

SUBSTITUTE CAREGIVER COMMUNITY NEEDS ASSESSMENT

By

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Abstract

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Humboldt County Child Welfare Services uses a variety of placement options to meet the needs of the children who are taken into care. These placements require an assortment of services to be successful. It is important for the stability of these children that the care providers have their needs met. This research was conducted through surveys of care providers in Humboldt County and through interviews with ongoing social workers in order to determine how placements are supported locally. It was found in this research that placements face some unique challenges depending on placement type. It was also found that some challenges, such as respite care, are faced by all placement types. It is important for Humboldt County Child Welfare Services to address these needs in order to maintain placement stability.

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Introduction

This paper explores the experience substitute care providers have when engaging with the Humboldt County Child Welfare System. These care providers receive supports from the system to help maintain these placements. This paper explores how effective these supports are, and what supports, if any, are needed to maintain placement.

In 2011, there were 400,540 children placed with substitute care providers in the United States (AFCARS, 2012). The Child Welfare System exists to protect children who are abused or neglected by their parents or other caregivers. Abuse and neglect definitions are guided by federal legislation. The Federal Child Abuse Prevention and Treatment Act defines a minimum level of child abuse and neglect that the states then use to guide their own definitions within their jurisdiction (U.S. Department of Health and Human Services, 2013). In 2012, 3.4 million referrals were received in the United States. This amounted to 6.4 million children with allegations of abuse or neglect being perpetrated on them. 2.1 million of these referrals received a child welfare response (U.S. Department of Health and Human Services, 2012).

According to federal regulations, a foster home or a substitute care provider is defined as any “24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility,” (Johnson, 2000). For the purposes of this project, substitute care providers are defined as any out of home placement in a family environment. This includes licensed foster homes, relative caregivers, Tribal specified homes, non-related extended family members, and

supervised independent living placements. This will not include group homes or any other institutional placements. The terms “care”, “placement”, and “family” will be used interchangeably when referring to placement type. With such high numbers of children in out of home placements, it is important to support the caregivers who are taking placement of these children. This project will focus on kinship care placements and foster homes. Kinship care placements include relative caregivers, non-related extended family members (NREFM), and Tribal Specified Homes.

Historically, it has been the common practice of parents to leave children with relatives if they found themselves in a position of being unable to care for their children (Green, 2004). In the history of child welfare services, however, it was not a common practice to place children who were removed from their home with relatives. This was due to the prevalent belief among professionals that the poor behaviors the abusive or neglectful caregivers were displaying were learned from their families of origin. To child welfare professionals this meant that if children were placed with family members, then they would continue to face the same abuse or neglect that they experienced at the hands of their original caregivers (Koh, 2010).

Things changed in respect to kinship placement in the late 1980s. During this time, more and more children were entering foster care while there was also a decline in licensed foster home placement options (Koh, 2010). The Adoption Assistance and Child Welfare Act, a federal act which formed the base of foster care policy, was passed in 1980. This law focused on family preservation efforts, requiring States to prove that they were making reasonable efforts to keep families together in order to receive Federal

matching funds (Green, 2004). There was also a case in the U.S. Supreme Court, *Miller v. Youakim*, which impacted kinship care. This case resulted in the ruling that States are required to pay kinship placements the same rates as licensed foster homes if the placements were able to pass licensing standards (Hegar & Rosenthal, 2009).

As a result of the shortage of licensed foster homes, combined with the increased standards requiring family preservation, states turned to kinship placements for the care of children taken into the system (Koh, 2010). Most states began strongly encouraging or requiring social workers to seek out kinship placements before looking for a licensed foster home (Allen, DeVoogt, & Green, 2008). Some states even began to use kinship placement as a way to avoid taking the children into the court's jurisdiction in the first place. By giving caregivers the chance to "voluntarily" place their children with relatives, Child Welfare Services was able to avoid bringing the family into the system (Algood, Chiu, Hong, & Lee, 2011).

In 2008, the Fostering Connections to Success and Increasing Adoptions Act was passed. This act made Title IV-E funds available to support kinship placements, as well as creating mandates requiring the identification and notification of relatives at the time a child is taken into care (Zinn, 2012; Hertz, 2012). Kinship care has become the fastest growing placement option for children taken out of their families of origin. However, increases in services to support kinship placements are still not meeting the demand (Algood, Chiu, Hong, Lee, 2011). Public Child Welfare Systems do not have sufficient community based resources to offer kinship families (Behan, Noonan, & Menashi, 2012). The system is also faced with overworked social workers and a lack of funding which

impacts the supports kinship families receive. In order to support kinship placements, it is important for the caregivers to receive a higher level of support than that which is currently offered (Gustavsson & MacEachron, 2013).

California has an estimated population of 38,332,521 people. 9,161,472 of those people are children under the age of 18 (U.S. Census Bureau, 2014). Around 55,409 of these children are currently in out of home placement (U.S. Department of Health and Human Services, 2011). Broken down further, approximately 19,028 are in kinship placements (*GrandFacts California*, 2010). This is a large number of children being served by kinship caregivers.

Review of the Literature

As kinship care became used more commonly, it became important to study the differences between kinship care and licensed foster home placements. Studies have been conducted on the permanency outcomes of kinship placements, as well as placement stability and other placement factors (*Report to Congress*, 2002). Following is a partial literature review covering topics related to the impacts of kinship placement and this study.

Benefits of Kinship Care

When looking across studies, there are some common themes about the benefits of kinship care. For example, it has consistently been found that kinship placements have a higher level of placement stability than non-kinship placements (Koh, 2010). Children in kinship placement are also more likely to maintain contact with their biological parents (Lin, 2014). It has also been found that when children are placed in kinship care, they are more likely to be able to preserve their racial and cultural identities (Lin, 2014).

Caregivers in kinship placements are more likely to report feeling close to the child as well as being more likely to adopt the child should reunification with the biological parents fail to occur (Liao & White, 2014). They are less likely to report the children as difficult to raise, and they report fewer behavioral issues than caregivers in licensed foster homes (Hegar & Rosenthal, 2009). Kinship caregivers are also more likely to take in sibling groups which helps maintain the sibling bond and lessen the trauma

experienced by the children when they are removed from their homes (Hegar & Rosenthal, 2009).

Children in kinship care more often report liking their placement. They report feeling less stigma attached to their involvement with the child welfare system when they are placed with family members (Algood, Chiu, Hong, & Lee, 2011). When placed with their siblings, children report lower rates of internalizing problems and higher rates of feeling supported in their placement. Children in kinship placements are more likely to report feeling like a part of the family and feeling connected with people in the home (Hegar & Rosenthal, 2009).

Struggles with Kinship Care

Though there are many positive aspects of kinship care, research has also identified some areas that are more challenging. One of the challenges that kinship caregivers face is that they have little to no time to prepare for their new roll (*Report to the Congress*, 2002). They are also more likely to have lower education levels and lower incomes than licensed foster home caregivers. Kinship caregivers tend to be older and are less likely to report being in good health, many of them being grandparents of the children in care (*Report to the Congress*, 2002).

Kinship placements also face more complex issues when taking children into their home due to family dynamics. They are more likely to express guilt about taking the children in or to be on the receiving end of anger from the biological family (Coakley, Cuddeback, Buehler, & Cox, 2007). Kinship caregivers are under more strain and have

less access to mental health services than licensed foster placements (Farmer, 2009). When becoming a kinship placement, caregivers are faced with financial stress, worry about being able to meet the children's needs, and worry about the child's well-being (Cooper, 2012). They also experience a decrease in interactions and socialization with their peers due to the need to care for the children (Cooper, 2012).

Kinship placements do not receive as many services from child welfare services, and also receive less social worker supervision (Farmer, 2009). Social workers express concern about kinship placements because it is harder to ensure that the biological family are having properly supervised visitation. Many kinship caregivers do not feel able to tell the biological family that they need to visit only during directly supervised occasions (*Report to Congress, 2002*). While kinship placements are more stable than licensed foster placements and are no less likely to result in permanency, they are less likely to result in reunification with the biological family (Lutman, Hunt, & Waterhouse, 2009). This is important to keep in mind because many child welfare agencies work under the idea that reunification with the biological family is the best possible outcome.

Study Background

Kinship Care in Humboldt County

There are approximately 25,824 children in Humboldt County. Table 1 depicts a breakdown of this population by race and ethnicity. Of these children, there are approximately 299 in out-of-home placement (Lucile Packard Foundation, 2011). Of

these children, 139 are in kinship placements. When examining the numbers of children in out-of-home placement, there is a clear disparity when it comes to Native American children. While they make up only 8.5% of the total population of the County, they make up 37% of the population of children in out-of-home placement (Lucile Packard Foundation, 2011). These numbers are from 2011 and trends have shown an increase of children in out-of-home-placement, so it is possible that the disparity is even higher now (Lucile Packard Foundation, 2011).

Table 1

Population Of Humboldt County by Race/Ethnicity

Humboldt County	Percent of Population
African American/Black	0.9%
American Indian/Alaska Native	8.5%
Asian American/Pacific Islander	3.4%
Hispanic/Latino	17.9%
White	61.2%
Multiracial	8.0%

(Number of Children, 2012).

Table 2

Youth in Out-of-Home Care in Humboldt County

Humboldt County	Percent in Care
African American/Black	4%
American Indian/Alaska Native	37%
Asian American/Pacific Islander	0%
Hispanic/Latino	10%
White	48%

(Number of Children, 2012).

To help address this disparity, Humboldt County has become the recipient of the California Partners for Permanency (CAPP) Project grant (California Department of Social Services, 2014). This is a five year grant aimed at supporting the development and implementation of intervention strategies to reduce long-term out-of-home care in communities that are overrepresented in the Child Welfare System (California Department of Social Services, 2014). Humboldt County is a very rural county whose Native population has experienced extreme trauma both in the past and the current population. Examples of this trauma are the 1860 massacre of the Wiyot People on Indian Island, and the current overrepresentation of native youth in school expulsion rates (Humboldt County, 2015). The CAPP grant gives the county more resources to partner with tribal communities and create a practice model that can begin to address this trauma and lower the disparity seen in the current system (California Department of Social Services, 2014).

Theoretical Framework

Due to the disproportionate number of indigenous families in the Child Welfare System, it is important to approach any research in this community from a theory that reflects an indigenous paradigm. A relational paradigm, as stated in *Indigenous Research Methodologies* by Bagele Chilisa, has a focus on relationships between people, the environment, the cosmos, and ideas (Chilisa, 2012). Each relationship has an impact on

how the research is viewed and conducted. From this paradigm, a relational form of all knowledge is the epistemology (Wilson, 2008). This means that all knowledge gained must be considered within the context to its relationship with other aspects of the community and participants. In the case of out-of-home placement in the Child Welfare System, the focus will be on the experience of the participants. This includes the relationships between the social workers, the substitute care providers, and the resources available in the community. There will also be a focus on how those experiences are viewed by the participants.

In order to ensure that all aspects of relationships are examined, the questions must be carefully balanced. The analysis will be conducted with a particular emphasis on the relationships between the caregivers and the service providers, so the questions will be designed in a way to illicit as much information on these experiences as possible. In order to meet the standards of this relational methodology, it is necessary to have a research question that allows for the interpretation of the relational experiences of those engaged in providing out-of-home care.

Research Question: What is the experience of community caregivers when they engage with the child welfare system of Humboldt County?

The Researcher

During the design and implementation of this project, I have been in the dual role of a Master's of Social Work Graduate Student and an intern with Humboldt County

Child Welfare Services. I chose to partner with CWS because of my role as an intern and because I knew they would be the best support with a project involving substitute care providers in this community. My partnership affected the questions I asked in the surveys because I needed CWS's prior approval before the study began. There were phrasing changes requested of some questions on the survey by CWS.

As an MSW student I am coming from a position of power, especially considering the general education level of the families involved in this research. My partnership with CWS also gave me a position of power because the families who engaged with this project rely on CWS for services and support. I come from a very low socio-economic background. This shaped my decision to look at services available in the community to these families who need them.

Methods

Overview

This research describes the experience community caregivers have when they engage with the Child Welfare System, specifically the relationship families have with their social workers and their perceived level of support from social workers. Data was collected using a short answer survey mailed to participants within the community of Humboldt County Child Welfare. The survey was developed based on the aims of gaining information about perceived support levels and knowledge of services within the community. Qualitative research leaves the most room for participants to express what they are experiencing in a way that is meaningful to them. Through qualitative research, it is possible to get an idea of the relationships people have with resources within the community, which is important for a relational framework.

Research Sample

This research was conducted at Humboldt County Child Welfare Services. Humboldt County is a large county in Northern California with a population of 135,493. The population per square mile in Humboldt is 37.7 people, while the population per square mile in California is 239.1 people (U.S. Census, 2014). There is a large population of Indigenous people, around 8.5% of the overall population, as well as growing populations of Hmong and Hispanic people (Lucile Packard Foundation, 2011).

Approximately 20% of the population is below the poverty level (U.S. Census, 2014). Humboldt County Child Welfare Services has between 200 and 300 children in out-of-home care at any given time (Number of Children, 2012). Native American children are disproportionately represented in this number.

Participants were chosen for this study through their connection with Humboldt County Child Welfare Services. All families who were engaged in the act of providing substitute care for a child who was removed from their home by CWS received a survey in the mail. They had the option to complete this survey and return it to CWS. These families were identified by staff at Humboldt County, who printed the mailing labels that were affixed to the outside of the envelopes containing the surveys. Social Worker participants were identified through their work in ongoing services at Humboldt County Child Welfare Services. Each ongoing Social Worker was approached with a description of the research and given the opportunity to participate. The only demographic information gathered with this data pertained to what role the participant takes when engaging with CWS.

Overview of Information Needed

The demographic information that was gathered for this research was the identification of what type of community caregiver the survey participant identified themselves as. There are five identified categories on the survey: Tribal Specified Home, Relative Care-Giver, Guardian, Licensed Foster Home, and Non-Relative Extended Family Placement. There was also an “other” category in which the participant was free

to write down whatever term they use to identify their placement type. It is important to identify what type of placement the participants are because this information gives context to the possible education level and socioeconomic status of the participants. As shown in the literature review, education level and socioeconomic status is different when viewing relative care versus stranger care. This can have an impact on a caregivers experience in relation to accessing services in the community, so it needs to be considered.

- A Tribal Specified Home is an indigenous foster home identified and licensed through an Indigenous Tribe.
- A Relative Care-Giver is defined as a person related to the child through blood or marriage who takes placement of the child when they are removed from their home.
- A Guardian is someone who takes legal responsibility for a child when a parent is unable to complete the requirements of CWS in order to regain custody of their child.
- A Licensed Foster Home is a home that is licensed by the state of California to take in children that have no previous relationship with them.
- A Non-Related Extended Family Member is a caregiver who has a previous relationship with a child, such as a teacher or a friend of the family, who takes placement of the child when they have been removed from their home. It also includes people who know a family member, but do not necessarily have a relationship with the child.

Another important piece of information to consider is the participant's perception of resources in the community. Information was gathered about what resources the participants are already aware of, as well as how easy they think these resources are to access. If there are barriers to accessing the resources available, it is important to acknowledge this information in the relational context. It is also important to find out what supports participants would perceive as helpful in their work with children placed in their care. Finally, in order to gain information on the participants' direct experience with Humboldt County Child Welfare Services, it was necessary to ask participants to describe what that experience has been. This same information was gathered from the social workers participating through the interview process rather than through a survey. This was done through an interview rather than a survey because social workers have high caseloads, and the interviews took up less time than the survey would have.

Research Design Overview

This qualitative research was gathered through survey and semi-structured interviews. Questions asked here pertained to what community services they were aware of, what would help them support placement, and what their experiences have been when accessing these services. A copy of the survey [Appendix D] and the interview questions [Appendix C] are provided. Once the data was collected, it was transcribed into text format and coded using the Atlas Ti program. Once the coding had been completed, responses were grouped in families of similar data responses. This information was used

to help determine what community caregiver's view as necessary to support them in their efforts to support the children in their care.

Data Collection in Reference to Social Workers

In order to gather the appropriate information from both the social workers and the substitute care providers, it was decided through considerations of confidentiality and lowest impact on the participants that there would be two methods of information gathering. The first method of information gathering applies to the social workers and was designed to have the lowest impact on their caseloads. Ongoing social workers were identified through their work with Humboldt County Child Welfare. Information from the social workers was gathered by interview. The interview consisted of three guiding questions designed to find out about the way social workers view their interactions with care providers and the supports they are aware of in the community [Appendix C]. These questions guided the conversation, with allowances made for natural flow as the conversation took place. Each ongoing social worker was approached individually and had the purpose of the research explained. They were also handed a copy of the questions to be asked so they could review them before making a decision about participation.

The interviews were digitally recorded to ensure accuracy of the transcription. They were then transcribed, and the digital copies were deleted. This will protect the confidentiality of the social workers who gave interviews. The transcribed copies of the interviews are stored on a password-protected USB drive. Once analysis has been completed, they will be printed and the digital copies will be deleted. The print copies

will be stored with the signed consent form in a drawer in Dr. Jennifer Maguire office. After three years they will be destroyed.

Each social worker was approached using the same script (Appendix A). The signed consent form include information on how the interviews will be stored, who will have direct access to them, as well as the option for participants to keep their names confidential. A copy of the signed consent form can be found under Appendix B. The social worker decided if they wanted to participate and decided where and when they would like the interview to take place.

Ethical Considerations

While designing this portion of the research, it was important to consider the interconnectedness of the social worker with the families, community, and the County. This interconnectedness was considered during the design of the signed consent form as well as the design of the questions that would be asked in the interview. One way that was done was to add a box on the bottom of the consent form that allowed for anonymity of the participants.

The questions [found-in-Appendix C]- are the result of careful design involving consideration of what would pass the scrutiny of Humboldt County and the Institutional Review Board (IRB), while still eliciting the information needed for the research. It was important to consider any political ramifications the phrasing of the questions could have within the community. When working with any type of human service, it is necessary to carefully consider any potential offense wording may cause to different members of the

community and to avoid using offensive words and phrases. The original set of questions have been approved by the Deputy Director of Humboldt County Child Welfare. It then went through the process of IRB. The IRB also approved the questions.

Social workers were interviewed. It seemed more appropriate to gather the research in a conversational way, rather than ask them to add one more piece of paper to their day. It was also decided that it would be faster and easier for the social workers to make a verbal reply than it would for them to write it down.

Data Collection in Reference to Caregivers

The method of information gathering for the substitute care providers did not involve an interview. Instead, the information was gathered through surveys that were mailed to the families. A copy of this survey can be found under Appendix D. These mailings included a pre-stamped and pre-addressed return envelope for the convenience of the participants. In the envelope, there was also a one sheet survey and a one sheet consent form. The consent form did not include a signature section in order to protect the confidentiality of the participants. A copy of this consent form can be viewed under Appendix E.

Humboldt County Child Welfare printed mailing labels with the addresses of all substitute care providers who are currently connected with the county. This included approximately 150 families. The mailings were assembled in an office at Humboldt County Child Welfare and immediately mailed. All surveys returned before January 15th,

2015 were transcribed into digital format and analyzed. Sixteen surveys were completed and returned.

Ethical Considerations

The reason for choosing to conduct this aspect of the research through surveys was to ensure the complete confidentiality of the participants while simultaneously reaching the largest possible sample. Data collection that represented the authentic experience of kinship caregivers posed real challenges. The nature of the caregiver's involvement with CWS may impact their ability to be honest about any issues they have had through the process. They may fear the children being removed and placed in foster homes if they make complaints. To ensure that caregivers are able to honestly and accurately answer the questions in the survey, there will not be any place where the family is asked to put down identifying data. This fact is specified on the consent form which also does not have a signature section. It instead includes a box for the family to mark if they agree to participate.

The return envelope does not require that the families write a return address on it. When the surveys are mailed back, there will be no way for anyone to determine which family they came from. A survey will also be sent to every family engaged with Humboldt county child welfare in order to protect confidentiality. No questions will be asked about how many children they have, where they live, or what services they access. There will be no way to use a process of elimination to determine where each survey came from.

Data Analysis

Data analysis was completed through the use of a computer assisted qualitative data analysis software program called ATLAS.ti. Through the use of this program, the survey responses and interviews were broken down into basic ideas, also known as codes. These codes were then sorted into naturally occurring themes. This resulted in four major themes:

- a) challenges faced by caregivers when they engage in the system;
- b) caregiver needs to help support children;
- c) experiences with services that caregivers have accessed;
- d) available resources caregivers are aware of in the community.

Once the major themes were created, they were separated by participant type in order to more easily view differences identified by the various placement types. By analyzing in this method, it becomes clear that each placement type faces its own set of challenges. There are challenges that are common across all groups, and challenges that are unique to particular placement types.

Issues of Trustworthiness

In order to ensure the highest level of credibility in this research, the surveys required responses written by the participants and the interviews were recorded and transcribed. This resulted in only the participant's opinions and views being reflected in

the transcripts. During data analysis, it was necessary for the researcher to interpret the meaning behind some statements, which may decrease the credibility.

This data is applicable only to families who are currently engaged in providing substitute care to children in Humboldt County. This county comes with its own particular challenges associated with its size, population, and rural nature. Services here are centralized in Eureka, creating challenges for people living in outlying areas. The data may be applicable to other counties with similar demographics, but it is by no means guaranteed.

Results

Through this research, four major groupings became apparent. The first grouping has to do with challenges community caregivers face when engaging with the system, as seen in Figure 1. Definitions for the terms used in this figure can be found in Appendix F. When considering the information presented, it is apparent that the placement type affects the challenges faced by the caregivers.

Tribal Specified Homes, for instance, report working families and availability of resources as their greatest challenges. Most of these types of placements are found in the most rural areas of Humboldt County, and therefore have little resources nearby. Relative Caregivers also identify working families and availability of resources as their greatest challenges, while Licensed Foster Homes identify regulations and rules and busy services providers as their largest challenges. Social workers view their own personal lack of support for the families as the largest challenge facing the families.

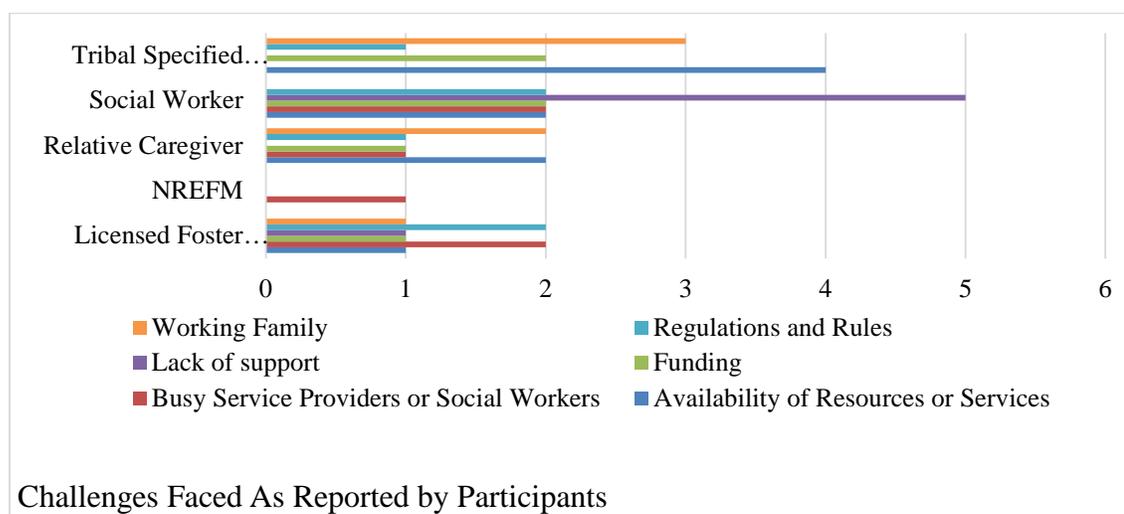


Figure 1

The next major grouping that became apparent has to do with needs participants identified as being necessary to address to enable them to support the children in their care. This grouping can be seen in Figure 2 with the definitions of terms used in Appendix G. Once again, placement type impacted what caregivers reported as the highest needs for supporting the families in their engagement with Humboldt County Child Welfare Services.

The highest need reported by Tribal Specified Homes is transportation assistance. Most resources in Humboldt County are centralized in Eureka. With many Tribal Specified Homes located in rural areas many miles from the city, transportation would be a very large challenge, especially for families with no vehicle. Licensed Foster Homes and Relative Caregivers both identify-follow through and communication with the social worker as a high need. This reflects the view that social workers need to support families more. Respite and child care are identified by almost all participants as being a need in this community.

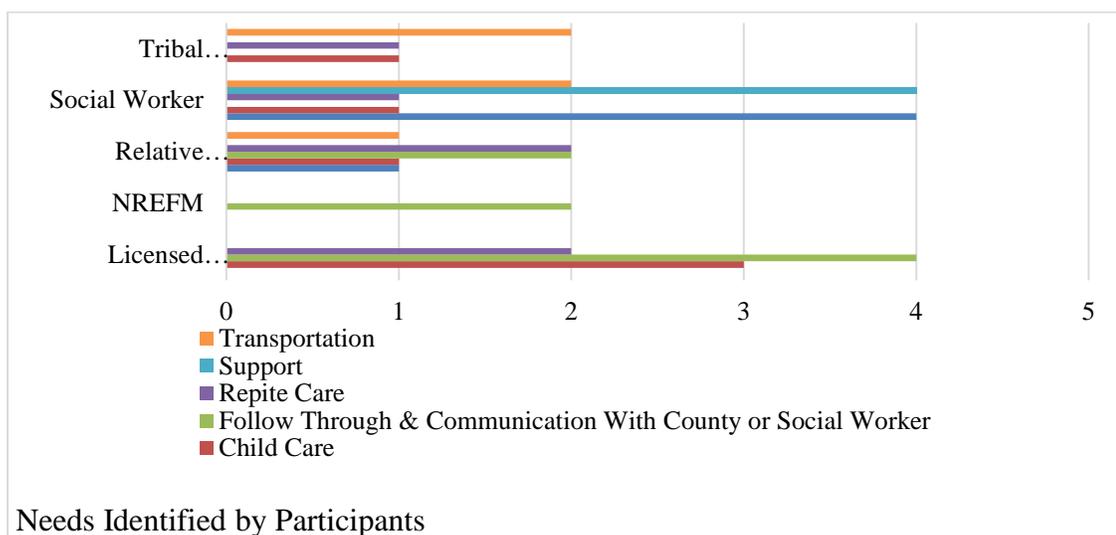


Figure 2

Another major grouping that became apparent during the coding process is the participants' experience while accessing services, whether these services were offered through the County or through the community. This grouping can be seen in Figure 3 with definitions of the language used in Appendix H. Community caregivers overwhelmingly reported positive experiences when working with the County, though social workers anticipated that there would be only negative reports in this category. Although there were reports of negative experiences with the County, they were far outweighed by reports of positive experiences. Families seemed to access services through the County far more than from community options, as shown by fewer reports of both positive and negative experiences with community services.

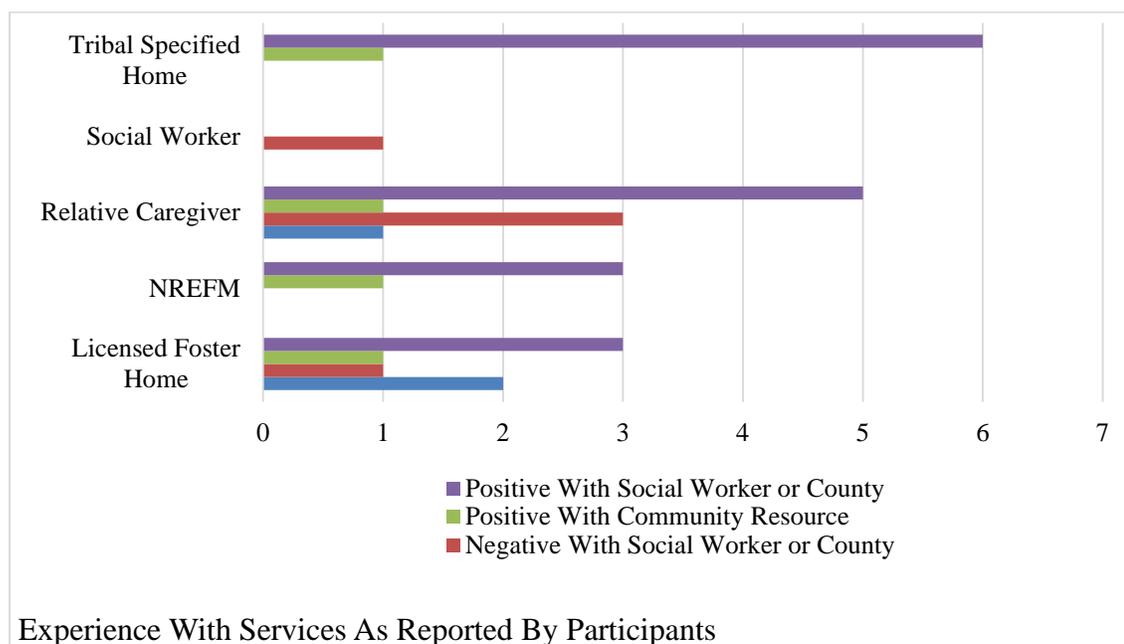


Figure 3

The final major grouping found during the coding process has to do with the available resources that families are aware of in the community. This grouping is shown visually in figure 4 with definitions of the language used in Appendix I. When it comes to available resources in the community, Relative Caregivers and Licensed Foster Homes had the highest awareness of what is available in their community.

Tribal Specified Homes and Non-Relative Extended Family placements had the least knowledge of resources available in their community. It is possible that the location of these placements affects what resources are available to them. If the placements are in some of the more rural locations of Humboldt County, it is possible that there are legitimately no services available to these families. Relative Caregivers in particular had a high awareness of food and clothing assistance in their communities. This could be due to the previously mentioned lower socioeconomic status of most Relative Caregivers

which results in knowledge of services they may have needed before they became a placement option.

There is the possibility that some types of placement do not have easy access to some services due to their location. If the placement is in a rural part of the County, the caregivers would not view a resource located in Eureka as available to them. It is also possible that families may have been accessing certain resources before they took placement of the child due to their own socioeconomic situation. This would mean they are more aware of what the options are in the community and how to apply for these services.

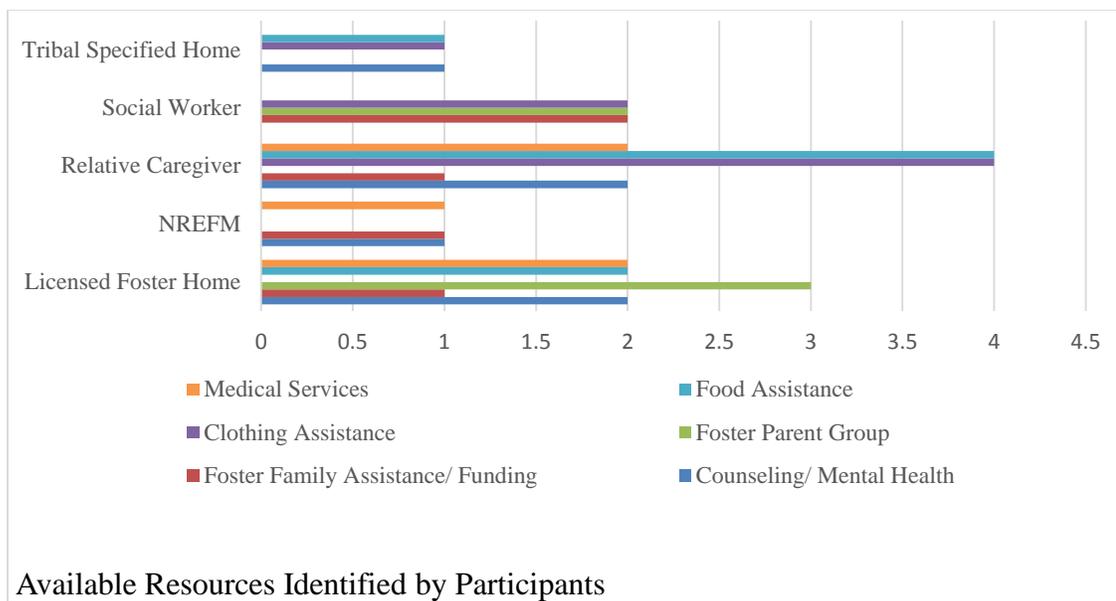


Figure 4

When considering the four different groupings on a broader relational context, it becomes apparent that there is a disparity between the way community caregivers and Social Workers view their interactions with each other. While social workers consistently

identified their lack of support of community caregivers as the area that has the largest impact on families, the families do not identify this as the major issue. Families do bring up busy service providers as being an issue, but not the most impacting issue. Social workers also anticipated that families had overall negative interactions with the County and the social workers, but most families reported the opposite.

The issues most highly identified by the community caregivers mostly revolved around the scarcity of resources in the area. They either could not make it to the locations where services were offered, or the services they needed were unavailable. Many of the challenges and needs identified by the families had to do with funding and availability of resources. Community caregivers overall reported having positive interactions and relationships with Social Workers.

Discussion

Implications

Respite Care

This research has shown that that each placement type faces its own set of challenges. Some challenges are common across all groups. The first being that respite care and child care are important issues to address in our community. While Licensed Foster Homes expect to have children placed with them, many of the other community caregivers have very little time to prepare. Child care and respite care has been identified by the caregivers as a need that is not being addressed in this community. Some identified a lack of available funding to be the primary thing preventing access, while others identified a lack of available child care options.

To begin to address this need, social workers can focus efforts on finding available child care options in the community and helping families apply for them. Caregiver support groups which provide child care and give families an opportunity to discuss challenges they face can also help. Finding ways to bring more low or no cost child care options to the community would be very beneficial. Funding is a major challenge family's face when looking for child care. There are often long waiting lists for subsidized care, which is a major challenge for families who are not aware that they are going to be taking custody of a child and have no time to sign up.

Relationships

The research also showed that the social workers views on whether the community caregivers feel supported by them were not accurate. The social workers overwhelmingly reported that the caregivers do not feel supported, but the caregivers generally expressed feeling supported. Nevertheless, the caregivers did report that their social workers were busy and that there needed to be more follow through from them.

These issues can be addressed by providing more support for the social workers and by decreasing the caseloads that social workers are carrying so they have more time to follow through with community caregivers. This is a challenging issue because of the high number of cases coming in and the low number of people entering the field of child welfare social work. One possible way of addressing this issue is by making sure that cases which can be aided through differential response are not advanced through the system. Instead, these families should be referred to any community services that will be able to help them in a less invasive way.

Hiring support staff for assistance in court report writing and in managing timelines could help free up social workers time and allow them more opportunity to support the families. Another option would be to keep all social work positions filled. This is a challenge as there are not a lot of people willing to work in the field. One possible way to address this is to increase pay or benefits to make the job more appealing.

Centralized Services

The final point that stood out was that the services are too centralized. Humboldt is very rural and many caregivers do not have adequate transportation. This creates challenges for these families when they need to access a service that is only offered in Eureka and the family does not have the resources to make the trip. Many families work full time and are unable to take the time off during working hours which is when most services are available.

One possible solution for this issue would be to break the County into quadrants, then make sure each quadrant has services located there that meet the needs of the people living in that quadrant. For instance, many families in the Eastern Humboldt County area report that they are working families who need access to child care. By placing child care services in this region the families will be more supported. These families also report a lack of available resources in their area in general. While many service providers travel to the area regularly, it can be challenging for families to access the services offered in such small windows. By providing satellite branches of DHHS, many families would have easier access to the services offered by the County.

Limitations

This project is limited in that it applies only to Humboldt County. It would be very difficult to generalize the information gathered to other counties due to the particular challenges faced in Humboldt as a result of its demographics and rural nature. Another

limitation involves the analysis of the data. Some interpretation was required by the researcher when deciding which themes stood out more and the meaning behind some comments made by the participants. This interpretation was based on sound research methods.

This project has identified many unmet needs faced by substitute caregivers in this community. What it does not do is provide any solutions for how to meet those needs. There are many challenges to providing the services identified by families, including funding and the rural context of the community. Finding ways to meet these needs is a necessary aspect that needs to be done in order to ensure that community caregivers will continue to participate with Humboldt County Child Welfare Services.

It is also important to note that while the researcher attempted to create the most confidential way for families to participate, some may have had concerns about expressing negative opinions of the Child Welfare System. They may have feared losing supports or services from the county, or even feared having the children removed from their care. It is possible that these fears resulted in some families reporting more positive feelings about their experience than they may actually have felt.

Legacy and Relevance for Social Work

The data collected during this research project will be provided to Humboldt County Child Welfare Services for use at their discretion. This provides the opportunity for the results of this research to be directly applied in the source community from which it was gathered. This information can help social workers know what services families

need to support their continued engagement in the Child Welfare System. It can also help workers know where funding can be used to the best advantage and help them know what services to prioritize when engaging families. There is also a reassurance to social workers that substitute care providers view the social workers' efforts in an overall positive way.

This research also identifies gaps in community resources that social workers and service providers can start working to fill. It gives a starting place for people considering writing grants or finding other ways of starting new services. It is important that services that are being offered in this community meet the needs of those accessing them. This research can help guide service providers in increasing delivery of services in Humboldt County.

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Appendix A

Language Used in Approaching Social Workers

“Hi, I’m Ashley Powell. I’m working on my Masters Project this year and was wondering if I could describe it to you and see if you would be willing to participate. I am trying to determine what kinds of supports the kinship and non-relative extended family member placements are getting from the system. I’m doing this partly through surveys being sent directly to those families, and partly through interviews with social workers like you. It would involve no more than 10-25 minutes and can be done whenever and wherever you are most comfortable. It would be a recorded interview, but I would be the only one with access to the recording. Once it is transcribed it will be deleted. Here is a copy of the guiding questions and of the consent form. Let me know if this is something you would be willing to participate in.”

Appendix B

Substitute Caregiver Community Needs Assessment

This interview has been designed by Masters of Social Work Student Ashley Powell with the intent of gaining information on how resources are accessed in the community and if there are more resources which families need. The information will be analyzed by the student and returned to Humboldt County Child Welfare for use in providing community resources. Quotes may be used in the analysis with no identifying information attached to them. The interview should take between 20 to 30 minutes to complete. The interview will be digitally recorded (audio only). This recording will be transcribed by the student, then erased. The transcription will be analyzed and will be stored in a locked drawer in the office of Jennifer Maguire, PHD. After three years it will be destroyed. There are no anticipated risks. If you have any questions you may contact Ashley Powell at akinman@co.humboldt.ca.us or 707-267-8283 or Jennifer Maguire at jennifer.maguire@humboldt.edu or 707-826-4565.

The Investigator will answer any questions you have about this study. Your participation is voluntary and you may stop at any time.

If you have any concerns with this study, contact the Chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545.

If you have questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Dr. Rhea Williamson, at Rhea.Williamson@humboldt.edu or (707) 826-5169.

By signing here you agree to allow the information gained through this interview, including direct quotes, to be analyzed and used by Humboldt County Child Welfare in the providing of resources to families.

Signature _____ Date _____

Initial here if you would like to remain confidential.

Appendix C

Guiding Questions for Social Worker Interviews

1. What community supports or resources do you observe Relative Caregivers and NFREM placements accessing?
2. What kinds of services or supports would you like to see in your community to help support Substitute Caregivers?
3. If you had to choose one service or support to help your families, what would it be?

Appendix D

Substitute Caregiver Community Needs Assessment

1. Please circle the description which applies to your family in your work with

CWS: Tribal Specified Home Relative Care-Giver Guardian

Licensed Foster Home

Non-Relative Extended Family Placement

Other:

2. What about your experience with Humboldt County Child Welfare has worked well for your family in providing care for children involved in the system, or children placed with you?
3. What services are available in your community?
4. What either prevents you from or helps you to access these services?
5. What kinds of services or supports in the community would help support you, your family, and the children placed with you?

Appendix E

Substitute Caregiver Community Needs Assessment

This survey has been designed by Masters of Social Work Student Ashley Powell with the intent of gaining information on how resources are accessed in the community and if there are more resources which families need. You have received this survey due to your connection to Humboldt County CWS. To avoid any concerns about the information being used in a negative way against a family, we are not requesting any identifying information. Your name will not be anywhere on the document and there will be no way in which the student or the agency can connect you to your responses. Please use the enclosed envelop to mail your responses back. The information will be analyzed by the student and returned to Humboldt County Child Welfare for use in providing community resources. Quotes may be used in the analysis with no identifying information attached to them. The survey should take between 10 and 25 minutes to fill out. After the analysis of the data is complete, the data will be locked in a drawer in the office of Jennifer Maguire, PHD. It will be destroyed after three years. If you have any questions you may contact Ashley Powell at akinman@co.humboldt.ca.us or 707-267-8283 or Jennifer Maguire at jennifer.maguire@humboldt.edu or 707-826-4565.

The Investigator will answer any questions you have about this study. Your participation is voluntary and you may stop at any time.

If you have any concerns with this study, contact the Chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545.

If you have questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Dr. Rhea Williamson, at Rhea.Williamson@humboldt.edu or (707) 826-5169.

By marking this box you agree to allow the information written here to be analyzed and used in the providing of resources to families.

Appendix F

Figure 1.1 Definitions

Working Family: families in which all adults work full or part time jobs which results in challenges in child care and accessing resources who have limited hours of operation.

Lack of Support: when families do not receive adequate support from their social workers when facing challenges in their engagement in the system.

Busy Service Providers or Social Workers: families are unable to access services or get timely responses when engaging with services or the social worker.

Regulations and Rules: laws and regulations create challenges for families who are attempting to take on responsibility for a child engaged in the system.

Funding: families are unable to access funding to pay for needed services

Availability of Resources or Services: a need has been identified, but there are no services available to the family to address said need.

Appendix G

Figure 1.2 Definitions

Transportation: transportation to service locations is needed due to lack of a vehicle, or lack of funding to pay for travel.

Support: social workers need to support families more.

Respite Care: families' need a break from the children occasionally to de-stress or take care of household needs.

Follow Through & Communication with County or Social Worker: families need the social worker and county to follow through on what they say they will do in a timely manner.

Child Care: families need child care options and support in paying for child care.

Caregiver Support Groups: families need to have the opportunity to speak with others who are facing similar challenges with the children in their care and with engaging in the system.

Appendix H

Figure 1.3 Definitions

Positive with Social Worker or County: families report overall positive experiences in their engagement with their social worker or with County services.

Negative with Social Worker or County: families report an overall negative experience in their engagement with their social worker or with County services.

Positive with Community Resources: families report overall positive experiences in their engagement with Community services.

Negative with Community Resources: families report an overall negative experience in their engagement with Community services.

Appendix I

Figure 1.4 Definitions

Medical Services: services available to address medical needs, including sliding scale and medical.

Foster Parent Group: support group available for foster parents.

Food Assistance: assistance available to address food shortage needs, including Cal Fresh and Food For People.

Foster Family Assistance/Funding: cash funding to support placements.

Clothing Assistance: clothing closets and clothing allowances available.

Counseling/Mental Health: counseling and mental health services available through medical and sliding scale payments.