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Barriers to Relative Caregivers' Participation
in the Subsidized Guardianship Program in Arkansas

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Public Policy

by

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Abstract

Only 12 children of the 45,000 of children being raised by guardians in Arkansas have become participants in the Arkansas Subsidized Guardianship Program. The program, enacted by the Arkansas Legislature in 2011, could potentially help low income grandparents meet the financial burdens of raising a child, thus creating another avenue of permanency for children within the Arkansas Department of Family Services (DCFS). This research sought to identify what barriers may exist to dissuade participation in the subsidized guardianship program in Arkansas using the theoretical base of Intersectionality. To answer this question the investigator conducted in person interviews with DCFS administrators, and nonprofit leaders, two focus groups with kinship care grandmothers in two areas of the state, and two online surveys with licensed social workers and DCFS staff members. For relative caregivers as well as the leaders of the nonprofit groups serving them, the largest obstacle was lack of knowledge of the program. However, despite the relative caregivers' lack of knowledge of this program, they all reported they were completely unwilling to participate in the formal foster care system. The exploratory findings suggest a need for the child welfare system to (a) hear the voices and concerns of kinship care families, (b) better educate all stakeholders about the program, and (c) investigate the origin of distrust expressed about DCFS by kinship caregivers. Further investigation should be done to determine whether three of the associations found can be generalizable to a wider population: (a) for these grandparents, the experience of raising a grandchild created a bond that appeared to superseded racial labels, location, and other identity categories, (b) African American grandmothers did not work within the social welfare system as often as did the Caucasian grandparents, and (c) African American kinship care grandmothers were more likely

than Caucasian grandparents to experience structural institutional barriers when turning to schools and doctors as trusted professionals. Of the DCFS caseworkers and social workers participating in surveys, only 23% said they were familiar with the program. This points to a lack of social worker awareness of the program.

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Acknowledgments

I would like to thank my family for their unwavering support, especially my mother, Mardi Crandall, who has pulled me up at every step. I can unequivocally say that I would not have achieved this milestone without her support. I would like to thank my husband Karl for his love and support, especially during my most challenging moments. I would like to thank my dog, Cody, who has literally been by my side at every step. Thank you, too, to DeeAnn Newell, Jan Judy, Judy Singleton, Suzann Hernandez, and Arkansas Advocates for Children and Families for their work with grandparents and their mentorship of me over the last decade. They helped to shape my worldview.

Thank you to my dissertation committee, Drs. Anna Zajicek, Jennifer Henk, and Yvette Murphy-Erby, who have given their time and knowledge to mold me into the scholar I am today. I would especially like to thank Dr. Anna Zajicek whose dedication and countless hours inspired and guided me to reach a goal I sometimes doubted I could make.

Dedication

This dissertation is dedicated to kinship care families that work tirelessly to keep the bonds of family. It is their love and support for each other that has inspired to start this journey and who have sustained me along the way.

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CHAPTER 1

Introduction

The term *grandparent* invokes various images. However, in the United States, an increasingly common image is the image of grandparents raising their grandchildren. This image is reality for the more than two million grandparents raising grandchildren. According to the Census Bureau (2014), there are an estimated 7,237,432 grandparents nationwide who are living with their own grandchildren under age 18 (see Appendix A). Of those grandparents living with their grandchildren, an estimated 2,631,546 grandparents report being responsible for grandchildren (see appendix A). The increasing number of kinship care grandparents is a vital topic for public policy makers concerned about the wellbeing of children and families for several reasons, many of them centered on economic considerations. If a parent of the grandchildren is not present in the home, the median household income for a kinship care home is \$33,627 (U.S. Census Bureau American Community Survey, 2009).

Illustrative of the multidimensional nature of the problem, 594,000 grandparent caregivers have an annual income below the poverty level (U.S. Census Bureau, 2011). In 2010, 18% of grandparents age 60 and over who were raising grandchildren were living in poverty, compared to 9% of their peers who are not raising grandchildren (U.S. Census Bureau, 2010). In Arkansas, 45,000 or 6% the children under age 18 live in grandparent-headed homes where the grandparent “provides primary care” (Annie E. Casey Foundation, 2012). Thirty-seven percent of these grandparents have lived below the poverty line during the past 12 months (Arkansas Bureau of Legislative Research, 2010). In addition to this economic toll, raising grandchildren can also affect other aspects of grandparent wellbeing. Because grandparents do not usually plan

to raise a second, late-in-life family, the necessity can lead to considerable emotional, physical, and financial stress (Gordon, McKinley, Satterfield, & Curtis, 2003; Lumpkin, 2008; Sands & Goldberg-Glen, 2000; Waldrop & Weber, 2001; Musil, Warner, Zauszniewski, Jeanblanc, & Kercher, 2006).

In response to these challenges faced by kinship grandparents, both federal and state legislators have developed new policies. The Fostering Connections to Success and Increasing Adoption Act of 2008 (H.R. 6893), passed on the federal level, included a stated goal to “connect and support relative caregivers” (p.1). Legislators have also changed Social Security status of kinship care grandparents, increasing social security benefits available to them. Arkansas legislators addressed the kinship guardianship assistance payment for children during the regular session of the General Assembly of the Arkansas State Legislature in 2011 after failing to pass legislation in the two previous sessions. Both the Arkansas House and the Senate unanimously passed Senate Bill 710 (Act 592) “An Act Concerning the Arkansas Subsidized Guardianship Act” (Arkansas Code 9-8-204(a)).

This legislation amended previous code by adding the stipulation that “a person within the fifth degree of kinship by virtue of blood or adoption” is eligible to receive the subsidized guardianship payment.¹ Thus, Arkansas’ first guardianship assistance program provided another avenue of permanency for children within the child welfare system because with added funding, grandparents would be able to keep their grandchildren in a more stable situation (Making it

¹ This funding was to “not exceed the foster care payment” for the child in care through Title IV-E funding if the caregivers meet the kinship criterion as well as other criteria set in the Department of Human Service Policy (Appendix B).

Work, 2012). The program also allowed for greater financial support to grandparents of older youth than was allowed under previous foster care policies.

Despite the headway that these changes made, grandparents are not always taking advantage of available benefits. It would seem that the surge in recent legislation (The Fostering Connections to Success and Increasing Adoption Act of 2008 (H.R. 6893) and Arkansas Code § 9-8-204(a)) would have alleviated the economic issue for low income kinship care grandparents. Certainly, the subsidized guardianship program has the potential to support relative care families. However, only “a handful” of grandparents are participating in the subsidy program according to Dee Ann Newell, long-time advocate for kinship care grandparents, and Christine Harper, Policy Unit Manager for the Division of Children and Family Services (DCFS) of the Arkansas Department of Human Services (Personal communications, April. 4, 2013). The underutilization of the program suggests a gap in policy implementation.

Statement of the Problem

There appear to be barriers preventing full implementation of legislation passed in the state of Arkansas designed to meet the needs of low-income grandparents who are raising their grandchildren. The goal of this study is to identify the gaps that may exist in policy implementation of the Arkansas’ Guardianship Subsidy program from the perspectives of two groups of stakeholders: employees of social service agencies, who act as advocates for the program, and grandparents raising grandchildren. The study also will suggest strategies to reduce or eliminate such barriers in order to maximize the potential of the program and benefit fully participatory kinship grandparents.

Several different stakeholders are involved in the story of kinship families' lives, including the grandparents, grandchildren, parents, supportive nonprofit organizations, and social service agencies. Each group has a different vantage point on the financial, emotional, and life course issues that kinship care grandparents face. While each of these stakeholders presents an important piece of the reality facing these grandparents, this dissertation has examined the issues presented by four groups of stakeholders: kinship grandparents, nonprofit social agencies striving to meet their needs, Department of Children and Families (DCFS) employees, and Licensed Social Workers in the state of Arkansas. The kinship care grandparents are highlighted in this study because they represent the group most directly affected by the subsidy programs. The nonprofit group leaders and advocates are highlighted because they are the group that directly works to advocate for the kinship care grandparents. The employees of DCFS provide the institutional perspective. Because licensed social workers also work directly with kinship care families, they provide additional insight into the implementation of the subsidized guardianship program. Understanding the views of kinship care grandparents and stakeholders from nonprofit organizations which seek to support kinship care grandparents is important because these stakeholders play a critical role in shaping public policy (Varcoe, Pauly, & Laliberte, 2011).

In implementing a new social program to benefit kinship care families, planners must first seek to understand the unique challenges of the grandparents involved in kinship care with the hope of closing the gaps which prevent grandparent participation in available programs. One of the challenges in doing so is the existence of various interlocking dimensions of social inequalities, including geographic location, socio-economic status, educational level, race, gender, and age (McDonald, 2010). Regardless of these differences, grandparents in the kinship

care role are often ill equipped mentally, physically, and economically to care for their grandchildren (Burton, 1992; Gordon et al., 2003; Shakya, Usita, Eisenberg, Weston, & Liles, 2012). While the concerns of these grandparents vary greatly, reclaiming the parental role is something for which grandparents of any age and any economic status rarely plan (Fuller-Thomson & Minkler, 2000; Kelley, Whitley, Sipe, & Yorker, 2000; Peters-Davis, Moss, & Pruchno, 1999; Sheran & Swann, 2007). Such issues are likely to contribute to the creation of barriers that keep kinship care grandparents from participation in subsidy programs available to them, which may explain the existence of implementation gaps.

One possible contributing factor is that many grandparent-headed homes deal with multifaceted issues, exacerbated by the fact that these grandparents generally take over the role of parent only after a traumatic event or a long-term period of problems occur in the lives of their adult children (Thomas, Sperry, & Yarborough, 2000; Waldrop & Weber, 2001). As a result, the grandchildren often come to the grandparents already suffering from a wide variety of mental and sometimes physical challenges. In fact, in a large-scale study Dubowitz et al. (1994) found that 26% of the children in kinship care exhibited severe behavior problems, and 30% of children received special education. Nancy Harm from the University of Arkansas Little Rock School of Social Work found that 1 in 7 Arkansas children living with a grandparent caregiver had a physical disability and was often underinsured (Bureau of Legislative Research, 2010).

The Research Questions

The specific research questions this study examines are:

1. What are the barriers to participation in the Subsidized Guardianship Program in Arkansas as defined by kinship care grandparents?
 - a. How do the views of the kinship care grandparents differ across dimensions of social inequality, including geographic location, socioeconomic status, education, age, gender, and race?
2. What strategies do kinship care grandparents see as beneficial in eliminating barriers to participation in the Subsidized Guardianship Program in Arkansas?
3. What do social service and nonprofit agency professionals see as the barriers to participation and strategies to eliminating these barriers?

The investigator expected to find a variety of barriers preventing kinship care grandparents to access the Guardianship Subsidy Program based on an individual's social location. The categories of stress that had been identified within the literature included mental health (Hayslip & Shore, 2000; Minkler, Fuller, Thomson, Miller, & Driver, 1997; Kelley, Whitley, & Campos, 2011; Minkler & Roe, 1999), social isolation (Kelley et al., 2000; Minkler & Roe, 1996; de Toledo & Brown, 2013), financial strain (Goodman, Potts, & Pasztor, 2006; Murray, Macomber, & Geen, 2004; Weber & Waldrop, 2000), relationship with grown children (Brown et al., 2000; Hayslip & Shore, 2000), relationship with grandchildren (Kelley, Whitley, & Campos, 2011; Owusu-Bempha, 2010;), and physical health (Emick & Hayslip, 1999; Kelley, Yorker, & Whitley, 1997; Minkler & Roe, 1993). Self-blame, policies and procedures of the programs, and

fear of the child welfare system had been identified in the past and were expected to be found in varying degrees for these Arkansas grandmothers (Murphy, Hunter, & Johnson, 2008).

Theoretical Paradigm

This study uses the theory and methodology of intersectionality. Intersectionality is more than an abstract theory; it can also be used “as a methodology and as a mechanism for social change” (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009, p. 7). The central principle of intersectionality is that individuals are culturally identified through a number of different socially constructed categories of oppression and privilege that shape an individual’s life experiences and ultimately their reality. These categories or markers of differences include socioeconomic status, gender, race, and age (Coffey & Atkinson, 1996). These categories must be examined together and cannot be viewed separately as they come together in an individual’s life to create interlocking patterns of oppression and privilege, which in turn determine how individuals view the world (Coffey & Atkinson, 1996).

Women of color were the first group to conceptualize intersectionality (Collins, 2000). Patricia Collins and others who were not seeing their own lived experiences represented in the dominant feminist narratives, defined mostly by white women, wanted to develop a theory that reflected those lived experiences (Collins, 2000). Intersectional theorists believe that without fully understanding how these markers of differences interact with structures and systems when creating public policy, the social issues which policy strives to address may not be resolved. The underlying goal of each interview conducted in this study was to understand the barriers to program participation, including the caregivers’ interactions with the social services, in relation to that individual’s social location. From the perspective of the grandparents and the

professionals working with them, the investigator hopes to gain knowledge that can lead to realization of the policy potential inherent in the subsidized guardianship program in the state of Arkansas.

Significance and Importance of the Study

In this highly divisive political climate that our country and state are currently experiencing, social welfare programs can be among the first on the chopping block when budgets must be reduced. If a program is not benefiting the individuals participating in it, then the program should be either eliminated or altered to provide greater support (Lin, 2014). If a program is designed to support participants, policy makers must be made aware of barriers that may discourage program participation; otherwise, the program will not continue. Through identification of barriers, this study hopes to better equip advocates and policy makers to help create the most effective and efficient program for grandparent caregivers. Such identification is part of an essential evaluation process. "Evaluations are used to inform policy-makers, program managers, and other stakeholders about the effectiveness, efficiency, appropriateness, and impact of policy intervention" (Edler, Ebersberger, & Lo, 2008, p. 358). At this point, several large-scale studies have been conducted by national organizations such as the Children's Defense Fund (2009; 2012) in collaboration with others to examine the Guardianship Assistance Program, but heretofore no study has focused on Arkansas.

Public policy is largely driven by what policymakers view as problems (Gaventa, 1982). Both federal policy (Fostering Connections to Success and Increasing Adoption Act) and the Arkansas State Legislature (Guardianship Subsidy Act) have primarily focused on the issue of relative caregivers' limited financial resources. This indicates that government viewed the issues

of kinship care primarily as an economic problem, put it on the agenda, and implemented policy in order to create solutions. However, legislators have not addressed the issue from the perspective of the needs created at the intersection of the various dimensions of social inequality. Because the subsidized guardianship program in Arkansas was implemented to impact the financial needs of kinship care grandparents, the implementation process may have failed to take into account other social locations, such as race, ethnicity, or gender, that might have negatively influenced the participation rate of low income kinship care grandparents. None of the stages of the policy process model is a bounded, separate process but rather an “overlapping and potentially recursive cyclical process” (Murphy et al., 2009, p. 60). The lack of structure in the policy process allows policy scholars to work in tandem with policy makers to create policy that is constantly evolving based on new information that is gathered. As policy evolves, investigators can conduct studies to impact changes in the policy that policy makers would see as beneficial to the lives of their constituents, thus creating a policy loop (Rocheffort & Cobb, 1994.)

Overview and Justification of How the Study Was Conducted

In the first phase of the study, the investigator conducted semi-structured, in-person audio-taped interviews with directors from four non-profit agencies: Northwest Arkansas Grandparents as Parents, Arkansas Voices for the Children Left Behind, Arkansas Voices Grandparent Project Northwest Arkansas office, and an activist in small, rural community. The investigator already had professional relationships² with the majority of these respondents, who

² The investigator had worked in the area of kinship support for several years and had a professional relationship with several service providers. A snowball technique was used to identify other respondents.

served as gatekeepers for the subsequent phases of research. Responses to the interviews were recorded, coded, and analyzed using thematic analysis (Braun & Clarke, 2006). These interviews were used to inform data collection in the next two phases.

In Phase Two, the investigator conducted in-person, in depth, semi-structured interviews with relative caregivers who are currently raising grandchildren in Washington County, AR. Using applied thematic analysis data from Phases One and Two, the data was used to review and modify the survey instrument used in Phase Five of the study based on developmental approach wherein the survey or second technique becomes stronger based on the first two phases used to gain observations (Gaber & Gaber, 1997; Greene, Caracelli, & Graham, 1989).

Phase Three of the study involved an in depth, semi-structured interview with two DCFS staff administrators. This interview was conducted in their state office in Little Rock. This interview utilized the first two phases to gain an understanding of the state's views on the subsidized guardianship program. Understanding the institutional view of the program was a critical piece of data to collect to begin to evaluate the subsidized guardianship program through an intersectional lens.

Phase Four of the study involved conducting semi-structured focus groups with kinship caregivers. Two focus groups took place, one each in Washington and Pulaski Counties. Advocates in a well-established program, Voices for Children Left Behind, had been working for several years in both locations. One focus group was held during school hours because children were in school at this time of day. The other focus group had a child care worker provided to watch children during the discussion. The investigator used a semi-structured interview guide

based on the findings of Phases One and Two. These findings revealed perceived barriers to participation in the subsidized guardianship program in Arkansas. Very few individuals from Phase One or Two reported having any knowledge of the Subsidized Guardianship program in Arkansas. As a result, the questions used in Phase Four were structured to be much more open ended to gauge not only the participants' knowledge but also their individual understanding and personal experience.

The grandparents in both Phase One and Phase Two also responded to a short survey focused on demographic information. The goal was to collect information that would later clarify the political, social, and cultural categories that the investigator expected to be forthcoming as data was examined in subsequent phases. If the investigator seeks an adequate understanding of an individual's worldview, she must have an understanding of an individual's demographic information (Gaber & Gaber, 1997). To better understand why certain barriers to enroll in the Subsidized Guardianship program are insurmountable for the caregivers of Arkansas, it is necessary to fully understand individual social locations.

Focus groups have been used by a number of investigators in the area of kinship relative care including Gordon, McKinley, Satterfield, and Curtis (2003); Baird, John, and Hayslip, B. (2000); Murphy, Hunter, and Johnson, (2008); and King et al., (2009). Compared to more time-consuming, in-depth individual interviews, focus groups allow investigators to hear more voices from within the community. Moreover, focus groups provide a group setting in which kinship caregivers can come together with others who are sharing similar struggles and possibly dealing with similar joys and concerns as well. By conducting focus groups rather than individual interviews, the voices of more kinship caregivers could be heard in a cost effective, timely

fashion. Because participants shared the commonality of being grandmothers raising their grandchildren, the investigator was able to foster an environment in which kinship caregivers openly expressed their opinions (Acocello, 2012). The goal of this focus group research was to gain more valuable suggestions and perspectives of individual participants as they interacted with one another (Royse, 2008).

In the fifth and final phase, the investigator sent out two Qualtrics surveys, one to Division of Family Services (DCFS) employees and the second to Arkansas licensed social workers. Survey questions were constructed based on the preliminary interviews with a small group of nonprofit group leaders in Phase One, both in Little Rock and Northwest Arkansas. Because several of the participants from the interview stages of the research had reported little personal knowledge of the Subsidized Guardianship Program, broad introductory questions were added at the beginning of the survey to assess the knowledge direct service providers had about the program. This was deemed necessary because licensed social workers may not have had experience with such policies and programs. This survey was subsequently piloted using a small group of staff volunteers from the University of Arkansas.

History of Kinship Care

Hegar's (2000) examination of the cultural roots of kinship care found that the placement of children with relatives was one of the oldest literary themes. She cited examples such as Annie, King Arthur, and Macbeth. Even the Bible cites a number of examples of both fostering and adoption, including Jesus, Moses, and Joseph (son of Jacob) (Owusu-Bempha, 2010). The oldest set of comprehensive written laws, the Babylonian code of Hammu-rabi, laid out instructions for adoption and wet-nursing (Goody, 1969). The Ancient Greeks adopted primarily

for the purpose of inheritance (Goody, 1969). If a man of means had no son, it was common for him to adopt his grandson or nephew to insure succession of inheritance (Owusu-Bempha, 2010). High-ranking families in Ancient Rome utilized adoption in times of crisis such as a war to insure family bloodlines survived (Goody, 1969). To keep inheritances and allegiances, some ancient cultures encouraged male relatives to marry widows with children (Hegar, 2000).

Nuclear families in some areas of the world are surrounded by extended family and tribal support able to step in if needed. The tribal cultural tradition found through the Central and South Pacific islands has a cultural tradition of kinship fostering (Hegar, 2000). In Hawaiian culture, the grandparents' rights to a child were greater than those of the biological parents (Griffin, 2006). The first born male would be raised by the paternal grandparents, while a female child would be sent to live with her maternal grandparents unless the biological parents were able to get consent from the grandparents to change the living arrangements (Hegar, 2000).

Kinship care is also found through Africa (Hegar, 2000). In some areas of West Africa, estimates of the prevalence of children not living with parents was as high as 20% of the children younger than age 11 (Isiugo-Abanihe, 1996). Children were sent to live with relatives for purposes of weaning, care when a family broke apart, instruction in trade, attendance in school, or helping in the home of the caregiver (Castle, 1996). Children living in French, Spanish, Mexican, and later American territories also relied on kinship networks as the only form of support (Hegar, 2000). Latino culture is often characterized through a commitment to the value of familialism, a sense of duty to provide emotional and material support to members of the extended family with special emphasis on children and the elderly (Cox, 2000). Even today

compadrazgo or co-parenting within extended family networks is still an important cultural practice.

In the American Colonies, kinship care was one option for children whose parents were not able to care for them. Children were also subject to Poor Laws and could be sent to almshouses, workhouses, forced apprenticeship, or emigration (Hegar, 2000). Large-scale institutional housing of children in orphanages was not established until the kinship network was destroyed by events such as war (Hegar, 2000). Early orphanages were established by religious or ethnic groups within the community and were not large-scale government projects (Hegar, 2000).

Kinship care was a reality for many children living under the slavery system in the U.S. An estimated one fifth of enslaved children were separated from their parents (Geen, 2003). Slavery excluded African American children from the placement within the formal foster care system established in the mid-19th century through the early 20th century (Smith & Devore, 2004). This practice of exclusion continued through the Progressive Era and only saw change after World War II with the great migration of African Americans to urban Northern areas (Smith & Devore, 2004). African American women serving as surrogate parents to their grandchildren allowed for their children to move elsewhere to look for jobs (Fuller-Thomson & Minkler, 2000). The older adult was given companionship and help around the house, and the grandchild had a watchful eye to grow up under (Burton, 1992). By the 1950s African American children and their families were participating in the formalized child welfare system in growing numbers. Billingsley and Giovannoni (1972) pointed to three causes for this growth: the migration of families from the south to the north, the national focus on racial integration brought about by the

Civil Rights Movement, and the decrease of poverty among whites leading to decline in child poverty.

Definition and Types of Kinship Care

Because the blanket term *kinship care* will be used throughout this study, it must be operationalized. In the past decade, the term has been given many different definitions (Annie E. Casey Foundation 2012; Child Welfare League of American, 2005; Geen, 2003). These definitions derived from the earliest definition coined by Stack, an anthropologist, during her work in documenting the importance of kinship networks in African American communities (1974). She stated, “Young children exercise little choice in determining with whom they have kinship relations. They are born into a network of essential kin which is primarily the personal kindred of the kinfolk responsible for them” (p. 55).

The working definition for kinship care for the current study was first proposed in 2007:

Kinship care is the full-time care, nurturing, and protection of children by relatives, members of their tribes, or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful to cultural values and ties of affection. It allows a child to grow to adulthood in a family environment (Crewe & Wilson, 2007, p. 4).

Under the umbrella of kinship care, there are two distinct types of arrangements in the U.S. involving grandparents and grandchildren: formal kinship foster care, which must have state approval, and informal kinship care. Formal kinship care involves those grandparents who are involved in some way within the child welfare system. This may include a kinship foster care arrangement in which the grandparents have been able to meet all regulations and have been approved by the State to serve as a licensed kinship foster home for their grandchildren (Bureau

of Legislative Research, 2010). A care situation would also be considered formal kinship if the arrangement were established through social service agencies (Murray et al., 2004).

Although there are some advantages to the formal type, many grandparents shun or are dissuaded from using this formal, state-involved alternative (Murray et al., 2004). While it is difficult to get an accurate number representing the choice of one type of care over the other, investigators estimate that 89% of all kinship care arrangements are informal (Gleeson et al., 2008). Informal care could be as simplistic as a verbal arrangement between grandparents and the custodial parent or as involved as a court-mandated custody or guardianship agreement, which still does not involve the child's placement in the formal child welfare system. Informal care is also referred to in the literature as private kinship care (Geen, 2003; Gibson & Singh, 2010; Sheran & Swann, 2007).

The primary concern within the system of child welfare is always the best interest of the child (Arkansas Code). However, despite this goal, kinship care has often been the target of skeptics (Schwartz, 2002). One argument of naysayers has often been that the apple-does-not-fall-far-from-the-tree, by which they mean that family pathology is easily passed from one generation to the next (Doblin-MacNab, Johnson, Sudano, Serrano, & Roberto, 2011; Owusu-Bempha, 2010). Some 80% of social workers in Peter's 2005 study cited this maxim when giving reasons for reluctance to place children with kin (Owusu-Bempha, 2010). The implication is that the state should not help grandparents to take care of their grandchildren because their poor parenting had already led to poor outcomes for their own children. Thus, the grandparents are blamed for contributing to the situation, and the grandchildren are punished as a result.

Supporters of kinship care, on the other hand, argue that the grandparents are not responsible for the actions of their adult children. Furthermore, this tendency to point fingers in the direction of the grandparents' shortfalls, completely ignores causal factors within the lives of the children's parents that never got addressed and for which the grandparent should not be blamed (Hayslip & Kaminisky, 2005; Johnson-Garner & Meyers, 2003).

Public Policy History

Fostering Connections Act

The strong national push for relative care led to the enactment of the Fostering Connections Act (PL110-351), signed by President George W. Bush on October 7, 2008. It was introduced on September 15, 2008, by Senator Jim McDermott, a Democrat with far left leanings from the 7th district of Washington State. The bill's cited goals were to "connect and support relative caregivers, improve outcomes of children in foster care, provide for tribal foster care and adoption access, and improve incentives for adoption and for other purposes" (PL110-351). The new law strongly recommended that foster care agencies across the nation first look for family members, grandparents, relatives, and very close family friends ("fictive" kin) to become the foster parents, guardians, or adoptive parents before placing the children with non-relative caregivers, known as "non-relative foster parents" (PL 110-351).

The Fostering Connections law required states to enact the changes through new state laws and regulatory changes. The federal agency that oversees child welfare services in the U.S., the Children's Bureau, was mandated to send the states "guidance" or instructions about how to implement the various provisions of the law. The states were required to implement certain changes immediately, and the law also decreed that states and tribes that operate a program

pursuant to title IV-E of the Social Security Act must comply with all requirements identified in law. These include developing a transition plan for youth aging out of the foster care system, facilitating placing siblings together when at all possible, and negotiating with any tribe or state that develops legislation to require an agreement with state title IV-E agency to administer a title IV-E program on behalf of Indian Children. Still other changes were optional and would be implemented only if the state chose to do so. These included the Guardianship Assistance payment (GAP) programs that created the opportunity for states and tribes to provide kinship guardianship assistance programs or extending title IV-E up to age 21 but did not make such programs mandatory. However, this framing of the issue led to only certain aspects being addressed while other facets of the problem, largely the needs of the relative caregivers, were ignored.

Kinship Care Subsidy in Arkansas

Passage of this Federal legislation brought the issue to the attention of Arkansas state legislators. The Arkansas Legislature introduced SB 911 to establish a Kinship Care Subsidy Act in 2008. It was first introduced in the Arkansas State Legislature by Senator M. Salmon from Little Rock in the 87th Arkansas General Assembly. The act proposed establishing a subsidy for grandparents who had already been granted guardianship of their grandchildren; this act never made it out of the Aging, Children and Youth, Legislative and Military Affairs Committee. Several reasons were cited for the failure of this legislation, including a diminished state budget and a lack of legislators willing to support kinship caregivers (Interim Study Proposal 2009-186 Senate Resolution 26, 2010).

However, Senator Salmon's request for an interim study on Grandparents Raising Grandchildren was honored, due in part to her long time history in office. The study was completed during that same session of the legislature, outlining the feasibility of providing a subsidy to grandparents raising their grandchildren (Interim Study Proposal 2009-186 Senate Resolution 26, 2010). Integrating the testimonies of both relative caregivers as well as experts in the field, the study described specific needs of kinship care grandparents and their families such as financial support, food, clothing, school supplies, and mental health care. It also described the harm being done to relative caregivers due to their lack of information regarding their situation and the need for support in navigating the social welfare system.

With the information that the study provided, Senator J. Key and Representative J. Dickinson passed SB 351, now known as Act 325, the Arkansas Subsidized Guardianship Act. This act allowed kinship guardians whose grandchildren were eligible for Title IV-E foster care maintenance payments and who had been in the care of a relative for at least six months to be added to the list of eligible children under the state's foster care program. The Act required kinship caregivers to complete parenting classes approved by DCFS, a physical evaluation, and sometimes a mental health evaluation. In addition, it required a home study of the cleanliness, appropriate size, and adequate environment of the home, as well as a financial study of the grandparents' income, an evaluation of their capability to raise the child, and completion of a criminal background check, including a Child Abuse Registry check (DCFS Policy and Procedure Manual, 2013). (A full list of eligibility criteria is found in Appendix B). During this permanency planning period, the child was mandated to leave the care of the grandparent and enter foster care. Once approved, the child was returned, and payment was awarded to the

grandparent “equivalent to a foster care board payment for \$410 to \$500 per month depending on the age” and ability of the child (Ferguson, 2011, p. 4).

However, relatively few grandparents agreed to meet these requirements, in part because they viewed the requirements as too much of an invasion of their personal lives and living space (Bureau of Legislative Research, Interim Study Proposal 2009-186, Senate Resolution 26, 2010). For example, DCFS will not allow any child to be placed if any person in the home smoked (Division of Children and Family Services Policy and Procedure Manual, 2013). If any person in the home smoked the grandparents viewed being told by child welfare workers that that person must stop the practice as an infringement on their personal rights. When grandparents were unwilling or unable to meet the state licensing exams to become a licensed foster home, they were ineligible for funding generally available for foster care homes. Thus, the act did not—and still does not—entice the vast majority of the kinship caregivers in Arkansas to apply for the funding, most likely due to perceived barriers they face. Instead, they receive aid of \$88 per month per child for the first three children, and \$44 per month for each additional grandchild above that (Bureau of Legislative Research, Interim Study Proposal 2009-186, Senate Resolution 26, 2010).

It is clear, as a result of the attention already afforded this problem, that the issue of a kinship subsidy has not been completely ignored. However, for the population of informal relative caregivers, which constitutes the vast majority of kinship arrangements in Arkansas, the legislation is ineffective. Such caregivers seem to be affected by mobilization bias, as the legislation helps some members of the population of relative caregivers, those involved with formal kinship care that have been organized into the system, while others, the informal

caregivers, have been organized out (Bachrach & Baratz, 1962). Caregiver grievances have been identified through the qualitative testimony from the interim study, highlighting a certain level of frustration at the limited financial resources for informal kinship caregivers. One such example comes from a grandmother from Little Rock raising her daughter's children as an informal caregiver, who testified:

Informal caregivers are serving not only our families' children, but the state by keeping the children out of the child welfare system and the juvenile justice system and, instead, providing them loving, stable, safe homes where they can get an education to better themselves. Society has failed to recognize the value of what we are doing. Our grandchildren are as deserving of state support as the children who are in the foster care system (Brenda Olive, ¶12, Interim Study Proposal 2009-186 Senate Resolution 26, 2010).

Despite such compelling testimony, Act 325 only included those grandparents cleared as formal foster parents. When examining the reason for this, one must look at the legislators' point of reference. One of the issues was ease. It was much easier for the legislature to pass legislation for formal kinship caregivers as these families were already under government bureaucracy of the child welfare system (Making it Work, 2012). The issues facing informal relative caregivers are much more difficult to address because these families, by choosing to not be legal guardians of the children they raise, may be seen by legislators as not having significant problems, despite the data in the interim study (Bureau of Legislative Research, Interim Study Proposal 2009-186, Senate Resolution 26, 2010).

Another reason that informal caregivers may have been excluded from Act 325 was that informal caregivers were viewed as the oppressed minority based on the intersectional variables that impact their lives. Due to the structure of oppression, minorities often have difficulty coming together to create a large enough focusing event or to get the attention of a coalition leader

(Collins, 2000). Issues such as social class, gender, and health exacerbate their already tenuous position in amassing support.

Another possible reason informal caregivers were left out of the legislation was that there was not adequate grass root support for involving the bureaucracies and legislators who were concerned about the issue. Ideally, stakeholders who should be involved with the kinship caregiver subsidy should include bureaucracies as well as legislators who are concerned for children who receive inadequate care by their parents for whatever reason. However, systemic issues may have thwarted opportunities for bureaucracies to be involved. The Interim Study Proposal concluded that agencies such as the Department of Human Services should support the kinship subsidy because if these informal kinship homes cannot be kept intact, then this agency will have to use its already limited staff and resources to place these children within the child welfare system (Bureau of Legislative Research, Interim Study Proposal 2009-186, Senate Resolution 26, 2010). The governor of the state should also be concerned because the savings that kinship families now provide the state are very large. If the kinship caregivers were not caring for their children, the extra burden placed on the child welfare system would drastically impact the budget for which he is accountable. While this may seem to be an argument for the status quo, one must consider the comprehensive costs involved, including increased demand on social services funding and personnel as well as wellbeing of children and grandparents involved.

One of the major issues with government involvement in kinship care families is that it straightens the unclear boundaries of public and private interest (Cobb & Ross, 2007). Policies clearly in the public interest treat everyone the same, and thus, everyone supports them. Unlike lower speed limits in school zones, the link between aiding kinship care families and the benefit

to all of society is multiple stage and thus, very difficult to illustrate. It is difficult to draw a line between policy implementation and the goal of keeping families together. Kinship care subsidy in Arkansas is an example of issue containment or the narrow focus of an issue rather than a complete agenda denial³ (Cobb & Ross, 2007).

Kinship Care Demographics in the U.S.

The growing importance of kinship care homes was recognized by the Census Bureau in 2000 when they began including census questions pertaining to grandparent caregivers (U.S. Census Bureau, 2003). There are 7,237,432 grandparents living with their own grandchildren under the age of 18 (U.S. Census Bureau, 2014). Of these grandparents, 2,631,546 are the custodial caretakers for their grandchildren; of this group of grandparents responsible for grandchildren, 20.8% live in households under the federally recognized poverty level in the past twelve months (U.S. Census Bureau, 2014).

In the last decade, the number of children in kinship care homes has increased by almost 18%, currently involving 5.4 million children (Annie E. Casey Foundation, 2012). The majority of these children (59%) have been found to be living with grandparents (The Urban Institute, 2003) with two-thirds of those children living in informal care arrangements (Annie E. Casey Foundation, 2012). However, a sizable number live with other relatives. Ehrle and Geen found that 20% of children live with uncles and aunts, while the remaining 20% are cared for by siblings, cousins, or other relatives (2002).

³ Cobb and Ross define agenda denial as strategies utilized by individuals to keep policy issues from being addressed through the lawmaking process (2007).

As might be expected due to the vast magnitude of kinship care families in the U.S., there is a wide variety of differences among caregivers, including race, class, and gender. The racial/ethnic distribution of grandparent caregivers is as follows: non-Hispanic white, 51%; African American, 21%; and Hispanic (of any race), 23% (Ellis & Simmons, 2014). In the U.S. the children living in grandparent-maintained homes (with numbers in the thousands) 67.9 White alone, 25.2 Black alone, 2.2 Asian alone, and 25.7 Hispanic any race (Ellis & Simmons, 2014).

Twenty nine percent of both African American grandmothers and African American grandfathers have had primary responsibility for caring for a grandchild for 6 months or more at some point in their lives (Child Welfare League of America, 2009). One-quarter of all African Americans aged 45 and over on public assistance are raising their grandchildren (Bryson & Casper, 1999). In the U.S. as a whole, African American children are three times as likely as non-Hispanic whites to be in the foster care system (Child Welfare League of America, 2009). African American children make up 15% of the child population in the U.S. but 31% of the foster care population and 60% of the kinship foster care population (Children's Defense Fund, 2012). When compared to all ethnicities, African American children are twice as likely as their peers of other ethnicities to reside in kinship care (Annie E. Casey Foundation, 2012).

Class, defined by income and wealth, plays a large role in a kinship family's ability to become established, whether through formal or informal arrangements (Geen, 2003). Adverse financial effects of raising a second family have been well documented (Bureau of Legislative Research, 2010). Finances play a role in care-giving decisions for 70% of Latino co-parenting grandparents and 40% of skipped-generation grandparents. Fuller-Thomson (2009) found the prevalence rate of grandparent caregivers among Mexican Americans was much higher, 9.7% for

those living below the poverty line, while the prevalence rate for those living above the poverty line was 4.3%. Comparisons of economic differences are meaningful because the economic well-being of a grandparent determines eligibility for the formal kinship care option. One of the regulations for becoming a kinship foster care parent is that the families have sufficient, reliable income before they can receive financial assistance in the form of foster care payment (DCFS Family Services Policy and Procedure Manual, 2013). In addition to evaluation of sufficiency and reliability, the State also evaluates the ability of those in a household to manage income, despite the fact that having little income means that managing finances can be a difficult, stressful task.

Another identity category among caregiver grandparents is gender. Historically, women are the primary caregivers, and the vast majority of the elderly are women (Calasanit & Slevin, 2001). Caregiving or care work is usually unpaid labor, despite its benefits to the family. The ability of women to participate in the labor market is also curtailed by constraints on their time as caregivers. Although grandfathers caring for grandchildren have a higher rate of marriage compared to that of their female counterparts, they were found to have comparable levels of poverty to other men in their age cohort and half that of grandmother caregivers (Calasanit & Slevin, 2001). The investigators also found that male caregivers had larger support networks and experienced less burden and depression compared to women. Calasanit and Slevin posited that increased support and reduced burdens are in part linked to men having greater monetary resources at their disposal.

Intersections of race, gender, and location, however, were found to shape caregiving. For example, African American, rural grandfathers provided more help and had a closer relationship

with their grandchildren than did white grandfathers (Kivett, 1991). In addition, Central American grandfathers were more likely to be caregivers for their grandchildren than were their wives, possibly due to workplace advantages that Central American women have in the service industry (Fuller-Thomson, 2009).

Kinship Care in Arkansas

The U.S. Census Bureau (2012) indicated that there are approximately 40,513 grandparents in Arkansas who are responsible for and live with 65,209 grandchildren under age 18. Of these, 17,939 do so without benefit of the parent living in the home (U.S. Census Bureau, 2012). In 2011, 3,718 children entered foster care in Arkansas (State Fiscal Year Report, 2013). Almost half (49%) of these children were placed in Department of Children and Family Services (DCFS) foster homes (Bureau of Legislative Research, 2010). However, only a small number of these placements were relative foster care placements. In fact, in 2013, only 317 of the 3,930 children (0-over 19) in foster care in Arkansas lived in formal relative foster care homes (Arkansas Department of Human Services Division of Children and Family Services Report Card, SFY 2013). Other placements for children included DCFS non-relative foster homes (1,552), residential facilities (443), and therapeutic foster care (Arkansas Department of Human Services Division of Children and Family Services Report Card SFY, 2013). Importantly, it should be noted that these numbers represent the grandparents who were willing to self-report that they are indeed raising their grandchildren. It is more likely that those involved with the formal child welfare system would self-report than those who are informal kinship caregivers, who either do not view themselves as or want to report to the government as the primary caregiver.

In Arkansas, 65% of kinship care grandparents are non-Hispanic white, 28% African American, and 5% Hispanic (of any race) (Bureau of Legislative Research, Interim Study Proposal 2009-186, Senate Resolution 26, 2010). In Arkansas, 37% of grandparents who are caring for grandchildren with no parent present in the home qualify as living below the poverty line (Arkansas Interim Study Proposal, 2009-186, Senate Resolution 26, 2010).

Theoretical Paradigm Intersectionality

It is crucial for all research endeavors to be grounded in theory. This section will inform the reader of the history of the development of intersectionality, the main concepts, application for use within the policy process, and how the framework has been used in previous policy studies. The following sections will address how the theory will be incorporated into the methodology of the current study.

History

In the first stage of the development of intersectionality, from the late part of the 1800s to the early 1900s, African American intellectuals saw it as their obligation to bring the invisible lives of the minorities to the collective conscious of the nation in order to affect social change (Murphy et al., 2009). The roots of intersectionality can be traced to the writings of W.E.B. DuBois (1898), Anna Julia Cooper (1892), and other late nineteenth century African American scholar-activists according to Murphy et al. (2009). DuBois' and Cooper's ideas bridged the divide between the theoretical beliefs established by the dominant culture and their own personal experiences as members of marginalized groups (Murphy et al., 2009). According to Murphy et al., Cooper established the idea of "double-consciousness," the thought that as an African American woman, she occupied "several intersecting subordinate social locations" (p. 17).

The rebirth of the feminist movement during the 1940s through 1960s ushered the second stage of development of intersectionality and with it, strong voices demanding that race and class not be simply added to the study of gender but examined alongside gender as they simultaneously shaped individuals (Murphy et al., 2009). Because people of color are the experts in their lives, their voices had to be included to bring insight that no outsider could ever have brought (Murphy et al., 2009).

The third stage of development, from the 1970s until the 1990s, was referred to as second wave feminism, during which African-American feminists once again wanted their unique collective experiences heard by examining race, class, and gender in the framework of the political economy and a hierarchical power structure of society (Murphy et al., 2009). Some of the writings on intersectionality during this phase were developed by participants in the Combahee River Collective, a group of Black feminists who were growing frustrated with one dimensional analysis that did not reflect the reality of the world in which they lived (Cole, 2009).

Main Concepts

Intersectionality is made up of several key components that “provide a way of communicating about abstract ideas in an organized manner” across multiple system levels (Murphy et al., 2009, p. 11). This section will discuss five concepts that shed light on the framework of intersectionality. The first concept is social inequality. This idea was defined by Kerbo (2003) as the “unequal access to valued resources, services, and positions in society” (as cited in Murphy et al., 2009, p.11). Within the intersectionality framework, social inequality is not just examined on the basis of monetary resources but goes further to examine why certain groups have been marginalized throughout history by those in power.

In this context, socially constructed categories such as race, ethnicity, nationality, age, physical ability, sexuality, and class among others do not act independently but rather create a system of oppression that reflects the intersections of multiple forms of discrimination (Crenshaw, 1989). The entire system, considered together, helps to define an individual's and/or a group's social locations called this foundational concept identity categories, the idea that political, social, and cultural categories cannot be examined on their own but must be examined simultaneously as they have been mutually constructed (1991). Applied to kinship care grandparents, the theory helps the investigator view this group and the individuals in it as affected by multifaceted influences, each of which affects the social location of the issue. Kinship care grandparents have unequal access to the support of society based on these multifaceted influences (Crenshaw, 2000).

The second defining concept is over- and under-inclusion (Crenshaw, 2000). This concept purports that certain groups of people, particularly minority populations, are not equally represented in scholarly literature (Murphy et al., 2009). For example, when minority populations such as kinship care grandparents are examined in literature, they are often discussed as part of the larger homogeneous group, grandparents. As a result, the experiences of individuals and different groups within this larger population may be underrepresented or may not be examined at all. When kinship care grandparents are addressed, their identity categories may be ignored in the discussion, thus underrepresenting or even ignoring the multifaceted issues that may play significant roles in policy formation (Crenshaw, 2000). Crenshaw also discussed over-inclusion, which occurs when the larger group claims the experiences of the marginalized (Crenshaw, 2000). According to Crenshaw, this would take place when kinship care

grandparents are addressed as a broader category such as “grandparent” without regard for the specific issues that these caregivers face apart from their traditional roles as grandparents.

The third concept, marginalization (Collins, 2000), can be used to describe situations in which a people, groups, or concepts are deemed “insignificant or peripheral” (Oxford dictionary, 2012). Marginalization was first used in reference to African-American women’s struggle to have their individual life experiences validated (Murphy et al., 2009). The concept of marginalization states that different groups of people are subject to different levels of discrimination or oppression. While all older adults may experience some degree of marginalization, the subset of kinship care grandparents may experience a greater degree of marginalization. In this study, marginalization will be viewed through the voices of the kinship care grandparents, recognizing it is only through these life experiences that the research will have a greater degree of meaning.

Social location, the fourth concept, suggests that members of different social groups occupy specific social positions that affect their experiences and worldviews (Murphy et al., 2009). Simply stated, how groups view each other and themselves is rooted in their history (Collins, 1998). Examples of the main social locations include gender, race, and class which, when examined together allow investigators to better understand the complex, multifaceted world, making it possible to come closer to understanding the reality in which people live (Landry, 2006).

The matrix of domination is the final concept Collins (2000) addressed to describe the overall organization of power in society as a whole. This concept is especially relevant to social policy formation because policy formation is dependent on power inequalities. People who

already feel social inequality, who are underrepresented or marginalized (Collins, 2000), may not be able to garner the support necessary to get the issues affecting them on a policy agenda, let alone to move these issues to the stage of policy formation and implementation.

As Collins (2000) explained, every matrix has two distinct features. The first defining feature is that the matrix converges so that it is historically and socially specific to the intersecting systems of oppression that have formed it. The second feature is that there are four domains of power: structural, disciplinary, interpersonal, and hegemonic. Together these create and maintain the intersecting systems of oppression (Collins 2000). These systems can be broken into sites such as laws, policies, and religion, all of which people use to organize their lives. Collins (2000) explained: “These domains constitute specific sites where oppression of race, class, gender sexuality, and nation mutually construct one another” (p. 203). Each domain serves a particular purpose. The structural domain organizes oppression, the disciplinary domain manages it, the hegemonic domain justifies oppression, and the interpersonal domain influences everyday lived experiences and the individual consciousness (Collins 2000).

The structural domain creates the social structures with which people organize their lives, including laws, policy, and religion (Collins, 2000). One characteristic feature of this domain is its emphasis on large-scale, interlocking social institutions. Historically, in the United States, the policies and procedures of the U.S. legal system, labor markets, schools, the housing industry, banking, insurance, the news media and other social institutions as interdependent entities have worked to disadvantage African American women (Collins, 2000). Collins gave an example of Black women’s lives which have been greatly impacted by public policy including the racial segregation of the separate but equal doctrine allowed under the 1896 Plessey v. Ferguson

supreme court ruling. Collins believes that as a result of this ruling, “policies and procedures with housing, education, industry, government, the media and other major social institutions have worked together to exclude Black women from exercising full citizenship rights” (2000, p. 277).

The disciplinary domain of power has grown in importance as modern social organization has grown (Collins, 2000). This domain relies on the bureaucratic hierarchies that replicate oppression and hide the effects of it. One major way that bureaucracies control individuals is through surveillance (Collins, 2000). Collins gives several examples such as: “within prisons, guards watch black inmates; ...and within universities, professors train their Black female graduate students within academic disciplines” (p.281). This high level of surveillance makes any type of change to the bureaucratic system almost impossible.

The hegemonic domain of power encompasses the ideas of ideology, culture, and consciousness (Collins, 2000). It tries to justify the practices that are occurring in both the structural and disciplinary domains. Collins believes that in order for the dominant group to stay in power, they create a system of common sense ideas that support their own right to rule. These ideas are so imbedded within our society that it can be difficult to identify them. Collins lists school curricula, religious teachings, community cultures, and mass media as examples of the hegemonic domain of power (2000). The hegemonic domain is significant because it allows the dominate group to shape consciousness through the manipulation of symbols, ideas, images, and ideologies (Collins, 2000).

Interpersonal domain of power is demonstrated when men and women as individuals interact, thus influencing daily lives, and as a result, the individual’s consciousness (Collins, 2000). A person’s individual identity is located within all domains of power, making it very

difficult for individuals to see past their own feeling of oppression and to understand others' lived experiences (Collins 2000). Collins shared that her own students fight as individuals against everyday racism, sexism, and other unfair treatment. One student said that when she feels she is being monitored due to her race while shopping, she will load her cart with goods then leave it at the front of the store after she complains to the customer service desk regarding their store policies (2000).

McCall (2005) established three methodological approaches for investigators to use when employing the intersectionality theory within research. The first is anticategorical complexity whose proponents argue that social categories are purely creations of society's own construction through language and history. The next methodological approach is intercategorical complexity, which focuses on the distinction in categories measured at different points in time. The final approach to the study of intersectionality is intra-categorical, a midpoint between the anticategorical complexity and the intercategorical complexity methods. The intra-categorical complexity approach puts some focus on categories, recognizing them as socially constructed, but rather than placing categories as something to be studied, these investigators question the social boundaries that led to the distinctions. This research approach, like this current research project, examines individuals and groups that cross the boundaries of constructed categories.

Kinship caregiver families are not traditional. First, they were probably created through some type of event that rendered the biological parents incapable or unwilling to take care of their children. Furthermore, the grandparents in these homes are both grandparents and parent, a role that is both difficult and often occurs out of tragedy. These caregivers do not have traditional roles as grandparents, and they are not traditional parents. Policies created for them must address

the unique social locations that these families are in and how those locations impact their willingness to interact with different social service agencies including government bureaucracies.

Usefulness within the Policy Process

It is only through policy formation and changes to existing legislation that we will see meaningful changes occur in the lives of kinship care grandparents who are meeting the needs of grandchildren despite age and economic means. This research may help identify gaps in the public policy process that may help explain the lack of participation in available programs.

Public policy, or the interdisciplinary study of the “purposive course of action in dealing with a problem or matter of concern” (Anderson, 1984, p. 3), is still considered to be a relatively developing field (Manuel, 2006). In the United States, when policy does not meet the needs of individuals who experience multiple forms of subordination, it is often because social movement organizations have failed to analyze and incorporate the social locations of race, class, and gender into the political analysis (King, 1988). Instead, politicians have often made the choice to create programs for an entire country’s population as the target group (Wilkinson, 2003). Some scholars view the inclusion of intersectionality into the field of policy critical in order to create the most responsive social policies (Murphy et al., 2009).

Murphy et al. (2009) posited that intersectionality can be used at each stage of the policy process. This view is also held by Bishwakarma, Hunt, and Zajicek (2007) who argued that in order for social policy to benefit as many marginalized groups as possible, intersectionality needs to be part of each stage of the policy process: agenda setting, formulation, and legitimation of goals and programs, program implementation, evaluation, and decisions.

Agenda setting, the first stage, occurs as governments choose what issues deserve time and which can be avoided (Ripley, 1985). In this stage, individuals or groups must first admit that the problem exists and agree that government can benefit by aiding in this problem, then define clearly what the problem is (Ripley, 1985). Finally, people should mobilize to help alert the government about the problem. The issue of kinship caregivers in the problem definition stage would best aid caregivers if it included the broadest number of relatives and their children. It needs to be viewed not as a problem experienced by low-income, African American grandmothers but rather a reality for men and women of varying ethnicities and income levels. How these different groups see the problems and solutions may differ. However, an important aspect of advocating for change is to define the problem. Definitions of relative caregivers and their grandchildren must take into account that their plight is an intergenerational issue, impacted by various other social issues. These social issues were likely to have caused the parents of the children (the children of the grandparents) to be unable to care for their children. Thus, many different generations are impacted.

Once the problem is on the government's agenda, the second stage, legitimization of goals and programs, begins (Ripley, 1985). During this stage, policy sponsors collect, analyze, and disseminate information so that possible outcome can be analyzed. As these different hypotheses are developed, groups mobilize through advocacy to form coalitions to either support or oppose possible problem solutions, depending upon their group's stance on particular issues. If groups can come together and form a compromise, then a policy statement can be released. A group may reach consensus to the point that they are also able to propose program to address the issue.

The policy statement addresses how those in power understand the problem. Any proposal offered lays out a plan to address the problem. However, if groups are underrepresented or marginalized (Collins, 2000), the likelihood increases that they will not be given the opportunities for formulation and legitimation of goals and programs.

An example of this reality can be found within the state of Arkansas. There are few organizations dedicated to advocating for relative caregivers and their families. One such organization, Arkansas Voices for the Children Left Behind, has seen once-robust funding for programs and services streams both at state and local levels completely disappear (Personal communications, Newell, Harper, April. 4, 2013). There is no doubt that this is a difficult population to organize, and that fact makes it all the more important that they form coalitions so that their voices can be heard. By understanding the importance and power of coalitions, both nonprofit leaders and grandparent participants may be able to focus more attention to this goal.

The third stage of policy formation is program implementation. DeLeon defined implementation in the policy process as “what happens between policy expectation and policy results” (1999, p. 314-315). This phase occurs to get the program up and running. Money, staffing, and internal regulations need to be established so that the program can activate the goals established during the formulation and legitimation stage. These steps are referred to as policy action (Ripley, 1985). If relative caregivers had a broader representation of their population included in the policy definition and agenda setting stages with an understanding of the interlocking social locations that different social groups face, the policies could be implemented with goals that meet needs of relative caregiver families.

Each stage of policy formation is relevant to this discussion because each stage plays an important role in the formation of policies that support grandparents raising grandchildren.

However, this dissertation will focus mainly on the implementation phase, for that is the phase at which the subsidized guardianship policy appears to have has stalemated in Arkansas.

“Implementation research has been an interdisciplinary field, bringing together investigators from backgrounds such as public management research, political science, sociology, social work, and public administration” (Schofield & Sasman, 2004, p. 235). The first burst of research on implementation began with a 1973 book with a descriptive title: *Implementation: How Great Expectations in Washington Are Dashed in Oakland; or, Why It's Amazing That Federal Programs Work At All, This Being a Saga of the Economic Development Administration as Told by Two Sympathetic Observers Who Seek to Build Morals on a Foundation of Ruined Hopes*, by Pressman and Wildavsky. Until the early 90s, investigators had been conducting studies under the assumption that the intentions of bureaucrats used legislators’ to put policy into place (Barrett & Fudge, 1981).

Pressman and Wildavsky illustrated the problems of implementing policy by examining the operations of the Economic Development Administration’s (EDA) Oakland Project. Funded with a \$23 million grant, the job-creation program had done little in four years since the program was implemented (Pressman & Wildavsky, 1973). The authors identified three factors that thwarted the Oakland Project implementation: (a) the difficulty of translating broad agreement into specific decisions, given a wide range of participants and perspectives; (b) the opportunities for blockage and delays that result from a multiplicity of decision points; and (c) the economic theories on which the program was based.

The investigator sees similarities between the Oakland Project and the subsidized guardianship program in Arkansas. Both attempted to use federal dollars to benefit individual and families' lives in a positive way. In addition, numerous participants were involved in both projects. Pressman and Wildavsky (1973) calculated that there were 30 different decision points or times when one or more of the participants had to come to an agreement for the Oakland project to move forward.

Mazmanian and Sabatier (1983) suggested combining two schools of thought to better analyze the implantation of policy. The first was the view of practitioners who look for “nuts and bolts answers” (p. 97) in order to determine how to best make a program work, or what features must be included, so that the goals of the policy could be met. This view has also been referred to as the black box model or the top-down theory (Deleon, 2001). Investigators in this view believed in a clear link between policies and outcomes. Pressman and Wildavsky would be categorized within this first theory, as following this liner model of policy implementation understanding.

The second view of analysis comes from social scientists whose research focuses on wide-range social problems such as hunger. They must establish general understanding about how social groups act and relate to one another through social regulation such as the formation and enforcement of policy (Mazmanian & Sabatier, 1983). Also known as the bottom-up approach, this view examines how the real power of implementation lies in the hands of bureaucratic workers who are the ones interacting with the policy on a daily basis. The founding father of this theory was Michael Lipsky (1980). He coined the concept of “street-level bureaucrats” (p.3) as those who are at the very end of the policy delivery hierarchy and are those

individuals who interact with the target population. Lipsky theorized that these individuals either influence policy implementation through their autonomy or due to the inability for managers and supervisors to influence those they are supervising to cooperate with the plan of implementation (1980).

To establish his theory, Lipsky analyzed the behavior of public service records from several different professions, including medicine, law, social work, education, and law enforcement (1980). He found that within policy implementation, everyday problems occur, small individualized issues that are simply the result of working with people. These problems must be resolved by street-level bureaucrats in order for the entire system to continue to run.

More recent theorists have added to Lipsky's (1980) theory by considering the impact that technology has had on the street-level bureaucrats. Two major theories have emerged. The first, Curtailment Theory, believes that increasing technology is actually an impediment to street-level bureaucrats' ability to do their job successfully (Snellen, 2002). Snellen first established that technology was impacting street-level bureaucrats' ability to manipulate information, thus stripping their power and decision making abilities (2002). The second theory, Enablement Theory, first established in a 2007 study conducted by Jorna and Wagenaar, established the idea that technology increases the work that street-level bureaucrats can accomplish (2007).

The next transition in implementation research occurred when investigators suggested that the popular linear policy model needed to follow more of a network process. One of the most prevalent investigators in this field, Lawrence O'Toole, established the term *multi-actor implementation* that did not recognize policy implementation happening in a linear model, but

rather that implementation was something that impacted individuals and organizations both vertically and horizontally (O'Toole, 2000).

The current study utilizes the idea of street-level bureaucrats in several different phases of the study to highlight the multi-actor approach (O'Toole, 1990). The voices of the administrators of DCFS have been analyzed in relation to the three types of street level bureaucrats in this study: the DCFS social services workers, the nonprofit leaders, and the licensed social workers in the state. The voices of two of these bureaucrat groups, the licensed social workers and the non-profit leaders, were heard through the descriptive Qualtrics surveys. The voices of the non-profit leaders were heard in private interview sessions.

Implementation in Kinship Care Research

Bissell and Allen (2001), found several barriers to kinship care children enrollment in Medicaid and Children's Health Insurance Program (CHIP). One barrier, shown through survey analysis, was inconsistent policy implementation, which the investigators defined as occurring when kinship caregivers received incorrect information about certain health care policies (Bissell & Allen, 2001). Other barriers included restrictive state policies that for some families required grandparents to have legal custody before being able to apply for Medicaid and CHIP. Insufficient effort to include kin in outreach and information was also found to be a barrier.

After the program has been put into place, the next stage is to evaluate the implementation, performance, and impact of the program (Ripley, 1985). Evaluation is constantly taking place, by both program participants and those outside the program, each group evaluating based on what has occurred or what is thought to have occurred in terms of the impact or performance (Ripley, 1985). Ripley clarified that impacts are more long term, while

performance is more short term and that evaluation reflects the evaluator's individual judgment to some degree. While an individual's evaluation is not the basis of policy formation, it can influence policy evaluation in a democratic system according to Ripley.

For relative caregivers, the evaluation stage must implement ideas of intersectionality to look at the policy as a whole. Various social locations, especially race, income levels, education, and gender, must be examined intersectionally see how the policy is affecting relative caregivers occupying varying social locations. For example, studying only African American grandmothers with no college education would only allow the investigator to evaluate possible barriers from a single social location. By interviewing grandmothers from various social locations as well as collecting data from a number of different policy participants who each play a different role in the subsidized guardianship program, the investigator was able to gain a greater understanding of the barriers kinship caregivers face. If a program is only helping middle class, white grandmothers, the policy must be evaluated to gain an understanding as to why the policy is not impacting greater numbers of the relative caregiver population and what can be done going forward in the future to help more grandparent caregivers.

The final stage is to decide about the future of the policy and program. During this stage, a policy decision can be reached. If the original issue underlying the need for a policy is deemed to be resolved, then the problem ceases to exist and is taken off the governmental agenda. If the evaluators feel an implemented program has not addressed the problem, then the policy cycle can be entered into again at any major stage of the cycle to generate new problem-solving measures (Ripley, 1985). In the final stage, it is critical for the relative caregivers who are represented to exemplify different interlocking social locations and for each to be heard; this means that diverse

relative caregiver voices must be sought and heard, not just voices from one particular social location, perhaps one to which access is easiest. One voice should not be permitted to steer policy for all. A coalition made of different social locations is not simple to put together; it must be created with mindfulness so that people of different social locations will be able to put various differences aside to advance the issues of relative caregivers. They must decide if the change that has taken place has been truly beneficial or if larger social factors must still be altered to better their families, including their adult children. This final stage is critical in the policy model and cannot simply be hurried or ignored.

American policy scholars are not alone in the belief that intersectionality would benefit public policy. Wilkinson examined the benefit that intersectionality could have on creating Canadian public policy (2003). By better understanding the intersecting dimensions of inequality, policy makers could create public policy that would be of the most benefit to the vulnerable populations (Wilkinson, 2003). However, the author points out that the interdisciplinary approach of intersectionality can be complex and is costly in terms of both time and financial resources. Thus, the quick-fix paradigm must be demolished in order to use intersectionality to create successful public policy.

In order to understand the barriers for kinship care families to participate in the subsidized guardianship program in Arkansas, the policy history of the program must be understood and examined. To this end, the investigator talked to several different actors in the policy process, including non-profit activists who have worked in the area of kinship care in Arkansas for more than two decades and had participated in the legislative effort in Arkansas as well as federally funded block grant programs. The research also contained the voices of two

DCFS administrators, who provided a prospective of state government. The investigator examined the implementation phase of kinship care policy in the state because it is during this phase that barriers to subsidized guardianship program are created. The investigator expected to find a lack of knowledge about the subsidized guardianship program resulting in very low participation rates in the program. Based on the literature about stress in kinship families (Kelley et al., 2000; Landry-Meyer et al., 2005; Minkler & Roe, 1996) and barriers to using social services (Gibson, 2002; Kelley, Whitley, Sipe, & Yorker, 2000; Testa, 2002), the investigator expected to find the grandparents' relationships with the DCFS staff to be a strong disincentive to participate in the program. She expected the feelings to be so strong that nothing the program offered would make up for the perceived risk of working with the child welfare system.

The remainder of this dissertation includes an examination of the historical context of the issue of kinship care and how it impacted current policy. The types of kinship care are discussed as well as the demographics. Because intersectionality is the theoretical paradigm used to shape this study, this guiding focus of intersectionality is examined. The literature review focuses on sources of stress of kinship care families, benefits of kinship care families, barriers to services for kinship care families, and impacts of intersectionality on relative caregivers. Chapter Three is devoted to the methodology and the multi method research design utilized within this dissertation. The fourth chapter revolves around the findings. The discussion of the implications of findings, the impact of intersectionality, limitations, and future directions make up Chapter Five.

CHAPTER 2

Review of Empirical Literature

Sources of Stress of Kinship Care Families

Because all stakeholders have primary concern for children involved in the kinship care process, they have sought to understand the struggles and sources of stress for kinship care families. Stress comes from environmental, social, or internal demands that may impact an individual's usual responses or that require an individual to adjust patterns of behavior (Thoits, 1995). The primary caregiver bears the brunt of responsibility for caring for the child and as such has been the major focus by investigators who seek to understand the caregivers' positions in these kinship care family situations. Investigators (Kelley et al., 2000; Landry-Meyer et al., 2005; Minkler & Roe, 1996) have identified six major areas of stress for grandparents raising grandchildren: (a) mental health, (b) social isolation, (c) financial strain, (d) relationship with grown children, (e) relationship with grandchildren, and (f) physical health.

The first of these stressors, mental health, has been a topic of research to better understand caregivers' situations. Research has shown grandparent caregivers are prone to psychological stress which can exacerbate or increase the incidence of depression, insomnia, hypertension, and back or stomach issues (Cox, 2002; Minkler & Roe, 1996). Minkler, Fuller-Thomson, Miller, and Driver (1997) in their nation-wide study found that grandparents raising grandchildren were twice as likely to experience clinical depression when compared to their non-primary caregiving peers. Using the Symptom Checklist-90-Revised, Kelley found that 45% of grandparents surveyed met the criteria for mental health intervention because their psychological stress levels were in the 90th percentile (2000). A feeling of being overwhelmed by their new role

as caregiver was expressed by 71% of respondents. Overall emotional wellbeing has also been found to decline after grandparents become primary caretakers (Minkler, Roe, & Price 2002).

A caregiver's mental health affects more than an individual who is having issues; it affects the entire family system. When adult children face issues, so do grandparents. Grandmothers' own psychological distress has been found to be a predictive variable of a child's behavioral problem (Kelley, Whitley, & Campos, 2011). One reason for such stress is that grandparent caregivers have been found to ignore their own health issues in order to meet the needs of those for whom they are caring (Minkler & Roe, 1999).

The second important stressor cited by Kelley et al. is social isolation, which has also been found to lead to psychological distress in grandparent caregivers (2000). The new challenges and responsibilities of caregiving limit caregivers' interactions with friends and family members as well as their ability to participate in social organizations (Minkler & Roe, 1996). Social isolation has been found in both African American grandmothers (Burton, 2007) and Caucasian grandmothers (Jendrek, 1996). Many kinship caregivers and the children they are caring for report feeling stigmatized for the situation in which they find themselves, which often involves the criminal justice system and/or drug abuse or AIDS (Minkler & Roe, 1999). Grandparent caregivers report feeling like they no longer fit in with their friends who are not raising children nor do they feel comfortable with the parents of the grandchildren's peers, who are much younger than the kinship caregivers (deToledo & Brown, 2013).

Financial strain or simply the inability to meet their families' basic needs can cause stress for kinship caregivers. Financial hardships can be a result of psychiatric care, treatment for physical or mental health issues, or legal costs for grandparents, grandchildren, or both. This is

especially true for those grandparents who try to gain legal rights to their kin's children (Weber & Waldrop, 2000).

Grandparent-headed households report substantially higher poverty rates compared to households with other types of family structures (Minkler & Roe, 1999). Becoming a caregiver often means cutting back employment hours, taking part time positions for less pay, or stopping formal employment all together (Minkler & Roe 1996; Odulana, Comblin, & White, 1996; Simon-Rusinowitz, Krach, Marks, Piktails, & Wilson, 1996). Although balancing employment and caregiving can be a challenge, the grandmothers who remained employed reported less parenting stress and less ill health when compared to grandmothers who were not gainfully employed (Sands & Goldberg-Glen, 1998). Individuals who are unmarried, female, elderly, or uneducated were more likely to live below the poverty line (Thompson, Minkler, & Driver, 2000). Marx and Solomon found that a lack of money made access to medical care, a safe living environment, and good nutrition more difficult (2000).

Another stressful issue for relative caregivers is their relationship with their adult children. Brown et al. (2000) found this to be true through qualitative analysis of grandmother caretakers who cited the concerns for the wellbeing of the grandchildren they were raising and conflict with their adult children as major sources of stress. Hayslip and Kaminski found that one of the most negative results of the kinship care arrangement is the breakdown of the relationship between the grandparents and their adult child (2005). Hayslip and Shore found nearly two-thirds of grandparents raising their grandchildren reported feelings of disappointment in their adult children, 28 % reported feeling resentment toward their adult child, and over 30% felt that their adult children had taken advantage of them (2000).

The relationship between the caregiver and the children in need of care can also cause stress (Kelly et al., 2000). Children come into relative care for a number of reasons, but all the situations that create kinship care families, whether through death or incarceration, have an element of trauma that affects the children. Most children who enter the system have already developed emotional problems or are at risk of developing emotional problems while in care (Owusu-Bempha, 2010). In fact, in one study, 31% of 230 kinship care children in the sample were found to have been referred for clinical assessment by their caregiving grandparent(s) for behavior problems (Kelley, Whitley, & Campos, 2011). In a cross-sectional study, 524 children in kinship care in Baltimore were found to have more physical difficulties, more mental health problems, and more difficulties in school functioning when compared to their peers not residing in kinship homes (Dubowitz et al., 1994).

When the family members shift roles and become the primary caregivers, it can be a difficult transition. Grandparents reported this shift in roles to be especially difficult. They were stressed by losing the traditional, fun-loving role of grandparent and shifting to the roles of the disciplinarian and provider. However, they saw this shift as imperative to provide a safe, stable home for children (Shore & Hayslip, 2000). In this changed role, many grandparents also reported having issues with their grandchildren's behavior (Weber & Waldrop, 2000), which often resulted from the children's oppositional defiance disorder (ODD) and conduct disorder (CD). Grandparents in Weber's and Waldrop's study blamed such diagnoses on a myriad of factors such as their grandchildren's parents' pre- and post-natal drug use, parents' treatment of grandchildren, and parents coming in and out of children's lives.

A final stressor cited by Kelley et al. was the caregivers' physical health. A general part of aging is dealing with physical ailments. Grandparents raising grandchildren often reported that they are fearful to disclose any physical issues they face for fear that they will no longer be able to care for their grandchild (Emick & Hayslip, 1999; Kelley, Yorker, & Whitley, 1997).

Caregivers may also lack time, finances, knowledge, ability, and health insurance to meet the needs of their physical health concerns (Minkler & Roe, 1993). Most of the grandparents in Gibbon's and Jones's study reported concerns about their health since taking over full time caregiving, with physical functioning listed as the most serious problem (2003).

Another stakeholder who struggles within the kinship care family is the child welfare worker. Child welfare workers reported having a negative reaction to the time consumed by kinship foster care placements and the lack of clear and coherent policy regarding work with kinship families (Peters, 2005). They cited the need for additional time to deal with the complex cases that kinship families often represent. The most significant challenge found in the study was working with the needs of each of the three generations of family members. However, despite these challenges, child welfare workers reported strong, positive feelings toward kinship foster care (Peters, 2005).

A second challenge is that social workers may miss identifying the need for mental health services. Kinship care children have been found to receive fewer mental health services when compared to foster care children (Berrick, Barth, & Needell, 1994). This may suggest that social service workers do not identify the needs for services or that social service workers have less knowledge of the needs of kinship care children because they have less interaction and involvement within the kinship care families (Iglehart, 1994).

Benefits of kinship care families

Although there are a few studies that found no significant differences between adults who had been in kinship care and those who had been in non-kinship care (Benedict, Zurazin, & Stallings, 1996, as cited by Owusu-Bempha, 2010), the preponderance of research shows definite benefits of kinship care. Children in kinship care typically have experienced fewer previous out-of-home placements (Owusu-Bempha, 2010) and have maintained closer contact with birth parents than typical foster children (Berrick et al., 1994). Kinship care placements appear to be more stable for children and last longer than non-relative foster care (Berrick et al., 1994; Courtney, 1994; Iglehart, 1994). According to qualitative studies such as Rowe, Cain, Hundleby, and Keane (1984), children fare better in all aspects of functioning in relative care when compared to those in the care of strangers. Other qualitative studies credited kinship care placements as being important factors in the wellbeing of children who require out-of-home placement (Brown et al., 2000; Messing, 2006). Kinship care children in these studies considered themselves full members of the extended family in which they were cared.

On the flip side, some studies link the public care system to negative psychosocial developmental outcomes for children. Quantitative studies such as Gibbs et. al. (2005) and Keller et al. (2001) and qualitative studies such as Kelley, Whitley, and Campos (2011) and Owusu-Bempha (2010) show that psychological and behavioral problems are more common among children cared for by strangers than those cared for by relatives.

The grandparents, too, have been shown to benefit by kinship care placement. The relatives who care for children have been found to be committed to children's wellbeing (Gibbs et al., 2006). In a study of two urban African American communities, grandparents and great-

grandparents reported finding parenting their children's children to be an emotionally rewarding experience, citing deep love for their grandchildren and gratitude for the ability to have this chance to parent again (Burton, 1992).

The benefit of preservation of family ties is difficult to study but has the power to vastly shape a child's life. The Child Welfare League of America found several pieces of evidence that support children's emotional nurturance growing up in kinship foster care settings (1994). These included enabling children to live with persons whom they know and trust, reducing the trauma of being placed with strangers, reinforcing children's sense of identity, increasing self-esteem, and facilitating children's connection with siblings.

Barriers to services for kinship care families

Social support is an important component in determining how grandparents experience the stress of raising grandchildren (Kelley et al., 2000). Gibson (2002) found three barriers that grandmothers encountered while dealing with the social services system. The first barrier emerged when kinship care grandmothers cast blame on themselves or accepted total responsibility for the situation their families were in. These reactions caused the grandmothers to experience self-imposed stress, lack needed documentation, feel too ashamed to ask for help, feel alone, and lack time. Gibson (2000) identified the second barrier: the system's rules, which limited grandmothers' ability to access the system. Requirements such as proof of paternity, time lag to process claims, amount of required paper work, and too many different service providers led kinship care grandmothers to avoid using social services (Gibson, 2002). The final barrier Gibson found was the attitude of the social services workers themselves, which grandmothers found unhelpful and on occasion, even described as adversarial. These findings are consistent

with Burton's (1992) qualitative research of 60 African American grandparents, which found that only 3% of respondents received consistent and reliable support for their role as surrogate parents.

Fear of the child welfare system also contributes to relative caregivers not seeking services (Gibbs et al., 2006). Kleiner, Hertzog, and Targ (1998) found that grandparents did not seek government assistance for fear of exposing their living situation and losing their grandchild (1998). Some legislators have recognized this barrier and have established programs to combat it. In Illinois, for example, an advisory board was established through the African American Family Commission that hired people from the community to work within the community, providing care, support, and information (Testa, 2002). Sometimes the barrier is the lack of services and programs (Burton 1992) and, in other cases, grandparents may find it difficult to learn about programs that are available (Gibbs et al. 2006).

Intersectionality and Relative Caregivers Previous Studies

Despite the benefits to public policy that intersectionality holds, relatively few policy investigators have utilized the theoretical framework within their research. However, there have been notable exceptions (Bishwakarma et al., 2009; Murphy, 2004; 2008; Norris, 2005; Reid & LeDrew, 2013). Applying this framework to the issue of relative caregivers does seem to be growing in popularity.

One study that uses an intersectional lens to examine the population of relative caregiver is Minkler and Fuller-Thomson's (2005) study that used data from the 2000 Census Supplementary Survey and the American Community Survey. They used intersectionality to examine the socio-demographic characteristics of African American grandparents age 45 and

older raising grandchildren (N= 2,362) in order understand how later-life caregiving is shaped by race, class, and gender (Minkler & Fuller-Thomson, 2005). According to the study, 525,095 African Americans, 4.1% of the African American male population and 7% of the African-American female population over the age of 45, provided full time care for a grandchild. The percentage was highest for those between the ages of 60-64 and lowest for those over 85. In considering the total number of African American grandparent caregivers, education was found to be an important characteristic with only 3.3% of college graduates providing care, while 6.6% of those without a high school degree did so. Income was also found to be a significant variable for the 529,095 grandparent caregivers ages 45 and over, with 8.5% of those caring for grandchildren also living below the poverty line, and only 5.2% of those above it doing so (Minkler & Fuller-Thomson, 2005). African American grandparents living in nonmetropolitan areas had a higher rate of kinship care than those living in urban areas of the country. Approximately half (45.9%) of all grandparent caregivers' households contained one disabled member, but of those, only 5.2% involved a disabled grandchild (Minkler & Fuller-Thomson, 2005).

When caregivers were compared to their non-caregiving peers, it was found that caregivers were much more likely to be female, younger, less likely to have completed high school, have higher rates of poverty, live in overcrowded households, and use public assistance (Minkler & Fuller-Thomson, 2005). Some differences were also noted between grandmother caregivers and grandfathers, with grandmothers being significantly more likely to be out of the labor force than their non-caregiving peers while caregiving grandfathers did not fit this trend.

The data did not distinguish between the formal or informal nature of the kinship care arrangement (Minkler & Fuller-Thomson, 2005).

Doblin-MacNab (2015) applied intersectionality in a brief that examined the importance of human service professionals' ability to critically self-reflect their own views on grandparent-headed households. Doblin-MacNab used the intersectional idea that "cultural patterns of oppression are not only interrelated but are bound together and influenced by intersectional systems in society, such as race, gender, class and ethnicity" (p. 140) to highlight the fact that grandparents raising grandchildren may be at greater risk of marginalization when compared to their peers who are not raising grandchildren. According to Doblin-MacNab, when grandparents feel they are not being understood by human service workers, they will not reach out for the help that they and their families need.

In her research study of the impact of institutional decision-making in the lives of 50 black custodial grandmothers living in Chicago, Pittman (2014) utilized intersectionality to address the distinct vulnerabilities faced by African American families. She sought to understand how African American grandmothers' race, class, and gender identities made them ideal for care but marginalized them within the power structure when they provided that care to grandchildren. She also examined how institutional decision-making can be used by marginalized populations as a way to "shift power imbalances, demonstrate agency, and achieve family stability" (p. 35). She used the term *institutional decisions* because grandmothers on their own are not in complete control of their own circumstances but rather have choices shaped by various institutions with which they are involved, including family, state, and other institutions that help raise a child such as schools and medical providers (Pittman, 2014).

The current investigator answered the research questions asked in this study based on the knowledge uncovered within this literature review. The stressors identified in the literature including health, income, and trepidation about working within the formal child welfare system helped shape questions for both the qualitative and quantitative portions of the study. By understanding the barriers to participation that other kinship investigators have found, the current investigator was able to go into the field and observe reality and to collect data from several different sources with several different methodological techniques to compare how the findings from the current research compared with those previously conducted.

CHAPTER 3

Methodology

This research utilized four abstract representations of reality also referred to as data slices (Gaber & Gaber, 1997), which dealt with one specific topic, subsidized guardianship program in Arkansas, through a number of different observations. The first data slice came from administrators in DCFS. The second slice of data came from non-profit leaders from across the state. To gain a clearer idea of the reality that Arkansas families face, the third data slice was collected from the kinship care families because grandparents are the experts in their own lives; without their voices, a program for relative caregivers cannot be understood from the perspective of the individuals who should be participating and benefiting from such a program. The fourth data slice came from social workers and DCFS staff workers who work with kinship care families and are in a position to add more clarity to the issue. Both the groups in the fourth slice of data came from the mezzo level, the institution that provides essential services to society (Murphy et al., 2009).

In collecting these data slices, the investigator recognized that her lived experiences as a middle class, white female in her 30s are vastly different from the grandmother caregivers in rural Arkansas whom she interviewed. Although both investigator and participants are women, our views of the world and of the best way to help relative caregivers may be completely different due to the variety of our social identities, such as race, age, and class. When investigators examine large groups without regard to differences in the participants, they miss the subtle differences that individual experiences offer. This research project examined even these differences. Permission to conduct this research was gained through the University of Arkansas Research and Institutional Review Board (IRB). The IRB protocol number for this project is protocol #15-01-434.

Multi Method Research Design

This research project utilized a developmental technique at each phase of the research. Thus, every phase is built upon the previously conducted phase, increasing investigator confidence in the data as a whole (see Appendix D Table 1 Methodology). One of the main strengths in this project is that a number of different people in divergent roles were able to lend their voices and views about how they currently see the reality of the subsidized guardianship program in Arkansas. Each phase of this study had its own group of participants selected for the unique perspective that it offered.

To simplify the explanation of the various components of the methodology, the investigator devised a table that outlines the key elements of the methodology (Table 1).

Methodology Table 1

Phase	Data Collection Method	Population	Anticipated # of interviews or surveys	Goal
Phase 1 Interviews with service providers	In Depth Interviews	Service providers and advocates across AR	5	Gain an understanding of how non profit agencies interact with the subsidized guardianship program
Phase 2 Pilot Study with Grandparents	In Depth Interviews	Grandparents in NWAR	3	Inform development of Interview Guide (Grandparents) Inform initial coding
Phase 3 Interview with DCFS Administrators	In Depth Interviews	senior level Administrators who work at DCFS	2	Gain an understanding of how the governmental body and institutional lens interact with the subsidized guardianship program
Phase 4 Interview with Grandparents	Focus Groups	Grandparents in two geographic areas in AR from different ethnic backgrounds	One group of 2-9 grandparents in each geographic location	Gain an understanding of why relative caregivers are not using the subsidized guardianship in Arkansas
Phase 5 Quantitative Component	Online Qualtrics Survey	DCFS Case Workers & Licensed Social workers Across AR	50	Gain an understanding of what DCFS workers and Social Works know about the

Phase 1

During the first phase, data were collected through conducting in-person, initial interviews with nonprofit group leaders and advocates within the state of Arkansas. The purpose of these interviews was to gather insights about possible barriers to policy implementation from those professionals and volunteers who are experts in working with kinship care grandparents

and whom Lipsky (1980) has called street level bureaucrats. In-person interviews were most desirable due to the amount of communication that is received through non-verbal cues (Knapp, Hall, & Horgan, 2013). Although verbal exchange was most desirable, one respondent, due to time constraints, asked to participate through written responses. While the investigator counted the respondent among her number of participants, she did not use the written material to inform her inquiry because it lacked the rich data that comes from an in-person interview. In addition, the organization that participant served had not dealt directly with service delivery to kinship care families. The organizations that were represented included Grandparents as Parents Support Group, Arkansas Voices Grandparents Project, Arkansas Voices for the Children Left Behind, and The Kinship Caregiver Warm Line. The four providers interviewed included a state/national advocate for grandparent caregivers who works with grandparent caregivers in Little Rock, a former State Legislator/social worker who had until recently continued to lead a group of grandparents in Northwest Arkansas; a parent educator who meets with grandparent caregivers in Springdale; and an advocate who has been involved in a grandparent group in Winslow, Arkansas.

All participants signed consent forms (See Appendix E) that comply with standard requirements of the University of Arkansas Institutional Review Board (IRB). The investigator incorporated the information gleaned from this phase of the investigation into the next three phases of data collection.

Phase 2

Based on these initial interviews, the investigator formulated semi-structured interview questions (Appendix H) that formed the basis of an interview guide that was used during focus

groups with kinship care grandparents as described below. The initial interviews also formed the basis for an investigator-devised coding system for possible responses to questions. Because it was imperative that the initial interviews of kinship care grandparents be done with a high level of trustworthiness and credibility, the investigator used these questions to conduct individual mock interviews with a small purposive sample consisting of three Caucasian kinship caregivers with whom she had worked. She coded responses using her preliminary coding system and made changes to the coding system as needed. Questions that were reported as being unclear were reworded or given more explanation or context.

Phase 3

In the third phase of this study, data collection was done through an in depth personal interview with two, senior level DCFS administrators based on the knowledge gained through the previous two stages of study. This interview provided the view of the institutional power structure that implemented and currently regulates the subsidized guardianship program. (The interview questions can be found in Appendix D). The investigator used the codebook established in the first two phases to code audio transcription on the interview in order to have a level of comparison. Participants in the Phase Three interviews included senior level administrators from the Arkansas Division of Child and Family Services (DCFS). These two administrators are at the policy-making level of the organization. They were first approached via e-mail by their supervisor, an acquaintance of the investigator.⁴ These administrators provided

⁴ At the time of the initial e-mail introduction, the administrators' supervisor was a long-time colleague of the investigator's family. The investigator had also interned at an organization

information about the state government and social institutions, including valuable insight into their perspective. They shared their views concerning why the subsidized guardianship program had been established in the state of Arkansas and explained some of the limitations the program faces within the institutional state government structure.

Phase 4

The fourth phase utilized the qualitative data collection technique of focus groups. To recruit participants for this data collection phase, the investigator used the developmental and intersectional approaches that included both Caucasian and African American caregivers from two different geographical locations within Arkansas, Northwest (Springdale) and Central Arkansas (Little Rock). The caregivers, recruited by the nonprofit leaders who were known to them, included kinship care grandmothers whose commonality was raising at least one grandchild. By conducting focus groups in two locations in the state, the investigator was able to study a variety of individual kinship care grandparents impacted by a number of social systems that may vary by location in the state. This aspect of the design made it possible to look at the state's kinship care population beyond a single location. Thus, this investigation has the potential to become a first step toward a complex understanding of the population of kinship caregivers in the state. Participants were asked to volunteer to talk about their experiences as kinship care grandparents. Each participant was also asked to fill out a short survey focused on identity categories (See Appendix F). In reciprocity, to thank each caregiver for giving her time as well

directed by the supervisor's spouse. The supervisor has since changed jobs and no longer works within the governmental structure.

as sharing her personal experiences, the investigator provided a ten dollar Wal-Mart gift card that the investigator personally funded.

The five African American and four Caucasian grandparent caregiver participants who shared their personal experiences with the investigator live in two geographic areas of Arkansas: Central and Northwest Arkansas (NWA). Overall, the majority of the grandmothers, six total, fell into the age range of 61-70 years old. Four grandparents in Little Rock were in the age range of 61-70, one 51-60, and one 41-50. Two grandmothers from NWA were between 61-70, and one was 51-60. All nine grandmothers had finished at least high school, two completed some college, and four had completed a college degree. Looking at the regions separately, three grandparents in Little Rock finished high school, one reported some college, and two had finished college; two grandmothers in NWA had a B.S. degree, and one reported having some college. Seven grandmothers stated that they had a medical condition that impacted their daily life to some degree, while two said they had no such malady. Of the seven with medical conditions, two grandmothers were from NWA and five from Little Rock. Overall, the marital status of four of the grandmothers was married, two listed themselves as single, and three, divorced. One grandmother in Little Rock listed herself as divorced, three married, and two, single. Two NWA respondents listed themselves as divorced and one, married. Five grandmothers did not work outside the home, three had full time employment outside the home, and only one stated that she worked part time. Three grandmothers in Little Rock reported working outside the home, two inside the home, and one part time. All three NWA grandmothers reported only working at home with no outside monetary employment.

Phase 5

A sequential developmental approach was used to formulate a survey for DCFS caseworkers in Arkansas concerning their involvement and understanding of the issues of kinship care and the subsidized guardianship program in the state. The survey was sent out electronically using the Qualtrics system to DCFS workers across the state through the DCFS list serve. The response rate suggested that the electronic survey encouraged participation despite the busy schedules of the caseworkers and social workers. Permission and e-mail addresses were obtained from Janie Huddleston, Deputy Director, Arkansas Department of Human Services at the time of the inquiry. A survey was also sent out to every licensed Social Worker in the state of Arkansas after a Freedom of Information Act (FOI) request to the Arkansas Licensing Board.

There were a total of over 400 DCFS workers who received the Qualtrics survey, with 106 completed returns, a return rate of 26.5%. A total of 3,015 e-mails were sent to Licensed Social Workers; of those, 189 e-mails were rejected (reported as unable to be delivered through the e-mail server), and 1,132 who received the Qualtrics survey opened their e-mail.⁵ The 331 completed surveys resulted in a return rate of 29% of the opened e-mails, which was 11% of the total population. The investigator acknowledged in the instructions that these professional participants might receive two requests to answer questionnaires, and in that case, they were encouraged to return both as each survey addressed different roles. Because being a DCFS

⁵ The Qualtrics program generates a log all of the survey responses. If the research uses Qualtrics to e-mail out the survey, as was the case with Social Workers survey, Qualtrics is able to collect data on how many e-mails are rejected (bounced), how many are open, and how many participated. Because the DCFS workers' survey was sent to the workers by the program administrator and not directly from the investigator, the response data was not sent to the investigator. Thus, data regarding e-mail statistics of this survey was unavailable.

employ and a licensed Social Worker in the state of Arkansas are not mutually exclusive titles, it was anticipated that some individuals would fit both descriptions. For example, some DCFS workers are also licensed social workers who work to aid children and families through the child welfare system. However, there is no way of knowing if a single individual filled out both the DCFS Service worker survey and the Arkansas Licensed Social Worker Survey, and because the surveys were slanted to different roles and were not the same, it is not a pivotal point. The investigator believes that the two different surveys ask individual questions in different ways, making it likely that answers would be shaped by whatever role the respondent had played with the program in the past.

Data Collection and Data Entry

Because of their familiarity and the trusting relationship already built between the grandmothers and the leaders of their groups, the investigator relied on the leaders to recruit participants. As a social worker working with a grandparent population in the past, the investigator understood the value that this type of trust could afford the study. Grandparents came to the interviews to support their leaders' request and were most likely more trusting of the investigator because she was endorsed by their leaders. All participants signed a consent form that had been approved for this study by the IRB at the University of Arkansas (Appendix E).

Leaders of the Arkansas Voices for the Children Left Behind group in Little Rock and the Grandparents and Parents Share and Care group in Springdale recommended and recruited kinship caregiver participants for the focus groups, thus acting as gatekeepers to kinship caregivers. The focus group interviews were conducted at the Jones Family Center Resource Shop in Springdale and the private room of Whole Hog BBQ in Little Rock, both locations

suggested by the group leaders. Each took about one hour. The investigator had an audio engineer at each focus group to handle all audio devices as well as take field notes to aid in transcription. Based on the suggestion of the audio engineer, each focus group interview was recorded on at least four recording devices to best pick up variations in voices and to assure that the recordings would meet the needs. Moreover, each of the interviews was conducted with an interview guide (see Appendixes G and H). The investigator also took field notes that helped provide a richer insight of detail not evident on voice tapes, including such observations as body language and facial expressions.

This purposive sampling is a type of non-probability sampling in which the respondents have been selected based on certain characteristics that they have in common (Royce, 2008). In the case of this study, all focus group participants were selected because they were all relative caregivers. The street level bureaucrats were also a selected, purposive sample based on their job characteristics or the degrees or licenses they held. Intra-categorical intersectional analysis (McCall, 2005) was utilized in selecting participants, affording deep analysis within a broader group. In this research, specifically within the broader group of women, the sample included black and white women of low-to-moderate income levels from two different communities. The investigator utilized the snowball technique to reach out to additional nonprofit group leaders who were known in the area by nonprofit group leaders who were already known to the investigator. However, without previously established relationships, it would have been difficult to establish a working relationship.

The investigator coded each interview personally in order to have a close relationship and understanding of the data (King, 1996). The interview data has been “kept confidential to the

extent allowed by law and University policy” (University of Arkansas, IRB Protocol, 2014). No actual names appear on the interview information the investigator assigned pseudonyms to each participant, which she will keep for three years after the completion of the study according to IRB Protocol and University of Arkansas procedure. Audio files and transcripts will be destroyed three years after the study is complete and until this time will be placed in a locked cabinet in the researcher’s private office.

A second interview guide, separate from that used from the relative caregiver focus group, was developed for the DCFS case workers who work directly with relatives applying for the subsidized guardianship program (See Appendix J). The investigator sent the Qualtrics survey link to the Policy Director who in turn sent it out to the list serve of caseworkers. No names or e-mail addresses have been provided to the investigator. A second Qualtrics survey was sent to each social work license holder in Arkansas using the e-mail addresses obtained through a FOI request to the Arkansas Social Work Licensing Board. These e-mail addresses have not been removed from the investigator’s home personal computer and have been kept in a password secure location on a personal machine.

The investigator has printed out transcripts and survey results that will be kept with the transcripts and tapes in the locked drawer for three years. After this time, the transcripts will be destroyed following University of Arkansas guidelines.

Informed Consent

The research project received approval from the University of Arkansas Institutional Review Board as per standard protocol. Each participant was be given a written consent for participation form to sign, and the investigator also discussed these with each participant verbally,

including the confidentiality procedures, benefits, risks, and the participants' right to discontinue and leave the focus group at any time. Extra copies were on hand if participants wanted a copy to take with them. The signed informed consent form (See Appendix E) is the only place the participants' names appeared. These forms have been kept in the investigators' locked private office. Informed consent for the on-line questionnaire of street level bureaucrats, was stated on the questionnaire. Participants' voluntary participation in the online questionnaire provided implied consent, as per IRB guidelines. The IRB protocol #15-01-434.

Data Analysis

Based on the research questions asked and literature reviewed, the investigator developed a code book with initial codes. More codes were added to the codebook as the transcripts were analyzed and emergent themes were found, allowing for an improved fit with the data (Krathwohl, 2009). Line by line coding was conducted by the investigator and a volunteer peer collaborator, Jessica Shabatura, an instructional designer from Global Campus, who holds a masters degree in instructional design and aided the investigator in reciprocity for help that the investigator offered on a previous research project. In this technique, referred to as intercoding (Tinsley & Weiss, 2000), codes were compared during a peer-debriefing session (Lincoln & Guba, 1985). Themes were highlighted in different colors with Nvivo (Nvivo for Mac Version 10.2.1 © 1999-2014 QSR). QSR generated program themes were turned into nodes, and sections of text that fit into each node or theme were color coded accordingly and placed in a separate searchable folder. Coding has been done with what Gilbert referred to as the coding trap or the idea that everything within the transcript tends to become significant, permitting the

investigator to lose sight of the original goal and lose gain objectivity (as cited in Krathwohl, 2009).

A thematic analysis was used in a three-step process in order to move beyond simply coding phrases of transcribed interviews and to try and identify the implicit and explicit ideas that are contained within the transcribed data (Greg, 2012). This method was identified to capture complexities of meaning within the data set. This was done through a deductive, theory-driven approach of intersectionality. A theme was defined as a representation of a pattern of responses that helped to answer the research questions posed within this study. The themes identified represented semantic themes which, unlike latent themes, do not attempt to presume underlying patterns and ideas (Greg, 2012).

The first step was to read all the transcripts that had been made from each individual service provider interview; then the transcripts were re-read so that the investigator was familiar with the data. During the second reading, the investigator generated some initial codes by documenting where and how patterns were occurring within the text. In the next phase the investigator took the data codes that had been developed and examined them, placing them into overarching themes based on the theoretical approach of intersectionality and the research questions.

Data collected from the leaders of nonprofits and senior level DCFS administrators were analyzed using standard qualitative software (Nvivo for Mac, Version 10.2.1 © 1999-2014 QSR International). This software allowed the investigator to color code different passages of transcribed text into various themes or nodes that the investigator established through a

codebook based on the interviews themselves as well as the research done by others in the area of relative care as mentioned through the literature review.

Transferability

Transferability in qualitative research is a concept somewhat similar to generalizability in quantitative research, is how well the sample population can be applied to a larger population (Duff, 2007). In qualitative research, the total sample population (n) can be very small, making transferability only valid back to that small sample population (Duff, 2007). Thus, the investigator cannot, for example, look at one kinship caregiver or even a small group in Arkansas and make assumptions about the entire population. The sample population of one would only render findings applicable to that one individual. It is the belief in qualitative research that this one individual is able to give great depth into their own life and this thick description is what allows investigators to gain insight into the human experience (Geertz, 1973; Schofield, 2002).

Due to the amount of time required to conduct and transcribe personal interviews and focus groups, qualitative analysis suffers from issues with transferability because the investigator is only examining a small group of particular participant at one particular time. Data from all interviews were analyzed and compared at a theoretical level. These interviews were applied at a public policy level to examine how they had impacted the implementation of the Kinship Subsidy Program.

Transferability in this research was increased by using several different methods of data collecting techniques. In-depth personal interviews offered the advantage of narrowing the number of voices the investigator heard, thus giving ample information from within the community while staying true to the topic in the amount of time available (Krathwohl, 2009).

The similarities among the study populations in each study region offered more confidence in a small number of respondents. The selection strategy for the two regions was also standardized. The investigator also noted subtle differences through data collection at each of these data collection sites and sought to explain each of these differences through the theoretical intersectional framework. While personal interviews were found to be the most effective type of data collection for nonprofit leaders, it was determined that focus groups allowed the most grandmother voices to be heard. Focus groups allowed the grandmothers to share their personal lived experiences with others who had similar life events. It was not just an investigator sitting in a room taking notes while they talked; they were surrounded by people who, on a very personal level, understood the struggles that they were dealing with because they, too, on a day by day basis, had the same struggles. The focus group led to a higher level of sharing among the grandmothers. Being with peers allowed them to open up much faster than compared to their peers in one-on-one interviews conducted during the pilot study.

Credibility

Credibility, or the ability for investigators to attribute the outcome of the study to their specific intervention rather than extraneous variables, is a concern in all research. For qualitative investigators, the goal within credibility is trustworthiness (Patton, 2002). In analysis, the investigator asked whether the finished product of analysis matched what the investigator expected to find when she went into the reality of the situation (Patton, 2002). The investigator for the current study ran a pilot test to increase the level of reliability of tools such as the questions for service providers, grandparents, and surveys. Three grandmothers were interviewed individually with the expressed understanding that their answers were not to be used directly in

reporting research but to aid the investigator in shaping research questions. The investigator recruited all three grandmothers through a nonprofit leader. These interviews took place at the Fayetteville Public Library. All interviews were audio taped, transcribed, and coded. The grandmother participants were reimbursed with a \$10 Wal-Mart gift card as a small token of gratitude for sharing their time, knowledge, and resources with the investigators. Having a second coder read and code all transcripts also established inter-coder reliability and added in the overall trustworthiness of findings. While having confidence in research tools is important, the investigator has approached this project with the understanding that it is better to gain knowledge on difficult topics that may lack reliability than not to have knowledge at all.

Dependability

Much like reliability in quantitative research, dependability results when a repeat of the study would have uncovered the same result (Patton, 2002). Dependability was enhanced in the current study through the process of triangulation. Triangulation, also referred to as convergence, has been in use since the 1920s (Jick, 1979). This approach uses two or more different methods to examine the same phenomena with the hope that the observations generated from each method will generate similar findings. This convergence of observations gives the investigator more confidence in the findings because different methods have generated the same results (Jick, 1979). The current study used in depth qualitative interviews, surveys, and two focus groups to examine the research questions.

CHAPTER 4

Findings

The findings of this research project are reported in two sections. In the first section, I discuss qualitative data from interviews with service providers, DCFS senior level staff, and relative caregivers; in the second section I discuss findings of qualitative survey data collected from two sources: a Qualtrics survey of DCFS staff as well a Qualtrics survey of licensed social workers across the state of Arkansas. For reporting purposes, the grandmothers were randomly assigned pseudonyms to better identify them through the process. Because the grandmothers had invited the investigator to address them by first name, the pseudonyms given here are first names.

Qualitative Findings

The interviews reported in Section 1 have been organized in themes which, when taken in the whole, provide answers to the research questions: (1a) What are the barriers to participation in the subsidized guardianship program in Arkansas as defined by kinship care grandparents? (1b) How do the views of the kinship care grandparents differ across dimensions of social inequality, including geographic location, socioeconomic status, education, age, gender, and race? (2) What strategies do kinship care grandparents see as beneficial in eliminating barriers to participation in the subsidized guardianship program in Arkansas?, and (3) What do social service and nonprofit agency professionals see as the barriers to participation and strategies to eliminating these barriers?

Research Question 1a: What are the barriers to participation in the Subsidized Guardianship program in Arkansas as defined by kinship care grandparents?

Placement of children in the grandparent's home.

In discussing their experiences as kinship care grandparents in both the Little Rock and Northwest Arkansas focus groups, the participants unanimously discussed the circumstances under which grandchildren moved into their homes. This placement was an issue with which the grandparents had had to cope and which invoked strong feelings. Viewed through the lens of grandparents, the issue of placement stood out as a common barrier to participation in the subsidized guardianship program in Arkansas.

A main source of concern the grandmothers expressed was the role the Department of Children Family Services played or did not play in the placement of their grandchildren. Several kinship care grandparents said they feared DHS involvement and thus had avoided DHS to prevent the possibility that the children might be taken from them. When the Little Rock focus group was asked if any of them would be willing to give up physical custody of their children to the state in order to become licensed foster care homes, a provision required to receive the subsidized guardianship, a chorus of no's could be heard from the grandmothers. Several began shaking their heads in unison as if watching a tennis match. When pressed further as to why they were so secure in their belief not to make their children wards of the state, Agnes said, "There's no guarantee that you would get them back; that's what I'm afraid of." Mary echoed her sentiment, "We would be scared we wouldn't get them back." All grandmothers, whether African American in Little Rock or Caucasian in Springdale, expressed this distrust of the child welfare system.

Grandmothers acknowledged that their uncertainty of how the system worked and how the policies could impact their families came directly from DCFS workers. Agnes said she was told by a DCFS case worker, “If you turn your grandsons..., and I said, ‘When would I get them back?’ ‘Well, we can’t guarantee you that.’ Well, I’m not going to do that then. Who would want to do that?” Mary said the DCFS caseworker told her, “‘Well, we have to take them for 30 days.’ And I said, ‘No way.’ And all four of them [her grandchildren] would probably be separated because it’s hard to find a home that would take all four.” Dorothy stated that her:

...DCFS case worker came out to the house. They talked to me about the two ways to go. You know, either we just go to court, and they could approve my home for the kids to come and, um, me get custody of them, or I could go through the foster care program which would mean quite a bit of money. With three kids, they would pay for each child, but it would take a month to six weeks to go through the program, and I couldn’t get the kids until then. And there was always... I asked them, I said, ‘If I were to do that--and I’m not even really thinking that way--if you were to place them here under the foster program, would there ever be a chance you’d come in and take them out?’ And they said, ‘Well, you know, there was a slight possibility because snafus sometimes happen, but that is not the way they work.’ Well, I thought if there is *any* possibility of a snafu, I’m not going to do that. I said, ‘No, I’m not going to do that.’ So I took the full responsibility for the children, and we had the hearing, and two weeks later or a month--within a month--we had another hearing and then we had hearings all year long, you know.

Barbara described hearing about the idea and issues of becoming a foster care home through word of mouth. “Somebody told me that. I never asked them [DCFS].” Sarah explained her frustration with lack of help for grandparent families. “That’s the reason for not helping grandparents; there is always a loop hole.”

Unlike the African American grandmothers in Little Rock, all the Caucasian grandmothers, three in Springdale and one in Little Rock, reported that DCFS was in some way involved in the placing of their grandchildren with them. Their experiences with the agency were varied. At worst, some situations would instill fear in anyone who heard about them. For

example, for Linda, there was a single phone call from a case worker who said “if we didn’t take them that night, we would never see them again. We had to go to them and pick them up. It had to be done right then or we would never see them again.” (It should be noted that that grandmother was not dealing with the state of Arkansas but had moved into the state after she was raising her grandchildren.)

DCFS became involved in the placement of Nancy’s grandchild after both her daughter and the baby she delivered tested positive for methamphetamines. She described her interaction with DCFS as “sheer terror.” After the positive drug test, the situation in the hospital room “just changed, happy joyous, wonderful moment turned into life’s biggest nightmare.”

Not all of the situations in which DCFS was involved were described in horrific terms. Another grandmother, Karen, successfully encouraged her daughter to grant Karen full custody of her grandson because the daughter was aware that there was an open DCFS case on her and “did not want the child going into foster care.” Karen reported, “She [the daughter] was able to side step them [DCFS], but they knew that I had him because they called, but it was another state, and I had to do a home visit, which legally I didn’t have to because I was a grandparent, but I did.” She reported that her experience with DCFS “was fine” and that the home visit did not seem very substantial. Nor did Dorothy report a negative tale. She gained custody of her grandchildren after they had been placed in foster care; the mother lost custody of them due to her on going drug issues.

Despite the variety of their reported experience, the fact remained that the Caucasian grandmothers all reported some involvement with DCFS, while the African American

grandmothers all reported avoidance of DCFS, reportedly due to their fear of the African American grandmothers that their grandchildren would be taken away.

Knowledge about and aid with guardianship subsidy program.

A second theme to participation in the subsidized guardianship program emerged from the interviews of kinship care grandparents: A knowledge gap seemed to exist across the study population. While each group of participants acknowledged the potential benefits of the subsidized guardianship program, both focus groups reported that only a few participants in each group had more than a vague understanding about the subsidized guardianship program. Nor did any of the participants report that there had been resources offered to them to help them gain knowledge about the program. The homogeneous nature of the responses suggests that the study population was more similar than different in regard to their knowledge base.

Susan was one of the grandmothers who demonstrated a bit of recognition of the program. “Well, it’s a guardianship program,” she said, adding that “they [DCFS] kind of gives funds to people, grandparents, to keep the child from going into the system.” This answer, while revealing an awareness, did not indicate adequate knowledge. Susan’s account did not acknowledge that children who qualify for the subsidized guardianship are already wards of the state of Arkansas, a key piece of knowledge for anyone making such a decision. Nancy reported that she had “specifically asked [the DCFS caseworker] if there was any ‘help’ at the time her grandchild came to live with her. However, she would not have qualified for the subsidized guardianship program because she had gained temporary guardianship without her grandchild being first placed in DCFS custody (Arkansas Code § 9-8-204).

Several of the grandmothers were familiar with the idea of becoming a licensed foster care family for their grandchildren. Linda reported that DCFS talked to her about the concept of becoming a licensed foster care home, not for the first grandchildren they placed with her but after another baby had been born. “I have a younger granddaughter from the same kids; when she was born, they [DCFS] wanted me to take her, but I just physically wasn’t able to take her, and then she had to go to foster care.”

Research question 1b was *How do the views of the kinship care grandparents differ across dimensions of social inequality, including geographic location, socioeconomic status, education, age, gender, and race?*

Because the grandparents attended different support groups in different areas of the state--one group serving primarily African American grandparents and the other, Caucasian grandmothers—the investigator expected to find different barriers preventing kinship care grandparents to access the Guardianship Subsidy program based on an individual’s social location. However, the homogeneous nature and small sample size of the grandparent interviews made it difficult to make these connections. The grandmothers--regardless of race, region, or other identity categories—shared much the same experiences as they took responsibility for their grandchildren. They all-- both white and African American grandmothers--expressed similar concerns, particularly a fear of losing their grandchildren and a mistrust of the social welfare system. The fact that the groups shared more similarities than differences, however, pointed to the reality for these grandmothers: the data clearly suggested that the experience of raising a grandchild superseded racial labels, location, and identity categories and provided a common bond.

Although the group was small and homogenous in their focus on raising children, the grandmothers did express some interesting differences, which might be attributed to dimensions of social inequality. As data was coded and analyzed (Nvivo for Mac Version 10.2.1 © 1999-2014 QSR) it appeared that the all African American grandmothers had done what they could do to avoid or at least minimize DCFS involvement in the placement of their grandchildren. The Caucasian grandmothers, on the other hand, had all been involved with DCFS caseworkers, whether positively or negatively. The grandmothers' own words, reported above (1a), also supported this.

Research Question Two: What strategies do kinship care grandparents see as beneficial in eliminating barriers to participation in the Subsidized Guardianship Program in Arkansas?

Research Question Two asked the investigator to address the strategies that kinship care grandparents see as beneficial in eliminating the barriers to participation in the subsidized guardianship program in Arkansas. Although hearing about the Guardianship Program was new for the majority of the grandmothers in the focus groups, the grandparents were quick to perceive benefits that the program could provide. Both African American and Caucasian grandmothers reported the need to reduce stress; they were less able, however, to share strategies for eliminating barriers to participation.

A discussion among the grandmothers centered on the stress that they feel as kinship care grandparents. The grandmothers in NWA specifically cited concerns with financial stress especially Nancy who reported her only income to be Social Security Disability. Linda, the only Caucasian grandmother in Little Rock, said, "My husband and I are both disabled, and we're on a fixed income, and we couldn't find no help financially or otherwise. They say we make too

much to get any help, food, or family services, and I don't know where you think we make too much at. How can you buy groceries with that?" Dorothy added, "Well, my situation as a maternal grandparent is totally different... you can't get anything if you're a paternal grandparent. Couldn't even get financial help." Mary also shared a time when she had felt financially vulnerable: "The worst time--and this was when I first had my grandkids and I had a job. And you know if you put--the youngest one was eight months old--and you put four children in daycare, you know what that cost?"

Dorothy cited concerns for the safety of her grandchild. She recounted that before she had guardianship of her grandchild, her adult daughter had "kidnapped her [the granddaughter], and for a week; we didn't know where she was." Nancy also reported that she did not feel that her granddaughter was safe until "I was able to adopt her, and I knew she was finally, totally, and completely safe. Prior to that, she wasn't."

Several grandmothers talked about their concern for the future as their grandchildren got older, making sure that they grew up to be responsible members of society. Barbara stated her concern that the children will be influenced by "the right group of kids. It just scares me before I go to sleep. I don't want them to grow up before, until they grow up. It's so out there now; this world is so..."

Another common aspect of worry about the future concerned what would happen to their grandchildren upon the grandmothers' deaths. Patricia shared, "It's stressful because you don't know who else is going to take over and take care of them how you have taken care of them." Mary shared that her granddaughter had expressed this concern as well. The child had asked, "Well, granny, who is going to take care of us when you die?" She added, "So that is a stress.

Big stress, 'cause I don't know if everyone is going to try and keep them together or try to put them... I have two older children, but they have children."

The grandmothers' failing or poor health was also something that a several grandmothers reported kept them up at night. Dorothy shared, "I've had ten surgeries in the last three years, two major heart attacks, and it's been a real up and down thing for me, you know." Patricia said that she "worried about staying healthy so we can take care of them, and like two of the children have special needs."

However, when it came to articulating specific strategies that could be employed to eliminate barriers, the grandparents had fewer ideas. Almost all acknowledged that they rely on prayer to help them meet the needs of their grandchildren. Barbara said, "I just pray, 'God please raise them to be...hang around the right group of kids.' and just pray that they don't get in trouble, go to jail because it's so easy to get influenced, you know." Another grandmother said, "I just keep praying that, you know, that they keep me alive long enough to get this one raised. I've really worried about that for a while." Nancy echoed this sentiment, "I just pray that I stay healthy enough, long enough to get her to where she needs to be."

Another strategy that some grandmothers in both locations pointed to was membership in support groups. However, two of the grandmothers (Linda and Barbara) said they cannot find organizations outside a few that are specifically set up to help grandparents. Susan stated that as far as financial help, she and her family "don't qualify for anything." When pressed further as to whether the resources they would want most were emotional support or something more financial, two grandparents answered "everything."

A third strategy that the Little Rock grandmothers suggested was social recognition of their status as guardians of the children. They cited frustrations with social institutions such as doctors' offices and schools. Mary talked about how the solution for her had meant "taking a piece of paper with me everywhere I went that showed them this [guardianship], and at the school, everyone needs to know him there. Now the counselor does, and the counselor at the school talked to me. But in the beginning, it was hard because you tell one teacher, and it's like the school doesn't recognize that because they [the children] already feel stigmatized 'cause people ask them, 'Where's your mama? Why your grandma always show up?'" This was consistent with the work of Dubowitz et al., 1994 and Pittman, 2014.

Research Question Three: What do social service and nonprofit agency professionals see as the barriers to participation and strategies to eliminating these barriers?

To answer research question three, the investigator interviewed two DCFS service administrators, referred to heretofore by the pseudonyms Mrs. Smith and Mrs. Anderson, who work closely with relative caregivers and with the subsidized guardianship program as well as five leaders of nonprofit agencies in Arkansas serving the needs of relative caregivers. Both the agency administrators and the nonprofit leaders offered some specific views on the barriers to participation in the subsidized guardianship program. Both cited two major barriers to participation: (a) the process by which children are placed into a grandparent's home, and (b) lack of knowledge about the subsidized guardianship program. Finally both groups offered solutions to the issue of low levels of participation. These barriers will first be discussed through the lens of the DCFS service administrators and then through the lens of the non-profit leaders.

Barriers to participation through the lens of the DCFS administrators.

The investigator conducted an interview of two top-level administrators who have been involved with the subsidized guardianship program since its inception in Arkansas. They pointed to a barrier to enrolling in the subsidized guardianship program that derives from the policy that was put in place by both federal and state governments that are used to regulate and implement programs within their agency: the state's historic structure. Mrs. Smith reported, "...historically in our system, we haven't used guardianship, even when there wasn't a subsidy attached to it." When asked why guardianships had not been utilized in great numbers in the past, Mrs. Smith responded, "I think we just moved from adoption; if they could do adoption, we just moved to permanent custody." She added, "You do have to rule out reunification and adoption and provide documentation on how you did that and that's tough."

Mrs. Smith and Mrs. Anderson used the term *barriers* when talking about the Federal regulations from which the subsidized guardianship was enacted: "These are the Federal regulations, not our barriers. We're just in policy, and it's the Federal regulations, and that's what they're saying. And so those were some hurdles that we had to overcome in the early beginnings of the program because people just misunderstanding that you had to have these rules out before you could get to this," Mrs. Smith stated.

Mrs. Anderson conveyed that the "the intent wasn't to hit a huge population of children just because those Federal requirements of ruling out adoption reunification." Making this determination was "hard to do, especially [because] some of the first referrals we got for the program in 2012 were two- and three-year-olds, and it's like, how can we really rule out adoption for two- and three-year-olds?" Clearly, neither of the senior level administrators felt

that the subsidized guardianship program was intended to impact a large population of caregivers in any phase of its policy creation, including the problem definition, agenda setting, and program implementation stages of the policy lifecycle. This determination can be directly linked to the finding that so few families have been impacted by this program in Arkansas. If those in power are not aware of the needs of kinship caregivers, the program intended to meet those needs will not be placed on the operational agenda.

DCFS administrators' perspective on the process of placement.

The two DCFS administrators explained that once DCFS removes children from their homes, the children are already part of the formal child welfare system, which negates the possibility of any family participation in informal caregiving. This regulation is a formidable barrier to participation in the subsidized guardianship program. Mrs. Anderson explained that at the point DCFS removes a child from his or her home, the policy calls for DCFS to find a provisional foster care home within 24 hours, ideally a “provisional foster care home from relatives and fictive kin, and so, if [DCFS] identifies a relative or fictive kin as a provisional placement, they just have to meet a few basic requirements. They have to pass the criminal background check, the child maltreatment central registry check, and have a visual inspection of the home, not a full blown home study, just look and make sure.” The time frame to establish the provisional foster care home happens ideally very quickly. According Mrs. Smith, “We would love it if they have it within 48 hours, so you may or may not have a lot of detail. It doesn’t always happen that way, but that would be the goal so that we don’t have the child moving around or have them in a strange foster home for a month.”

The financial aid to the families is unfortunately not in place as quickly. Mrs. Smith said, “They don’t, as a provisional foster home, get any sort of board payment. We can help them with daycare vouchers, maybe some mileage.” The administrators noted that the provisional placement can last up to six months, and the department can waive a “non-safety standard.” Mrs. Smith provided an example: “Say you know normal licensing standards require 50 square feet of space per bedroom. If they have one with 45 [square feet], that’s a non-safety standard; that’s something that we can waive.”

Knowledge base through the Lens of the DCFS Administrators.

The DCFS administrator interviews provided another interesting insight. As expected, the administrators knew about the program in detail. What was revealing was that they also knew that little was currently being done to educate DCFS case workers about the subsidized guardianship program. During the interview in Little Rock, Mrs. Anderson, said:

If you look at our new worker training, there is probably not a whole lot of focus on subsidized guardianship. I think it’s mentioned, but I don’t think they go into great detail about what the process and procedures are. That would be up to that person’s--the family service worker’s--supervisor to make sure they understand that if they have a child, they’re trying to determine what the best permanency goals for that child are. If they believe it’s guardianship, then at that point, okay, we think guardianship is the best permanency goal for this child. Do they qualify for a subsidized guardianship?

Barriers to participation through the lens of the nonprofit group leaders.

To shed light on the possible barriers to enrollment in the subsidized guardianship program, the investigator interviewed four nonprofit group leaders who work directly with kinship care grandparents. During these interviews, several of the providers spoke about their own lack of knowledge about the subsidized guardianship program. Thus, lack of knowledge on the part of these providers may be a barrier to serving as a resource referral to kinship

guardianship placements. The two nonprofit group leaders (in this dissertation using the pseudonyms Jill and Deborah) with the most experience in the subsidized guardianship program, stated that many grandmothers did not see the board payment for a fostering grandparent as enough of an incentive to turn their children over to the child foster care system, a requirement while grandparents homes are approved to be licensed foster care homes. Deborah from Little Rock told a story of a grandfather caring for his two granddaughters while his daughter was incarcerated. Due to his own 25-year-old misdemeanor charge, he was not permitted to see his daughter in prison, nor could he apply as a foster home because of child welfare policies. Deborah described it as, “So there are these two systems that are kind of up to the same thing that are trying to figure out how to weed them out.”

When it came to the question of barriers and strategies to eliminate them, both the social services and nonprofit agency professionals had much to contribute. Again, the investigator organized these thoughts around common themes expressed by both the state social service administrators and those five grassroots professionals working directly with the grandparents.

Nonprofit leaders' perspective on the process of placement.

Three nonprofit leaders from both geographic locations within the state said the overwhelming majority of children were placed in the grandparents' homes through informal placement. They saw this as a barrier to participation in the subsidized guardianship program because informal placement sidesteps interactions with DCFS, a vital link to the program. Deborah referred to informal care as the “hyper majority of the set of all caregivers.” Sally, also a leader of a nonprofit serving grandparents, shared, “Often what happens is that family services are investigating the home, and that’s usually when the grandparents will step in, and that’s our

role.” Jill agreed saying, “Most of our families the grandparents and the relative caregivers take the children before they ever go to foster care. They may have spend a night there but as soon as the family realizes that their children, their nieces, nephews, or their grandchildren have been taken by DHS, they go immediately and ask the courts to give them the child and get a temporary 90 day hold and then they go from there.”

All the nonprofit leaders mentioned a number of different factors that contributed to formal vs. informal placement of grandchildren in the grandparents’ home. These included: mental illness, physical issues, death, drug and alcohol addiction, and incarceration. These issues are barriers when they become the reason why the placements are informal rather than formal. For example, if a home study were likely to reveal an issue with drug use, the family would be more likely to sidestep any investigation of their home.

When describing the population of relative caregivers that her organization had served for over 20 years, Deborah said, “We had grandparents with AIDS, the parents had AIDS, mental illness, physical disabilities, mental handicaps. It’s been a broadening of the reasons for it [referral], but we still try to hang on to that incarceration piece because it seems to be once you get into working with the caregivers, you often find others, at least a history of incarceration, or drug addiction, or something.” Sally said the population in her support groups was “a balance between drug or alcohol abuse and mental health. We also know that drug and alcohol can create mental illness. So it goes both ways. I would say that is the number one. So many of them it’s bipolar--that’s a big issue with a lot of the women, it’s bipolar. There is the drug addiction that goes on, there is definitely.” Jill also had experienced a number of reasons that relative caregiver families were created. “For some reason the parents cannot care for the child or it’s just that the

parents are on drugs, incarcerated, or in jail, or unable because of health reasons to take care of the child. Or sometimes it's just financially the parents cannot support the child and take care of it."

Knowledge base through the lens of the non profit leaders.

Sally, a non-profit leader from Northwest Arkansas, had never heard of the subsidized guardianship program before the focus group meeting and therefore, did not know anyone who had ever or was currently participating. Sally's organization had been impacted by inconsistent policy implementation (Bissell & Allen, 2001) in which she had not received information about a program that would have impacted the population she and her organization are trying to help. This lack of knowledge about the grandparents' needs reflects in the lack of information about the subsidy program. Such lack of knowledge has been identified in the literature as a barrier to participation in such programs. Bissell and Allen (2001) said that restrictive state policies and insufficient effort to include kin in outreach and information were found to be barriers to policy implementation. Kim, from a rural area, was not aware of anyone who participated in the program; she did express some knowledge of what the program did but seemed unsure of the language to reference it. Amy, the only nonprofit leader who interviewed through written correspondence, had knowledge about the subsidy program because her agency is an advocacy agency, but she had not directly served kinship grandparents. Deborah, probably the nonprofit leader who was most knowledgeable about the subsidy program, had helped to complete the 2010 Arkansas Legislative interim study. This service provider was also mentioned by name during the interview with DCFS administrators. When asked if any outside organizations had aided in the implementation of the guardianship subsidy program, Mrs. Smith named Deborah

who had tried to enroll several families. However, according to the administrator, “There is usually just something a little quirky in the case, you know, like the fictive kin.” Currently, none of the families in Deborah’s support group is enrolled in the subsidized guardianship program.

Strategies for Change

DCFS Administrators’ views on strategies for changes and solutions.

Both the DCFS administrators said that stringent federal guidelines rule out reunification and adoption, a stumbling block that they must work around. They did not offer solutions about how the state would or should overcome that issue. Instead, changes in the program seemed to have, until this point, been more focused on better explaining the “tough regulations” so that case workers can better understand them and refrain from posing a solution of guardianship in family situations that would be deemed inappropriate. One of the DCFS administrators, Mrs. Anderson, suggested:

I think initially the changes came from, as we saw some of the referrals coming up that weren’t appropriate or at least didn’t have the right documentation, us going back in. That was a message to us that that wasn’t clear, and we need to approach this differently, whether through policy or training or often times both, and that’s why I mentioned the initial permanency specialist after that first round of training that said this is the program, here’s how it works, going back out and doing more specialized training with workers if we saw issues there. And also let us know the policy and procedures on how to better describe that, what it looks like and provide more clear guidance there.

The second DCFS administrator, Mrs. Smith, also brought up the issue that there had been a misunderstanding from the judicial side of state government about the subsidized guardianship program. She explained:

...the judicial side thought that it was just a way to suddenly get funding to families much quicker, and they didn’t like, as they said, we don’t like all the barriers that you put up. And we were like these are the Federal regulations, not our barriers. We’re just in policy and it’s the Federal regulations and that’s what they’re saying. And so those were some hurdles that we had to overcome in the early beginnings of the program because

peoples' misunderstanding that you had to have these rule outs before you could get to this. Then it wasn't like you jumped automatically, just to a subsidized guardianship. You had that tier of permanency that you worked down, and then could you attach a payment to it. So it was all in how we had to message that and peoples' preconceived notions about how it's going to work and then understanding the reality of it when it came into play.

Mrs. Anderson further explained this idea of the tier of permanency, stating that that guardianship in the state of Arkansas had not been strongly favored by the child welfare system, affirming that the agency's priorities were much like rungs on a ladder starting with reunification at the top, "ideally adoption if we can't do reunification, then adoption is the next step on the permanency ladder."

DCFS administrators' views on current evaluation process.

Another theme addressed in the interview with the DCFS administrators was lack of a thorough evaluation. According to DCFS administrators, no formal evaluation has been conducted by their organization regarding the subsidized guardianship program. However, both Mrs. Smith and Mrs. Anderson were willing to discuss what an evaluation of the program might look like in the future. Mrs. Smith reported, "I think if they were [to evaluate the program], it would be to see if there could be more instances in which it could be used but [also] just look at the twelve children [who are enrolled]. I think we would have to design that a little bit different." Her colleague Mrs. Anderson agreed,

"Yes, and I think it may not be just for those 12 children. I think that would certainly have to be a part of the evaluation to see what were the benefits, how did it work out, what were the drawbacks if any, but kind of looking at that program as a whole and probably a lot of this work that you're [the investigator is] doing to get more information from the field on how they view or understand the program because quite honestly, if you look at other states, if there is subsidized guardianships, it's relatively small program in other states as well."

Nonprofit leaders' views on changes and solutions.

Nonprofit leaders who work with grandparents at the grassroots level advocated for more of a drastic overhaul to the subsidized guardianship program to make it work for more kinship grandparents. When asked about possible changes, Jill stated:

Not making it so the child has to be in DHS custody prior to the grandparents taking them; that's the whole issue. If they gotta be a foster child first before the grandparents can get them, then it's not effective because the grandparents are not willing to allow the children to go into foster care and be traumatized by all the different houses, whatever.

Deborah echoed this idea by stating that the program should be open to all kinship caregivers, both formal and informal, regardless of their legal connection to the child they were raising: "Relatives are more comfortable with the guardianship because it keeps the window just barely cracked. I think it does the thing that you need done in terms of a legal relationship with the child."

All four of the nonprofit leaders expressed the need for change in how the program is advertised. They wanted to be better informed so that they could share information with the grandparent caregivers they serve. Sally shared this idea by saying, "I wish I would have known about it. I mean, because, oh my goodness, if there are funds that are out there for my grandparents, it would be phenomenal to have a resource." The fact that she did not even know about the guardianship program is indicative of the problem, especially given the fact that she has worked as an educator with an advocacy center for over a decade.

Section II Quantitative Data



Response rates.

As part of this project, the investigator sent out two Qualtrics surveys (Appendix J). The first of the surveys, thanks to the full cooperation of DCFS senior staff, went out to the entire Arkansas DCFS list serve of 578 individuals working for DCFS. Of these, 154 DCFS employees started the survey, and 106 completed the survey for a participation rate of 18.3%. The second survey was sent to all licensed social workers in the state of Arkansas. With 3,015 initial e-mails sent out, 1,132 e-mails were opened, 397 surveys were started, and 331 were completed for a participation rate of nearly 11%. However, it should be noted that answering any number of questions constituted participation as it was the investigator's belief that data collected on even one question could provide relevant information. Eighty percent (284 respondents) of these social workers answered that they had worked with clients who were acting as the primary caregivers of their grandchildren. Of these 284, 75% or 215 respondents had worked with such clients since December of 2011, the start of the subsidized guardianship program. The majority (80% or 264 respondents) were not familiar with the subsidized guardianship program available through Arkansas DCFS for children eligible for IV-E foster care or children eligible for IV-E foster care (see Table 2). The survey was designed so that skipping questions was permitted, insuring that participants would not be forced to answer questions they did not have a firm stance on or be unable to answer questions later on in the survey because they had not felt able to answer an earlier question. This means that for both the DCFS employee survey as well as the Arkansas State Licensed Social Workers' survey the participation rate varies for each question. For this reason the participation rate is always reported along with the question.

It was assumed that DCFS staff had heard about the subsidized guardianship program during on-the-job training of their established policies.

Table 2







Rate of Social Workers who reported having knowledge of the subsidized guardianship program

Answer	Bar Graph Representation	Number of Response	Percent of Responses
Yes		80	23%
No		264	77%
Total		344	100%

Interestingly, when looking at only the social workers' reported rates of learning about the Subsidized Guardianship Program, 88 respondents had knowledge about the program. The sources of their information varied as reported in Table 3.

Table 3

How Social Workers Reported Learning about the Subsidized Guardianship Program

Response		Number of Respondents	Percent of Responses
Families with whom I have worked		26	39%
Directly through DCFS, either from a newsletter or training		25	37%
Other		16	24%
Don't recall how I heard about the program		6	9%
NASW or other Social Work organization		4	6%
Local Media, TV or newspaper		1	1%
Local Church		0	0%

The investigator also included “other” as a viable answer, inviting social workers to add any resource that had not been included among the provided alternatives. Other resources listed included: Attorney Ad Litem, being a parent of a Title V child⁶, colleagues involved in child welfare areas, personal investigation, friends who fostered children and who managed adoptions, Midsouth⁷ or similar social work organizations, and conversation with a DHS worker.

⁶ Passed as part of the Social Security Act in 1935 this program gives Federal money to states to help support effort to extend health and welfare services to children and mothers. In Arkansas for the fiscal year 2013 the estimated state funds were \$6,414,758, and in 2011 that served 892,910 Arkansans (State/Jurisdiction Annual Report Submitted to the Maternal and Child Health Bureau).

⁷ MidSOUTH is the community service unit of the UALR School of Social Work. MidSOUTH provides leadership, training, and product support in the areas of addiction, child welfare, technology, distance learning, and organizational development. MidSOUTH has five training locations across the state.

Answering the question about how much training they had received about the subsidized guardianship program, 59 respondents provided an average value of 4.80 hours (SD=14.23). Forty-hours Continuing Education hours are required every year during the two-year licensing period to be a licensed social worker in Arkansas. While the average is high for the number of training hours, the standard deviation (14.23 hours) suggests a great variance among answers. A total of 53 respondents said they had helped to enroll an average of 3.04 (SD=8.29) clients in the subsidized guardianship program.

The majority of responding social workers, 29 out of 53 respondents, felt that the subsidized guardianship program benefited children by providing them with permanency and family stability. Several social workers indicated children were benefited by “being with family,” “kids stay with family support for their permanency increased likelihood of locating caregivers,” and, “child remains supported by family and is not isolated from the love they provide.”

Family stability was also cited by 51 of the 68 (75%) DCFS respondents as the greatest benefit for children in participating in the subsidized guardianship program. Statements within this theme included, “the idea of permanency,” “family involvement,” and “relationship with family.” Two respondents stated that the benefits included increased services, and four specifically stated financial incentives. Two statements did not fit into any category: nine (13%) reported they were unsure or did not know any benefits for children. All responses are provided in Appendix K.

Of the 53 DCFS field staff respondents, 21 of the 53 DCFS (39%) cited financial benefits when asked about benefits of the program. Family stability was also seen as a benefit for relative caregivers but was only mentioned by 16 (30%) of social workers. Concepts such as

“kids stay with family,” “maintaining connections,” and “allows child's relationship with other family members to remain intact” were also popular responses which were coded as family stability. Eleven of the respondents (20%) mentioned components of family stability. “Allows greater opportunity for reunification” was cited by one social worker, and “the increased resources and services was a benefit identified by 13 (24%) social workers. These included statements such as “extra support,” “resources available,” and “assistance towards resources and support.” Two social workers reported that they didn’t know any benefits to relative caregivers.

The DCFS field employees also cited financial benefits for the relative caregivers, with 37 out of the 70 (53%) who elected to answer this question reporting finances as the greatest benefit. For caregivers, family stability as a benefit was only brought up by 11 DCFS employees, and increased resources were highlighted by eight respondents. One response was not clear enough to be categorized, and another respondent stated that the benefit would be “subsidy, minimal interaction with state government.” Eleven respondents stated that they were unsure or did not know about any such benefits for relative caregivers.

When asked what benefits the subsidy program might afford social workers, 27 of the 41 respondents (66%) said “family stability” was the greatest benefit of the program for licensed social workers. Statements such as “more care for the child,” “closure for clients,” and “less concern for clients” were all categorized under this theme. “Increased resources and services” and were cited by seven out of 41 (17%) social workers to be a benefit to social workers. This is consistent with the social workers in Peter’s (2005) study who reported strong positive feelings toward kinship foster care families. Seven of the social workers in the current study, however, stated that they were unsure of how the program might be a benefit to social workers.

When DCFS workers were asked what the benefits of the subsidized guardianship program were for caseworkers, the majority of answers fell into the family stability theme. Thirty-five out of 62 (56%) of the respondents who elected to answer this question mentioned “building families,” “give a child permanency,” and “knowing that a child's health and safety needs are being met with their own family-someone they can connect to, someone that they actually know.” Unlike the general practice social workers, 12 of the 62 responding DCFS workers brought up the idea of decreased workload for their organization as well as case closure as a benefit. Five DCFS employees cited increased resources and services as a benefit to case workers. Ten DCFS employees said they were unsure of how the program was benefiting case workers.

Licensed social workers in Arkansas offered several ideas as to changes they would suggest to make to the subsidized guardianship program more beneficial to the experiences of the child. However, it should be noted that the question pertaining to benefits of the guardianship program for children had only 38 responses out of the 331 Arkansas social workers who read the question, roughly 11% of the total. These were categorized as follows: Three respondents thought more training was needed; eight cited increased resources and services should be used such as “more wrap around services” and “more mental health services.” Specific changes to the policy were given by seven of these social workers. These included such ideas as “better screening for fitness of caregiver,” “longer wait time to ensure family is able to care for child,” and “expanded definition of eligible caregivers. “The strength of the family” benefits to the child and the family were also given by seven social workers. These ideas included such concepts as “less time in foster care,” “to expedite the process instead of making the family member wait six

months before receiving subsidized guardianship,” “the child will feel like a permanent part of the family more quickly,” and “allow the child more input in placement.” Three social workers said that they would not make any changes to the program. Ten social workers reported that they did not have any ideas about changes they would make.

A total of 52 DCFS respondents answered the question asking them to suggest ways to alter the subsidized guardianship program to better benefit the child. Four suggested more training be done, one suggested increased resources and services, four mentioned increase strength for families, and 18 respondents gave specific policy changes including “faster home study,” “more direction from the Feds regarding criteria to rule out adoption and reunification,” and “make available to fictive kin.” Three cited lack of knowledge. Six suggested “no change” or “none,” and 16 of the 52 respondents to this question stated they were unsure of a change that they would make.

Licensed social workers who responded to the survey also provided several suggestions of changes they would make to the subsidized guardianship program to benefit the relative caregivers. The 41 respondents to the question about suggested changes to the program fit into one of six categories: (a) family stability, 3; (b) financial, 5; (c) increased resources and services, 9; (d) greater training, 6; (e) increased knowledge and access, 4; or (f) “not sure,” “none,” or “unclear” as to changes they would make, 14. The five licensed social workers who brought up the financial aspect mentioned “increase financial award.” One social worker offered a personal story about the financial strain placed on her when a nephew came to stay. Three social workers cited “family stability” as a benefit, including “faster placement with relatives and definitely more relative support” as changes that would benefit the experiences of relative caregivers. Nine

social workers suggested increased resources and services. Their ideas included “specific training for family members in responding to child’s specific needs,” “specific services related to trauma experienced by removal from family of origin,” and “individual and family therapy provided to reduce caregiver fatigue.”

A total of 50 DCFS workers also provided their views on the changes they would make to the subsidized guardianship program to benefit the experiences for the relatives. Two respondents advocated for training to be altered; one respondent wanted the training to be increased, while the other wanted it to be shortened. Thirteen DCFS workers were unsure of what changes they would want to make, and eight said they would make no changes in the current subsidized guardianship program to benefit relative caregivers. Three DCFS employees advocated for increasing the speed at which things get processed, such as approval for the program. Ten out of the 50 DCFS workers who responded to this question said something must be done about the lack of knowledge and understanding about the subsidized guardianship program. Twelve others offered their own specific change to the policy. Some of these ideas were “adding fictive kin,” “less restrictions,” and “easier process, and length of time for permanency.” Only one person mentioned the idea of increased funding.

Changes to the Subsidized Guardianship Program

Licensed social workers in Arkansas had several suggestions concerning changes they would make to the subsidized guardianship program to benefit the experience of the DCFS case worker. Thirty-eight responses fit into the following categories. Nine wanted greater training and education. The majority of respondents (17 or 45%), suggested a specific change to the policy including “that more subsidized guardianships are granted in an appropriate time frame,” “I

have heard that getting a child approved for this type of placement is difficult in that DHS is not fully behind these types of placements,” “eliminate culture of means-testing/disqualifying,” “increase collaboration,” “cross training,” “specialized caseloads to this service plan,” and also “have mentors available to the caregiver, support groups= ease the burden on the case worker.” Nine respondents reported they did not know a change that they would incorporate, and three reported they would make no change.

DCFS employees also gave their views on changes they would like to see in the subsidized guardianship program in order to benefit case workers. Several DCFS employees, 15 out of 56 that answered this question, said they do not know what they would change, and seven said “none” or no changes. Lack of knowledge was cited as something that needed to be addressed by six DCFS workers. One worker brought up financing, “more families would do guardianship with board payments.” Two DCFS employees mentioned strength of the family, stating “easier to find a placement and with the child’s family.” Changes to the larger system such as “judges and AAL be more open to allow youth to be with family” were expressed by five DCFS employees. Specific changes to the subsidized guardianship program were mentioned by seven DCFS employees. Also along this theme was the concept of adding fictive kin as well as the idea that “approval process is too long”, a true understanding of what the qualifications are.

Barriers to Enrollment

When licensed social workers in Arkansas were asked what they viewed as barriers to enrolling relative caregiver families into the subsidized guardianship program, their answers fell into four categories: (1) paperwork and program regulations, (2) lack of knowledge or awareness of the program, (3) problems with the kinship families, and (4) specific policy changes. Twenty-

eight percent of the respondents (14 of 50) said they did not have enough information to give an answer to the question concerning barriers to enrollment in the program. Eight social workers reported that the paperwork to enroll in the program was very arduous as were the program regulations. One response was simply “red tape!!!” “Lack of knowledge” and “lack of awareness of the program” were listed by 13 respondents as barriers to enrollment. One respondent clarified by stating that there is “not enough accurate info.”

The third category of barriers was issues with the kinship families (eight respondents). These issues included “families are hesitant to ask for assistance,” “conflict amongst relatives,” “caregivers don't like the idea of being a foster parent rather than a helpful relative,” “complicated system and a lack of trust in government programs,” and even “the apple doesn't fall far from the tree syndrome.”

The final question on the survey asked about specific changes to the subsidized guardianship program. Seven social workers responded with specific policy changes including personal stories such as:

Time sensitive issue. I am not sure this is what my client is dealing with, but there have been over 3 months of bureaucracy after they were told they had to give the children to DCFS or be arrested. Loving grandparents who were stable and did not want money. Whatever is in place now is a tragedy.

Another social worker said, “DHS seems to be a barrier themselves. Maybe taking another look at the criteria needed from the relatives in proving their relationship. Keep with the six months for relatives who cannot show a close bond with the child but [are] willing to take care of the child.” Another social worker said, “Requirement that the child not be adoptable needs to be rethought.”

Of the 106 DCFS field workers who responded to this survey, 72 responded to the question, “What are the greatest barriers to enrolling relative caregiver families into the subsidized guardianship program?” Ten DCFS employees attributed the main problem to the lack of knowledge and awareness of the program. Nine DCFS employees cited problems with the kinship families themselves as a major barrier to program enrollment. Such issues as “motive,” “lack of interested family members,” “parents getting too much time to complete case plan goals,” “lack of initiative with regard to finding appropriate family members to take care of the child while in foster care,” and “the caregiver does not aid the child and uses the money for other things that is not for the child” fit into this theme. Only two felt that the barrier was too much paper work. Seven DCFS workers said they had no answer, while four said no changes need to be made. One said, “I am not sure if there are any barriers at this time,” and three stated “none.” Changes to the larger social structure, mainly the courts and judges that preside in them, were specifically mentioned by five DCFS employees. The theme of the best interest of the child also emerged in the responses of three DCFS employees

Chapter 5

Discussion

This research involved in-depth interviews with three main groups--caregiver grandmothers, grassroots service providers who lead nonprofit organizations, and administrators of the Division of Family Services--as well as surveys of two groups: licensed social workers and DCFS workers in the state of Arkansas.

Research Questions

The specific research questions this study examines are:

1. What are the barriers to participation in the Subsidized Guardianship Program in Arkansas as defined by kinship care grandparents?
 - a. How do the views of the kinship care grandparents differ across dimensions of social inequality, including geographic location, socioeconomic status, education, age, gender, and race?
2. What strategies do kinship care grandparents see as beneficial in eliminating barriers to participation in the Subsidized Guardianship Program in Arkansas?
3. What do social service and nonprofit agency professionals see as the barriers to participation and strategies to eliminating these barriers?

Research Question One

Many of the observations made by participants in both focus groups were more similar than they were different. For example, both groups of kinship care grandparents, although nearly 200 miles apart and made up of two different racial groups with educational levels that spanned from graduating high school to graduating college, expressed similar stresses. The grandmothers

had disdain for the policies and procedures required to participate in the guardianship subsidy program, and most expressed fear of the child welfare system, consistent with the findings of Murphy, Hunter, and Johnson (2008). The participant grandparents in this study all reported wanting to keep their grandchildren with them and were opposed to having their grandchildren in the foster care system. This overarching goal seemed to supersede the differences between the two groups. All grandparents also agreed that trying to become a licensed kinship foster care home through the subsidized guardianship program was not worth the potential risk of losing their grandchild to the child welfare system during the mandatory evaluation period when children are removed from the grandparent home.

Another similarity was that across the two focus groups, only one grandmother, Sarah, had heard of the subsidized guardianship. The lack of knowledge was interesting in light of the different social locations these grandmothers were located within. Finding similar barriers across social locations suggests that Arkansas DCFS is doing an inadequate job across all social locations in providing the public access to the information it needs to make informed choices for themselves and their families. The social locations that the grandmothers shared included closeness in age and similarities in gender within each group, all of which play a role in alienating views on the subsidized guardianship program enrollment barriers.

Although the grandmothers expressed these similarities, the subtleties revealed by the NVIVO coding of interview answers brought out some differences between the groups of kinship care grandmothers. All four Caucasian grandmothers including the three from Northwest Arkansas and one in Little Rock, had DHS involved in some way at the time their grandchildren came to live with them. For some, this process was as simple as a home study. "They just made

sure he had a bed and I had, you know, food in the refrigerator, and I had no medicine down below the cabinet, nothing really significant” Karen said. Others saw DHS involved as a struggle which they had to handle. Nancy described her interaction with DCFS as “sheer terror.” While some of the African American grandmothers from Little Rock reported asking questions of DHS after they were already taking care of their grandchildren, none reported DHS being involved in placing their grandchildren within their homes. This suggests that the African American grandmothers had an even more deep seeded distrust of the DCFS workers than did the Caucasian grandmothers, probably due to differences in their social locations.

Research Question Two

Research Question Two asked the investigator to address the strategies that kinship care grandparents see as beneficial in eliminating the barriers to participation in the subsidized guardianship program in Arkansas.

It was difficult to cull out specific strategies the kinship care grandparents used. The grandmothers were in agreement about common concerns they shared. Their spontaneous discussion about their stressors helped the investigator gain insights into the shared experiences of the participants. Understanding these stress points helped the investigator understand how the barriers to participation impacted the shared experiences of the participants. However, despite their stated needs—financial stress, safety of their grandchildren, their own health—they all seemed hesitant to look to the state for solutions. Rather, they joined nonprofit support groups which cater to the needs of kinship care grandparents, established relationship with their group leaders, and relied on their group peers.

The participating grandmothers offered two other strategies that, while they did not eliminate barriers, did help the grandmothers cope with stressors. The one specific strategy they talked about was that they wanted social recognition that they are the rightful caregiver of their grandchildren. They did not feel it was fair to have to justify their role over and over to professionals such as doctors and teachers. This finding was consistent with the kinship caregivers in Minkler and Roe's (1999) study in which caregivers reported they and their grandchildren felt stigmatized for the situation in which they find themselves, which has often involved the criminal justice system and/or drug abuse or AIDS. The other strategy they used was to call upon their faith in prayer. Grandmothers reported praying specifically that their grandchildren would grow up with healthy influences and that the grandmothers' own health would last long enough to see their grandchildren grown.

Research Question Three

The examination of what social service and nonprofit agency professionals see as barriers to participation and strategies to eliminating these barriers led the investigator to some interesting findings. The survey responses provided the investigator with insight about how DCFS workers and licensed social workers perceived the program. The investigator had not anticipated the lack of knowledge about the subsidized guardianship program expressed by licensed social workers. A relatively high percentage (78%) of the 276 total responded positively to a question about working with relative caregivers. However, the investigator was surprised that only 23% (80 of the 344 who elected to answer the question) said they were familiar with the program. Most social workers (23 respondents or 34% of the 67 total) reported that they were only made aware of the program through families with whom they had worked or

directly from DCFS. This points to a lack of social worker awareness of the program outside of the child welfare system. While licensed social workers do not represent the knowledge of the general public, their knowledge is more critical than that of the general public because they are the individuals who need to have reliable information when they interact with kinship care families. Even if social workers are not working in organizations that have a direct mission to work with kinship care families, social workers are in the medical organizations, schools, and social service organizations with which these families come into contact.

Another interesting dichotomy was that the licensed social workers reported the number of families they had helped enroll in the subsidized guardianship program was 3.04, and the average number of families the DCFS workers claimed to have enrolled in the program was 1.59, both preposterously high numbers when one considers that there are currently only six total families enrolled. 6 family, earlier reported as 12 enrolled need to be consistent in the state are enrolled according to the interview with DCFS administrators. It might be that respondents interpreted “helped enroll” as simply giving information about the program vs. actually enrolling families. Another explanation might be that these professionals were demonstrating a lack of understanding of the program about which they were reporting or that they were reluctant to admit that they had not in reality, participated.

The number of DCFS workers (51) who cited “family stability” as a benefit for children in relative care homes was another surprise, given that the existing literature (Gibson, 2008; Peters, 2004; Beeman & Boisen, 1999) suggests that child welfare workers did not support the creation of kinship care families or having a working relationship with kinship care families. Perhaps there is a change in the prevailing attitude about kinship care grandparents, which will

impact the possibility of changes in policy in the future. DCFS workers saw a striking difference between the benefits for the children and those for the grandparents. They said the main benefit for the children was emotional and relationship-based, while for the grandparents, the difference was financially based. It was surprising to see that many DCFS workers surveyed said that children benefited from the living arrangement. However, in contrast to what the grandmothers expressed as a benefit of having their grandchildren in their own lives, the DCFS workers stated that the benefit for their relative clients was mostly financial. They did not acknowledge the benefit expressed most by grandmothers, the benefit of the child's presence in their lives.

Intersectionality

Social workers also elaborated on the benefits of kinship care families for the children of they are rising. DCFS caseworkers surveyed reported on the benefit of children to have a stable placement. However, senior staff administrators' in depth interviews did not discuss the benefits for children specifically but did state how difficult it was for kinship caregivers of young children to be granted guardianship while stating that older children may find support in the subsidized guardianship home.

The investigator expected to find different barriers preventing kinship care grandparents to access the Guardianship Subsidy program based on an individual's social location. However, the homogeneous nature and small sample size of the grandparent interviews made it difficult to make these connections. The grandmothers—regardless of race, region, or other identity categories—shared much the same experiences as they took responsibility for their grandchildren. They all expressed similar concerns, particularly a fear of losing their grandchildren and a mistrust of the social welfare system. This is consistent with the several studies. Fear of the

child welfare system also contributed to relative caregivers not seeking services (Gibbs et al., 2006). Kleiner, Hertzog, and Targ (1998) found that grandparents did not seek government assistance for fear of exposing their living situation and losing their grandchild (1998). Although the grandparents attended different support groups in different areas of the state--one group served primarily African American grandparents in Little Rock and the other, Caucasian grandmothers in Northwest Arkansas -- the data pointed to the many similarities among the participants in the groups. This was an indication that for these grandparents, the experience of raising a grandchild superseded racial labels, location, and other identity categories and provided a common bond.

This homogeneity of the responses may have been due in part to the fact that all the grandparents in this study were members of support groups serving primarily low-income grandparents. Had the participants been drawn from a variety of larger groups or more diverse populations, the grandparents may have provided greater differences the investigator expected to see.

Although the common bond of their grandparenting experience seemed to supersede their identity categories, the NVIVO analysis of their coded responses did note some differences between the participants in the two focus groups. The differences appeared to be based in economic status, race, and education or in other words, the combination of factors that create individuals' social location. This difference was best described as a tenacity to work within the social welfare system. It is illustrated in one of life stories in which Nancy from Springdale described her experience with DCFS as "sheer terror." Her granddaughter had been born positive for methamphetamines. She relayed this story:

The social worker came in, and in no time, the pediatrician came in, and things got real cold, real soon. The way everybody treated us changed immediately. Social services came in. I had been an RN and had worked in home care for a long time so I knew the drill, and I thought, 'Oh no.' Social worker came in, said, 'I have to report'--of course she's a mandatory reporter-- and the doctor came in, said that my daughter would be discharged, but the baby was going nowhere. I became ten foot tall. I don't know where it came from; it was the God thing. I got--I became ten foot tall, and I'm so grateful I had my professional experience that I had behind me or I shudder to think what could have happened. 'Cause I had no problem standing up to them. They came in with the carrier to take the baby; that's when I became ten foot tall.

Although Nancy's experience with the Division of Children and Family Services was described in less than friendly terms, she did have the social location that allowed her to stand up for her granddaughter. She not only talked to DCFS administrators about her situation but, according to her account, did so with some force:

I questioned the policy. Do I have to go to the Governor's office? You're not taking this baby. 'Cause I know they're supposed to have 72 hours in foster care, but it depends on the DHS worker, and how fast they work. It can be 72 hours; it can be 6 months. It depends on how fast the case worker works through their pile of papers. And I know this to be true. I found out. I just kept saying, 'Not necessary. I'm going to take her.'... Thank god I had, as soon as we exited that hospital, I retained an attorney and got an Ex parte order on temporary guardianship. If I had not had that piece of paper to put down like that [hits the table] to the CPS worker, she [the baby] would have gone again. And who knows when I would have got her back? It might have been a day or two, it might have been six months or more.

The other Springdale grandparents also worked from within the social welfare system. Karen described her experience, which occurred in another state, as "just fine." She added, "They just made sure he had a bed and I had, you know, food in the refrigerator, and I had no medicine down below the cabinet, nothing really significant."

Springdale participant Dorothy said, "I got mine through DHS." The children had been, unbeknown to their grandmother, taken into court custody. "So at court they took the kids. They sent the oldest granddaughter to JDC and put the other kids into the shelter." She added, "They

were 14, 12, and 7. So the minute I heard that. I got on the phone and called DHS and told them who I was and that I had just found out that my grandkids had been taken, and I, you know, I... they weren't aware; my daughter hadn't told them there was any family around or anything."

Dorothy described working with social workers whom she "really, really" liked and working with those who were "really, really, really bad." She described a situation that, like her group-mate, had required tenacity:

The one that we got towards the end of the year did not do anything she was supposed to do, and I kept calling up there and leaving messages, and nobody would call me back. And on and on and on it went, and I finally--and I don't remember what I did or who I called to get it through to them. We were getting ready to go back to court at the end of the year, and that's permanent placement, and this women had never gotten back to me about anything, and there was a bunch of stuff from our last meeting that had to be done by that time. And um, they went in there and pulled her files. I think we went to court on Monday, and it was Thursday afternoon when I finally got hold of somebody and they absolutely had a fit. The supervisors or attorneys had to work the whole weekend. They said she hadn't done anything--nothing had been filed, nothing had been followed up on. They said there is now no way they were going into court Monday morning and tell the judge that DHS hadn't done any of their jobs. So they worked all weekend to get it done, and then I got permanent custody of them after that.

In contrast, the African Americans, Patricia, Mary, Barbara, Susan, and Sarah, did not "take on" the system like their Springdale counterparts, Dorothy, Karen, and Nancy had done. Only one of the Little Rock group, Mary, recounted going to court. Mary said her legal work had been pro bono by the lawyer who had once been her son's "Big Brother" from the mentorship organization. "I called him to ask for advice--which he's a corporate attorney--but he went in and handled it and did it free of charge and everything, going to court and getting them legally and everything."

The other Little Rock grandparents (Patricia, Barbara, Susan, Sarah) initiated informal caregiving arrangements due to the death of their children, incarceration, or teen pregnancy.

They did not work within the social welfare system but rather seemed to take over the role of parent when it became necessary to do so.

This finding that involvement with DCFS in placing a child in the home was divided down racial lines of focus group participants was an interesting intersectional reality. With African Americans having high rates of incarceration, it also points to a lack of trust in larger institutional systems and an unwillingness to get involved with those systems. Research (Lin, 2014) has shown that DCFS as a system is less likely to get involved in the lives of those African American grandmothers compared to the Caucasian grandmothers, regardless of the grandmothers' personal feelings about the larger institutional systems.

An interesting note that may indicate another intersectional reality is that when it came to the grandmothers in this study, the predominantly African-American group talked about schools and doctors' offices as sources of frustration for their families, while the Caucasian group did not mention schools or doctors. Perhaps the African-American grandmothers were more likely to come up against structural institution barriers when they turned to schools and doctors as trusted professionals (Crenshaw, 1994).

Barriers to Services for Kinship Care Families

The underlying goal of each interview conducted in this study was to understand the barriers to program participation, including the caregiver's interactions with the social services, in relation to that individual's social location. From the perspective of the grandparents' own self-definition given by both the grandparents and the professionals working with them, the investigator has gained knowledge that can lead to realization of the policy potential inherent in the subsidized guardianship program in the state of Arkansas.

Every participant in each phase (1-5) stated her opinion about why the subsidized guardianship program was not utilized to any extent by kinship caregivers in the state of Arkansas. For relative caregivers as well as the leaders of the nonprofit groups serving them, the largest obstacle was lack of knowledge of the program. However, despite the relative caregivers' lack of knowledge of this program, they all reported they were completely unwilling to participate in the formal foster care system. The reluctance to participate in the formal kinship foster care program was cited in several of the nonprofit leaders' interviews as the "hyper majority" of informal kinship caregivers who participate in the formal child welfare system. The DCFS administrators reported in their interviews that the subsidized guardianship remained a small program due to unclear federal regulations as well as a programmatic goal to keep the program from being "too large." Bissell and Allen (2001) found that some states set up barriers that include requiring grandparents to have legal custody before being able to apply for the subsidy program. Thus, insufficient effort to include kin in outreach and information was also found to be a barrier.

The largest barrier for grandmothers in this study to participate in the subsidized guardianship program was the lack of assurance that once their grandchildren had become wards of the state that they would be returned to their grandparents' homes. All grandmothers expressed distrust of the child welfare system and felt that placing their children within the formal foster care system could lead to the child being taken away and being unable to see the child. Only African American grandmothers pointed to other social institutions such as schools and doctors' offices as sources of frustration for their families.

This declaration was echoed by DCFS employees who responded to Qualtrics surveys as well as senior DCFS staff. These professionals recognized that kinship care grandmothers had distrust of the child welfare system and felt that placing their children within the formal foster care system could lead to the child being taken away and being unable to see the child.

Implications for Policy

On every level of this research, participants—whether top DCFS administrators, grandparent caregivers, nonprofit leaders, DCFS caseworkers, or licensed social workers—brought out need for policy changes. This was particularly true for those who had had direct experience with the subsidized guardianship program. It should be noted that although 80% (284) of the licensed social workers claimed to have worked with clients who were primary caregivers of grandchildren, the majority (77% or 264 respondents) were not familiar with the subsidized guardianship program. This is a clear indication that there is an information gap. Furthermore, most of the grandparents interviewed and the leader of the nonprofit serving grandparents in Northwest Arkansas had not heard of the program. This lack of knowledge points to a glaring lack of information among those who have information and those the program was intended to help. Insufficient information is likely to set any policy back, as Gaventa (1980) and Hill and Hupe (2009) stated in their books. In Gaventa's book *Power and Powerlessness* (1980), the people who have lived and worked in the Appalachian Valley for generations face environmental and economic devastation at the hands of a seemingly faceless corporation. The corporation that runs the coal mining is unable to be contacted when rivers are polluted. Individuals in the Clear Fork Valley experience life devastation but have no one to turn to in order to affect change (Gaventa, 1980). Similarly, the grandparents in this study expressed

frustration that they did not feel like the resources they needed were available. They reported that the resources either didn't exist or they were not aware of how to access them. The grandparents, like Gaventa's coal miners, expressed feeling disenfranchised and powerless to make change in their own lives.

The DCFS administrators were open when they said the state had been less than proactive on building the guardianship program. One of the administrators said, "... in 2013 we did have state law that was put into place that would recognize fictive kin and can open them as provisional placements for children. Because that was still new after the 2013 legislative session, we didn't want to jump into the subsidized guardianship, too."

Two different policy paths exist that could be followed in order to impact a greater number of grandparent lives. The first would be to change the subsidized guardianship at the federal or state level to be more inclusive to more kinship care grandparents. For example, according to the DCFS administrators, under current regulation, once the grandmothers are living with their grandchildren in an informal kinship care arrangement, they already do not meet the qualifications to participate in the subsidized guardianship program. To meet the regulation, the children must not have been housed in the grandparent's home before the grandparent seeks to become a subsidized guardian. Such regulation only keeps the program from serving the people it was intended to serve.

The second option would be to create new policies in order to better meet the needs of the grandfamilies. DCFS Administrator Mrs. Smith said she believed that the greatest drawback for participation in the program was due to "...federal standards that you do have to rule out reunification and adoption and provide documentation on how you did that and that's tough."

Changing that policy, by altering federal regulation on who can be part of the program, might be the single most important step to help enroll more grandparents. The DCFS Administrator Mrs. Anderson also talked about the need for “different clarifications:”

For example, the whole piece about determining one, is guardianship the best permanency option, and then do they qualify for the subsidy? I think changes in messaging and maybe some of the wording in here. I don’t think there have been major changes to the program itself. Internal policy changes to help us because it’s a new program, and you always learn things as you go. So assessing that and adjusting as necessary.

Additional policies could be drafted to meet some of the grandparents’ concerns. For example, children could be allowed to stay with the grandparent after an initial walk-through inspection of the home. New regulations for kinship foster care homes could be established and made part of the law so that it is clearly stated that only safety standards are used to evaluate homes. In addition, fictive kin could be added to the program as eligible to participate in the subsidized guardianship program if a legislator can be identified to champion such a cause.

A possible starting point to ascertain a course of action would be to evaluate the current program. Other investigators (Lin, 2014; Bamberger, Rugh, & Mabry, 2006; Kaufman, Oakley-Browne, Watkins, & Leigh, 2003; Caudle, 2004; Edler, Ebersberger, & Lo, 2008) have found evaluation to be an important launching point for policy change. To decide what course of action should be taken, policymakers could first look at programs in states with kinship care guardianship programs. These programs should be viewed as laboratories of what is working in the other 29 states, including the District of Columbia and the Port Gable S’Klallam Indian Tribe (Making it Work, 2012), that have implemented such programs. A comparison of these states that have similar grandparent populations and budgetary resources could be cost effective for Arkansas.

Another possibility for a new policy would be a Kinship Navigator Program with a Hotline established by the state. The Kinship Navigators Program, part of the federal legislation Kinship Caregiver Support Act (S. 985), is intended to help relatives access services and programs such as Temporary Assistance for Needy Families (TANF), Medicaid, the Children's Health Insurance Program, public benefits like food stamps, and legal assistance. The Kinship Navigator Programs were seen as so useful that the United States Congress appropriated \$15 million annually for Family Connection Grants, \$5 million of which must be used for Navigator programs. By conducting a preprogram evaluation and gaining the input from the community impacted by The Kinship Navigators Program, the program could be designed to best meet needs of individual communities. However, a Kinship Navigator program has yet to be established in Arkansas.

The Kinship Navigator Program would address several of the barriers to services that this study found including grandparents lack of knowledge of the programs such the subsidized guardianship program. If grandparents in Arkansas like New York had a widely publicized number that they could call to give them information about programs and services for their families.

Limitations

There were three major limitations of this study. First, limited resources of time and money limited the investigator. Despite an attempt, external funding was not found for this project, so there was no funding source other than the investigator's personal resources. Time is often a limiting factor, and this was no exception in the current research study. The investigator had limited time and funding to travel around the state to gather data.

Secondly, the investigator would have liked to have conducted more focus groups. However, she was unable to do so because participant recruitment was much more difficult than

originality conceptualized due to a variety of factors. The grandparent population lacked available time and financial resources to get to and from interviews. This is a population that has a little free time. The investigator made three trips to Little Rock: one to interview the two service providers, another for a grandparent focus group that no participants attended, and a third time for a grandparent focus group that was successful. When one considers that this required 21 hours of driving time, the decision to cancel plans to conduct interviews in Helena, about 300 miles from the investigator, was prudent.

The response rate from both surveys was an additional limitation. Although the response rate was adequate for analysis, it may not represent the entire population being surveyed. The 331 completed surveys resulted in a return rate of 29% of the opened e-mails, which was 11% of the total population. It is always a struggle in research to make demands on busy individuals' schedules and time. However, there may be an overarching reason that the professionals did not opt to complete the survey. If professionals felt that their experience with the program was quite limited or their client base did not include this population, they simply did not feel qualified. This may have been the case, as the DHFS professionals interviewed said that training about the guardianship program had been limited.

Another limitation was that this study employed instruments that had not been used by other investigators, including the Qualtrics surveys written by the investigator. While several Ph.D. investigators reviewed the instrument, true reliability can only come from a measurement being used over and over again (Kimberlin & Winterstein, 2008; Engel & Schutt, 2012). Despite the lack of true reliability, the investigator found that asking direct, open-ended questions of the DCFS case workers and Arkansas social workers an insightful methodology. Furthermore,

looking through the lens of both caseworkers and social workers in addition to those of grandparents, appears to be unique in the literature. None of the literature the investigator reviewed had examined the question in this way. Thus, she was able to gain insights that were unique among the research she had reviewed.

The results of this research are meant to be exploratory and cannot be used to generalize across the state or nation. The only population that this research can be attributed to is the population that participated in the study. Furthermore, the interaction that the investigator had with the focus group participants, although rather scripted to minimize this effect, quite possibly impacted participants' answers about the subsidized guardianship program, just as coming together and talking with one another greatly altered their knowledge of the program as well as lived experiences. This means that the population used for this study could not effectively be re-examined in the exact same manner it had been in the current investigation to test if the knowledge of the program had now changed. The grandmothers left the focus group with more knowledge about the subsidized guardianship than they originally had.

Future Research Directions

Several questions still remain if policy changes are to have meaningful impact on kinship care grandparents and those who work with them. It is clear that grandparents who need a program such as the grandparent subsidy program do not know about the program. However, it is not clear whether this lack of knowledge is the result of lack of awareness about programs that are available or because the state policies regarding the program in effect make the program invisible—or both. Future researchers could survey grandparent families across the state to gather a more reliable picture of why the information gap exists. Such a survey would give

policymakers in the state a clearer understanding of the reasons that there is a disconnection between policy formation and policy implementation. Issues with a larger survey, however, might include illiteracy, lack of time on the part of grandparents, a low rate of technology or funding for a mailed survey. Such issues would have to be addressed as factors that may impact findings.

While the current study used only the voices of women in all qualitative phases of research, the voices of kinship care grandfathers are also important to hear. The different perspectives of female and male caregivers could be explored. General parenting roles, especially among older individuals, may be found to be more traditional; however, life issues including declining physical or mental stamina of a spouse could greatly impact caregiving roles. Male caregivers may be found to have very different needs as caregivers based on their lived experiences as men and how they are able to interact with the world.

Future research also needs to examine the children in kinship care families. Do they have knowledge about or views on the policies that impact their daily lives? While they might not have a clear understanding of the larger social structures that impact them, they do understand that impact within the context of their everyday lives. The understanding of how children's social location impacts the lived experiences of children in kinship care families is an avenue for research that would be truly insightful.

The state budget and also federal resources should be examined to see if there is a way to provide support to caregivers who are raising their relative grandchildren outside the formal social welfare system. One way to explore such novel approaches is to investigate policies of different states as "test kitchens" to see what policies are in place for their relative caregivers and

what has worked or failed for them. It is important to find out what successful programs are established for relative caregivers and how the successes in other states could be used to establish programs that would work for Arkansas' population. More research needs to be conducted to find out how Arkansas subsidized guardianship compares to other states with similar programs and populations. An investigation conducted collaboratively by several national advocacy groups (Making It Work, 2012) refutes a statement made by the Arkansas DCFS staff member. She said that guardianship programs in other states are similarly low in number, an assumption that she used to justify how small the program is in Arkansas. Louisiana, like Arkansas, had no state subsidized guardianship program until the passage of Title IV-e Gap for children within the child welfare system. As of 2012, Louisiana has reported 85 children benefiting from the guardianship subsidy program (Making It Work, 2012). Oklahoma, which did not implement a state-funded guardianship program until January 2012, had enrolled 18 families, impacting around 30 children as of October of that year (Making it Work, 2012).

Additional research is needed to understand the origins and meaning of the distrust the kinship care grandparents in this study expressed toward DCFS. By understanding this lack of trust, meaningful policies can be established to address mistrust. Research needs to be conducted to find how this belief was derived and how it might impact future subsidy programs for kinship caregivers. Are other grandparents experiencing situations similar to those expressed in this study? Is the unwillingness to place their grandchildren in the agency's custody a function of experience or misperceived ideas of danger? More research must be done in order to help these families.

Additional research is also needed to ascertain whether the possible themes of intersectionality uncovered in this study—differences in the likelihood of working within the social welfare system based on race and education and differences in the perceived acceptance of school personnel and doctors--are indeed based on intersectionality. Would a larger group substantiate that Caucasian grandparents were more likely to seek legal help to establish legal rights to their care situation than were their African American counterparts? Were African American grandparents more likely to seek help or less likely to find satisfaction from the help of teachers and doctors? If the sample size were larger, would the findings be generalizable for a larger population of kinship care grandparents?

Conclusion

Kinship care families have existed throughout history; however, the kinship care families of today are a growing reality in American society. It is the hope of this investigator that this research will help policymakers gain new insight into the issues surrounding the implementation of subsidized guardianship program (§ 9-8-204) in Arkansas. By examining the implementation stage of the policy process, this investigation clarified the strengths and limitations of the guardianship subsidy program as it currently seeks to meet the needs of kinship care grandparents of Arkansas. While examining the program through a policy perspective, the investigator gathered data from kinship care grandmothers, DCFS administrators, nonprofit leaders, case workers, and licensed social workers. Each of these stakeholders revealed gaps in the program from his or her vantage point, providing a path for policymakers. While additional research would provide needed insights, it is the investigator's hope that this research will serve as a spring board for that future research and effective policy implementation.

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Appendix A

GRANDPARENTS 2014 American Community Survey 1-Year Estimate

Retrieved from:

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1_YR_S1002&prodType=table

Subject	United States				
	Total		Percent distribution of grandparents responsible for grandchildren		
			Total	30 to 59	60 & over
	Estimate		Estimate	Estimate	Estimate
Living with own grandchildren under 18 years	7,237,432		2,631,546	1,607,684	1,023,862
RACE AND HISPANIC OR LATINO ORIGIN					
One race	98.2%		97.9%	97.9%	98.0%
White	63.0%		65.4%	64.8%	66.4%
Black or African American	17.3%		20.9%	21.8%	19.5%
American Indian and Alaska Native	1.5%		2.1%	2.1%	2.0%
Asian	8.4%		3.4%	2.1%	5.5%
Native Hawaiian and Other Pacific Islander	0.4%		0.4%	0.4%	0.4%
Hispanic or Latino origin (of any race)	25.7%		20.2%	22.9%	16.1%
White alone, not Hispanic or Latino	46.0%		52.1%	49.9%	55.6%
SEX					
Male	36.1%		37.8%	34.6%	42.9%
Female	63.9%		62.2%	65.4%	57.1%
MARITAL STATUS					
Now married (including separated and spouse absent)	63.0%		70.0%	70.9%	68.7%
Unmarried (never married, widowed, and divorced)	37.0%		30.0%	29.1%	31.3%
LABOR FORCE STATUS					
In labor force	48.8%		58.0%	71.1%	37.5%
NATIVITY					
Native	68.8%		81.7%	81.7%	81.7%
Foreign born	31.2%		18.3%	18.3%	18.3%
DISABILITY STATUS					
Civilian grandparents living with own grandchildren under 18 years	7,234,741		2,629,544	1,605,715	1,023,829
With any disability	26.6%		25.5%	20.7%	33.1%
POVERTY STATUS IN THE PAST 12 MONTHS					
Grandparents living with own grandchildren under 18 years for whom	7,237,157		2,631,460	1,607,598	1,023,862

poverty status is determined					
Income in the past 12 months below poverty level	15.9%		20.8%	22.8%	17.6%
Income in the past 12 months at or above poverty level	84.1%		79.2%	77.2%	82.4%

Appendix B

ELIGIBILITY CRITERIA FOR SUBSIDIZED GUARDIANSHIP

A child is eligible for a subsidized guardianship in Arkansas if the Division determines that:

- A. The child has been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child and, as such, the child has been placed in DHS custody per judicial order;
- B. The child has resided for at least six consecutive months in the fully approved foster home of the prospective relative guardian(s) which is eligible to receive payments on behalf of the child (i.e., the prospective relative guardian's home is no longer a provisional foster home and has been serving as a fully approved foster home to the child seeking a legal guardianship arrangement for at least six consecutive months) (see POLICY VII: Development of Foster Homes). Any disruption in placement with the prospective relative guardian that is less than 14 days will not affect the six consecutive month qualifying period;
- C. Being returned home to the person from whom he or she was removed or being adopted are not appropriate permanency options for the child, the guardianship arrangement is in the child's best interest, and documentation supporting these determinations is provided;
- D. The child demonstrates a strong attachment to the prospective relative guardian(s) and the guardian(s) has a strong commitment to caring permanently for the child/youth;
- E. Each child is consulted regarding the guardianship arrangement; and,
- F. Youth 12 and older sign a consent to guardianship if he or she agrees to the guardianship arrangement, and it is agreed that procedures to finalize the guardianship should be initiated (unless the court determines it is in the minor's best interest to dispense with the minor's consent).

Taken verbatim from page 251 of the Arkansas Department of Human Services Division of Children and Family Services Policy and Procedure Manual Revised January 1, 2013

DCFS Publications Hyperlink:

<https://ardhs.sharepointsite.net/CW/DCFS%20Publications/Forms/AllItems.aspx>

Stricken language would be deleted from and underlined language would be added to present law.

A Bill

State of Arkansas

88th General Assembly

Regular Session, 2011

SENATE BILL 710

By: Senator D. Johnson

By: Representative Powers

For An Act To Be Entitled

AN ACT CONCERNING THE ARKANSAS SUBSIDIZED
GUARDIANSHIP ACT; AND FOR OTHER PURPOSES.

Subtitle

CONCERNING THE ARKANSAS SUBSIDIZED
GUARDIANSHIP ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF
ARKANSAS:

SECTION 1. Arkansas Code § 9-8-204 is amended to read as follows:
9-8-204. Eligibility.

~~(a)~~ A child is eligible for a guardianship subsidy if the Department
of Human Services determines the following:

- (1) The child has been removed from the custody of his or her
parent or parents as a result of a judicial determination to the effect that continuation in
the custody of the parent or parents would be contrary to the welfare of the child;
- (2) The department is responsible for the placement and care of
the child;
- (3) Being returned home or being adopted is not an appropriate
permanency option for the child;
- (4) Permanent placement with a guardian is in the ~~child's~~ best
interest ~~of the child~~;
- (5) The child demonstrates a strong attachment to the

(6) With respect to a child who has attained fourteen (14) years of age, the child has been consulted regarding the guardianship;

~~(7) If permitted or required by the funding stream, the guardian is qualified pursuant to a means-based test;~~

~~(8) If permitted or required by the funding stream, the~~ The necessary degree of relationship exists between the prospective guardian and the child;

~~(9) The child has special needs; and~~

~~(10)~~(8) The child:

(A) Is eligible for Title IV-E foster care maintenance 10 payments; and or

~~(B) While in the custody of the The department, resided in the home of the prospective relative guardian for at least six (6) consecutive months and the prospective relative guardian was licensed or approved as meeting the licensure requirements as a foster family home.~~ determines that adequate funding is available for the guardianship subsidy for a child who is not Title IV-E eligible;

(9) The home of the prospective guardian complies with any applicable rules promulgated by the:

(A) Child Welfare Agency Review Board for foster home licensure; and

(B) Department of Human Services for foster home approval; and

(10) While in the custody of the department, the child resided in the home of the prospective relative guardian for at least six (6) consecutive months after the prospective guardian's home was opened as a foster home.

~~(b)(1) The department shall redetermine eligibility of the guardianship on an annual basis and shall include confirmation that the guardian is still providing care for the child.~~

~~(2) If permitted or required by the funding stream, the annual redetermination of eligibility shall include whether or not the guardian is qualified pursuant to a means-based test.~~

Appendix C

Research Questions

The Research Questions

The specific research questions this study examines are:

1. What are the barriers to participation in the Subsidized Guardianship Program in Arkansas as defined by kinship care grandparents?
 - a. How do the views of the kinship care grandparents differ across dimensions of social inequality, including geographic location, socioeconomic status, education, age, gender, and race?
2. What strategies do kinship care grandparents see as beneficial in eliminating barriers to participation in the Subsidized Guardianship Program in Arkansas?
3. What do social service and nonprofit agency professionals see as the barriers to participation and strategies to eliminating these barriers

Appendix D

Table 1 Methodology

Phase	Data Collection Method	Population	Anticipated # of interviews or surveys	Goal
Phase 1 Interviews with service providers	In Depth Interviews	nonprofit group leaders and advocates across AR	5	Gain an understanding of how nonprofit agencies interact with the subsidized guardianship program
Phase 2 Pilot Study with Grandparents	In Depth Interviews	Grandparents in NWAR	3	Inform development of Interview Guide (Grandparents) Inform initial coding
Phase 3 Interview with DCFS Administrators	In Depth Interviews	senior level Administrators who work at DCFS	2	Gain an understanding of how the governmental body and institutional lens interact with the subsidized guardianship program
Phase 4 Interview with Grandparents	Focus Groups	Grandparents in three geographic areas in AR from different ethnic backgrounds	One group of 2-9 grandparents in each geographic location	Gain an understanding of why relative caregivers are not using the subsidized guardianship in Arkansas
Phase 5 Quantitative Component	Online Qualtrics Survey	DCFS Case Workers & Licensed Social workers Across AR	50	Gain an understanding of what DCFS workers and Social Works know about the

Appendix E

Research Participant Information and Consent Form

You are being asked to participate in a research study of the impact of the Guardianship subsidy based on your personal experiences. You will be asked to fill out a short demographic survey followed by a personal interview with the researcher. The researcher will create audiotapes of the interview that will not contain your name and will be destroyed according to University Policy three years after the project. Your identity will only be known by the researcher. You must be at least 18 years old to participate in this research and be the primary caregiver for your grandchild (either blood or fictive kin).

Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time.

For volunteering your time (approximately one hour) and sharing your experiences with the Guardianship Subsidy you will receive a Wal-Mart gift card in the amount of \$10.

If you have concerns or questions about this study please contact the researcher: Amanda Krotke-Crandall.

Your signature below means that you voluntarily agree to participate in this research study.

Signature

Date

Title: Subsidized Guardianship Act: An Examination of its Perceived effectiveness in Arkansas

Researcher(s):

Administrator(s):

Amanda Krotke-Crandall, LMSW, PhD Candidate
Coordinator
Department of Public Policy

University of Arkansas
Fayetteville, AR 72701

Ro Windwalker, Compliance
Research & Sponsored Programs
Research Compliance
University of Arkansas
120 Ozark Hall
Fayetteville, AR 72701-1201
(479) 575-2208

Description: The present study will examine your perceptions regarding the “Subsidized Guardianship Act”. You will be asked to complete a face-to-face, audio taped interview, lasting approximately one hour as well as a short demographic survey. You will be asked about your experiences as a relative caregiver and your perspective regarding the Subsidized guardianship program Act.

Risks and Benefits: the benefits of participating in this study include contributing to the knowledge base of relative caregivers in Arkansas. The researcher perceives no risks to participating in this study.

Voluntary Participation: Your participation in the research is completely voluntary. There are no payments or compensations for your time.

Confidentiality: Your interview will be assigned a code number and your responses will never be reported using your name. All information will be kept confidential to the extent allowed by law and University of Arkansas policy. Audio files and transcripts will be destroyed three years after the study is complete and until this time will be placed in a locked cabinet in the researchers private office.

Right to Withdraw: you are free to refuse to participate in the research and to withdraw from this study at anytime. Your decision to withdraw will bring no negative consequences or penalty to you in anyway.

Informed Consent: I _____
(Please Print), have read the description, including the purpose of the study, the procedures to be used, the potential risks and benefits, the confidentiality, as well as the option to withdraw from the study at any time. Each of these items has been explained to me by the researcher. The researcher has answered all of my questions regarding the study, and I believe I understand what is involved in my participation. My signature below indicates that I freely agree to participate in this study and that I have received a copy of this agreement from the researcher.



June 18, 2015

Office of Research Compliance
Institutional Review Board

MEMORANDUM

TO: Amanda Krotke-Crandall
Anna Zajicek

FROM: Ro Windwalker
IRB Coordinator

RE: PROJECT MODIFICATION

IRB Protocol #: 15-01-434

Protocol Title: Barriers to Relative Caregivers' Participation in the Subsidized Guardianship Program in Arkansas

Review Type: 0 EXEMPT 1 EXPEDITED 0 FULL IRB

Approved Project Period: Start Date: 06/15/2015 Expiration Date: 01/28/2016

Your request to modify the referenced protocol has been approved by the IRB. **This protocol is currently approved for 130 total participants.** If you wish to make any further modifications in the approved protocol, including enrolling more than this number, you must seek approval prior to implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

Please note that this approval does not extend the Approved Project Period. Should you wish to extend your project beyond the current expiration date, you must submit a request for continuation using the UAF IRB form "Continuing Review for IRB Approved Projects." The request should be sent to the IRB Coordinator, 109 MLKG Building.

For protocols requiring FULL IRB review, please submit your request at least one month prior to the current expiration date. (High-risk protocols may require even more time for approval.) For protocols requiring an EXPEDITED or EXEMPT review, submit your request at least two weeks prior to the current expiration date. Failure to obtain approval for a continuation on or prior to the currently approved expiration date will result in termination of the protocol and you will be required to submit a new protocol to the IRB before continuing the project. Data collected past the protocol expiration date may need to be eliminated from the dataset should you wish to publish. Only data collected under a currently approved protocol can be certified by the IRB for any purpose.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.

109 MLKG • 1 University of Arkansas • Fayetteville, AR 72701-1201 • (479) 575-2208 • Fax (479) 575-6527 •
Email irb@uark.edu

The University of Arkansas is an equal opportunity/affirmative action institution.

Appendix F

Survey Focused on Demographic Information

This was given to grandmothers at the Little Rock and Northwest Arkansas Focus groups.

1. Can you tell me your age

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 40 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 51-60 | <input type="checkbox"/> over 80 |

2. What is your highest level of education?

- | | |
|--|---|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Finished High School |
| <input type="checkbox"/> Some Formal Education | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Finished College |

3. What race/ethnicity you most closely identify with?

- ☐ African American
☐ Causation
☐ Hispanic/Latina
☐ Bi Racial

4. Do you have a church affiliation?

- ☐ Yes
☐ No
☐ _____ (If you care to share the name)

5. Do you suffer from any medical conditions that impact your daily life to any degree?

6. What is your marital status

- ☐ Single
☐ Married
☐ Widow
☐ Divorced

7. What is your employment status?

- ☐ Employed full time outside the home
- ☐ Full time work in the home (Caregiving is a JOB)
- ☐ Work part time outside the home

8. How many grandchildren are you currently caring for?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

9. How many people live full time (meaning sleep four nights as week) at your home?

- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

10. How many years have you been a grandparent raising a grandchild?

- ☐ Less the 1 year
- ☐ Over 1 year less then 3 years
- ☐ Over 3 years less then 5 years
- ☐ Over 5 years less then 7
- ☐ Over 7 years less then 9
- ☐ Over 9 years

Do you know that help or guidance may be given to caregivers from organizations or people such as (Please Check each organization that you use & how you use it on the right):

Organizations	Emotional support	Financial support	Giving food, clothing, or other resources	Support group for discussion	Providing information about resources
<input type="checkbox"/> Arkansas Voices for Children Left Behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Subsidized Guardianship Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas Voices Grandparent Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Your faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Your Childs School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas Department of Workforce Services' Transitional Employment Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Assistance for Needy Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas' ARKids First Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Division of Children and Family Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Juvenile Division of the Circuit Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas State Police Crimes Against Children Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas Department of Housing and Urban Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arkansas Fair Housing Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Legal Aid of Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biological Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grandparents as Parents or other formal support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____ (Other please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____ (Other please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G

Questions for Direct Service Providers

1. Please give me a little background about your organization and how it works with relative caregivers.
 - a. How long has your organization worked on this issue within the state
 - b. What is your main role in relation to the issues of relative caregivers? Do you work mainly with day-to-day issues in relative caregivers' lives or is your role on the policy level?
2. What is your understanding of the subsidized guardianship?
3. Did your organization help DCFS with the implementation of the Subsidized guardianship?
 - a. If so, tell me about that process. What types of roll out was there? Did you or your organization work on any training with DCFS staff?
4. Have you or members of your organization aided relative caregivers with becoming a part of the subsidized guardianship program?
5. What are some issues you see that prevent the subsidy from benefiting relative caregivers?
6. Are there changes you would like to make to the program, and if so, what?
7. Records show that low numbers of relative caregivers participate in the program? What do you feel is causing low numbers of relative caregivers to participate in the subsidy?
 - a. What changes do you think would encourage individuals to participate?

Appendix H

Questions for Grandparents

Warm-up Questions included to help participants feel comfortable with the interviewer

1. I'd love to hear about one of your favorite memories about raising your grandchild.
2. How many grandchildren are you currently caring for?
3. How many years have you been a grandparent raising a grandchild?

Questions to determine knowledge of institutional support systems

4. Can you tell me about how your grandchild came to live with you?
5. Are you aware of the help or guidance you might receive from organization such as:
Arkansas Voices for Children Left Behind? Kinship Subsidy Program? Others needed?
6. Was DCFS involved in placing your grandchild with you?
 - a. Does a caseworker still have contact with your family or did they only see you after your grandchild was first placed?
 - b. How did you and your grandchild feel about DCFS involvement?
 - c. Did a case worker talk to you about becoming a licensed foster care home and the financial help this might offer?
7. The Kinship subsidy guardianship program requires you to become a licensed foster care home. Is this something you would consider?
8. Are you currently receiving funding through the Kinship Subsidy Program?
 - a. If so, who told you about this program?
 - b. Are you currently enrolled in the program?
 - i. What are the benefits for you to be part of this program?
9. Before you go to sleep at night what are some of the issues that run through your head as stressors?
10. If you have worked with any organizations or agencies, would you say your overall experience has been
 - a. good or bad? Why?
 - b. supportive or unsupportive?
 - c. friendly or unfriendly?
11. If you have worked with organizations or agencies, how well did they work for you to...?

- a. meet your needs for emotional support?
- b. provide financial help?
- c. give you food, clothing, or other things like that?
- d. giving you a support group for discussion?
- e. providing information about resources to help you?

Appendix I

Code Book

Questions for Direct Service Providers

Organization Background information Gray

DSPBI-1 Organization has been in existence for less than five years

DSPBI-2 Organization has been in existence for six to ten years

DSPBI-3 Organization has been in existence for eleven or more years

DSPBI-4 Organization primary focus is aiding in resource referral

DSPBI-5 Organization primary focus is providing services for relative caregivers

DSPBI-6 Organization primary focus is providing support groups for relative caregivers

DSPBI-7 Organization primary focus is providing in kind resources

DSPBI-8 Organizations primary focus is lobbying and advocacy for policy change

Aid DCFS with implementation Yellow

DSPAI-1 Yes, aided with implementation

DSPAI-2 No, did not aid in implementation

DSPAI-3 Played a primary role in implementation

DSPAI-4 Played a minimal role in implementation

DSPAI-5 Helped DCFS establish goals

DSPAI-6 Helped DCFS with promotion

DSPAI-7 Helped DCFS establish evaluation

DSPAI-8 Helped DCFS with recruitment

DSPAI-9 Helped DCFS with Guidelines

DSPAI-10 Yes, helped with training

DSPAI-11 No, did not help with training

Suspects

Change in role Bright Green

DSPCR-1 More funding

DSPCR-2 A way to better reach more relative caregivers

DSPCR-3 Provide more direct services

DSPCR-4 Become more influential in policy and lobbying

DSPCR-5 More information on community organization

DSPCR-6 More involvement from constituents

DSPCR-7 More effective ways to lobby

DSPCR-8 More time to dedicate

Assisted Recruitment Turquoise

DSPR-1 Yes, we have helped relative caregivers sign up for subsidized guardianship program

DSPR-2 No, we have never helped relative caregivers sign up for subsidized guardianship program

DSPR-3 No, our organization does not work directly with clients
 DSPR-4 No, we have tried but not been successful

Aid or hindrance of Subsidized Guardianship Program Pink

DSPAH-1 Allows more relative caregivers to have children in their homes
 DSPAH-2 Helps the financial burden of raising a child
 DSPAH-3 Helps with raising children with special needs
 DSPAH-4 Relative caregivers don't want to be involved with DCFS
 DSPAH-5 Program requirements are too strenuous for families to meet
 DSPAH-6 Prevents Legislator from creating better programs

Changes to Subsidized Guardianship Program Blue

DSPC-1 More advertising and messaging needs to be done to reach relative caregivers
 DSPC-2 The SGP participation should have less regulations
 DSPC-3 DCFS workers need more training about the program
 DSPC-4 The SGP needs more funding
 DSPC-5 The SGP should include informal relative care families as well as formal
 DSPC-6 Not aware of the program

Low Participation Rates Red

DSPLPR-1 No, I have found the SGP participation numbers high
 DSPLPR-2 Yes, I have found the SGP participation numbers low
 DSPLPR-3 I have no knowledge of the SGP enrollment numbers
 DSPLPR-4 There needs to be more advertising
 DSPLPR-5 There needs to be fewer regulations
 DSPLPR-6 Distrust of DHS
 DSPLPR-7 Not worth the grandparents time and energy

Assume care of non-biological custodial children Dark Yellow

DSPAC-1 Formally through DHS involvement
 DSPAC-2 Through informal arrangements with their adult children
 DSPAC-3 The children were removed from their home by DHS but no court case was opened

Aspects of Existing Policies Teal

DSPEP-1 DHS regulations impede with families ability to work with them
 DSPEP-2 Healthcare policy
 DSPEP-3 Tax policy
 DSPEP-4 Child Welfare Policy
 DSPEP-5 Economic Security
 DSPEP-6 Juvenile Justice
 DSPEP-7 Education policy issues
 DSPEP-8 Legal System
 DSPEP-9 Better resource referral

Questions for Relative Caregivers

1. General informal Questions Yellow

- RCGI-1 under 40
- RCGI -2 41-60
- RCGI -3 61 or older
- RCGI -4 No high school graduation
- RCGI -5 High school graduation
- RCGI -6 Some College
- RCGI -7 College Degree
- RCGI -8 Some advanced schooling
- RCGI -9 Advanced degree
- RCGI -10 Causation
- RCGI -11 African American
- RCGI -12 Hispanic
- RCGI -13 Biracial
- RCGI -14 No, church affiliation
- RCGI -15 Yes, church affiliation
- RCGI -16 No, medical conditions
- RCGI -17 Yes, Medical conditions
- RCGI -18 Single
- RCGI -19 Married
- RCGI -20 Widow
- RCGI -21 Divorced
- RCGI -22 Dating
- RCGI -23 Retired
- RCGI -24 unemployed
- RCGI -25 employed part time
- RCGI -26 employed full time

2. Warm-up Questions Bright Green

- RCWU-1 Favorite memories
- RCWU-2 Currently caring for 1 child
- RCWU-3 Currently caring for 2 child
- RCWU-4 Currently caring for 3 child
- RCWU-5 Currently caring for 4 child
- RCWU-6 Currently caring for 5 child
- RCWU-7 Currently caring for more than 5 children
- RCWU-8 Two people live full time in the home
- RCWU-9 three people live full time in the home
- RCWU-10 four people live full time in the home
- RCWU-11 five people live full time in the home
- RCWU-12 six people live full time in the home

RCWU-13 seven or more people live full time in the home

RCWU-14 caregiving less than a year

RCWU-15 caregiving one-two years

RCWU-16 caregiving three-four years

RCWU-17 caregiving four five or more years

3. DCFS involvement Turquoise

RCDCFS-1 No, DCFS was not involved with placing my grandchild

RCDCFS-2 Yes, DCFS was involved with placing my grandchild

RCDCFS-3 Yes, the DCFS caseworker still has contact with our family

RCDCFS-4 No, our DCFS caseworker no longer has contact with our family

RCDCFS-5 we enjoyed having the support of DCFS

RCDCFS-6 we did not like having DCFS in our lives

RCDCFS-7 No, our DCFS worker did not tell us about becoming a Licensed Foster care home

RCDCFS-8 Yes, our DCFS worker did not tell us about becoming a Licensed Foster care home

RCDCFS-9 Had no interest in becoming a Licensed foster care home

RCDCFS-10 Did not meet the requirements to become a Licensed Foster care home

RCDCFS-11 Became a Licensed Foster Care home

4. Placement Pink

RCP-1 The child was abandoned by birth parents reason unclear

RCP-2 The child was neglected due to addictions

RCP-3 The child biological parent are deceased

RCP-4 the child was abandoned by birth parent due to mental health issues

RCP-5 the child was abandoned by the birth parent due to financial issues

RCP-6 the child was abandoned by parent because the parent was too young to parent

RCP-7 the child was abandoned by the parent when the parent was incarcerated

5. Knowledge of Subsidized Guardianship Program Dark Yellow

RCSGP-1 No, I have never heard of the Subsidized Guardianship Program

RCSGP-2 Yes, I have heard of the Subsidized Guardianship Program

RCSGP-3 an outside organization let me know about Subsidized Guardianship Program

RCSGP-4 DCFS communicated about it

RCSGP-5 a friend or family member told me about the Subsidized Guardianship Program

RCSGP-6 keeps DCFS in your families life

RCSGP-7 helps relative caregivers financially

RCSGP-8 has too many restrictions to enrollment

6. Current enrolment Gray

RCE- 1 No, I am not currently enrolled

RCE- 2 Yes, I am currently enrolled

RCE- 3 DCFS enrolled me in the Subsidized Guardianship Program

RCE- 4 There are financial benefits to the Subsidized Guardianship Program

RCE-5 DCFS offers emotional help as part of the Subsidized Guardianship Program

7. Organizations utilized Teal

- RCOU-1 Arkansas Voices for Children Left Behind
- RCOU-2 Subsidized Guardianship Program
- RCOU-3 Arkansas Voices Grandparent Project
- RCOU-4 Your faith community
- RCOU-5 Department of Human Services
- RCOU-6 Your Childs School
- RCOU-7 Arkansas Department of Workforce Services' Transitional Employment Assistance Program
- RCOU-8 Temporary Assistance for Needy Families
- RCOU-9 Arkansas' ARKids First Program
- RCOU-10 Medicare
- RCOU-11 Medicaid
- RCOU-12 Division of Children and Family Services
- RCOU-13 Juvenile Division of the Circuit Court
- RCOU-14 Arkansas State Police Crimes Against Children Division
- RCOU-15 Arkansas Department of Housing and Urban Development
- RCOU-16 Arkansas Fair Housing Commission
- RCOU-17 Supplemental Security Income
- RCOU-18 Legal Aid of Arkansas
- RCOU-19 Private Attorney
- RCOU-20 Extended Family
- RCOU-21 Biological Parent
- RCOU-22 Grandparents as Parents or other formal support group

8. Organizational Support Red

- RCOS-1 Emotional Support
- RCOS-2 financial help
- RCOS-3 gift in kind
- RCOS-4 support group
- RCOS-5 information about resources
- Nightly Stresses Blue
- RCNS- 1 the future of my grandchildren
- RCNS- 2 financial stresses
- RCNS- 3 worry about my health
- RCNS-4 relationship with my adult children

Questions for Administrative Staff of Division of Human Services

1. Why the state of Arkansas thought this program was important to implement? Yellow

- ASDHSI-1 The Federal government made it financial feasible
- ASDHSI -2 A specific legislator felt it was important
- ASDHSI -3 DCFS approached the legislator

ASDHSI -4 Constituents demanded the program
 ASDHSI -5 Lobbyist asked for the program
 ASDHSI -6 The Governor's office felt that it was important

2. Advocates in the Legislature Bright Green

ASDHSAL-1 I know of no advocate
 ASDHSAL -2 Yes, there was an advocate legislature in the Senate
 ASDHSAL -3 Yes, there was an advocate legislature in the House
 ASDHSAL -4 They had personal experience
 ASDHSAL -5 They were acting on behalf of a constituent
 ASDHSAL -6 They were moved by committee testimony
 ASDHSAL -7 They were approached by lobbyist

3. Advocates of Outside Organization Turquoise

ASDHSOO-1 No, outside organization was involved
 ASDHSOO -2 Yes, there was an outside organization involved
 ASDHSOO -3 They helped bringing the idea before committee
 ASDHSOO -4 They helped write guidelines and goals
 ASDHSOO -5 They helped with spreading the word about the program
 ASDHSOO -6 They helped with evaluation of the program

4. Main goals the state Pink

ASDHSMG-1 To increase the number of relatives caring for children in the foster care system
 ASDHSMG -2 To help older and special needs children within the foster care system
 ASDHSMG -3 To create more stable and permanent homes for children in foster care
 ASDHSMG -4 To help more children in foster care maintain family bounds

5. Enrollment Numbers Dark Yellow

ASDHSEN -1 Under 10 families have participated since its inception
 ASDHSEN -2 Under 15 Families have participated since its inception
 ASDHSEN -3 Under 25 Families have participated since its inception
 ASDHSEN -4 Under 35 Families have participated since its inception
 ASDHSEN -5 Under 45 Families have participated since its inception
 ASDHSEN -6 Under 55 Families have participated since its inception
 ASDHSEN -7 Currently under 10 families are participating in the program
 ASDHSEN -8 Currently under 15 families are participating in the program
 ASDHSEN -9 Currently under 25 families are participating in the program
 ASDHSEN -10 Currently under 35 families are participating in the program
 ASDHSEN -11 Currently under 45 families are participating in the program
 ASDHSEN -12 Currently under 55 families are participating in the program

6. Reasons more clients have not participated Red

ASDHSP-1 More relatives receive children informally and ever work with DHS
 ASDHSP -2 Families are reluctant to have DHS in their lives

ASDHSP -3 Families do not know about the program
 ASDHSP -4 DHS workers are not familiar with the program
 ASDHSP -5 Families do not meet the requirements for foster families
 ASDHSP -6 Relatives to not express interest in becoming foster parents
 ASDHSP-7 Federal Regulations make it difficult

7. Any changes that have been made to the Subsidized Guardianship Program Gray

ASDHSC-1 Yes, changes have been made
 ASDHSC -2 No, changes have not been made
 ASDHSC -3 Changes to the enrollment procedure
 ASDHSC -4 Changes to payment rate or schedule
 ASDHSC -5 Changes to training to caseworkers
 ASDHSC -6 Changes were suggested from an outside agency of stakeholders
 ASDHSC -7 Changes were made by the governor's administration
 ASDHSC -8 Changes were made by the legislator
 ASDHSC -9 Changes were made based on client information and feedback
 ASDHSC -10 Changes were decided on by a committee of DCFS staff

8. Evaluation process Teal

ASDHSCEP-1 No, there has been no evaluation
 ASDHSCEP -2 Yes, there has been an evaluation
 ASDHSCEP -3 The evaluation was conducted by an outside group
 ASDHSCEP -4 DCFS conducted its own evaluation of caseworkers
 ASDHSCEP -5 Clients were contacted in the evaluation
 ASDHSCEP -6 People have been positive about the program
 ASDHSCEP -7 People have been negative about the program

Appendix J

DCFS Employee Survey

1. In what capacity do you currently work for DCFS? (choose all that apply)
 - ☐ Central Office Staff
 - ☐ Area Director
 - ☐ Support Staff
 - ☐ Supervisor
 - ☐ Investigator
 - ☐ Differential Response caseworker
 - ☐ Protective Services Caseworker
 - ☐ Foster Care Caseworker
 - ☐ Resource Worker
 - ☐ Adoption Specialist
2. In which one of the following five regions of Arkansas do you currently work?
 - ☐ Northwest
 - ☐ Central
 - ☐ Southeast
 - ☐ Northeast
 - ☐ Southwest
3. Please Type in the space provided the month and year you were hired in any capacity with Arkansas DCFS.
 Month Year
4. Please type in the space provided the month year you were hired as a case worker with Arkansas DCFS.
 Month Year
 - ☐ Not a case worker
5. This survey focuses on only one of the programs under DCFS. How many hours of training, in your estimation, have you had on the Subsidized Guardianship Program? (Please estimate number of hours of training, number zero through one hundred)
6. Thinking back over your time as a DCFS case worker in Arkansas, how many clients have you enrolled in the Subsidized Guardianship Program? (Please estimate the number of families with each family being one case. Number zero-fifty)
7. In thinking back over the Subsidized Guardianship Program, please list as many indicators that you can recall that would have the following benefits?
 - A. What changes to this program would you suggest to benefit the experiences of the **child**?

- B. What changes to this program would you suggest to benefit the experiences of the relative **caregiver**?

- C. What changes to this program would you suggest to benefit the experiences of the **case worker**?

8. Based on your experiences, what improvements would you suggest for the Subsidized Guardianship Program in the following areas:

- A. What changes to this program would you suggest to benefit the experiences of the **child**?

- B. What changes to this program would you suggest to benefit the experiences of the relative **caregiver**?

- C. What changes to this program would you suggest to benefit the experiences of the **case worker**?

9. In your opinion, what are the greatest barriers to enrolling relative caregiver families into the Subsidized Guardianship Program? Enter your opinion in the space provided below

Social Worker Survey

1. Have you as a licensed Social Worker in Arkansas had clients who are acting as primary caregivers for children to whom they are related?
 - Yes
 - No
2. If you have worked with relative care families, have you done so at any point after December 2011?
 - Yes
 - No
3. Are you familiar with the Subsidized Guardianship program available through Arkansas DCFS for children eligible for IV-E foster care?
 - Yes
 - No
4. If yes, do you recall how you became familiar with the Subsidized Guardianship program?
 - Directly through DCFS either from the newsletter or training
 - NASW or other Social Work organization
 - Local Church
 - Local Media, TV or newspaper
 - Families with whom you have worked
 - Other
 - Don't recall how I heard about the program
5. Thinking only about the Subsidized Guardianship Program, how much training, in your estimation, have you had on the Subsidized Guardianship Program (Please estimate number of hours of training, number zero through one hundred)?
 Number of Hours of Training 1-100
6. Thinking back over your time as a social worker in Arkansas, how many clients have you helped enroll in the Subsidized Guardianship Program? (Please estimate the number of cases, with each family being one case. Number zero-fifty)
7. In thinking back over the Subsidized Guardianship Program, please list as many indicators that you can recall that would have the following benefits?
 - A. What changes to this program would you suggest to benefit the experiences of the **child**?

- B. What changes to this program would you suggest to benefit the experiences of the relative **caregiver**?

- C. What changes to this program would you suggest to benefit the experiences of the **case worker**?

8. Based on your experiences, what improvements would you suggest to the Subsidized Guardianship Program in the following areas:

- A. What changes to this program would you suggest to benefit the experiences of the **child**?

- B. What changes to this program would you suggest to benefit the experiences of the relative **caregiver**?

- C. What changes to this program would you suggest to benefit the experiences of the **case worker**?

9. Click in the space provided below to provide your opinion on what are the greatest barriers to enrolling relative caregiver families into the Subsidized Guardianship Program?

Appendix K

Open Question answers responses for DCFS Services Workers and Licensed Social Workers analyzed into themes.

**All responses are the words of those that have participated in the survey and have not been altered or edited by the investigator. This may result in misspelled words but the investigator felt that this was the data given and should not be changed.*

For DCFS Services Workers, what are the primary benefits of the Subsidized Guardianship program for the child? (N=68, 94%)

Family Stability Living with relatives
<ol style="list-style-type: none"> 1. legal permanence, no TPR required 2. permanency 3. Permanency 4. permanency 5. The child would be with someone that they know rather than a stranger or in a facility. 6. Being with Family 7. Permanency, Stability, Connection to Family 8. They would be with family or with someone they know well 9. placement with relative 10. placement 11. They are placed with a relative 12. Child is priority, if there are siblings, they're kept together 13. Ensure the welfare of the minor child 14. Permanency with relative 15. Less children in care 16. a safe place to live until permanency can be achieved 17. Family involvement 18. The child being placed with family, keeping the family ties intact. 19. Child is with a relative, gets a subsidy, benefits of TYS 20. Option to be out of foster care 21. connection with a family 22. Permanency, Stability, Security, Community, Remaining in the same school district (educational), Healthy Sense of Self 23. Permanency 24. providing an alternative permanency option for foster children when reunification or adoption are not appropriate 25. permanency 26. Provides an older child with a family. 27. permanency, maintains family connections, safety 28. can continue a relationship with parents even if they can't live with them

<p>29. To allow the children to placed with relatives.</p> <p>30. The child is placed with family</p> <p>31. Enables a permanency for a child when adoption is not in their best interest, but remaining with family is</p> <p>32. No termination</p> <p>33. Hopefully it will help them physically and emotionally as they grow through their years into adulthood.</p> <p>34. Permanency</p> <p>35. The child will have a permanent placement with relatives that have completed the foster care training and opened as a foster home and placed in the relatives foster home for 6 months..</p> <p>36. Relative</p> <p>37. Relationship with family</p> <p>38. Permanency</p> <p>39. staying with family</p> <p>40. help with expenses child incurs and child's needs, permanency for child</p> <p>41. help older youth achieve permanency</p> <p>42. child can remain with family</p> <p>43. child is not placed in foster care with unknown</p> <p>44. permanency</p> <p>45. stability</p> <p>46. stability</p> <p>47. ability to be with family</p> <p>48. allowing for kin, who not otherwise be considered due to financial hardships, to be a guardian for a relative who was placed in foster care due to maltreatment</p> <p>49. Children can remain in a safe and stable home, outside of a biological parent's care, and continue to have their needs met. This proves as beneficial for children who do not desire to be adopted, but cannot safely return to their biological parent's home. Furthermore, this decreases the likelihood of a child being retraumatized by being removed from their guardians home due to an inability to financially provide for the child, should unforeseen financial circumstances arise in the future.</p> <p>50. Child will no longer be in foster care.</p> <p>51. child permanency</p>	
Financial	
<p>52. no termination of parental rights for older children, but still receive financial benefits while not having to remain in foster care</p> <p>53. Monetary for the care of the child</p> <p>54. promotes permanency for children in care and helps relatives with some of the cost to care for their child's needs</p> <p>55. financial support otherwise not available to be used towards additional expenses child may incur that the family offering guardianship may not have prepared for as a biological parent would (such as a vehicle, college expenses, tutoring lessons etc).</p>	

Increase Resources and Services
56. staff with familiar people
57. to provide for their special needs
Don't Know
58. unknown
59. na
60. don't know
61. I don't know
62. Unknown
63. ?
64. unsure
65. Don't know
66. unknown
Unclassified
67. The program has very limited use
68. 10+

For DCFS Services Workers, what are the primary benefits of this program for the relative caregiver? (N=70, 97%)

Family Stability Living with relatives
1. Being able to keep your family member with Family Stability
2. subsidy, permanency
3. The child stays in the family
4. They get to keep the children in the family
5. helping children and families at a difficult period of their lives
6. To prevent a client to kill himself
7. The foster client gets a primary home
8. The child is placed with family
9. Keeping the child in the family
10. stability
Financial
11. financial assistance without the ongoing requirements of foster home licensing money
12. Money
13. Financial stability, which equals placement/caregiving
14. financial assistance to maintain family member already familiar w/ child
15. They have their relatives in the home and they receive assistance for them
16. Money to help with expenses
17. Allows monetary support
18. Family plus financial assistance
19. Financially
20. Financial Support, keeping family together, family bonds, positive sense of Self,

<p>emotional attachment, sense of responsibility</p> <p>21. Subsidized guardianship provides financial support to the relative caregiver</p> <p>22. continued payment</p> <p>23. It gives family who couldn't afford to care for the child the opportunity.</p> <p>24. permanency, support (financial)</p> <p>25. financial support</p> <p>26. To be able to keep the connection and have a financial support</p> <p>27. financial assistance for older children that enables the child to stay with them without having to adopt which could potentially be detrimental to the child or family relationships.</p> <p>28. payment source</p> <p>29. Board payments</p> <p>30. Money</p> <p>31. financial assistance</p> <p>32. financial assistance</p> <p>33. helps with child's expenses and needs, permanent home for child</p> <p>34. caretaker has monetary support to care for the child</p> <p>35. subsidy</p> <p>36. financial assistance so family can provide for child</p> <p>37. additional funds for child</p> <p>38. See above. It gives some financial security otherwise unknown when taking on the additional financial burden of a child families have not planned for. Its good that the program includes payment after 18 if still enrolled in school. This is a huge benefit to families.</p> <p>39. financial assistance</p> <p>40. Allow youth to be with family, provide subsidy to assist family members who can not afford to care for youth</p> <p>41. Financial support to care for kin who was placed in foster care due to maltreatment</p> <p>42. Financial assistance to help care for a family member</p> <p>43. financial assistance</p> <p>44. financial assistance</p> <p>45. money to help</p> <p>46. Managing the child's finances</p> <p>47. It allows for monetary support for the family. They might not otherwise be able to afford the care of the child.</p>
<p>Increase Resources and Services</p>
<p>48. To assist with maintenance and care for the minor child.</p> <p>49. helps with medicaid, subsidy</p> <p>50. Assist child with needed services</p> <p>51. Aid to help care for the child and their needs</p> <p>52. assistance with caring for child</p> <p>53. The relatives that are approved as foster parents will be able to get support for the child until the child turns 18 years old.</p>

54. provides support to families
55. A relative can provide the care necessary for their relative child, without having the financial burden of caring for the child. This is especially beneficial if the child needs counseling, or has specialized health needs that require frequent treatment expenses.
Don't Know
56. Unknown
57. none the best outcome is adoption in most cases
58. unknown
59. na
60. don't know
61. Not sure
62. NA
63. Unknown
64. n/a
65. ?
66. not sure
67. I don't know
68. unsure
Limits interaction with government
69. subsidy, minimal interaction with state government
Unclassified
70. achievement

For DCFS Service Workers, what are the Primary benefits of this program for you as a case worker? (N=62 86%)

Family Stability Living with relatives
1. permanency for the child
2. Stable placement
3. more placements available for the children.
4. keeping famil together
5. placement
6. Building families.
7. Children placed with family
8. The child is placed with family and not in a foster home
9. placement permanency, child is with family, case closes
10. Permanemt placement for chld
11. Keeping families together, keeping the child in a stable environment, keeping the child in the same community, keeping the child in the same school district, helping build stronger family bonds, ensuring the child has a healthy and safe home
12. Provides an alternative option for permanency for foster children.
13. One less child without a family
14. less children in care, attaining permanency for our children
15. Knowing the children are with relatives and are able to keep connections

<p>16. The child is placed with family</p> <p>17. Being able to find permanency for a child that might not otherwise receive permanency. Instead of the option being that the child stays with the family members, but remains in foster care so that the family can continue to financially support them. This enables the child to stay with the relative without terminating rights and still have DCFS out of their lives.</p> <p>18. This will help the FSW to establish a safe and permanent home for the child(ren)</p> <p>19. Achievement</p> <p>20. Relationship with the whole family</p> <p>21. prevent foster care</p> <p>22. permanency</p> <p>23. it provides another form of permanency for our children</p> <p>24. achieve permanency for the youth that might have otherwise aged out of care</p> <p>25. family placement with parental rights still in tact</p> <p>26. Helping to reunify the family as a whole</p> <p>27. give a child permanency</p> <p>28. stability</p> <p>29. Life purpose</p> <p>30. open options for permanency for youth</p> <p>31. Knowing that a child's health and safety needs are being met with their own family- someone they can connect to, someone that they actually know.</p> <p>32. ability to place children with family</p> <p>33. might help finding a guardian for the child</p> <p>34. Stable placement.</p>
<p>35. IF a family qualifies it can increase the chance of their willingness of taking over guardianship and offer permanency for a child. The problem is that subsidized guardianship is a means of last resort and often our children come with financial support (such as SSI) that makes them ineligible for financial subsidy. Additionally, some homes do not qualify for the ability to be licensed, which prevents their ability to become subsidized as well.</p>
<p>Decrease Work & Case Closure</p>
<p>36. less ongoing follow up closure of case</p> <p>37. You can gather more information about the child and family.</p> <p>38. They are no longer on the caseload</p> <p>39. being able to close a case that previously would have had to stay open until youth aged out of care</p> <p>40. case closure</p> <p>41. can create permanency and close case</p> <p>42. The case worker is able to ensure the child's health and safety needs will be met by the relative foster parents.</p> <p>43. less court involvement</p> <p>44. Because of subsidized guardianship, caseworkers are able to close cases when a child</p>

<p>is placed in a relative's home who has proven to be a safe and stable environment for the child, and has demonstrated an unquestionable ability to meet the child's needs. Unfortunately, the expenses for raising children and providing them with all of the extra services they may require after exiting the state's custody can be overwhelming. Therefore, without subsidized guardianship, a family with a low income may risk having a PS or FINS case opened if they are not able to provide the services necessary for the child due to financial reasons, especially if those services are court ordered to happen. With subsidized guardianship, a child can remain in a home or relative's home where they have a close bond and their needs met, without facing traumatization of being removed from the home due to financial reasons.</p> <p>45. This decreases caseloads, and stress for case workers.</p> <p>46. Permanency has been found for a child and caseload is reduced</p>
Increase Resources and Services
<p>47. the program serves a a service to get the children into permanency when adoption would cause them to loose other benifits</p> <p>48. Less court involvement</p> <p>49. I am not a case worker. I am a PA. But I have famylis with a lots of depresion.</p> <p>50. I'm not a case worker, but for those who are, it should help with the care of the client</p> <p>51. Permanency has been found for a child and caseload is reduced.</p>
Don't Know
<p>52. N/A</p> <p>53. Unknown</p> <p>54. not a case worker</p> <p>55. unknown</p> <p>56. Not a caseworker</p> <p>57. Na</p> <p>58. don't know</p> <p>59. not sure</p> <p>60. not a case worker</p> <p>61. ?</p> <p>62. unknown</p>

For DCFS Workers, what changes to this program would you suggest to benefit the experience of the child? N=52 (84%)

Training
<ol style="list-style-type: none"> 1. Training for the child to understand the program and expectations to maintain in the program and determine the best permanence needs for the future after have been in for a while 2. We have lots of hours abouth Subsidized, not sure if is relative to it 3. More training 4. Traning for DCFS staff and ouside stakeholders

Increased Resources and Services	
5.	Financial assistance should be based on the families income too not just the child's need. (not whether or not the child would be eligible for an adoption subsidy because of behavioral or mental health reasons.)
Don't know	
6.	Unknown
7.	unknown
8.	N/A
9.	na
10.	no idea
11.	Not had enough to answer
12.	I'm sorry I don't have an opinion on this.
13.	n/a
14.	unknow
15.	I have not suggestions at this time
16.	No clue
17.	unknown
18.	?
19.	n/a
20.	not sure
21.	unknown
Specific Policy Change	
22.	not have to be a relative or foster parent
23.	more direction from the Feds regarding criteria to rule out adoption and reunification
24.	most children do not qualify
25.	use it more frequently
26.	The process of obtaining the Guardianship should not be difficult.
27.	Faster home study
28.	Free in-state tuition for the child at any in-state university or vocational/technical school.
29.	Shorter time frame that a child must reside in the home once it is a fully approved foster home for the family to qualify for subsidized guardianship. ‘
30.	this being able to occur sooner
31.	speed up process to obtain permanency quicker
32.	easier process
33.	If non-relatives were eligible for this program, I feel like more youth would receive permanency.
34.	adding fictive kin relativesand foster parents to the list of people who are able to do subsided guardianship
35.	Broader guidelines
36.	Less travel time to the family visit and extend the visit to possibly four hours once a month, that way the family can truly demonstrate their active parenting skills that they

<p>have learned during their classes that they are participating through their programs.</p> <p>37. Identify a clear standard procedure for DCFS/OCC to process thru in order to expedite the process and ensure quick permanency for the children.</p> <p>38. Make available to fictive kin</p> <p>39. Subsidized guardianship programs to be open to non relatives.</p>
None
<p>40. None</p> <p>41. None noted</p> <p>42. None</p> <p>43. None at this time</p> <p>44. none</p>
Strength to Child and Family
<p>45. getting the child with the relative quicker</p> <p>46. Quicker turnaround</p> <p>47. more permanency for the child, not moved around so much</p> <p>48. able to help more children find guardians</p>
No Changes
49. no changes
Lack of Knowledge and awareness of the program
<p>50. information on the process</p> <p>51. make more accessible</p> <p>52. making the program more available</p>

For DCFS Workers, what changes to this program would you suggest to benefit the experience of the relative caregiver? N=50 (81%)

Training
<p>1. shorten the training</p> <p>2. more training</p>
Increased Resources and Services
3. guardianship
Don't know
<p>4. I have no suggestions at this time.</p> <p>5. As our cases are closed upon submitting subsidized guardianship I have little/no experience with the difficulties families may face while they go thru the process</p> <p>6. Unknown</p> <p>7. n/a</p> <p>8. N/a</p> <p>9. Not sure. I am a caregiver. I work in the afternoon</p> <p>10. Not enough experience to answer</p> <p>11. n/a</p> <p>12. no idea</p> <p>13. N/A</p>

14. Unknown
15. None
16. Unknown
Specific Policy Change
17. To limit the visit to once a month, four hours each visit so that the parent(s) could show their active parenting skills and the child(ren) would not be absent from their schools and learning activities. The parent(s) would also be able to participate with their programs and work schedules
18. adding fictive kin and foster parents to the list of qualifications for subsidized
19. be able to receive board payment
20. easier process/length of time for permanency
21. Allowing fictive kin to apply for relative guardianship
22. Making the requirements less complicated
23. Faster home study and for FSW's to offer this program
24. more support from DCFS
25. Less restrictions
26. less restrictions
27. not have to be a foster parent for a year first, or a relative
28. subsidy should be based on guardianship family's needs
None
29. None noted
30. None
31. None
32. None
33. None
34. Nothing at this time
35. None
36. no changes
Financial
37. More funding to increase subsidy amounts in order to account for cost of living as well as inflation.
Lack of Knowledge and awareness of the program
38. The families having more information about the program
39. more publicity that this is an option
40. Maybe a staffing with the potential relative caregiver so that may have a clear understanding of what the program provides and it's requirements per state and federal law.
41. more awareness of program
42. make more accessible
43. More information on the process
44. making the program more available
45. The relative would benefit more, if the process is explained on the front end of the case.

46. more information up front and less restrictions
47. understanding of their roles currently as well as down the line if the child decides to go with parent or have other disruption concerns
Changes in speed
48. A quicker progress
49. speed up process to help the families
50. quicker approval

For DCFS Workers, What changes to this program would you suggest to benefit the experience of the case worker? N=56 (90%)

Training
1. more training so we know how to use this program successfully
2. More training
3. more training and information
4. The caseworker should stay on task and trained frequently on the laws and procedures for the Subsidized Guardianship.
5. More training and use of the Subsidized Guardianship Program
6. more training, more wide spread knowledge of program
7. more education in this area
8. more education regarding program
9. Just more training in when a caseworker should send a referral for consideration for the program.
10. More training and make it easier to get approved
11. More conversations about the program
12. refresher training
Increased Resources and Services
13. assistance during the process from someone with experience
Don't know
14. n/a
15. Unknown
16. Unknown
17. NA
18. Na
19. No idea not enough experience to answer
20. Not sure
21. N/A
22. Not sure
23. n/a
24. unknow
25. I have no suggestions at this time.
26. No clue
27. No idea
28. unknow

Specific Policy Change
<p>29. more direction from the Feds regarding criteria to rule out adoption and reunification</p> <p>30. approval process is too long, a true understanding of what are the qualifications and especially how to rule out through hierarchy. Our training is different from the belief of the judge regarding qualifications and ruling out. There was a change in the person leading this, so there was a loss of knowledge in which we were informed one thing during training and the scheduled staffing, but the person testified to something else on the stand making it look as if the agency did not know what it was doing. This caused a credibility loss.</p> <p>31. adding fictive kin and foster parents as eligible people to received subsidized guardianship</p> <p>32. Less travel time from the office and families</p> <p>33. guidelines are to strict</p> <p>34. less paperwork</p> <p>35. The requirements for the annual reports</p>
None
<p>36. None noted</p> <p>37. no changes</p> <p>38. none noted</p> <p>39. none</p> <p>40. none</p> <p>41. none</p>
Strength to Child and Family
<p>42. having more foster homes available</p> <p>43. Easier to find a placement and with the child's family</p>
<p>44. Financial</p>
<p>45. More family members would do guardainshp with board payments</p>
Changes to DCFS & Larger System
<p>46. not having to go to court as often on these cases and the paperwork to complete and get approved. To many casesworker does not like to do the subsidized guardianship</p> <p>47. less paperwork</p> <p>48. Less travel time from the office and families</p> <p>49. It was not done frequently in the area due to the criteria as a financial means of last resort (and often other financial means are avaailable) so the process was difficult and time consuming to wade thru, taking longer to achieve permanency for the children in foster care.</p> <p>50. judges and AAL be more open to allowing youth to be with family</p>
Lack of Knowledge and awareness of the program
<p>51. making the program more available</p> <p>52. more information on the benefits</p> <p>53. makre more accessible</p> <p>54. better understanding of the program so that they can promote it to families on the front</p>

end of a case (encouraging the family to become a foster home so they meet the requirements)

55. The case workers being more aware of the subsidized guardianship program

56. I personally can't remember ever hearing much about subsidized guardianship, so if there are benefits to the child, I think that it would be helpful to stress making workers aware of this program.

For Social Workers, What are the primary benefits of this program for you as a social worker?
N=41 (75%)

Family Stability living with relatives child safety
<ol style="list-style-type: none"> 1. stability for child 2. Avoid child entering foster care 3. Kids stay with family 4. permanent placement for child have not done so, but would increase options 5. enhances stability 6. Seeing families stay connected 7. a program to increase overall family functioning 8. Less concern for clients 9. family contact 10. Placement options 11. It gives the family better means to implement suggestions that I have given in therapy, ie activities to support their strengths, resources in the community, etc. 12. Closure for clients 13. Opportunity to assist in adjustment a systems therapy 14. helps families 15. more care for the child 16. Hopefully we will see the children have less emotional and mental health issues 17. Peace of mind for child 18. I can assist families in working through losses 19. placement without need for ongoing monitoring 20. Knowledge that the children are in a safe loving home. Or hopefully they are 21. Decreases the time and effort of having to locate available and suitable arrangements for child 22. promote child well being 23. The benefit in my knowing that children are being placed in homes of relatives instead of foster care 24. Peace of mind that the child is cared for by relatives, assists greatly to help a child adapt and heal from the trauma of losing parental care 25. ease of placement

26. Help with family placement
27. aiding children/families in need
Increased Resources and Services
28. Natural, community-based supports in the home community
29. potential for facilitating/maintaining consistent followup, expedited/streamlined placement timeline, increased probability of stability/long-term success of placement, consolidation of involved stakeholders
30. resources
31. Continuity of care, being able to continue to provide services
32. Have never actually seen it used. System is resistant to offer it to families or educate them about it. Other families I've worked with chose to pursue adoption
33. Case less labor intensive
34. Resources
Don't Know
35. Unknown
36. Not sure
37. n/a
38. Not sure
39. ?
40. no idea
41. not sure