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**KINSHIP DIVERSION: EXPLORING EXPERIENCES OF
RELATIVE PROBATE GUARDIANSHIP IN LOS ANGELES, CA**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2017

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Kinship Diversion: Exploring
Experiences of Relative Probate
Guardianship in Los Angeles, CA

ABSTRACT

This qualitative study explored the characteristics and experiences of relative caregivers in Los Angeles County who were involved in a child welfare practice called “kinship diversion.” It specifically examined cases in which caregivers were diverted to probate court to obtain legal guardianship of their relatives' children as an alternative to opening a case with the child welfare system due to allegations of abuse or neglect against the biological parents. Five kinship caregivers were interviewed with a focus on answering the questions of *who* is diverted to legal guardianship, and *why*?

The findings of this study showed that diversion occurred in a range of circumstances, but all participants were already caring for their relatives' children at the time the child welfare system became involved. Furthermore, caregivers were uniformly dedicated to keeping the children out of the child welfare system, even if it meant sacrificing potential financial reimbursement.

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CHAPTER 1

Introduction

The purpose of this qualitative study was to explore the characteristics, perspectives, and experiences of relative caregivers in Los Angeles County who become involved in a child welfare practice known as “kinship diversion.” This term lacks a consistent definition, and policy and practice vary widely across child welfare agencies and the literature. In this investigation, kinship diversion is understood as defined by the Annie E. Casey Foundation (2013) in its investigation of kinship diversion practices among child welfare agencies across the United States: “to describe situations in which a child welfare agency investigates a report of child abuse or neglect, determines that a child cannot remain safely with parents/guardians, and helps to facilitate that child’s care by a relative instead of bringing the child into state custody” (p. 2). More specifically, the present study examined the experiences of kinship caregivers who are diverted to probate court to obtain legal guardianship of their relative children, as an alternative to opening a case with the child welfare system. It sought to answer the questions: who is diverted in this way, and why?

This research aimed to fill a gap in the literature, as scant attention has been paid to kinship diversion generally, much less kinship diversion to guardianship. Berrick and Hernandez (2016) note that many studies about kinship care fail to differentiate between different types of arrangements (from informal/private, to diversion and voluntary placements, or formal/public kinship foster care). Most research literature on kinship care addresses kinship foster care, that is, kinship care of children who are in state custody. The authors note that “there remains a

paucity of information about informal caregiving, kinship diversion and – most spectacularly – legal guardianship and voluntary placement agreements” (p. 31.) We know very little about how often these alternatives to foster care are pursued, what determines which type of arrangement a family is offered or selects, and the characteristics of the children or caregivers in each category.

The practices and policies of kinship diversion warrant scrutiny given that they affect a significant number of children and families who encounter the child welfare system, with estimates ranging from 135,000 to 400,000 children across the United States at any given point in time (Annie E. Casey Foundation, 2013; Ehrle, Geen, & Clark, 2001; Ehrle, Geen, & Main, 2003; Main, Macomber, & Geen, 2006). Furthermore, many of these families are members of vulnerable populations based on race, social class, and physical and mental health. Yet, as The Annie E. Casey Foundation notes, “few jurisdictions systematically track and analyze the impact of diversion on children’s safety, permanence and well-being” (p. 5). This lack of data renders agencies unable to gauge the effectiveness of kinship diversion as an intervention, and it may increase the risk of legal challenges against the agency if the lack of attention translates into unintended adverse outcomes for diverted children (p. 5). Kinship diversion arrangements may also fail to protect birth parents’ rights, since they frequently do not stipulate a clear path for birth parents to reunify with their children (p. 5). Additionally, lessons learned about the characteristics, needs, and outcomes of children and families in kinship diversion arrangements will help agencies “understand the full continuum of needed interventions and supports” (p. 5) for all kinship care families.

Here some clarification of terms is warranted. “Kinship care” is an umbrella term that refers to the care of children by relatives, often aunts or grandmothers. Kinship arrangements may include those that are informal (or private), diverted, unlicensed, and licensed (the latter two

of these may be described as “public” or “formal”). Unfortunately, use of these terms is not entirely consistent across the literature. Informal or private arrangements typically refer to those established by families without any government intervention. Families that are diverted have come to the attention of the child welfare system due to a report of abuse or neglect by the birth parent, but while the accusations may be substantiated, no dependency case is opened and the child is transferred to the care of relatives. This population includes, but is not limited to, those families under study presently—that is, kinship caregivers that are diverted from the child welfare system and directed to obtain probate guardianship of their relative children. Unlicensed and licensed kinship arrangements, on the other hand, occur within the context of a dependency case (i.e., state custody). There is significant variation in how individual states recognize and support kinship caregivers, but generally speaking, licensed kinship care means that the relatives qualify to be licensed as foster care providers and may receive the same financial and other supports as non-relative foster “parents.” Unlicensed kinship caregivers are approved to care for their relative children by the child welfare agency, but for various reasons they do not meet the criteria to become licensed as foster families and thus generally receive less financial support — often substantially less—than a licensed foster family would for care of the same child.

Another important distinction to make is between guardianship as an alternative (via diversion) to bringing the child into state custody, and guardianship as a permanency option for children who are already in state custody. In the latter case, legal guardianship of a child by a relative or other adult may be considered as a resolution to a dependency case when reasonable efforts to achieve reunification between the child and birth parents have been unsuccessful. Guardianship is frequently mentioned in passing in research about permanency planning in child welfare, but the rationale for and outcomes of this option remain relatively unexplored.

I conducted the study by interviewing a sample of five caregivers who were diverted to guardianship by the Los Angeles County Department of Children and Families (DCFS), the local child welfare agency. A total of thirteen participants signed consent forms agreeing to participate, but none of the eight participants who agreed to participate in phone interviews responded to my phone calls. Study participants were recruited and interviewed in person at Public Counsel’s Guardianship Clinic at the Superior Court of Los Angeles – Stanley Mosk Courthouse in downtown Los Angeles. Public Counsel is the nation’s largest public interest law firm, and this research topic was proposed by the directing attorney of the Children’s Rights department of the firm, Martha Matthews. The Guardianship Clinic provides pro bono assistance (but not legal representation) to caregivers seeking legal guardianship in probate court.

Matthews estimated that at least 25% of kin who participate in the Guardianship Clinic have been diverted from DCFS. She described it as an “informal practice” rather than one delineated by any formal DCFS policy. Matthews indicated that there is little data available on kinship diversion because these caregivers are not recorded in child welfare system databases, and “the practice of diversion is mostly informal and unofficial” (personal communication, September 29, 2016). She noted many of the same impacts of kinship diversion as identified by the Annie E. Casey Foundation (2013), including that the practice may reduce foster care caseloads and costs. For some families, it may be an empowering alternative to the invasive involvement of the child welfare system. However, there are significant risks for these children and their families. Kinship caregivers, compared to the general parent population, are older, poorer, in worse health, and less likely to be well educated or employed (Annie E. Casey Foundation, 2012). Furthermore, struggling to care for a child without sufficient financial or other support may have negative long-term outcomes (Matthews, personal communication,

September 29, 2016). I developed the overarching research questions and the interview guide for collecting data based on Matthews' feedback and a review of the literature.

CHAPTER 2

Literature Review

Development of Kinship Care

Child welfare agencies' reliance on kinship care has grown dramatically in the United States since the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 gave priority to kinship care as a preferred option for out-of-home placements for children involved in the child welfare system (Harris & Skyles, 2012). Earlier, the Adoption Assistance and Child Welfare Act of 1980 mandated that children should be placed in the “least restrictive placement” when removal from their home was necessary. In addition to this legislation, the preference for kinship care is thought to be rooted in the increased number of children in foster care and the simultaneous reduction in available foster care placements with unrelated caregivers (Coleman & Wu, 2016). Wallace and Lee (2013) and others also highlight the significant cost-savings for child welfare systems of reduced caseloads, as in most circumstances kinship caregivers are not entitled to the same services and financial supports as traditional foster parents. That said, the majority of kinship care arrangements are informal—that is, not facilitated or supervised by child welfare systems (Gleeson, Wesley, Ellis, Seryak, Talley, & Robinson, 2009).

Wellbeing of Children in Kinship Care

Research on the wellbeing of children placed in kinship arrangements versus traditional foster care or institutional settings has largely been positive, although mixed. Compared to

children in non-kinship care, children in kinship care are less likely to experience new incidences of abuse (Jonson-Reid, 2003), multiple placements (Schwartz, 2002), placement disruptions (Aldgate, 2009; Chang & Liles, 2007; Cole, 2006; Farmer, 2009; Koh, 2010; Strozier & Krisman, 2007; Testa, 2001, 2002; Winokur, Crawford, Longobardi, & Valentine, 2008; Zinn, DeCoursey, Goerge, & Courtney, 2006), and physical and mental health problems (Ryan, Hong, Herz, & Hernandez, 2010; Winokur, Holtan & Batchelder, 2014). The sense of familiarity and family support provided in kinship placements is also understood to be beneficial for children (Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994).

However, some child welfare advocates voice concern about kinship care because both the children and caregivers in such arrangements tend to be disadvantaged in various respects compared to children and caregivers in non-kin arrangements. For example, Swann and Sylvester (2006) determined that private kinship caregivers more often experience poverty and food insecurity. Kin caregivers also tend to be older and have less education than their non-kin counterparts (Ehrle, Geen, & Clark, 2001). Children in kinship care are less likely to receive child welfare and health care services (Falconnier, Tomasello, Doueck, Wells, Luckey, & Agathen, 2010; Morse, 2005; Winokur, Holtan, & Batchelder, 2014). In their systematic review of research studies examining kinship caregivers' access of services, Coleman and Wu (2016) found that "children and kinship caregivers are in need of services but are not likely to receive needed services" (p. 208) for a variety of reasons. These reasons may include that services are not available to kinship caregivers, kin are unaware of resources, or they may prefer to access informal sources of support (Le Prohn, 1994). However, Coleman & Wu (2016) noted that the scarcity of research on kinship caregivers and their access of services is a limitation of their review. These findings about kinship care in general are particularly relevant to the present

study because kinship caregivers and children who have been diverted from the child welfare system by definition tend not to receive the supports and services that the child welfare system not only often provides, but requires.

Kinship Care Reimbursement

The financial support provided to kinship caregivers in different types of arrangements would seem important given the financial stressors many kinship caregivers face, particularly as compared to non-kin foster parents. Furthermore, the discrepancies in the amount of support provided under different circumstances are substantial. Financial support from the government has been provided to kin caregivers under various auspices since the 1930s, starting with the Social Security Act and continuing under the Aid to Families with Dependent Children (AFDC) program begun in 1950 and its replacement in 1996, the Temporary Assistance for Needy Families (TANF) program (Wu, 2016). Title IV of the Social Security Act was amended in 1962 to provide federal reimbursement to licensed foster parents, which exceeded the amount provided to kinship caregivers under AFDC. However, most kinship caregivers were barred from becoming licensed foster care providers (Boots & Geen, 1999). This changed in 1979 when the U.S. Supreme Court ruled in *Miller v. Youakim* that kin licensed as foster care providers must receive payment equal to non-kin licensed foster care providers.

More recently, in 2005, the U.S. Department of Health and Human Services amended the Adoption and Safe Families Act (ASFA) of 1997 to clarify that kinship caregivers must meet the same licensing criteria as non-kin caregivers if they are to be eligible for federal reimbursement (Wu, 2016). While many kinship families may desire and benefit from increased financial support, becoming licensed requires that their relative children be in state custody (i.e., have a case with the child welfare system), which is something most would prefer to avoid (Vericker,

2008). In other cases, kinship caregivers may not meet licensing criteria, for example due to issues related to the home (e.g., not enough bedrooms) or lacking foster parent training requirements. While there is a complex tapestry of different waivers or differential licensing standards for kin across states and child welfare agencies, and some states have attempted to implement programs to support kinship caregivers who are not licensed, in most if not all such circumstances, financial support is only available to those families with an open case in the child welfare system. Consequently, the only potential source of financial support to kinship caregivers who are diverted from the child welfare system is TANF.

Yet, Ehrle and Geen (2002) found that just a quarter of all children in kinship care receive a TANF child-only grant or foster care payment. Bratteli, Bjelde, and Pigatti (2008) found that grandparents caring for grandchildren often do not access services they are entitled to, saving the federal government \$6.5 billion per year. Gibbs, Kasten, Bir, Duncan, and Hoover (2006) investigated whether children in TANF child-only cases with relative caregivers, of which there were over 500,000 nationally as of 2003, received adequate financial support given their needs, as compared to children in other arrangements. The authors found that children in kinship arrangements fared as well or better across several areas of well-being compared to children in other out-of-home care situations, but they nevertheless concluded that the TANF system is not equipped to address these families' needs, and as such, the children and their kinship caregivers are largely underserved. Ultimately, all authors called for more research about the needs of kinship caregiver families who are not involved in the formal foster care system. The present study provided an opportunity to explore how kinship caregivers considered financial aspects of caregiving in their agreement to care for their relative children outside the child welfare system.

Kinship Diversion

Kinship diversion refers to the placement of a child in an out-of-home kinship care arrangement “with the involvement of the child welfare system but without the legal custody of the state. These arrangements allow local and state child welfare agencies to quickly find homes for children without assuming legal responsibility” (Wallace & Lee, 2013, p. 419). It is not known how many children are in kinship diversion placements nationally or how often such placements occur because they are generally not tracked by child welfare agencies. There are also no federal guidelines regarding kinship diversion (Malm & Allen, 2016). The prevalence of kinship care also varies substantially across localities (Wallace & Lee, 2013). In their 2001 survey of state kinship foster care policies, Jantz, Geen, Bess, Andrews, and Russell (2002) found that 31 states used kinship diversion, which they referred to as “nonadjudicated cases” (p. 24). Twelve of those states provided estimations of the percent of kin falling into this category of cases, and the percentages ranged from 2 to 95, with an average of 32 percent. As such, “it would seem that at least 32 percent of kin known to the child welfare agency in these 12 states are caring for children without the protection of state custody and guaranteed child welfare services” (p. 29).

Characteristics of Families Involved in Kinship Diversion

Data describing the characteristics of the children, biological parents, and relative caregivers involved in kinship diversion are scarce because they are not generally tracked by child welfare agencies, and representative samples have proven difficult to obtain (Strozier & Krisman, 2007). Moreover, the demographics of kinship and foster care populations differ greatly depending on the region. Thus, this review was focused on data describing general

kinship care populations in Los Angeles County, primarily those that are part of the formal foster system. As of January 1, 2017, there were 17,831 children in state custody in Los Angeles County (Webster et al., 2017). Of these children, approximately 60% were Latino, 28% Black, 10% White, 1% Asian or Pacific Islander, and 0.3% Native American (Webster et al., 2017). Black and Native American children were overrepresented in the child welfare system, comprising 7.62% and 0.14% of the general child population in Los Angeles County, respectively. White and Asian or Pacific Islander children were substantially underrepresented, constituting 17.48% and 11.12% of the general child population (Webster et al., 2017). Presumably, the racial make-up of the population of parents and relative caregivers of these children is similar, although data on these populations in Los Angeles County could not be found. As of 2015, approximately 43% of children in state custody via the Los Angeles County Department of Children and Family Services were placed with a relative caregiver, while 29% were in a non-kin foster family home, and 9% were placed with a legal guardian (kin or non-kin) (Kidsdata, 2017). The present study provided the opportunity to explore the characteristics of families involved in kinship diversion specifically and to determine whether they differed significantly from the general kinship care or foster care populations.

Wu (2016) sought to delineate the characteristics of children and relative caregivers "diverted into unpaid kinship care" (p. 53) using data from the National Survey of Child and Adolescent Well-being II (NSCAW II), which draws on a nationally representative sample of child welfare investigations. Wu distinguished between "voluntary kinship care," which referred to families diverted to unpaid kinship care but with the assistance of a caseworker in arranging the placement, while "private kinship care" indicated diversion without such assistance. The children in the sample were 59.17% male and 40.83% female, with an average age of 6.24 years.

Neglect (24.55%) was most frequently cited as the type of maltreatment, followed by parental substance abuse (17.36%). Physical abuse (not including sexual abuse) made up 11.87% of allegations. In a recent study of children in informal kinship, arranged privately or facilitated by the child welfare system, Lee (2017) found that 79% of the 455 children had at least one record of a prior investigation of abuse or neglect prior to their current placement with kin. However, it was not clear based on the information available in the study whether these investigations included those directly precipitating the current placement, or only past unrelated allegations. With regard to children's health and mental health characteristics, Dubowitz et al.'s (1994) study of children in formal kinship care indicated that two thirds had more than one medical problem, predominantly asthma, dental issues, dermatological conditions, and obesity. National studies of children entering fostering care revealed that almost 90% had physical health problems, with over 50% having more than one chronic condition (Landsverk, 2000) and 25% having three or more chronic conditions (Leslie, Hurlburt, Landsverk, Rolls, Wood, & Kelleher, 2006), as well as nearly half with significant behavioral or emotional conditions (Burns, Phillips, Wagner, Barth, Kolko, Campbell, & Landsverk, 2004). Wu found that the factors most predictive of diversion to *private* kinship care included the child's age, with younger children more likely to be diverted, as well as the caseworker's level of education and their assessed level of harm to the child. The characteristics of the children were not predictive of diversion to *voluntary* kinship care, however.

With regard to relative caregivers, about 44% were married, half were employed, and 41% lived under the federal poverty line (Wu, 2016). Wu found that characteristics of the relative caregivers did not appear to impact the likelihood of diversion to private or voluntary kinship care, although family structure did, with diversion less likely to occur in cases where the

caregiver was already caring for one or more children. It was also surmised that characteristics of biological parents were likely correlated with kinship diversion, but the NSCAW II did not include parental data that would allow for such an analysis. Other characteristics of kinship foster caregivers emerged from Barth, Green, Webb, Wall, Gibbons, and Craig's (2008) analysis of NSCAW data, specifically the One Year in Out-of-Home Care (OHOHC) component, which included a sample of 727 children who have been in out-of-home care for approximately one year. With regard to age, approximately 58% of relative caregivers were 18 to 49 years old, while the remainder were 50 or above, split evenly between 50-59 and 60 years or older. About 55% of the kinship caregivers were married, 20% separated or divorced, 18% never married, and 7.6% widowed. Most had a high school diploma or GED (39%) or Associates-equivalent (34%) educational attainment, with 16% having no degree and 7.4% a Bachelor's degree or higher. Approximately 41% of kinship foster caregivers were employed full-time, while 8% worked part-time. Finally, the average number of household members in kinship care homes, not including the child being diverted, was 3.5, including 2.1 adults (Barth et al., 2008).

The NSCAW data on caregivers presented by Wu (2016) and (Barth et al., 2008) did not include gender, but several studies have shown that kinship caregivers are predominantly female and most often grandparents (Center for Human Services Research, 2016; Ehrle & Geen, 2002; Gleeson et al., 2009; Mayfield, Pennucci, & Lyon, 2002). In addition, kinship caregivers are more likely to be maternal rather than paternal relatives of the child in care (Gleeson, Bonecutter, & Altshuler, 1995; Gleeson et al., 2009; LeProhn, 1994; Link, 1996).

Reasons for Kinship Diversion

Malm and Allen (2016) interviewed or conducted focus groups with 154 child welfare caseworkers, supervisors, kinship caregivers, and court representatives in one mid-Atlantic state

to learn about the circumstances in which diversion is used, how diverted families (children, biological parents, and kinship caregivers) fare, and child welfare agencies' philosophies regarding kinship care. Several themes emerged with regard to why diversion is employed, including that it promotes family autonomy and averts involvement with the child welfare system, described by caregivers and staff alike as "intrusive and not family-friendly" (p. 3). The authors note that court personnel themselves noted that court involvement "did not always help families" (p. 3). Caseworkers expressed a desire to keep kids out of the foster care system, as they perceived its negative effects. It is also possible that kinship diversion is used in cases where the perceived risk to the child is not high enough to warrant opening a legal case or where the abuse is difficult to prove, but the caseworker still has concerns about the child's safety (Malm & Geen, 2003). In other cases, the children may already be living with the relative caregiver when the investigation of the parent commences, and caseworkers "feel their hands are tied in such situations—they cannot remove the child from the relative because they cannot prove the child is in danger" (Malm & Geen, 2003, p. 3).

In Malm and Allen's (2016) study, caseworkers emphasized that kinship diversion was *not* used in order to reduce the burden on the child welfare system to provide the family services. However, Malm and Geen (2003) had found that some caseworkers at agencies with higher case loads and fewer resources suggested that "voluntary placements may save foster care resources for those children most in need" (p. 2). Some caseworkers reported helping link diverted families to services, such as TANF (Malm & Allen, 2016). They also voiced support for licensing relative caregivers as foster parents and expressed the belief that agencies have an obligation to provide some support to families, even in cases of diversion.

Malm and Allen's (2016) study found that the child's biological parent(s) and the

caseworker were the two most significant decision-makers when it came to the decision to divert. The parents had more influence in cases that did not involve abuse or neglect (e.g., hospitalization or incarceration), while the agency held more sway under other circumstances. Participants also reported that diversion occurred only with the parent's agreement, and that the parent typically identified the relative who might care for the child (p. 3). Additionally, caseworkers may also often help assess a kinship placement already arranged by the birth parent or police, rather than help to arrange the placement (Malm & Geen, 2003). Caseworker and agency participants in Malm and Allen's (2016) study reported that decisions *not* to divert were generally made due to a lack of relatives immediately available to care for the child, not due to "case-specific concerns (e.g., the severity of the abuse or neglect) about the appropriateness of diverting from agency custody" (p. 4). They also noted that diversion might not be pursued if the available relative had histories of "abuse or neglect, substance abuse, financial instability, or an inability keep the child safe and meet his or her needs" (p. 4). Malm and Geen (2003) found that most states, including California, used voluntary kinship care (which they defined the same as kinship diversion in the present study) on a "limited basis" (p. 4) when the risk of further abuse or neglect is low. In contrast, Alabama and six other states relied on this type of arrangement whenever possible (Jantz, Geen, Bess, Andrews Scarscella, & Russell, 2002; Malm & Geen, 2003).

Overall, there was found to be a lack of consistent guidelines or practices, even within the same office, for assessing the fitness of a relative to care for the child or for assessing the child's needs, evaluating the option to open a case, deciding if and how to supervise the family moving forward, as well as providing information to families about the diversion process, obtaining services, maintaining healthy boundaries with the biological parent(s), and visitation (Malm &

Allen, 2016; Malm & Geen, 2003). It was found that caseworkers also rarely inform relative caregivers about the possibility of becoming licensed foster parents—and receiving foster care subsidy payments—unless the caregiver raises the topic (Malm & Allen, 2016).

Services and Reimbursement for Diverted Families

Malm and Allen (2016) found that agencies "struggle to determine which cases need ongoing monitoring and services, or to determine the amount of time to support the families" (p. 5). In cases of diversion, there are typically no "continuous case management services, no ongoing abuse/neglect/dependency proceeding, no foster care payment, and often no child welfare services nor referrals to services" (Wallace & Lee, 2013, p. 421). These services may include medical, mental health, and school-related services available through foster care, access to legal counsel, respite services, clothing allowances, childcare assistance, or housing assistance (Geen & Berrick, 2002; Geen, 2003; Henderson & Cook, 2005; Wallace, 2001). Furthermore, the parents are not provided or required to participate in services that would improve their ability to care for and reunify with their children (Geen, 2003). Wallace and Lee (2013) note that there was also no research regarding kinship caregivers' reasons for not becoming foster parents when they were aware of the option or regarding or how kin learned about their options, "ranging from written information and/or extensive education to minimal information and/or sometimes misinformation" (p. 423). This study aimed to fill this gap in the literature, as well.

The present study looked specifically at cases of diversion where kinship caregivers were diverted from the child welfare system in Los Angeles County and referred to legal guardianship through probate court. Such circumstances are sometimes known as private "third-party" proceedings (Wallace & Lee, 2013, p. 423). The parents from whose custody the children are being removed may agree to the guardianship, or the prospective legal guardians must make the

case in court for the parents' lack of fitness to care for their children. The kinship caregivers rarely have legal representation in these proceedings, but in some cases there are *pro bono* services available to support them in preparing their case and paperwork, such as those rendered by Public Counsel's Guardianship Clinic, at which the participants of this study were recruited. Research could not be located showing how widely or often or under what circumstances the recommendation to pursue legal guardianship was made to kin caregivers nationally or locally.

Kinship Caregiver Motivations

The current study sought in part to explore how kinship caregivers evaluated advantages and disadvantages when considering under what circumstances to assume care for their relative's children. Prior research on relative caregivers' motivations to assume responsibility for a relative's child highlighted these caregivers' sense of family obligation and preference for keeping children in the family and siblings together; aversion to the children's being cared for by the state or to restricted visitation or loss of contact with the children; enjoyment of caregiving and intergenerational relationships; love of the children and concern for their safety and well-being; desire to transmit individual, family, and cultural heritages; and spiritual motivations (Broad, 2004; Cross, 2005; Crumbley & Little, 1997; Gleeson, Wesley, Ellis, Seryak, Walls Talley, & Robinson, 2009; Hayslip & Kaminski, 2005; Jendrek, 1994; Rodgers & Jones, 1999). However, the samples in these studies consisted primarily of grandparents, African-American caregivers, and/or citizens of the UK, which are not necessarily representative of all kinship caregivers or those in Los Angeles County.

Cross, Day, and Byers (2010) took this analysis a step further and examined the relevance of historical trauma and previous involvement in child welfare systems to the motivations of American Indian grandparents to assume sole care for their grandchildren. These individuals

shared some of the motivations enumerated above and also cited concern about possible abuse of the children in the child welfare system given their own experience with or knowledge of the U.S. Bureau of Indian Affairs' Boarding School System, which removed American Indian children from their homes and institutionalized them in an attempt at forced acculturation (Cross, Day, & Byers, 2010). Similarly, it is possible that kinship caregivers who were themselves involved in the child welfare system as children may have additional motivation to keep their relative's children out of the system. Geen (2003) notes that for some families there is a sense of stigma around being involved with the child welfare system that might motivate families to avoid involvement at all costs. Indeed, Hegar and Scannapieco (1995) determined that kinship caregivers are committed to caring for their relatives' children despite the lack of financial support, while Gleeson et al. (2008) found that many caregivers feel that the importance of keeping their relatives' children out of foster care outweighs the costs of kinship care.

CHAPTER 3

Methodology

This is a qualitative study of the characteristics, perspectives, and experiences of relative caregivers in Los Angeles County who are diverted from the child welfare system to probate guardianship, a practice known as “kinship diversion.” Put simply, the study was designed to understand who is diverted, and why. Qualitative methods were used for this study due to the exploratory nature of the study, which stems from the paucity of previous research on this topic.

Sample

Participants in the study were English-speaking individuals who visited Public Counsel’s self-help Guardianship Clinic to file for probate guardianship of a relative’s child or children after recent involvement by the Department of Children and Family Services (DCFS) in determining the children’s welfare. I determined whether potential participants met these criteria in face-to-face conversation at the courthouse. Five participants were interviewed for this study. The interviews were conducted in person at the courthouse. Eight more potential participants had signed consent forms in person at the courthouse agreeing to participate in a phone interview to be scheduled at a later time. These interviews, however, did not materialize. Six of these potential participants did not return my phone calls, voicemails, and text messages following up about the study. One declined to participate, stating that her attorney and husband directed her not to talk about the guardianship case with anyone before it was finalized. Another responded to my first call to schedule the interview but did not pick up when called for the interview and

did not respond to my voicemail to set up another time to interview.

Recruitment

This study protocol was approved by the Smith College School for Social Work Human Subjects Review (HSR) Committee prior to recruitment of participants. The HSR Committee approved two methods of recruitment. The first of these was via a flyer posted and available for distribution at Public Counsel's Guardianship Clinic at the courthouse. Public Counsel staff routinely identify cases of kinship diversion in their normal course of engagement with clinic visitors. The staff informed those potential subjects of the study and directed them to the flyers. Two copies of the Informed Consent Form were attached to each flyer, as well a list of additional support resources. Public Counsel staff were directed to emphasize they would have no knowledge of who decided to participate in the study, and participation or lack thereof would not affect the services potential participants received from Public Counsel in any way. The flyer directed caregivers interested in participating in the study to call or e-mail the researcher. It is unknown how many flyers were distributed to potential participants in this way (up to a dozen perhaps), but the researcher was not contacted thus by any potential participants. This result was consistent with Public Counsel's Children's Rights Project's Directing Attorney's doubt that recruitment via flyer, relying on participants' initiative to contact the researcher, would be an effective method of recruitment.

I also recruited participants in person at the Guardianship Clinic. Clinic appointments are first-come, first-serve and typically fill up for the day in the morning, so visitors often wait for up to several hours for their appointments. The Directing Attorney informed me that visitors are often enthusiastic to tell their stories in greater detail than the attorneys have time to hear. I approached visitors in the waiting area to introduce myself, informed them about the study, and

asked screening questions to determine whether they met the study criteria. These conversations also provided an opportunity to build rapport. I emphasized that participating in the study was completely voluntary and had no bearing on the services they would receive from Public Counsel or their court case, and clinic staff would not know whether they participated or not. For interested and qualified potential participants, I discussed the options for conducting the interview, whether on the spot or for another day and time at another location or over the phone/Skype. For those clients interested in being interviewed on site, I discussed with them realistic expectations of privacy in the milieu. I also oriented them to the types of questions in the interview guide so they could gauge what kind of sensitive information they might be asked to share.

Whether participants wished to proceed with an immediate face-to-face or later phone interview, I provided consent forms and offered them the option of reading the form on their own or having me read it to them. In both cases, I also solicited and responded to the participants' questions about the informed consent forms to ensure that they understood how the information they provide would be used and kept confidential. Participants had the option to consent to have their interview be audio recorded; one participant refused to be recorded. Participants and I signed two copies of the consent forms, one for them to keep. Thirteen participants in all signed consent forms, with five agreeing to immediate interviews on site and eight others expressing their willingness to participate over the phone. I did not schedule interviews with these individuals upon signing of the consent but rather asked them for their phone number and days and times that would work best for me to call to conduct the interview or schedule one.

Data Collection

In this qualitative study, participants participated in one semi-structured interview in

which they answered questions about personal and demographic characteristics and elaborated on their experiences with DCFS and as caregivers and potential legal guardians. The interview guide was honed with feedback from the Smith College Human Subjects Review (HSR) Committee. The interviews ranged in duration from approximately 35 minutes to 1 hour, depending on how much detail the participant provided. The interviews I was able to complete took place on benches in the hallways of the courthouse, after I confirmed that the participants were comfortable sharing information in such a setting and after offering for us to move to a more secluded end of the waiting area.

Participants were first asked some demographic questions in order to determine who was involved in the case, including the child(ren), those individuals seeking guardianship, and the child(ren)'s biological parents or other caregivers, including the ages, genders, and relationships between all parties, as well as other members of the household not specifically involved in the case. It was important to outline this information clearly before asking the participants more open-ended questions about how they came to be seeking guardianship of their relative children; the nature of involvement by the Department of Children and Family Services, biological parents, and the child(ren); and their motivations and concerns about becoming a legal guardian for their relative child(ren). At times I reformulated questions in order to redirect participants or asked probing questions to clarify their meaning or obtain more detailed information. After the open-ended questions were completed, I asked further demographic questions gathering information about the characteristics of the child(ren), potential guardian and household members, and biological parent(s). Beyond the demographic information already elicited, these questions gathered information about race and ethnicity, marital status, educational attainment, employment and household income level, criminal history, physical and emotional health, and

ability. I chose to ask these questions verbally rather than have participants complete a written questionnaire because some of this information tended to come out in the earlier part of the interview anyway, for the sake of time, and because literacy was a potential concern among the population being interviewed. These questions were asked at the end of the interview once rapport had been well established, since some of the information might be considered sensitive by some participants.

The interviews were recorded (except in the case of the participant who did not agree to be recorded) as password protected audio files on the researcher's mobile phone, with additional written notes taken on paper or in a document on the researcher's computer. I personally transcribed the four recorded interviews.

Data Analysis

The data was analyzed using a "general inductive approach" (Thomas, 2003). The transcripts were subjected to multiple close readings to glean information that reflected the analytic aims of the study. Findings were generally organized by the questions outlined in the interview guide, and direct quotations were gathered to lend the analysis richness and trustworthiness.

CHAPTER 4

Findings

This study was designed to investigate the characteristics of kinship caregivers and children diverted from the child welfare system to legal guardianship through probate court and the reasons for their participation in this unofficial practice known as kinship diversion. This chapter documents the findings from five semi-structured interviews with individuals in Los Angeles County who were seeking legal guardianship of their relatives' children after contact with the child welfare system but in the absence of an open dependency case. The first part of the interview gathered demographic and other household information about the kinship caregiver (i.e., the prospective legal guardian), the child or children involved, and the child or children's biological parent(s). The second part of the interview interrogated why the kinship caregiver came to seek legal guardianship of their relative's child; what the prospective guardian understood about why the child welfare worker recommended they seek guardianship; what other options existed for the child or children's care; what the prospective guardian's thought process was around deciding to pursue the guardianship, including their motivations and concerns; and how were the children and birth parents involved in the decision to pursue guardianship.

Part 1: Who is referred to diversion?

Children

A total of eight children were involved in the guardianship cases of the five interviewees.

Half of the children were identified by the interviewees as female and half as male. The children ranged in age from 2 to 16 years, with a median age of 6.5 years. The interviewees reported the children's race or ethnicity as Hispanic, except for one child who was identified as Black. The youngest two children were not in school, and the others ranged from Transitional Kindergarten to 11th grade. Two of the participants provided an assessment for the children's school performance, in both cases describing it as poor or substantially below average. Another child was in an independent study program due to having had their education disrupted repeatedly while being in the foster care system. As far as health, mental health, or disabilities are concerned, five children were reported to have no known issues. Among the other three, participants reported asthma, possible autism spectrum disorder with emotional support provided at school, and "maybe a little" depression treated with weekly therapy. With regard to prior child welfare system involvement, five children had no or no known prior involvement. Among the other three, one was in foster care about eight years ago for an unknown period of time, and two were removed from the care of their mother two years ago and were subsequently returned to her custody.

Prospective Legal Guardians

All five interviewees were female, although one was seeking guardianship alongside her husband, who was not interviewed. The participants ranged in age from 26 to 58, but four were in their 50s with a median age of 50. Four of the women identified as Hispanic or Spanish, and one, Black. Three were married and two single. All were employed at least part-time except one who was unemployed, although her husband (also becoming a guardian) was employed. The interviewees' highest level of education completed ranged from 5th grade to an associate's degree or some college.

The total number of people residing in each household was 6 or 7 people. One participant owned their home, one rented-to-own, and the others rented a house or apartment. Three of the five interviewees provided estimates of total annual household income, ranging from less than \$25,000 per year to \$50,000 per year. Only one participant reported any criminal history of any household member; it was her own history, and it was a nonviolent financial offense from several years prior. Two of the five participants reported that no household member had any health or mental health problems or disabilities of any kind. Among the others, no participant noted a personal history of any health issues or disabilities, but among other household members (excluding the children they were seeking guardianship of, to be discussed below) they reported diabetes, stroke, developmental delays, depression, and heart problems.

Three participants were pursuing guardianship of one child, and two were pursuing it for two children. The relationships between prospective guardian and children included older sister, maternal or paternal aunt, and maternal or paternal grandmother; in two cases the prospective guardian was more than one of these roles in relation to the children. Another participant was not biologically related to the child she sought guardianship of, but she was considered the maternal grandmother because she was the legal guardian of the mother of the child and referred to the mother of the child as her daughter and to the child as her grandson. In total, 3 were maternal relatives and 2 paternal. Three of the interviewees reported no prior involvement in the child welfare system. One had involvement as a licensed foster parent and legal guardian, and another had some unspecified involvement “a long time ago” when her son (the biological parent of the child the participant now sought guardianship of) was a child.

Biological Parents

The participants discussed a total of nine biological parents involved across the five

cases. Two cases involved a mother, three both a mother and father, and one two mothers. The ages of the biological parents ranged from 21 to 45, with a median age of 36 years. The interviewees identified eight of the parents as Hispanic or Spanish and one as Black. One of the parents was very recently deceased, one lived in another state, and one had been deported to his country of birth several years prior. Of the other parents, the participants in in three cases did not know what the parents' living arrangements were; in another the parent lived in a rented apartment, and in the other case the participant lived with the parent of the child the participant was seeking guardianship of. Participants estimated the annual income of three of the parental households, all of these being less than \$25,000. The other two participants did not know the parents' household incomes. The parents were described as having a highest education level ranging from 10th grade to an associate's degree. Just one parent was known by a participant to be employed. The interviewees described two of the parents as having criminal backgrounds, one of them violent, and an additional one with a possible criminal history. Among the parents, including the one that was recently deceased, participants identified health, mental health, and ability/disability issue to include asthma, substance misuse and addiction, learning disabilities, diabetes, gout, vision impairment, and organ problems or possible infection. According to the interviewees, in two of the cases the parent(s) had previous involvement as parents with the child welfare system.

Part 2: Why were they referred to diversion?

Events leading to pursuit of legal guardianship

The five interviews revealed a range of different circumstances that led to each interviewee's seeking legal guardianship of their relative's child or children, with some commonalities. Relative to the time of the interviews, three of the referrals to the Los Angeles

County Department of Children and Family Services had been made within the last 2 weeks, one approximately 1 month prior, and another 2 months earlier. In two cases, the prospective guardian made the referral (one through a friend because she was afraid to make the call herself). In two other cases, a child's school made the referral—one after a child's report to a teacher, and the other after the child was absent from school for five days and the current caregiver reported not knowing the parent's whereabouts. In the fifth case, a person accompanying or witnessing the parent in a public setting is believed to have called DCFS.

In one case, the prospective guardian made the referral due to the death of a caregiver who was a mother to one minor and legal guardian to another, having already had a relationship with the child welfare system due to this guardianship. In the other four cases, the recent allegations against the biological parent or parents reported to DCFS included: neglect—including intimate partner violence in the home, substance use, excessive absence of child from school, and lack of food in the home, —physical abuse, and verbal and emotional abuse. In all cases, the child or children had already been living, at least intermittently, with the prospective legal guardian. In two cases, the biological parent had already provided a notarized letter to the prospective guardian granting her decision-making capacity with regard to the child's welfare. Additionally, in two cases the prospective guardian already lived with the biological parent and child or children full-time. In the other three cases, the biological parent or parents could not be located by DCFS immediately after the allegations were made.

Prospective guardians' understanding of DCFS recommendations

In one case, before DCFS could complete their investigation, they directed the interviewee to call the police if the children's parent or another relative, who was suspected of intending to return the children to the parent's care, tried to take the children:

So then when I called yesterday, DCFS, I was like, “I’m just wondering what office it was assigned to, and who’s the social worker, when are they coming out—because my mom has already tipped [the children’s mother] off, and I’m afraid she’s going to come get those kids and take them off into hiding.” So that’s when they gave me advice: if she shows up, call the police. If anything else happens, feel free to call the police and let them determine what’s going to happen.

The interviewee did end up calling the police when the other aunt claimed to have obtained legal guardianship of the children overnight, and it was the police that recommended the interviewee seek legal guardianship immediately so that she could retain custody of the children, at least until DCFS continued or completed their investigation as scheduled for later that week:

[The officer] told me, "If I was you, since DCFS told you not until Friday, [the] mom can come at any time, so if your sister comes back tomorrow with any legal papers, or if she brings [the other aunt] back over here, I have to turn the kids over. You know I can't really tell you what to do, but if it was me I would go to the courthouse tomorrow morning." And I said, "Trust me, that's where I will be."

In the case in which the biological parent and existing legal guardian died, the participant reported that she had an existing relationship with the DCFS social worker because of the deceased’s guardianship of one of the children, and so she contacted the social worker immediately after the death. The worker urged her to file for custody of both children to avoid the opening of a case by DCFS:

I called the social worker right away. She requested me to go, to come over to the courthouse, for you to try to get guardianship. She knew me; I was always with my mom [who died]... I think she [the social worker] already knew that I was going to go for [the

children] because she knows the type of person I am. She just said to do that as soon as possible so they won't have to open a case with [DCFS]. The last thing she wanted is to open a case with them, so go check that out as soon as possible, and that's what I'm doing.

In the two cases in which the prospective guardians had notarized letters from the biological parent granting some caregiving and decision-making capacity for the children, the participants reported that the DCFS workers told them to file for legal guardianship in part because the notarized letters had no legal force, particularly if the parent decided to take back the children. One participant specified her concern that she could be in trouble if she kept her grandson from his biological parent. In the other case, the participant stated that the DCFS investigation was closed with the official result being inconclusive but still with the recommendation to pursue legal guardianship:

So, since they didn't really find anything wrong at that point, but it would be better if I could care for him but without her [the parent] being able to just come and say, "Oh, okay, I want to take him away now," because she doesn't really know how to take care of him because she is basically still learning how to take care of herself.

In the fifth case, the participant reported that the social worker had already told her, "don't let the girls leave the premise" if the biological parent returned after a certain date. This participant also reported that the social worker had visited the home and "ok'd the whole thing," elaborating:

They did every procedure they had to do, to this point they done every procedure... [T]hey're like... "In y'all's case, as a close family, y'all do this [file for guardianship] and y'all gonna get 'em [the children]. 'Cause we gonna give them to you." Because

they saw the house, they saw the room where they [the children] sleep at, and that's their room. Everything is here for them.

This was the only case in which the interviewee noted that the DCFS worker conducted a home visit.

Alternatives to legal guardianship

The participants uniformly had relatively little to say about what might happen to the children in the event that they did not wish to obtain guardianship or were not successful in doing so. Three mentioned that they were concerned the biological parent or a relative acting on the parent's behalf would take the child or children again if the participant did not get legal guardianship. Participants did not report having discussed alternatives with DCFS social workers at much length, if at all. In some cases, participants reported that it was a foregone conclusion on their part and the social worker's that they would seek guardianship of the child or children. One participant responded to the question of what would happen to the child if she did not obtain guardianship as follows:

I'm not exactly sure, but I know that if another referral was made that he would go into the system, and so at this point I'm not sure what they would have done.

Another summarized the message given by the social worker, "If y'all don't file custody, we'll just put 'em in a better place," presumably referring to foster care.

At the same time, in that case it was not clear that it would ultimately be a case of kinship diversion as defined for this study. When asked if DCFS said anything about whether the prospective guardian could be evaluated as a licensed foster parent for the kids through the child welfare system, the participant stated:

Mostly I think that's what we're going for. As of right now, we just wanna get with this

first. I just need the custody for right now, and later on, depending on how she [the biological parent] acts through this, we're going to proceed. First we just take a big step and get the custody 'cause, you know, if we don't get custody, the babies are going to go somewhere else, bottom line.

When asked to clarify whether DCFS was opening a formal case, the participant stated, "Yeah, they are. That's why we're here. Because bottom line, we didn't want them to go to foster care." If DCFS did indeed choose to open a case for these children, which would be necessary for the participant to care for them in the capacity of a licensed foster parent, this case would not meet the study's criteria for kinship diversion, in which there was contact with DCFS but no case was opened.

Prospective guardians' motivations and concerns

Three major themes emerged among the participants' responses to questions about their motivations to pursue legal guardianship of their relatives' children: their love and concern for the children; their desire to keep the children out of the child welfare system; and the fact that they were already in large part caring for the children. Three of the participants explicitly discussed their love or care for the children. One interviewee shared:

What I'm motivated this is I wanted a better life. I don't want him to go homeless. I want him have a place to sleep, place to eat, and people who love him, because she [the biological parent] always is screaming at him; she is always screaming. I tried to do my best; I love him.

She also stated that her husband loves their grandson and refers to him as his own son.

Four of the five participants expressed motivation to step up as legal guardians for their relatives' children in order to avoid the children's being taken into "the system," meaning the

child welfare system or foster care. One participant summed this up as follows:

I know that's what my mom would have wanted. My little sister, I'm all she has. I can't abandon her; I can't abandon my nephew either. 'Cause I don't want to abandon them and have them get lost in the system. That the last thing I know my mom would have wanted—for them to get lost in the system.

Another prospective guardian expressed concern about the child's having "to go somewhere where he doesn't know anybody," while others emphasized, "Bottom line, we didn't want them to go to foster care." A fourth participant elaborated on her own concern about "the system" as follows: "I don't want them to go into the system. They've already been traumatized enough as it is." She also cited witnessing a family member's poor performance as a foster parent as firsthand knowledge of the problematic situations children can be placed in within the foster care system: "She took four children in need out of the system and did no justice by those children."

Participants also seemed motivated by the fact that they were, as previously discussed, already living at least recurrently with the children they then sought guardianship of. In two cases, they lived full-time with the children since the children were born. One participant shared, "They've been here with me for a while; they were with me all of last year. We have a nice rapport." Another explained, "Well I had already been there. I've already cared for him since he's been born. He's like part of the family; he's part of us."

The fact that participants were already caring for their relative's children also tied into their almost unanimously stated lack of significant concern about becoming legal guardians. When asked if she had any concerns, including economic worries, about becoming a guardian, one participant's son who was translating for her responded:

Nothing worries me. Like I said, we raised them. She [the prospective guardian] was the

one that cut the umbilical cord... She's always been a low-income person. But...she's gonna start getting that financial help my sister was getting for the babies, for her, because they still need the Medicare, the food stamps, you know because that's theirs; that's for them... Money-wise, it's never been a problem, you know, because we work hard for what we have... We know how to live under our budget... To be honest with you, we don't need them to get that income, that welfare money, but if they wanna give it to them that's theirs. We gon' spend it on them, and we'll show the receipts, 'cause I've been doing it regardless. We've been buying them shoes, from head to toe. I'm already doing what they're supposed to be doing... In our house, there is nothing that they need that they don't have.

These messages about getting by well financially with the resources available was echoed by most other participants. One participant did cite concerns about her age, health, and energy level taking on the care of two younger children in her 50s, but she normalized starting families later in life in this era and also was reassured by the fact that her husband, who was also pursuing guardianship, is very active. Another participant expressed mild concern about raising a teenager but concluded, "Even if she's a brat, anything, I will never abandon her."

Perspectives of birth parents and children

The prospective guardians all reported that their children proclaimed their support of being cared for by the prospective guardian or at least demonstrated a preference for being cared for by them compared to their biological parent(s) in the case of children who were too young to articulate their support or disagreement clearly. In one case the participant explained that the children still loved one of their biological parents but that the children also were frequently let down and confused by the parent's lack of follow through in caring for them.

In two of the cases the participants stated that the biological parent was or would be supportive of their pursuit of the guardianship. These were the two cases in which the prospective guardian had lived with the child(ren) and the biological parent (who was in one case also a legal guardian of a child) since the children were born. In both cases, the biological parent and prospective guardian were related as parent and child, and child and parent, respectively. One of these cases was that in which the biological parent/guardian died, and the prospective guardian was confident that her mother would have wanted her to assume guardianship for the two children. In the other case, the biological parent was present for the conversations with the social worker and agreed with the rationale for her mother's assuming guardianship of the young child. In contrast, in the other three cases, the participants stated that the biological parent(s) were not yet aware of the participant's decision to pursue guardianship and would certainly or probably be unsupportive once or if they learned of it.

Participants' interest in licensed foster care

None of the prospective guardians reported of their own initiative receiving guidance or encouragement from the DCFS social worker to pursue particular supportive services or licensure as a foster care provider in lieu of or in addition to becoming a legal guardian. When asked, one participant as previously described suggested that licensure was the plan they and DCFS would pursue; however, it was not clear to the interviewer that this was correct or likely. One prospective guardian, who was already a licensed foster parent for other children in the past, explained that her desire to keep the child in question out of the child welfare system outweighed the payment that she knew she might qualify to receive if a case were open for the child and she served as his foster parent:

I really didn't want a case opened for him. I didn't want him to have to be in the

system... I just didn't want that for him, even though I know I would be able to get financial assistance for him.

When asked how much of a difference the financial assistance could make, she responded,

I guess somewhat important because it would help financially to be able to do more for him, but either way I'm going to do whatever; all his needs are going to be met.

Another interviewee, when asked hypothetically about becoming a licensed foster parent, expressed reticence about the idea based on the amount of work it would be: "I saw my sister, all the classes she had to take, extensive background checks and stuff..." She also expressed concern that she would take on care of other children and "bit[e] off more than I can chew."

Summary

This chapter presented major findings from five interviews with individuals pursuing legal guardianship of their relatives' children after various degrees of contact with the Department of Children and Family Services in Los Angeles County. There were a wide variety of reasons or allegations that led to DCFS involvement and the pursuit of legal guardianship by participants. All prospective guardians had already been caring for the child(ren) in question intermittently or consistently at the time of the allegations against the biological parent(s), or in one case, the death of a biological parent. Prospective guardians were motivated by their love for the children and concern for their wellbeing, as well as a strong desire to keep them out of "the system," referring to the foster care system. The fact that the participants had already been substantially caring for the children seemed to reduce their concerns about formalizing the caregiving relationship as guardianship. Despite the fact that most, if not all, participants identified as low-income, none expressed significant concern about the financial implications of caring for their relatives' children. In all cases, the prospective guardians believed that the

children were supportive of their assuming guardianship, to the degree the children's maturity allowed them to articulate that support. In most cases, the interviewees assumed that the biological parent(s) would not support the guardianship, although in these cases the parent(s) could not currently be located and had yet to be informed of the guardianship proceedings.

CHAPTER 5

Discussion

The objective of this qualitative study was to explore the characteristics and experiences of families diverted from the child welfare system to probate legal guardianship in Los Angeles County. The findings, though limited by a small sample size, provide an initial glimpse into a population and practice that have thus far received scant attention in the literature. This chapter first discusses who was diverted to guardianship, comparing the characteristics of the children, parents, and relative caregivers in this study to the existing literature on diverted and general kinship and foster care populations in Los Angeles County and nationally. The discussion then turns to the question of why kinship diversion occurred and related questions, according to caregivers' perspectives. This consideration of the findings is followed by attention to their implications for social work practice and policy, the limitations of this study, and recommendations for future research.

Key Findings: Comparison to Previous Literature

Part 1: Who is referred to diversion? The children in this study were 87.5% Latino and 12.5% Black, which is somewhat different from the total population of Los Angeles County children in state custody (60% Latino and 28% Black). The age of the children in this study generally reflected that of the children Wu (2016) identified in the NSCAW II data (a national sample) as diverted, at a median of 6.5 and a mean of 6.24 years, respectively. The gender of the children studied (50% male and 50% female) also roughly aligned with Wu's NSCAW II data

(59% male and 41% female). According to the reports of relative caregivers, the children in this study were healthier than other studies have found of children in formal kinship care or foster care, in which nearly 90% of children had physical health problems and 50% mental health problems. Five of the 8 children (62.5%) were reported to have no known issues; among the other three, just one had a physical condition and two behavioral issues. The children studied also had less (or less known) previous child welfare involvement (55%) compared to those in formal kinship care (79%) studied by Lee (2017).

In line with previous studies on kinship caregivers, most of the relatives seeking guardianship in this study were female (83%, accounting for one interviewee's husband who was not interviewed but also seeking legal guardianship) and grandmothers (one of them not biologically but through legal guardianship) (Center for Human Services Research, 2016; Ehrle & Geen, 2002; Gleeson et al., 2009; Mayfield, Pennucci, & Lyon, 2002). Also confirming previous research, they were slightly more likely (60%) to be maternal relatives of the child (Gleeson, Bonecutter, & Altshuler, 1995; Gleeson et al., 2009; LeProhn, 1994; Link, 1996). Three out of five were married, which, is slightly higher than found elsewhere, where results ranged from 44% to 55% (Wu, 2016; Barth et al., 2008). The median age of the prospective guardians was 50 years old, not dissimilar to Barth et al.'s (2008) findings that 58% were younger than 50 and 42% older. Levels of education among this group generally reflected previous findings which have shown that few kinship caregivers have educational attainment higher than an Associate's degree (Barth et al., 2008). Two ways in which the relative caregivers in this study differed from other samples substantially include employment status and number of members in the household. Eighty percent were employed at least part time, compared to half of the caregivers in other studies (Barth et al., 2008; Wu, 2016). Most strikingly, Barth et al. (2008)

found that the average number of household members in kinship care homes was 3.5, including 2.1 adults and not including the diverted child(ren), while all households in this study consisted of 6 or 7 people, including the diverted child(ren), of which there were at most 2 in a given household. This information is particularly significant in light of the fact that the three participants who disclosed their total household incomes all estimated them as less than \$50,000 or \$25,000 annually. The Federal Poverty Level for a family of 6 is \$32,960 and for a family of 7, \$37,150 (HealthCare.gov, 2017); however, the federal guidelines do not account for the extremely high cost of living in Los Angeles County compared to most of the nation (Bohn & Danielson, 2017). Without additional and more specific household income data from this sample, it is unclear how the proportion of caregivers in this study who live below the poverty line compares to other findings, for example 41% in Wu (2016). Other data collected in this study that might be used for comparison in future research include the criminal histories of relative caregivers and other household members (almost none reported), health and mental health status of other household members, and the caregiver's previous involvement in the child welfare system, whether as a child, parent, or caregiver.

The findings of this study with regard to parental characteristics begin to fill a gap in the literature, as data on biological parents involved in diversion cases could not be found in the literature. However, it should be noted that the information about the parents was provided by the relative caregiver, who may or may not have known or provided accurate information about the parents.

Part 2: Why were they referred to diversion?

Events leading to kinship diversion. The allegations or circumstances that led to this study's participants' pursuing legal guardianship of their relatives' children generally reflect

patterns found in other studies, with neglect (including that related to substance abuse) being the primary complaint against the biological parents, followed by emotional and physical abuse (Wu, 2016), as well as one case of parental death. This study adds to the literature by including findings about the source of the referrals to child protective services, which included the relative caregiver or a proxy in two cases, school personnel in two cases, and an anonymous source in one case.

This present study both supported and contradicted the findings of Malm and Geen (2003) and Malm and Allen (2016) on voluntary kinship placements and kinship diversion practices, respectively. The kinship caregivers in the present study all reported living with the children they were seeking legal guardianship of currently, as well as at least intermittently throughout the children's lives. This result may relate to Malm and Geen's (2003) finding that in cases in which the children were already living with the kinship caregiver, caseworkers might not feel they have a legal case for taking the child into state custody because the child is already out of danger. That study also found that in the context of voluntary placements (defined similarly to diversion), caseworker involvement commonly involved facilitation or assessment, rather than arrangement, of a placement that had already been arranged by the parent and relative caregiver or by the police, as was the case for all five participants of the present study to varying degrees. With regard to assessment, however, only one family reported that a social worker conducted a home visit for the purpose of evaluating its appropriateness for the children's continued placement there. Additionally, while caseworkers reported to Malm and Allen (2016) that diversion to kinship care might not be pursued if the relative had a history of abuse or neglect or other problems that might impede their ability to ensure the child's safety and wellbeing, there was one grandparent caregiver in this study that reported having a history of

involvement with the child welfare system as a parent when her son was a child, many years ago.

The results of the present study diverged from the previous literature with regard to the role of the biological parents in the decision to pursue diversion. The agency staff in Malm and Allen's (2016) research reported that diversion would only proceed with a parent's agreement, but parental consent was only obtained in one of the five cases studied here. In another case, the biological parent died without leaving a will or other explicit directions for the children's care, and in the other three cases the parents could not be located at the time of the allegations or study interviews. However, in the case of the deceased parent, the relative caregiver had already been living permanently with the parent and children, and of the three cases of missing parents, two had previously given notarized letters granting permission to care for the children to the relative caregivers. The nature of these arrangements may have been understood as proxies for parental agreement to the diversion in these cases in the absence of the parents' dissent, despite the fact that the relatives suspected the parents would not be supportive of their pursuing legal guardianship at the present moment. Alternatively, the discrepancy may in part result from the fact that Malm and Allen's (2016) study was limited to one state, and practices may vary widely across jurisdictions.

Reasons for pursuing legal guardianship. While little is known about how often or why kinship diversion occurs, even less has been written about how often or why a recommendation to pursue legal guardianship may be a part of the process. The findings of this study show that legal guardianship was pursued in a variety of scenarios. In one case, it seemed to be the most obvious and appropriate course of action following the death of the biological parent, particularly since the relative caregiver had always lived with the parent and children. In the cases in which the parents could not be located in the course of the child welfare investigation, recommending

legal guardianship might be understood as a compromise solution for caseworkers who were concerned about the parents' reassuming care for the children but did not feel that they had enough evidence to open a dependency case through the department since the children were currently out of danger (Malm & Geen, 2003). In particular, this recommendation might strike caseworkers as a natural extension and formalization of the notarized letters parents had provided caregivers in two of the cases, but which the caseworkers recognized were not legally binding. Finally, it should be noted that the recommendation to pursue guardianship may not always come from the social worker, as in one case it came from the police.

Alternatives to legal guardianship and caseworker communication. None of the participants reported considering or discussing with a caseworker alternatives to their present course of action pursuing legal guardianship in the context of kinship diversion or what their options might be if their case for guardianship were not successful. Indeed, Wallace and Lee (2013) found that caseworkers' communication with diverted kinship caregivers about their options was inconsistent, ranging from extensive to minimal or misleading; in this study, the information provided appears to have skewed toward the minimal end of the spectrum, and all participants denied receiving any written information from caseworkers. The results of this study were also consistent with the previous finding that the option of pursuing foster care licensure is only likely to be discussed if the caregiver raises the topic (Malm & Allen, 2016), as most participants reported that it had not been discussed. As discussed, the lack of exploration of alternatives is important because the children, caregivers, and parents might be entitled to receive valuable services and greater financial support if a case were opened with the child welfare system. The fact that, according to interviewees' reports, caseworkers did not discuss this possibility may reflect the workers' own concerns about the potential negative effects on the

children and family of involvement in the child welfare system (Malm & Allen, 2016). They may also have omitted the discussion based on an assumption or awareness that families themselves would prefer autonomy; this assumption would appear to be correct based on the results discussed in the following section.

Prospective guardians' motivations and concerns. Consistent with the existing literature on kinship caregivers' motivations for caring for their relatives' children as outlined in the literature review, the participants in the present study cited their love for the children and concern for their wellbeing. In this study, another common theme motivating the caregivers to become legal guardians was that they had already been caring for the children to a substantial degree. Also consistent with the literature, participants in this study unanimously voiced a desire to keep the children in their care out of "the system." This sentiment was particularly well illustrated by one prospective guardian who was already approved as a licensed foster parent in Los Angeles County and cared for several children over the years in that role. Given her experience, she would not need to go through any additional training for licensure or worry about not being approved to care for the child, and she was familiar with how the system worked and understood the significant financial difference the foster care reimbursement could make. And yet, even she was resolute in her desire to keep her grandson out of the child welfare system. The fact that she and other participants expressed confidence that they could meet the children's needs with their existing financial resources, despite the data on household income and household size suggesting that those resources may be quite limited, supports findings from other studies that caregivers tend to avoid involvement with "the system" at all costs (Geen, 2003; Gleeson et al., 2008; Hegar & Scannapieco, 1995).

Services and reimbursement for diverted families. While Malm and Allen (2016) found that caseworkers believed agencies should support some diverted families, and some reported helping such families access services or financial support through TANF, none of the participants in this study reported receiving this type of assistance or information from child welfare workers. While the prospective guardians did not indicate many concerns about the physical or mental health of the children in their care, it is nonetheless evident that nearly all of the children have experienced attachment disruptions and trauma of various forms, including those experiences that contributed to why they were presently in the care of a relative and being investigated by DCFS. Several of the caregivers also discussed their own difficult histories and current stressors in the course of the interviews. As such, these families would appear to benefit from, if not need, services, as most children, parents, and caregivers in kinship care arrangements would (Coleman & Wu, 2016), but as diverted families they are not likely to get the services they need and might access through the child welfare system if a case were opened (Geen & Berrick, 2002; Geen, 2003; Henderson & Cook, 2005; Wallace & Lee, 2013).

Implications for Social Work Practice and Policy

More research on how kinship diversion operates and the families it affects is needed to drive the development of effective policy and practice, including a coherent framework for evaluating when kinship diversion is the best option for promoting children's safety and wellbeing. While diverted families clearly prioritize and appreciate remaining outside the jurisdiction of the child welfare system—as do many caseworkers—concerns about the unknown outcomes for these families are justified. In the short term, child welfare agencies can work to standardize and strengthen policies and practices in the context of kinship diversion related to assessing relative caregivers' ability to keep children safe and meet their needs, such as routine

home visits or standardized interviews. It would also behoove child welfare workers and their supervisors to determine how they can efficiently and promptly facilitate these families' getting access to services and supports that are available to them outside the child welfare system, such as TANF. Child welfare social workers can also play a role in educating caregivers about the potential service needs of the children, such as psychotherapy, given the experiences the children have had that have led to their separation from their biological parents. Policymakers can use the information about the characteristics and experiences of diverted families in order to develop systems and structures outside of the child welfare system that provide needed supports.

Recommendations for Future Research

Limitations and biases. The most significant limitation of the present study was the very small sample size. As such, the generalizability of its findings to any population, no matter how circumscribed, cannot be assumed. It is also possible that the individuals who chose to participate in this study were systematically different from those who did not, including the several individuals who provided informed consent but ultimately did not complete interviews.

The nature of the interview situation may also compromise the reliability of measurement and validity. The interviews were, by necessity, not anonymous, and they were completed in a relatively public location. While the participants were informed of the limits of privacy expected under such circumstances and offered the opportunity to complete the interview over the phone or in a private location at another time, what they chose to share in the interview may have been impacted by their surroundings. Furthermore, while it was emphasized to participants that the interviewer was not part of Public Counsel's Guardianship Clinic and that their decision to participate and the information they shared in the interview would be confidential and have no bearing on the services they receive from Public Counsel or the outcome of their court case, it is

nonetheless possible that concerns of this nature influenced the information interviewees provided. It should also be recognized that participants were interviewed at a time of stress, if not crisis, given the recent involvement of DCFS in their lives and their need to interface with the legal system, as well as the uncertainty about whether their case would be successful.

Future studies. Time was a major limiting factor in this project, particularly given that it required in-person recruitment of participants at the Guardianship Clinic, which has a limited schedule. Flyers left at the Guardianship Clinic did not produce any inquiries from interested participants, but recruitment might be more successful via flyers and in ensuring participant follow-through with interviews if incentives or reimbursement were offered. Of course, such an approach might also confound results. Regardless, future research would benefit from a larger sample size. Both the sample size and generalizability of the data would also benefit from including Spanish-speaking participants, which was not possible in this study.

Given that research on kinship diversion is still in its infancy, virtually any aspect of the practice would benefit from further exploration, whether from the perspective of caregivers, parents, child welfare workers, agency supervisors, or children themselves. However, concerns about the safety and wellbeing of diverted children would seem to be the most critical to address. It would be particularly helpful to know more about the children who are diverted and what their needs are, beyond the reports and perceptions of relative caregivers. Longitudinal follow-up with diverted families could provide insight into how children—as well as their parents and caregivers—fare over time. The motivations, concerns, and needs relative caregivers cite at the outset of their pursuit of guardianship may also evolve in significant ways that impact family functioning. It would also be important to explore the outcomes for children in cases in which the court does not grant the relative caregiver guardianship; it is unknown how often this occurs.

Conclusion

This research explored the characteristics and experiences of kinship caregivers diverted from the child welfare system in Los Angeles County to legal guardianship through probate court. The findings of this study, while limited by a small sample size, indicate that diversion to legal guardianship occurs in a range of circumstances. However, in all cases, the children were already residing with the relative caregivers at the time the Department of Children and Family Services became involved and the caregivers were encouraged to pursue legal guardianship. The caregivers were adamant about their desire to keep their relatives' children out of the foster care system, even when they were aware that they might receive substantial financial support if a dependency case were opened. None of the families reported having received referrals or guidance from caseworkers on accessing services of financial support through TANF, for example. More research is needed to explore is diverted and why in order to drive the development of consistent and appropriate policies and practices that ensure the safety and wellbeing of the children involved.

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Appendix A

Recruitment Flyer

YOUR FAMILY. YOUR VOICE.

A study of caregivers seeking legal guardianship of a relative's child

- Are you trying to become a legal guardian for your relative's child (for example: your grandchild, niece, nephew, cousin, etc.)?
- Did you have contact with DCFS (Department of Child and Family Services, or CPS, Child Protective Services) before deciding to become a guardian?
- Would you like to talk about your family's experiences and how you decided to become a guardian?



If you answered yes to the questions above, you may be eligible to participate in a research study.

We want to hear your story! Participation involves a 45-60 minute interview in person (at the courthouse or somewhere else you choose) or by phone or Skype.

Interested? Want to learn more? Please call Alison Davies at [REDACTED] or e-mail [REDACTED].

Your participation is voluntary. Any information you provide in this study will be kept confidential. Public Counsel staff will have no knowledge of whether or not you choose to participate.

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

Appendix B

Recruitment Script for Public Counsel Staff

Recruitment Script for Public Counsel Staff

Public Counsel staff routinely identify Guardianship Clinic visitors who meet the criteria for the present study. At the end of their appointment with these visitors, the paralegal or attorney will direct them to the flyer for the study and explain it according to the script below.

- I want to let you know about a research study that you might be interested in participating in. The purpose of the study is to learn more about the experiences of people who become legal guardians for their relative's children, and how they decide to do that. The researcher is focusing on families like yours, where DCFS (CPS) was involved in some way and then recommended legal guardianship instead of opening up a DCFS case.
- If you are interested in talking with someone more about your family's experiences and your decision to become a guardian, this is an opportunity to do that.
- Participating in this study is completely voluntary. It is being run by a researcher who does not work for Public Counsel, and whether you participate or not won't affect the services that Public Counsel gives you or your court case in any way. We will not even know whether you take part in the study.
- If you think you might want to participate or just want to learn more about the study, please take this flyer, and call or email the researcher, Alison. Her contact information is on the flyer, and she would be happy to tell you more about the study or answer questions you have about it. Alison's contact information is on the flyer.

Appendix C

Consent Form



SMITH COLLEGE

2016-2017

Consent to Participate in a Research Study

Smith College School for Social Work • Northampton, MA

.....
Title of Study: Kinship Diversion: Exploring Experiences of Relative Probate Guardianship in Los Angeles, CA

Investigator(s): Davies, Alison
.....

Introduction

- You are being asked to be in a research study of the experiences of people who obtain legal guardianships of their relatives' children.
- You were selected as a possible participant because you visited Public Counsel's Guardianship Clinic to get help in obtaining guardianship of your relative child(ren).
- Participants must be adults who are pursuing probate guardianship of their relative's child(ren) in Los Angeles County and who have been referred to this option after having contact with the Department of Child and Family Services (DCFS) due to an investigation of potential abuse or neglect of the relative child(ren) by the child(ren)'s biological parent(s).
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to learn about the people who choose to become guardians and how they make the choice to do so.
- This study is being conducted as a research requirement for my master's degree in social work.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: participate in an interview that will last about one hour. With your input, the interview will be scheduled at a time and place that is convenient for both of us. It will occur in a public place, such as the courthouse, a library, or café, that has enough space for our conversation to be private. The researcher will audio record the interview.

Risks/Discomforts of Being in this Study

- The study has the following risks. You may experience discomfort while discussing difficult experiences you have had in the guardianship process or caring for your relative child or children.
- You will receive a list of places and programs where you can obtain additional support or services if you need them after the interview or in the future.

Benefits of Being in the Study

- The benefits of participation include having the opportunity to talk about issues that are important to you and reflecting on your successes and challenges.
- The benefits to social work/society are: learning about the people who choose to care for their relative's children and why relatives choose to become legal guardians. This information might help lead to changes in the systems that provide more support for relatives who become guardians.

Confidentiality

- Your participation will be kept confidential. Our phone and in-person conversations will be private, unless you choose to involve other people in them. In addition, the records of this study will be kept strictly confidential. Nobody except the researcher(s) will have access to the audio recordings.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will not receive any payment or gift in exchange for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* (up to March 1, 2017) without affecting your relationship with the researchers of this study or Smith College or Public Counsel. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1, 2017. After that date, your information will be part of the thesis.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Alison Davies, at abdavies@smith.edu or by telephone at [REDACTED]. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

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

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

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

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Form updated 6-13-16

Appendix D

Resource List for Participants

Additional Support Resources List

If you need additional support related to your guardianship case or obtaining benefits or services for you or the children in your care, please contact the Public Counsel Guardianship Clinic at (213) 385-2977.

If you have medical or mental health needs, you can call the number on the back of your health insurance card and ask what services your insurance covers and how to access them.

The following agencies also provide counseling and other services for children and caregivers:

<p>211 County InfoLine Phone: 2-1-1 or the toll free number (800) 339-6993 *Call 7-1-1 if you are hearing-impaired, and ask to be connected to 2-1-1.</p>	<p>With one phone call, clients are directly screened and connected with the services they need for themselves or their children, such as shelters, meals, autism screening, veterans' services, substance abuse programs, health care, mental health services, and access to jobs.</p> <p>You can also get information about services at www.la211.org</p>
<p>Los Angeles County Department of Mental Health ACCESS Center and Crisis Line Phone: (800) 854-7771 24 Hour Bilingual</p>	<p>The LAC DMH's ACCESS Center serves as the entry point for mental health services in the County in providing referral and linkage resources, and crisis intervention to the Los Angeles County Local Mental Health Plan (LMHP). A team of multidisciplinary staff provides various kinds of mental health direct and referral services on a 24-hour, seven days a week, including all holidays.</p>
<p>DCFS Kinship Resource Centers 1 (888) 694-7263</p> <p>421 S. Glendora Ave., Suite 100 West Covina, CA 91790 Phone: (626) 430-3200 Monday through Friday 8:00am – 5:00pm</p> <p>5035 W. Slauson Ave., Suite G Los Angeles, CA 90056 Phone: (323) 298-3515 Monday through Friday 8:00am – 5:00pm</p>	<ul style="list-style-type: none"> • Consultation with Social Workers • Limited one-time financial assistance • Caregiver education & mentoring • Support Groups • Advocacy in meeting the educational needs of the child • Tutoring Referrals • Case management assistance and Policy clarification • Many other services through referral and linkage to other County or Community-based agencies <p>You can access a list of kinship caregiver support groups online here: http://lacdcs.org/kinshippublic/documents/Support_Group_English_Revised_2015.pdf</p>
<p>Didi Hirsch Mental Health Services Phone: (888) 807-7250 or (310) 390-8896 Monday through Friday 8:30 a.m. to 5:00 p.m.</p>	<ul style="list-style-type: none"> • A 24-hour suicide crisis line: (800) 273-8255 • Counseling for families that find themselves in emotional trouble • Help for individuals with serious psychiatric conditions • Substance abuse and prevention counseling for teenagers and adults

<p>Children’s Institute, Inc. Headquarters: Otis Booth Campus 2121 West Temple Street Los Angeles, California 90026 Phone: (213) 385-5100</p> <p>Regional Offices: Mid-Wilshire Campus, Los Angeles Burton E. Green Campus, Torrance Long Beach Center South Vermont Avenue Center Watts Center</p>	<ul style="list-style-type: none"> • Mental health programs for children, youth, and parents including assessments, many different types of child and family treatment and counseling, parent-child therapy, therapeutic preschool, treatment groups for children who have experienced or witnessed abuse, and home-based services • Early care and education programs for children from 6 weeks to 5 years of age and their families • Programs and support groups for parents and kinship caregivers • Youth development services in the creative arts, health and wellness, and life skills <p>You can view their brochure online at http://www.childrensinstitute.org/assets/uploads/cii-profservices.pdf</p>
<p>Kaiser Permanente Watts Counseling and Learning Center 1465 East 103rd Street Los Angeles, CA 90002 Phone: 323-564-7911 Email: info-watts@kp.org</p>	<ul style="list-style-type: none"> • Counseling for individuals of any age, families, parents and children, or couples offered in English and Spanish. • Kids Can Cope counseling or support group for children whose parents or siblings have had cancer or other life-threatening illness • Educational Therapy: provides assessments and individual or small group educational therapy sessions for students with learning difficulties. Special education advocacy and parent training is also available. • Preschool Education for Parents and Children (PEPC): full day early childhood education program with parent education programs. Tuition is based on a nominal sliding-scale fee. • Homework Help after school for elementary grade students • Math Tutoring for elementary through high school students • Personal Development Group: mentoring, goal setting, and personal growth focus for middle school students • College Bound Support Services: high school students receive college planning information and SAT/ACT test preparation • Youth Work Preparation Certificate: seven-week program for high school students focusing on work skills and health care careers. Students ages 16 and older participate in a summer youth employment program.

Appendix E

Interview Guide

Interview Guide

Part I – Who is referred to diversion? (Characteristics of Caregivers and Children)

Kinship Caregiver (Prospective Legal Guardian)

Relation to child / Level of closeness with child	Age	Other household members
Current/previous care of child (length of care)	Race/ethnicity	Criminal history
Relationship to birth parent / Level of closeness	Marital status	Health/ability status
Gender	Employment status	Emotional/behavioral health status
	Income (range)	Prior DCFS involvement
	Education level	
	Housing status/type	

Child(ren)

Gender	Grade	Emotional/behavioral health status
Age	Education status	Prior DCFS involvement
Race/ethnicity	Health/ability status	

Biological parent(s)

Gender	Employment status	Criminal history
Age	Income (range)	Health/ability status
Race/ethnicity	Education level	
Marital status	Housing status/type	

Part II – Why were they referred to diversion?

- What happened in the children’s lives that led to your coming to seek legal guardianship of [relative child]?
- What is your understanding of why DCFS worker(s) recommended you get legal guardianship of [relative child(ren)]? How did they make this decision? How did they tell you about it?
- In your understanding, what were the other options for what would happen with the child(ren), other than you becoming legal guardian for him/her/them?
- What was your thought process for deciding to become a legal guardian for [relative child(ren)]? What were your motivations? What concerns do you have?
- How were [child(ren)] and the birth parent(s) involved in deciding how the child(ren)’s needs would be met? How do they feel about the guardianship.

Appendix F

HSR Approval Letter



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

February 17, 2017

Alison Davies

Dear Alison,

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

Please note the following requirements:

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

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

In addition, these requirements may also be applicable:

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

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

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

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Elaine Kersten'.

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

CC: Yoosun Park, Research Advisor