropriate for parents/caregivers willing to change
- FS philosophy and purpose backed by Congress via AACWA
- FS worker to assess willingness, confidence and capacity
- ICWA applies to federally recognized tribes only
- Instanter Order gives temp custody to state
- kinship placements to be reassessed prior each FTC
- Multidisciplinary Team defined as group of professionals
- Neglect definition includes parent or caretaker
- noncert caregivers must pass CAN report
- noncertified caregivers must do criminal record checks
- noncertified caretaker home study preferred process for noncustodial parental placement
- nonrelatives not interested in certification have same procedure as relatives for home study
- OFS custody not factor for relationship
- OFS qualified relative criteria
- OFS secondary verification documents proving relationship to child
- Preponderance of Evidence is legal concept that state must prove maltx
- Preventive Assist Fund Srvcs for urgent financial needs to prevent removal
- prospective parent suitability factors
- Protective Capacity concept associated with ability and willingness to keep a child safe
- purchasing of parenting materials only cites young mothers and older parents
- race not reason to chose placement
- relatives second choice for placement after noncustodial parent
- Risk Assessment also formal procedure affecting CPS investigation
• Risk Assessment applies to parent or caretaker
• Risk Assessment where worker determines future risk of maltreatment
• Safety Assessment also formal process affecting CPS investigation
• Safety Assessment incorporates protective capacity concept
• Safety Assessment is ongoing process done by worker
• Safety Assessment pertains to assessing present or impending substantial harm to child
• Safety pertains to present and future
• Safety Plan is control factors that place child as unsafe
• special board rate only references foster parent
• Transportation assistance only cites parent
• used items should be purchased if possible over new items
• worker and resource center staff decide how services utilized
• worker chooses most suitable relative when more than one is available
• worker/supervisor may make exceptions on criminal record/valid CAN report

Quotation(s): 82

Code Family: Reference to Caregiver as Equal Partner
Codes (6):

• AR partnership with family
• AR power shared
• Early Steps gives rights to families to review child's case
• family should be equal partners in decisions in FS
• HD belief that families are best resources for serving children
• Relative placement as priority when removal order granted

Quotation(s): 6

Code Family: Reference to Kinship Caregiver in Any Form
Codes (73):

• ability of caregiver to meet child's racial/cultural needs not to be presumed
• Abuse as infliction, attempt, allowance by parent or other person
• AR face contact parent figure and child
• board rates for foster parents and relatives with certified homes
• Caretaker defined by legal obligation to provide/secure care for child
• child's attachment to relative is to be considered
• court shall be kept updated on search efforts
• courts are second step for assistance in finding relatives
• CPI worker assess relative placement for appropriateness
• CPI worker check relative's commitment to care for child
• CPI worker check relative's commitment to not give child back to parent
• CPI worker determine relative's ability to meet basic certification requirements
- CPI worker determine relative's financial ability/willingness to care for child
- CPI worker determine relative's interest in receiving board pymt
- CPI worker determine relative's willingness to get custody
- CPI worker determines length of time relative home suitable for
- CPI worker determines relative's willingness to apply for welfare for child
- CPI worker inform relative of certification process
- CPI worker to explain to relative what to expect from placement
- CPI workers make after hour placements in relative, uncertified nonrelative, and residential emerg care facilities
- CPS harm by parent figure
- CPS kids without proper custody/guardianship
- custodial rights verification document options
- CW Family Resource Center for parent or caretaker headed families
- database third step for finding relatives
- documentation requirements on provisional custody of mandate
- Early Steps for parent or caretaker families
- Early Steps gives rights to families to review child's case
- Families in Need of Services after all available voluntary choices have failed
- Families in Need of Services court order mandates families and providers into services
- family request for specific relative is to be considered
- Family Unit defined by blood and law/decree and person granted responsibility of child care in house
- FC worker cannot tell caregivers about any criminal hx identified from their fingerprint reports
- FC worker describe family's attitude toward agency
- FC worker examines info for relative and fictive kin on child in state custody
- FC worker review noncert caregiver home study annually
- FC worker should inform relatives of Guardianship Subsidy program
- FC worker to state ability of home to adequately meet child's needs
- FC worker to describe concerns and strengths of relative home
- fictive kin defined as close relationship with child or family without requirement of blood or law
- FS appropriate for parents/caregivers willing to change
- geography of relative's closeness to parent is to be considered
- Initial investigation with child and parent/caretaker
- Instanter Order notification requirement includes both parent and caretaker
- Instanter Order request must include availability of relative as placement resource
- KCSP disqualifiers
- kinship placements to be reassessed prior each FTC
- Neglect definition includes parent or caretaker
- noncert caregivers must pass CAN report
- noncertified caregivers must do criminal record checks
- noncertified caretaker home study preferred process for noncustodial parental placement
- nonrelatives not interested in certification have same procedure as relatives for home study
- OCS staff work with law enforcement to find parents
• OFS criteria for qual relative to receive KCSP
• OFS qualified relative criteria
• OFS secondary verification documents proving relationship to child
• OFS worker must give notice to qual relative at 10 mos post certification
• OFS worker to offer assist at 10 mos for form completion
• parent is first step for finding relatives
• Provisional custody by mandate rules
• Relationship defined as familial or social connections
• relative's ability to provide supervision and structure to child is to be considered
• relative's closeness to child's school is to be considered
• Relative placement as priority when removal order granted
• relatives may wish to pass on certification by agency
• relatives second choice for placement after noncustodial parent
• relatives should be contacted within 30 days
• Removal includes placing child away from parent or caretaker
• Risk Assessment applies to parent or caretaker
• Sexual Abuse definition includes parent, caretaker or any other person
• Unsafe definition includes parent or other caretaker
• worker chooses most suitable relative when more than one is available
• worker/supervisor may make exceptions on criminal record/valid CAN report

Quotation(s): 77

Code Family: Use of Subjective Terms (i.e., appropriate, suitable)
Codes (39):

• Abuse as seriously endanger any aspect of child health/safety
• AD suitable home
• appropriate home
• AR flexible
• AR future risk maltx
• AR less adversarial
• AR short time limit of services
• board rates for child's basic needs/expenses
• child's attachment to relative is to be considered
• child's best interest should be considered for placement
• child placement least restrictive as possible
• Client noncooperation status after reasonable effort by worker
• Continued Custody Hearing determines reasonable grounds
• CPI worker assess relative placement for appropriateness
• CPI worker check relative's commitment to care for child
• CPI worker check relative's commitment to not give child back to parent
• CPI worker determines length of time relative home suitable for
• CPI worker refer tx srvcs when approp and avail
• CPS service purpose is to meet family's needs, timely and least invasive
• CPS workers provide needed and appropriate services
• CPS assess family willingness to participate
• CPS det approp srvcs
• CPS future risk of harm
• CPS kids without proper custody/guardianship
• CPS seriously threatened leads to removal
• CPS short term services
• FC services must be cost effective
• FC services to be consistent with reasonable needs of kids and families
• FC worker describe family's attitude toward agency
• FC worker to state ability of home to adequately meet child's needs
• FS appropriate for parents/caregivers willing to change
• FS worker to assess willingness, confidence and capacity
• OCS believes certified families more prepared
• prospective parent suitability factors
• Protective Capacity concept associated with ability and willingness to keep a child safe
• race not reason to chose placement
• Reasonable Cause concept used for state custody award hearings
• relative's ability to provide supervision and structure to child is to be considered
• worker chooses most suitable relative when more than one is available
Quotation(s): 39
VITA

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