"That's What Families Do": Rewards and Challenges of Informal Kinship Care

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"THAT’S WHAT FAMILIES DO":
REWARDS AND CHALLENGES OF INFORMAL KINSHIP CARE

A Dissertation
Presented to
the Faculty of the Graduate School of Social Work
University of Denver

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Betsy Hay
August 2012
Advisor: Dr. Jean East
Informal kinship caregivers take on the responsibility of raising a relative's children in situations where those children cannot remain with their parents and are not in the custody of child welfare. The phenomenon is increasing; however it is difficult to obtain information from these families because of the difficulty locating them. As a result, there is limited research on this specific group of kinship care families. The purpose of this study was exploratory, using qualitative methods to gather information from informal kinship caregivers about their experiences caring for a relative's children, with a focus on the rewards and challenges within those experiences. A second purpose was to enable participants to tell their stories so that information could be used by practitioners and policymakers. The 14 participants in this study described a path to informal kinship care that began with precipitating events that resulted in the children’s not being able to live with their parents, followed by the decision to provide care, and then the quest to obtain legal custody of them. The caregivers next began a journey through the experiences of being informal kinship caregivers, which included both rewards and challenges. Four themes emerged to characterize those rewards and challenges: experiences with family, experiences with systems, financial experiences, and emotional experiences. Participants provided recommendations for both practitioners and policymakers, which included
requests for more recognition and respect as well as more emotional, social, legal, and financial support. Despite all the difficulties, none of the participants regretted their decision to care for their relative’s children.

Keywords: informal kinship care, kinship care
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# TABLE OF CONTENTS

CHAPTER 1. INTRODUCTION ........................................................................................................... 1
  Kinship Care: Background and Definitions ........................................................................... 2
  Kinship Care: A Family Process or a Response to Social Problems ............................... 5
  The Increasing Importance of Informal Kinship Care ......................................................... 9
  Relevance of Informal Kinship Care to the Social Work Profession ............................... 11
  Organization of the Study .................................................................................................... 13

CHAPTER 2. THE HISTORY, POLICY, AND THEORY ABOUT KINSHIP CARE ........................ 14
  History of Kinship Care ....................................................................................................... 14
    Cultural Perspectives on Kinship Care ............................................................................ 15
    Transition From Family Tradition to Social Policy ....................................................... 19
  Social Policy Relevant to Kinship Care .............................................................................. 20
    Federal Child Welfare Policy ......................................................................................... 21
    Federal Income Assistance Policy ................................................................................. 24
    Summary ......................................................................................................................... 26
  Theoretical Perspectives on Kinship Care .......................................................................... 27
    Social Constructionism .................................................................................................... 27
    Social Capital Theory ..................................................................................................... 29

CHAPTER 3. LITERATURE AND RESEARCH REVIEW ........................................................... 31
  Family Disruptions and Kinship Care .............................................................................. 31
  Comparison of Kinship and Non-Kinship Care ............................................................... 33
  Grandparents as Kinship Caregivers ............................................................................... 34
  Kinship Care in African American Families ..................................................................... 36
  Informal Kinship Care ....................................................................................................... 39
    Comparative Studies of Formal and Informal Kinship Care ........................................ 40
    Characteristics of Informal Kinship Families ............................................................... 42
    Methodology .................................................................................................................. 44

CHAPTER 4. METHODOLOGY .................................................................................................. 51
  Purpose of the Study ......................................................................................................... 51
  Qualitative Method of Inquiry ......................................................................................... 52
  Assumptions and Biases ................................................................................................... 53
  Definitions ......................................................................................................................... 54
  Recruitment ....................................................................................................................... 55
  Sampling Strategy and Criteria ....................................................................................... 57
  Demographic Characteristics of the Participants ............................................................ 58
  Data Collection ................................................................................................................ 61
    Informed Consent .......................................................................................................... 61
    The Interview ................................................................................................................ 62
Data Analysis.............................................................65
Trustworthiness and Credibility.......................................67
  Building Trust.........................................................68
  Immersion...............................................................68
  Peer Review............................................................68
  Transparency..........................................................69
Conclusion....................................................................69

CHAPTER 5. RESULTS ..................................................71
Prologue: Sara and Jim..................................................71
  "Boom, Here You Go" ................................................71
  "We Had Zero Clue" ..................................................72
  "No Sleep for About the First Week and a Half" ...............72
  "If She Would Have Gone Back, She'd Be Dead" ...............73
  "The Treatment Plan Was Cookie Cutter" .......................73
  "We Weren't a Family, We Were a File" .........................74
  "Then the County Cut Us Off" ....................................74
  "I'm Never Going To Be Done With Them" .......................75
  "They Make Me So Happy....The Kids Are Our Everything" ......75
Introduction ..................................................................76
Participant Profiles ......................................................77
Precipitating Event and How Custody Was Obtained ..........80
  Experiences With Family ...........................................81
  Experiences with Systems ........................................82
The Process of Deciding to Become the Caregiver .............86
  Accidental Process....................................................86
  Rational Process......................................................87
  Emotional Process...................................................87
  Altruistic Process....................................................87
Caregivers’ Overall Experience of Caring for the Children ......88
  Experiences With Family ...........................................88
  Experiences With Systems ........................................89
  Financial Experiences..............................................91
Overall Assessment of the Kinship Care Experience ............92
  "It Can Be Exhausting. I'd Just Like to Be a Grandma" ..........93
  Liz's Story...............................................................94
Positive Aspects of the Kinship Care Provision Experience ......96
  Experiences With Family ...........................................97
  Emotional Experiences - "I Get to Experience That Love" ......99
Difficult Aspects of the Care Provision Experience .............100
  Experiences With Family ...........................................101
  Experiences With Systems .......................................103
LIST OF TABLES

Table 1. Demographic and Experience Characteristics of Participants........................59
CHAPTER 1. INTRODUCTION

It was a memorable day, April 3rd, 2001. My son arrived at the door, homeless, with his 1-year-old daughter and 4-year-old son in tow. I had, I thought, completed my role as a parent, having raised two boys as a single parent, then having raised two stepdaughters. I had waited patiently for “my time” to pursue a dream by taking early retirement from a child welfare agency to return to graduate school for a Ph.D. in social work, then on to a new career in program development. But, this was family. the priority became co-parenting two preschoolers, while working and attending school.

The challenges were many. Studying with two preschoolers underfoot was difficult. Having to suddenly leave work when my son was delayed to pick up the kids from two different preschools was time consuming. The additional expense of three more family members was problematic.

We had resources—middle class status, White privilege, a home, and a support system. The rewards were great. I had the opportunity to participate in my grandchildren’s lives on a daily basis. I had the chance to share in and celebrate the role of co-parent with my son. My personal experience with my son and his children as well as my work of the past 4 years in a kinship support program led me to pursue the topic of kinship care for this study. I observed both rewards and challenges and wanted the voices of the families to be heard.
The purpose of this qualitative study was to explore the experiences of kinship caregivers, with a primary focus on identifying the rewards and challenges within that experience. A second goal of the study was to enable participants to tell their stories, and in doing so, provide information that would contribute to social work practice and policy development.

**Kinship Care: Background and Definitions**

Many circumstances can lead to the need for children to be raised by someone other than a biological parent. These circumstances can include substance abuse, incarceration, domestic violence, mental illness, or child abuse and neglect (Annie E. Casey Foundation, 2012). In such situations, care can be provided in institutional, group, or foster care settings, or it can be provided by members of the extended family, otherwise known as kinship care. It is a core belief in our society that families are responsible for raising their members (Wilson & Crewe, 2007). Kinship care is a way to implement that value.

There are many different definitions of kinship care (Annie E. Casey Foundation, 2012; Child Welfare League of America, 2005; Geen, 2003). The following definition used for this study was selected from among the alternatives, because it represents the social work values of inclusivity and cultural relevance:

Kinship care is the full-time care, nurturing and protection of children by relatives, members of their tribes, or clans, godparents, stepparents or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful to cultural values and ties of affection. It allows a child to grow to adulthood in a family environment. (Crewe & Wilson, 2007, p. 4)
Under the umbrella of kinship care, there are various categories or types of kinship care. The two major categories of kinship care are known as *formal kinship care* and *informal kinship care*. The first, formal kinship care, refers to situations where children are living with relatives who are licensed as foster parents, and the children are in the custody of a child welfare agency (Annie E. Casey Foundation, 2012; Gleeson et al., 2008). The second category, informal kinship care, refers to situations where children are living with relatives who are not licensed as foster parents, and the children are not in the custody of a child welfare agency (Gleeson et al., 2008). In both formal and informal kinship care, the biological parent is not living in the home. The distinction between formal and informal kinship care is used in a majority of the relevant literature on kinship care (Gleeson, 2007). This study focuses on informal kinship care.

There can also be two different kinds of distinctions made in defining informal kinship care: *private kinship care* and *voluntary kinship care*. When the caregiving arrangements are made within the family without involvement of the child welfare system, informal kinship care is referred to as private kinship care (Annie E. Casey Foundation, 2012; Geen, 2003). When caregiving arrangements are facilitated by a court or by a child welfare agency, the informal kinship care is referred to as voluntary kinship care (Annie E. Casey Foundation, 2012; Geen, 2003). It should be noted that many relatives who provide informal kinship care on a long-term basis initially provided short-term care through a public child welfare agency. This occurs because it is common for children to need substitute temporary care when there is a crisis that involves child protection. In such cases, an agency may be involved until a plan for longer-term care can
be developed and relatives can be evaluated. In some situations, the legal system is involved with informal kinship care by conferring custody through guardianship or adoption. In this study of informal kinship care, both private and voluntary kinship families are included.

The broad topic of kinship care has received attention by both researchers and policy makers. The subject has become important recently for several reasons. First, there has been an increase in the number of children in need of out-of-home care and a decrease in the number of licensed foster care providers (Geen, 2003). This situation has resulted in more use of kinship care by child welfare agencies. In addition, legislation and court rulings have declared that kin be given preference when children are in need of placement outside of the parental home (Geen, 2003).

The number of children in kinship care in the United States has been increasing steadily. Kin now care for more than 2.7 million children, an increase of nearly 18% over the last decade (Annie E. Casey Foundation, 2012). The vast majority of arrangements for children to live with relatives involve informal kinship care (Bavier, 2011; Gleeson et al., 2009). Estimates are that 89% of children who live with relatives are in informal kinship care, with relatives who are not licensed as foster parents, and only 11% of children who live with relatives are in formal kinship care, with relatives who are licensed as foster parents (Gleeson et al., 2008). The phenomenon of grandparents raising grandchildren is the kinship care arrangement about which there is the most information (Hayslip & Goldberg-Glen, 2000). The 2000 Census marked the first time that questions about grandparent caregiving were included in the census data (U.S. Census Bureau,
2003). Data varied considerably by ethnicity. Only 2% of non-Hispanic White children lived with grandparents. There were higher percentages for other ethnic groups: 6% for the Asian group, 8% for the African American group; 8% for the American Indian group, and 10% for the Pacific Islander group (U.S. Census Bureau, 2003).

The Urban Institute (2003) found that the majority of children in kinship care (59%) live with their grandparents. About 20% live with aunts and uncles; the balance of the caregivers are siblings, cousins, and other relatives (Ehrle & Geen, 2002). Among children in kinship care, 44% are African American, 38% are White, 15% are Hispanic, and 3% are of other ethnicity (Ehrle & Geen, 2002). African American children are more than twice as likely to live in kinship care (Annie E. Casey Foundation, 2012). Nearly half of the children in kinship care live with a relative who is over 50, and 90% live with a female caregiver (Ehrle & Geen, 2002). More than half of kinship care families are considered to be low-income (Urban Institute, 2003).

**Kinship Care: A Family Process or a Response to Social Problems**

Crewe and Wilson (2007) suggested two ways to think about the concept of kinship care. The first way to understand kinship care is as an intrafamilial process, a tradition, where family members other than parents provide full-time care for a relative's children. Kinship care provided in the context of a family system supports the value of maintaining family and cultural identity. “The notion that children do better in families is a fundamental value that cuts across all racial, ethnic, and socioeconomic boundaries" (Annie E. Casey Foundation, 2012, p. 2). The second way to understand kinship care is as social welfare policy: a response to the need for children to be safe as a result of family
problems. The policy response has then been institutionalized through the child welfare system, where it is considered a solution to the social problem of family disruption, when children cannot live with their parents.

Kinship care can be a solution to the social problem of family disruption, when children cannot live with their parents. Yet, there is debate about whether kinship care is a good thing for children. A brief from the Center for Law and Social Policy (Conway & Hutson, 2007) addressed concerns that children are at risk of abuse and neglect when placed with kin and that extended families should raise relative's children without public resources. "Research debunks these old fears about the risk of placing children with kin" (Conway & Hutson, 2007, p. 2). With reference to the myth that "the apple doesn't fall far from the tree" (Conway & Hutson, 2007, p. 2), research has indicated that children living with relatives are no more likely, and perhaps less likely, to experience abuse or neglect than children living with foster parents. Relatives do agree to take responsibility for their relative's children, but lack resources that they need to provide for them.

The most frequent concern about placing children with kin is the risks associated with poverty, because so many informal kinship caregivers are of low-income status (Urban Institute, 2003). According to Testa, Bruhn, and Helton, (2010), some have argued that it would be better to place children in formal kinship care so they could have the advantages of "wealthier homes, better schools, and more affluent neighborhoods" (p. 189), which would offer better life outcomes. There is consensus that the arrangement of children in kinship care increases child safety, stability, permanent living arrangements, and child well-being (Annie E Casey Foundation, 2012; Testa et al., 2010). Kinship care
maintains family and cultural bonds and may reduce the trauma and loss associated with separation from parents (Annie E. Casey Foundation, 2012; Strong, Bean, Feinhauer, 2010). The choice, then, is between the possibility of a better life, as determined by the values of researchers (Testa et al., 2010), or the value of family as recently supported in recent national policies.

These perspectives on kinship care have led to increased attention to the topic at the national, state, and local levels. National organizations, such as the American Association of Retired Persons (AARP, 2012), the Child Welfare League of America (n.d.), and the Children’s Defense Fund (2012), have sponsored programs and research about kinship care. Philanthropic organizations, such as the Casey Family Foundation (2012) and the Brookdale Foundation Group (n.d.), are also involved with kinship care. Generations United (2012) is an organization whose mission is to support intergenerational policies and programs, including kinship care. The array of organizations involved spans those that address the needs of senior citizens, families, and children, three of the special populations that are served by the social work profession (NASW, 2009).

In support of kinship families, the Grandfamilies State Law and Policy Resource Center (2008) is a collaboration among Casey Family Programs, Generations United, and the American Bar Association Center on Children and the Law. It has convened three national expert symposiums, sponsors a National Center on Grandparents as Parents, and a grandparent advisory group. Grandfamilies (2012) also sponsors the Grandfamilies National Rally held biannually in Washington, DC.
At the state level, a number of resources address kinship care. To provide state-specific support for kinship families, the *Grandfacts* (2012) website provides fact sheets for grandparents and relatives who are raising relatives’ children. This website is a partnership between AARP, the Brookdale Foundation, Casey Family Programs, the Child Welfare League of America, the Children’s Defense Fund, and Generations United. It highlights state-specific data, programs, resources, and public policies. According to the *Grandfacts* website, in Colorado, the state where this study was conducted, as of 2007, approximately 32,000 children were living in households headed by relatives without a parent present. Only 13% of those children were in formal kinship care (Annie E. Casey Foundation, 2012).

In Colorado, support for kinship families is provided through the Extension Office of Colorado State University (CSU) through their website, Grandparents Raising Grandchildren, to provide information and resources for kinship caregivers (CSU Extension Office, 2012). The CSU Extension Office has developed training specifically for kinship caregivers in the course, *Second Time Around: Grandparents Raising Grandchildren*. The Colorado Department of Human Services has developed an administrative staff position specifically for informal kinship caregivers (Berzinskas & Griffin, 2010).

At the local level in Colorado, many of the programs to address the needs of kinship caregivers are specific to county or community. Two metropolitan counties (Arapahoe and Adams) have chosen to use discretionary TANF funds to offer kinship care support services, providing both financial resources and case management to those
caregivers who are receiving child-only TANF funds. Other counties (Jefferson, El Paso, and Denver) provide kinship support programs through their county Departments of Human Services. Boulder County and the city of Brighton offer services through senior centers.

A number of non-profit agencies in the Denver metro area provide services for kinship care families. One of these agencies, Family Tree, offers a legal clinic to help relatives providing kinship care to obtain various kinds of legal custody. Other non-profits non-profit agencies, such as Catholic Charities, the Lowry Family Resource Center, Families First, and Denver Center for Crime Victims, all sponsor support groups for kinship caregivers in various communities (GrandFacts, 2012). With the increased attention to kinship care at national, state, and locals levels, the stage is set for research to address the complexities of the phenomenon of relatives caring for children both as a natural part of family life and as well as a response to the social problems that affect family well-being.

**The Increasing Importance of Informal Kinship Care**

Scholars concur that informal kinship care is the form of kinship care about which the least is known (Bavier, 2011; Gleeson et al., 2008; Simpson & Lawrence-Webb, 2009). However, informal kinship care is beginning to receive more attention. There are several projects, some at the national level and one in Colorado, that have contributed to knowledge about the families who provide informal kinship care.

Early interest in all kinship care, stimulated by the growth of formal foster care, came from the Department of Health and Human Services. A task order was issued to
obtain information about the phenomenon of all kinship caregiving, with or without formal foster care licensing, based on the premise that this information was needed to understand the formal kinship care population (Harden, Clark, & Maguire, 1997). The study obtained some demographic information about caregivers and the children in kinship care and studied patterns of kinship care in four states. Interestingly, the authors concluded that there was not enough information available for analysis of the questions that needed to be asked, especially about informal kinship care. One problem was that it was difficult to locate informal kinship care families.

A second significant project to look at kinship care was initiated in 1999 by the Urban Institute (Ehrle & Geen, 2000). This study used data from the National Survey of America's Families to assess the well-being of children in both formal and informal kinship care over an 8-year period, based on a nationally representative sample of households under 65, measuring characteristics of 44,000 households (Ehrle & Geen, 2000; Macomber, Geen, & Clark, 2001). This survey failed to capture information about caregivers over the age of 65, which may account for a substantial number of missing kinship caregivers. The Urban Institute published a number of policy briefs about children who are cared for by relatives, including informal kinship families. Main, Macomber, and Geen (2006) noted that in the final report of the Urban Institute study, the topic of kinship care, along with an increase in the number of informal kinship care families, “crosses the policy, research and advocacy communities” (p. 1).

In Colorado, the Child Welfare Division of the Department of Human Services conducted an assessment of the needs of informal kinship caregivers in 2010. The study
evaluated the services available to caregivers and the practices that were effective (Berzinskas & Griffin, 2010). The research team evaluated 32 counties, approximately half of the counties in Colorado. There were discussions with child welfare administrative and supervisory staff, child welfare caseworkers, staff from community agencies, and kinship caregivers. The major identified needs were for immediate financial assistance, child care, emotional support, respite care, and legal services.

Both the national and state studies provided a strong rationale for this qualitative study of informal kinship caregivers. As mentioned earlier, informal kinship caregivers are increasing in number and represent a significant majority of those providing care (Annie E. Casey Foundation, 2012). And yet, their needs may not be met, in both policy and practice, without increasing their voice in the debate. This study therefore adds to the body of literature on informal kinship caregivers by exploring their personal perspectives on caregiving and their recommendations for change. Specifically, the two research questions of this study are

- What are the rewards and challenges of being a kinship caregiver?
- What recommendations would you make for changes in policy and practice?

**Relevance of Informal Kinship Care to the Social Work Profession**

“Strengthening families and providing family support are priorities of the social work profession” (NASW, 2003, p. 132). Social problems that fall within the realm of social work, such as substance abuse, child abuse and neglect, crime and incarceration, teen pregnancy, homelessness, mental and physical illness, and poverty may prevent the nuclear family from being able to provide care for its children (Webb, 2011). There is
also recognition by the profession that there is deep stigma when families are not able to fulfill the functions expected of them (NASW, 2009). Kinship care, which allows children to remain within their extended family and maintain tradition and values, is a process that fulfills the social work mandate to strengthen and support families.

The area of child welfare is a focus of social work practice and advocacy. When neither biological parent can care for their children, it can be provided through the public child welfare system in institutional, residential, or foster care, or by other family members. In each of these situations, this profession has a commitment to the nurturance, support, and protection of children. Recommended policies have included recognizing the family as intergenerational, supporting the care of children by extended family members, and designing comprehensive services to keep families together (NASW, 2009). Kinship care is a way to implement these recommendations.

The profession of social work has recognized its involvement with kinship care through publication of practice, conceptual, and research articles in professional journals. *Families in Society, Children and Youth Services Review, and the Journal of Family Social Work* are some examples. Several journals have dedicated special issues to the topic. *Child Welfare* published a special edition on kinship care in 1996. The *Children and Youth Services Review* has published three special editions about kinship care. The first, in 1994, brought attention to kinship care, which was then seen as an emerging phenomenon and contributed to understanding how traditional, non-kin, foster care differed from kinship foster care. The second special issue, *Kinship Care: An Evolving Service Delivery Option*, was published in 2002 and focused on changing policies and
importance of this option for African American families. The third special issue in 2004, *Kinship Foster Care: Filling the Gaps in Theory, Practice, and Research*, provided information about some of the identified gaps in knowledge and moved beyond the topic of comparisons between kinship and non-kin foster care. Nevertheless, it is clear that there needs to be more research on informal kinship care. This study, with its focus on informal kinship care, seeks to contribute to a better understanding of this important topic from the perspectives of the relatives who are providing kinship care.

**Organization of the Study**

This study of informal kinship care is divided into seven chapters. The first chapter has introduced the study and briefly discussed informal kinship care in terms of background and definitions. Chapter 2 presents a literature review that covers history, policy and theory that informs the practice of kinship care. Chapter 3 provides a summary of the relevant research on informal kinship care. Chapter 4 contains the research methodology, and Chapter 5 presents the results of 14 qualitative interviews of informal kinship caregivers. Chapters 6 entails a discussion of the results, and Chapter 7 presents the conclusion, with implications for practice, policy, and research.
CHAPTER 2. THE HISTORY, POLICY, AND THEORY OF KINSHIP CARE

Chapter 2 presents a historical overview of the practice of kinship care, considering the location of the topic within the larger context of the subject of family. Cultural issues are identified and recent changes in the concept of kinship care are presented. This is followed by a review of federal policies that are relevant to kinship care and the presentation of two theories that can inform an understanding of this topic.

**History of Kinship Care**

The history of kinship care is embedded in the larger sociohistorical and cultural history of the family. The concept of family is one of our most cherished American values (Coontz, 1992). Historically, it can be understood as referring to a constellation of vertical and horizontal human relationships, bonded by blood or marriage, across generations—the extended family. In the United States, not until the 1900s was the nuclear family—male and female parents and their children—elevated to the central source of loyalty, obligation, and personal satisfaction. These nuclear families prided themselves on their independence, rejecting the authority of grandparents and resisting the interference of relatives. By the mid-20th century, extended families were no longer the norm in America, with the nuclear family more prominent, reflecting social values of independence and self-reliance (Coontz, 1992).
Children who could not be cared for by their birth parents had few options in colonial America. Under the Poor Laws, grandparents became responsible for their grandchildren, but those same Poor Laws allowed solutions of almshouses and workhouses, forced apprenticeship, and emigration for children without family. The legal process of wardship or guardianship was developed to place children, usually those who were heirs to property, under control of relatives. Because wars or epidemics often decimated entire families, leaving no kin, orphanages were established, usually by religious groups (Hegar, 1999).

Hegar (1999), who traced the history of kinship care, stated that in addition to wars, famines, and epidemics, other reasons that necessitated the care of children by relatives included the death of parents, the stigma of single or unwed parenthood, the ability of relatives to provide better financial benefits, and the lack of public financial support systems. Though kinship care has always been present in this country, the problems associated with kinship care have received little attention compared to interest in other types of families, such as children of single parents or children of divorce, (Hegar, 1999). “Its recent rise has caught the professional world somewhat off guard” (Hegar, 1999, p. 24).

Cultural Perspectives on Kinship Care

From a historical perspective, Hegar (1999) explored the cultural roots of kinship care, describing the placement of children with relatives as among the oldest traditions in child rearing. Emphasizing that “the rearing of another’s child is among the oldest literary themes” (p. 18), she cited the historical examples of Moses, King Arthur, and MacBeth.
For example, the *Bible* contains many references to children being raised by relatives. Some ancient cultures obliged men to marry related widows with children to assure the children would grow up within their extended family. Motivations often revolved around assuring lines of inheritance and cementing allegiances with important family members (Hegar, 1999).

Geen (2003) claimed that the term *kinship care* originated in documentation of the experience of slavery in the United States, because children were often separated from their enslaved parents and needed to be cared for by others. Estimates are that one fifth of the children of slaves were separated from their parents. Others stepped in to raise the children, knowing someone might have to do the same thing for their children (Crewe & Wilson, 2007).

In her 1974 classic participant-observation study of *The Flats*, Stack, an anthropologist, immersed herself in the experiences of African American families in the ghetto of a large city in the United States (Stack, 1975). *All Our Kin* (Stack, 1975) told the story of kinship care in a contemporary urban, poor African American community. Stack suggested that the way the American economy functioned required the poor to develop ways to cope with "chronic crisis, catastrophes, and events totally out of their control" (p. 75). Poverty created the need for mutual support. Networks within extended families were one of the strategies for coping with these conditions. To survive, it was necessary to cultivate, maintain, and participate in a stable circle of kin. These alliances involved mutual cooperation that included the care of related children.
Stack (1975) concluded that the traditional definition of family in the United States—parents and their children—was not an accurate conception of family for African American families in an inner city. This definition of family did not reflect day-to-day reality in these communities. She contended,

This perspective on the family was clearly inadequate for a study of domestic life in The Flats (p. 30) . . . and blocked the way to understanding how people in The Flats describe and order the world in which they live. (p. 31)

Stack argued that in this situation, families were an established and organized network of kin who interacted to provide for the needs of the children. The network could include more than family members, such as neighbors and people who had an emotional bond to each other. This folk system of rights and duties of child-keeping was enforced by sanctions in the community. It was unacceptable not to accept the responsibilities conferred by membership in a kinship network. Within the everyday life of this community, these processes and coping strategies were viewed as normal.

In some cultures, such as Oceania, raising children in kinship care was a traditional family form. Children were shared and exchanged to foster reciprocity between families. In traditional Hawaiian culture, the grandparents’ claim to children took precedence over that of the biological parents, and the parents had to get the grandparents’ consent to keep their own child. A boy child would go to the paternal grandparents; a girl child would go to the maternal grandparents. A child of royal birth was often given to the family of a high-ranking chief (Hegar, 1999).

Similar patterns existed in Africa, though motivations differed. Children were often sent to live with relatives to share the cost of raising them, help in the home of the
caregiver, or attend school. In a place where famine and epidemics were an ever-present threat, children were spread among relatives to reduce the chance of a parent losing all of her or his children (Hegar, 1999).

Cultural values have influenced the process of kinship care in this country. African American families continue some of the patterns of child raising seen in Africa, with community and religious institutions contributing to the care of children and helping to keep them out of formal systems. For Hispanic families, the Catholic Church, with missions and convents, has provided care for needy children and functioned as an arm of the extended family. The family-extending institution of godparenting has also expanded the available kinship network (Hegar, 1999).

There had been an established tradition within the dominant culture in the United States of placing Native American children in boarding schools and foster care outside of their tribes. “In a pattern unique in U.S. history, many Native American children were placed in institutions rather than being left to the care of family, kinship network, and ethnic community” (Hegar, 1999, p. 22). Prior to this time, kinship ties had been a central part of Native American life, and many children spent time living with extended family (Pecora, Le Prohn, & Nasuti, 1999). Removal of children from their communities separated them from their historical and cultural heritage. Families were decimated by this process. The resulting outrage led to passage of the Indian Child Welfare Act of 1978, the first U.S. policy that explicitly stated a preference for kinship care (Hegar, 1999).
Transition From Family Tradition to Social Policy

Traditionally kinship care has been an intrafamilial arrangement for the care of children (Wilson & Crewe, 2007). As previously mentioned, official interest in this phenomenon began to increase when the number of children needing foster care placement exceeded the availability of foster homes (Geen, 2003). Kinship care was seen as a solution to this dilemma. This response brought this private and informal process into the arena of social welfare policy—the focus of regulation, intervention, and management by government and the public child welfare system (Crewe & Wilson, 2007).

As kinship care has become an increasing focus for social policy, there has been ongoing tension between competing values of the family’s responsibilities versus the child welfare system’s responsibilities. There are concerns that altruism is being replaced by self-interest, and that services and financial payments to kinship caregivers are one method of reinforcing this trend (Testa & Slack, 2002).

From the colonial poor laws to the relative responsibility laws of the 1960s, American society operated on the assumption that kinfolk had both the natural inclination and the moral obligation to look after dependent family members. (Testa & Slack, 2002, p. 80)

It was not until the late 1970s that this assumption was negated by a U.S. Supreme Court ruling. In Miller v. Youakim (1979), the court ruled that relatives who met the federal eligibility requirements for foster care could not be denied foster care payments because they were related (Testa & Slack, 2002).

Kinship care has changed over the years, but there has been one constant thread—the need for relatives to step in for other relatives. That thread has currently been joined
by a cadre of policy makers, including advocates, organizations, legislators, legal and court workers, and employees of public agencies who now work on behalf of children who need to be cared for by relatives—in kinship care. Kinship care is now equal parts family tradition and social policy (Wilson & Crewe, 2007).

In summary, a historical and cultural perspective of kinship care provides a backdrop for the ongoing tension of describing kinship care as a natural part of family systems or as a program and policy response to caring for children. The history of kinship care “reveals that the impulse to take in and care for the children of kinsfolk may be as old as the urge to parent one’s own offspring” (Hegar, 1999, p. 25) and as natural. In addition, it is obvious that cultural perspectives on caring for children have an impact on how different groups view caring for children who are not theirs by birth. At the same time, a history of social policy demonstrates that public policy has also been an important element in defining the role of kinship care in the United States.

**Social Policy Relevant to Kinship Care**

The primary policies relevant to kinship care are child welfare and income assistance policies (Leos-Urbel, Bess, & Geen, 2002). Within the area of child welfare, use of kinship care is a current approach to the increasing number of children who cannot live with their biological parents (Annie E. Casey Foundation, 2012). According to Pecora (2006), “A child welfare system that fails to incorporate and draw upon the richness and strength embodied in the context of family life is a system that cannot effectively respond to the needs of vulnerable children and troubled families” (p. 23). Though the vast majority of children who live with kin do not have any involvement with
the child welfare system, there is growing reliance on families to care for children who do come to the attention of that system (Annie E. Casey Foundation, 2012).

The primary goal of the child welfare system is to protect children from harm. A second goal is to preserve the family, which includes relatives (Child Welfare Information Gateway, 2012). Kinship care, both formal and informal, is a way to accomplish these goals. One of the national child welfare standards is that a family has the capacity to care for its children (Pecora, 2006). Kinship care, again both formal and informal, can contribute to the achievement of this outcome.

**Federal Child Welfare Policy**

Interpretation of two early pieces of child welfare legislation that remain relevant to kinship care, the Indian Child Welfare Act of 1978 and the Adoption Assistance and Child Welfare Act of 1980, was that there was a federal preference that relatives care for children who could not live with their biological parents (Geen, 2003). The Indian Child Welfare Act of 1978 stated that Native American children in foster care should be placed near their home and with extended family, if possible. Early missionary work with Native Americans had resulted in children being taken from their families (Hegar & Scannapieco, 1995). This policy toward conquered peoples (Hegar & Scannapieco, 1995) continued with the use of Indian boarding schools used by the Bureau of Indian Affairs. The Indian Child Welfare Act of 1978 required that relatives be given first consideration and acknowledged the importance of family and cultural ties. The Adoption Assistance and Child Welfare Act of 1980 did not specifically mention placement with relatives but
did require that children placed in foster care should be in the least restrictive, most
family-like setting possible.

The principal sources of federal child welfare policy today are Title IV-B (n.d.)
and IV-E (n.d.) of the Social Security Act of 1935, which are not specific to, but have
important implications for kinship care. Title IV-B provides protection for children who
cannot live with their biological parents and funding for services to preserve and support
the family. Kinship care is often included in programs and plans to implement these goals
(Child Welfare League of America, 1994). Title IV-E provides funding for the cost of
placing children who cannot live with their parents, but requires that the placement be
licensed by the state in order for the placement to be eligible for federal reimbursement.
Though kinship care is not specifically mentioned, it has been interpreted to meet legal
requirements for efforts to prevent family separation. Kinship families may receive foster
care payments if they meet foster care licensing criteria (Child Welfare League of
America, 1994).

Passed in 1997, the Adoption and Safe Families Act (ASFA) was the first federal
legislation to acknowledge the uniqueness of kinship care, allowing some discretion to
treat kinship care differently than non-kinship care. Living with a relative could be
considered a permanent living arrangement. However, kinship families could only be
licensed as foster parents—formal kinship caregivers—if they met the same requirements
as non-kin families.

In 2008, via the Fostering Connections to Success and Increasing Adoptions Act,
the federal government specifically endorsed the practice that kinship care should be the
first option explored when children must be separated from their parents (Child Welfare Information Gateway, 2012). This law, which amended parts B and E of Title IV of the Social Security Act (Title IV-B, n.d.; Title IV-E, n.d.) has been called the most significant federal child welfare reform in more than a decade (Geen, 2009).

Several provisions of this legislation were intended to support and connect relative caregivers and are relevant to both formal and informal kinship families. There is a new option for states to provide kinship guardianship assistance payments for children who have been in foster care, if a relative is assuming legal guardianship. All adult relatives must be notified when a child enters foster care. Family Connections grants can be used by states to help locate relatives so that children can reconnect with family members. Those grants can also be used for kinship navigator programs, which would link kinship families to services and supports that are available to them.

The purpose of the Fostering Connections to Success and Increasing Adoptions Act (2008) was to promote permanent families for children in foster care (Center for Law and Social Policy, 2008). Guardianship assistance payments are one way to implement this value. However, this is an option of the states (Center for Law and Social Policy, 2008) so is not available to all children in kinship care. It is also an option that is only available to children in formal kinship care, with relatives who have been licensed as foster parents (Center for Law and Social Policy, 2008; Geen, 2009). "The Act gives states the option of obtaining federal reimbursement for ongoing assistance payments made on behalf of children who exit foster care to guardianship with a relative" (Geen, 2009, para 4). This criterion, the need for licensure as foster parents, may exclude some
vulnerable populations, such as ethnic minorities or those with low income, from being able to access this benefit due to difficulties meeting licensing requirements (Schwartz, 2002). This situation raises equity issues in terms of the benefits available to formal versus informal kinship caregivers.

**Federal Income Assistance Policy**

There are several federal programs that can be accessed by informal kinship caregivers to provide financial support, though some of these have income eligibility requirements. Some examples of federal income assistance programs available to these caregivers are Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and for some older, retired, or disabled relatives, there can be Social Security benefits (Annie E. Casey Foundation, 2012). Moreover, if the children are diagnosed with a serious disability, the caregiver may be eligible for Supplemental Security Income (SSI) benefits to help care for the children with special needs.

Under current federal policy, TANF funds can be provided to a relative who is caring for a child in a kinship care situation, without regard for that relative’s income (Annie E. Casey Foundation, 2012). However, the TANF benefits are significantly less than the payments to kinship families who have been licensed as foster parents and who provide formal kinship care. Informal kinship families receive less than half the stipend paid to unrelated foster parents, yet these relatives are often the only ones standing between the child and a foster home (Edelhoch, Liu, & Martin, 2002). This discrepancy
in federal income assistance has received significant attention in the literature (“The Policy of Penalty in Kinship Care,” 1999; Rankin, 2002; Schwartz, 2002).

Another concern is that so few of eligible informal kinship families receive this TANF benefit. "Less than 12 percent of kinship families receive any assistance from TANF, although nearly 100% of the children in such families are eligible" (Annie E. Casey Foundation, 2012, Financial Help, para 4). Caregivers may hesitate to apply because of perceived stigma, a lack of documentation, or a lack of information (Annie E. Casey Foundation, 2012). Some may fear intrusion by a government system, and perhaps they wish to carry on the tradition of kin-keeping—of taking care of their own (Rankin, 2002).

The preference for children to remain in the extended family was contained in one of the federal income assistance policies. Known as the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, this policy was implemented to revise the system that provided low-income families with income assistance benefits. Provisions of the bill, for the first time, specifically supported the use of kinship care by stating that preference was to be given to an adult relative over a non-related caregiver when choosing a placement for a child, provided that the relative caregiver could meet all relevant safety standards.

Though not strictly categorized as an income assistance policy, the Older Americans Act (OAA, 1965, 2000) contains provisions that can be helpful to informal kinship caregivers (Annie E. Casey Foundation, 2012). Under the auspices of OAA, the National Family Caregivers Support Program became law in 2000. It funds five
categories of supportive services to grandparents and other relatives age 55 and older who are the primary caregivers of a relative's children. A summary of those supportive services includes information and referral, counseling and support groups, and supplemental financial services, such as legal assistance. It has been a very successful program (Grandfamilies State Law and Policy Resource Center, 2008). While acknowledging that this OAA benefit can be an important resource for informal kinship families, it is important to note that a sizeable number of caregivers are not over the age of 55 (Gleeson et al., 2008). Though older people are one of the populations that social work serves (NASW, 2009), this policy raises equity issues for the younger informal kinship caregivers who may face the same difficulties connected with poverty and caregiver stress.

Summary

This review of child welfare and income assistance policies has identified federal legislation that impacts kinship families. The preference that children live with kin has evolved from the Indian Child Welfare Act (1978), which was designed to prevent separation from family and cultural heritage, to the more affirmative provisions of the Fostering Connections to Success and Increasing Adoptions Act (2008), which designates kinship care as a priority for children (Child Welfare Information Gateway, 2012). This support for children to live with relatives when they cannot remain with their biological parents has increased incrementally over the last three decades. Despite progress, there are many concerns that remain, in particular the need to address federal funding policies (Geen, 2009).
Theoretical Perspectives on Kinship Care

Two theoretical perspectives have been used to provide an understanding of informal kinship care and how it is experienced and perceived by families: social constructionist and social capital theory. Social constructionist theory was chosen because it fits with the historical and cultural perspectives on family and situates informal kinship care in the meaning of family. Social capital theory is essentially about relationships and how relationships are resources for meeting needs. For informal kinship care families, these relationships are a resource for the family system and provide an alternative to non-kin foster care.

Social Constructionism

The social construction perspective emerged in the 1960s, influenced by and influencing changing social conditions (Rubington & Weinberg, 1995). Early work, *The Social Construction of Reality* (Berger & Luckmann, 1967) proposed a sociology of knowledge that examined the limits of perceptions and constructions of opinions, exclusive of social context. What is taken for granted as day-to-day reality can be understood as cultural invention, co-created by individuals and their social world. Unquestioned acceptance of taken-for-granted reality was seen as an avenue to social control and perceived powerlessness. Berger and Luckmann (1967) argued that examination of assumptions, or deconstruction, provides new freedom and new choices.

Expanding on these ideas, Spector and Kituse (1977), in *Constructing Social Problems*, took a completely subjective stance. They focused all the attention on the problem-defining process, developing a theme earlier proposed by Lemert (1951). This
approach went beyond, or even ignored objective conditions. Social issues were created by claims-making and responding activities, based on different interpretations of social reality. The nature, maintenance, and negotiation of these activities—the problem-defining process—constitutes the social construction of reality. Strict constructionists have little interest in objective conditions and only study the claims-making process (Best, 1995). Critics have maintained this stance ignores the real harm caused by objective conditions. From a practical standpoint, the study of processes may be interesting, unique to sociology, and rewarding to scholars but does little to improve the human condition (Best, 1995). Best (1995) suggested this concern can be addressed by studying cases of successful claims-making to identify how to effectively achieve desired change.

Social work has embraced the social constructionist perspective as a means to understanding human behavior in the social environment (Payne, 1997). The social constructionist perspective has been especially salient in studying the cultural context of various social problems and concerns. An example of the social construction of the concept of family is the view of social work that does not require ties of blood or marriage to define family (NASW, 2009), an alternative to the traditional view that does hold those requirements (Coontz, 1992). Another example can be found in cultures that consider kinship care to be normal rather than deviant (Greeff, 1999). Deconstruction of the concept of kinship care could reveal the assumption that care by kin is somehow different than care by a different form of family—the nuclear family—that would be more acceptable.
Social Capital Theory

*Social capital theory* is a broad theoretical perspective that has been specifically applied to kinship care by Kang (2007). Bourdieu (1986) was an originator of social capital theory. He proposed a broad definition of this theory as the aggregate of actual or potential resources linked to possession of a durable network of institutionalized relationships among acquaintances. Kang (2007) has provided a more specific definition of social capital as social relationships, psychological bonds, solidarity, or feelings of closeness with other people. Kang saw a link between kinship care and social capital theory and expressed concern that research, policy, and practice in the area of kinship care have proceeded without a theoretical basis. Similar to human capital (e.g., knowledge and skills) and physical capital (e.g., tools and equipment), social capital is a resource people can use to gain advantages. This resource relies on relationships between people that can serve as a source of advantage. Obligations, expectations, and trustworthiness are benefits of developing social capital and can include child-keeping duties, with caregiver investment of time, resources, and energy. Social networks are biologically, psychologically, or family bonded and can function as an “absorption mechanism” (Kang, 2007, p. 576) to prevent family disruption when parents are not able to care for their children.

Though not providing a specific critique of social capital theory, Kang (2007) did suggest alternative ways to understand the motivations involved. Social capital theory proposes a relationship structure with bonds that, in the case of kinship care, facilitate investment of time, resources, and energy into the raising of relatives’ children. One
alternative view, an exchange-based model, suggests kinship care is perceived as reciprocal, and the donor expects to receive a return at a later time, viewing people as rational beings who attempt to maximize profits for themselves while minimizing costs. In contrast, the altruistic model suggests kinship care is a series of altruistic gestures motivated by concern for the children rather than eventual benefits to the donor. In a synthesis of these two perspectives, the gift relationship, motivation is sustained and supported by reciprocity but driven by altruism, without expectations of direct or immediate return. Here human behavior is not perceived as mimicking principles of economics (Titmuss, 1971).

Kang (2007) identified two assumptions that guide the practice of advocates for kinship care: (a) the belief that kinship care eases the pain of losing birth parents and (b) the belief that the kinship bond increases caregiver commitment. Fostering development of social capital could increase the likelihood that children will reap these benefits. In a review of research, Kang found support for her position that children in kinship care enjoyed these and other benefits. Children in kinship care were able to maintain contacts with their family of origin, have family stability and continuity, and commitment from their caregivers. Kinship care may be an example of a gift relationship, because it requires more investment of resources than concern for immediate self-interest. Stack’s 1974 study provided an example of how social capital theory could be used to understand the process of kinship care, with reciprocal obligations applied to child-keeping (Stack, 1975).
CHAPTER 3. LITERATURE AND RESEARCH REVIEW

Based on a review of the literature and research on kinship care, substantive areas of study are summarized in this chapter. These areas include (a) the circumstances that lead to the need for kinship care, (b) studies that compare kinship care with non-kin care, (c) grandparents as kinship providers, (d) kinship care in African American families and African American grandparents and (e) informal kinship care. Each of these topic areas has a body of literature that could be considered independently. However, all these areas are important to understanding the experiences of kinship caregivers. A brief summary of the first four topics are included, followed by a more in-depth review of the literature and research on informal kinship care as the focus of this study.

**Family Disruptions and Kinship Care**

A number of studies have documented the problems that lead to the need for kinship care. These problems include domestic violence, homelessness, unemployment, poverty, teen pregnancy, substance abuse, crime and incarceration, mental or physical illness, and child abuse and neglect (Gleeson et al., 2009; Perrin, 2010; Wilson & Crewe, 2007). In many cases, these issues become part of the lives of kinship caregivers. Several studies provide an example of this dynamic.

Violence in a household and situations where parents are frequently abusive to each other can be a consideration in the decision to utilize kinship care (Bent-Goodley &
Brade, 2007). Such considerations include the ability of kin caregivers to protect the child from abusive parents and the intergenerational cycle of abuse. Bent-Goodley and Brade (2007) suggested the following characteristics that kinship care families may share with families where there has been domestic violence: (a) living in secrecy and silence, (b) strong connections with the criminal justice system, (c) mistrust of child welfare and law enforcement systems, (d) difficulty obtaining services, and (e) economic hardships. Recommendations based on the work of Bent-Goody and Brade include making sure existing policy does not punish, by interfering with parental rights, the parent who is a domestic violence victim for leaving children in the safer situation of kinship care.

Substance abuse is another example of a problem that leads to children entering kinship care (Hall, 2007; Hirshorn, Van Meter, & Brown, 2000; Kroll, 2007). Some children may have been born addicted to various drugs and/or may have been affected at birth by drug exposure (Kang, 2007). In a review of relevant research studies, Cuddeback (2004) identified that nearly four-fifths of mothers whose children were in kinship foster care were unable to parent due to substance abuse. These studies confirmed that the need to deal with a substance abusing parent added considerable stress for kinship caregivers, specifically the need to continually deal with unpredictable and interfering behavior from the parents. Other stressors for these families were boundary ambiguities as to the role of the parent, the duration of the child-rearing role for the caregiver, and unpredictable formal or informal support (Hirshorn et al., 2000). There are indications that kinship care can serve as a coping strategy that helps the children of alcoholic parents increase their resilience (Hall, 2007).
A final example of a family disruption for kinship caregivers is how mental illness can affect any or all members of an extended family—children (Baker, 2000; Silverthorn & Durant, 2000), parents (Hirshorn et al., 2000), and/or relative caregivers (Hayslip & Goldberg-Glen, 2000). Baker (2000) suggested ADHD may be common in children who are in kinship care and can be a significant stressor for the caregivers. He recommended specific services for this condition, including education and parent training (for the caregivers). It is evident from these examples that the problems faced by families that lead to the need for kinship care continue to affect the family system and caregiver experiences.

**Comparison of Kinship and Non-Kinship Care**

One of the questions that persists in the study of kinship care is whether kinship care is preferred over non-kinship care, based on outcomes for children. This question is important to consider because it can influence attitudes about kinship caregivers. Cudeback (2004) conducted a review of over 100 empirical studies to address this question, specifically with kinship foster care and non-kin foster care. This review was motivated by concern about the rapid growth of children in kinship care and some concern that these placements may not be in the best interest of the children. Specific concerns were that kinship caregivers were less effective than non-kin foster parents, and that kinship foster caregivers received less support, less services and training, and had fewer resources than non-kinship foster parents. However, Cuddleback’s review, along with other studies of children in kinship foster care versus non-kin foster care (Scannapieco, Hegar, & McAlpine, 1997; Winokur, Crawford, Longobardi, & Valentine,
2008), have found no evidence that kinship foster parents were less able to provide for children in their care. A systematic review of evidence-based research on kinship care concluded that, overall, there are likely no harmful effects of kinship care (Winokur, Rozen, Thompson, Green, & Valentine, 2005).

Further information about whether kinship care is better than non-kinship foster care has indicated that children who reside in kinship foster care can have as good or better outcomes than children in non-kin foster care (Winokur et al., 2008). Some of those specific outcomes were that the children have greater stability, fewer behavior problems, and more positive perceptions of their living situation (Conway & Hudson, 2007). Research has shown that living with relatives can benefit children in ways that living in foster care cannot, such as their being more likely to be placed with siblings and having more contact with their extended family (Child Welfare Information Gateway, 2012).

**Grandparents as Kinship Caregivers**

Grandparents represent a significant group that provides kinship care; 59% of informal kinship caregivers are grandparents (Urban League, 2003). There is a significant body of practice, conceptual, and research literature about the arrangement of grandparents raising grandchildren. As of 2008, an estimated 1.5 million children were living with grandparents with no parent present (Strong et al., 2010). Researchers have investigated some of the specific experiences that are part of custodial grandparenting. Examples include the impact of changing roles and relationships (Kelley, Whitley, Sipe,
& Yorker, 2000) and the financial impact of caregiving (Bratelli, Bjelde, & Pigatti, 2008; Kauffman & Goldberg-Glen, 2000; Little, 2007).

The work of Hayslip is seminal in this area (Hayslip & Goldberg-Glen, 2000; Hayslip & Patrick, 2003, 2006). The initial work (Hayslip & Goldberg-Glen, 2000) addressed theoretical, empirical, and clinical issues. The purpose was to provide reference and guidance to practitioners who would be working with this group of kinship caregivers. Concerns were health, social isolation, and the economic insecurity of grandparent kinship caregivers. The next work (Hayslip & Patrick, 2003) addressed practice and interventions for custodial grandparents. It suggested this new and usually unexpected role had consequences that included financial hardship, the postponing or giving up retirement plans, and significant upheaval in the caregivers’ lives. The last contribution (Hayslip & Patrick, 2006) presented information about individual, cultural, and ethnic diversity among custodial grandparents. The intent was to highlight the uniqueness both within and between groups of grandparents who are raising their grandchildren.

A work particularly important in its message for social work is To Grandmother's House We Go and Stay by Cox (2000), who described the role that custodial grandparenting has in this society, suggesting various practice and policy interventions. Cox (2007) stressed that the needs and problems for these families are systemic and not the result of any pathology. Grandparents demonstrate that 'it doesn't 'take a village to raise a child,' it takes a grandmother' (Cox, 2000, p. xvi). Working with grandparents and
family systems has been recognized for further social work intervention, both in practice and through advocacy (Cox, 2007).

**Kinship Care in African American Families**

The importance of kinship care in the African American community has been identified and explored in the literature since the seminal work of Stack (1975) in her ethnographic study, *All Our Kin* (Mills, Usher, & McFadden, 1999; Wilson & Crewe, 2007). The experience and unique aspects of African American providers of kinship care have also been documented (Warde, 2008; Wilson & Crewe, 2007). Spirituality was identified as an essential coping mechanism (Lawrence-Webb & Okundaye, 2007). The theme of resilience within African American kinship families was identified in the studies of Johnson-Garner and Meyers (2003) and Hall (2007). Findings about resilience indicated that some caregivers experienced increased psychological well-being, appreciation of the opportunity to be a parent again, and improved health due to the need to take better care of themselves and be more active (Moore & Miller, 2007). When asked, African American children who were in kinship care reported that they were “doing just fine” (Altshuler, 1999, p. 215).

An important subset of kinship care is African American grandparents who are raising their grandchildren without a parent in the home. For generations, African American grandparents have played a crucial role in raising the children of relatives (Rankin, 2002). There is a significant amount of literature and research about this population, particularly the grandmothers (Wilson & Crewe, 2007), although there has also been attention to African American grandfathers who are raising grandchildren.
(McCallion & Kolomer, 2006) and to African American fathers involved with kinship care (O’Donnell, 1999).

The reasons for assuming the role of "new mothers again" was investigated by Gibson (2002) with 12 African American grandmothers, using a phenomenological approach. The author found six themes and acknowledged that these themes might also be the experience of grandparents who were not in "skipped generation" households. The themes were (a) a tradition of kin-keeping, (b) relationship with their grandchildren, (c) distrust of the foster care system, (d) grandmother as the only resource, (e) a strong relationship with the Lord, and (f) refusal of the other grandmother to assume the role of caregiver. Gibson described this population as having "multiple memberships in historically oppressed groups" (p. 7)—gender, race, age, and income, a position supported by Schwartz (2002). Recommendations included enhancing the reputation of the foster care system, offering support programs for the grandchildren, and providing culturally relevant services.

In a subsequent work, Gibson (2003) identified several "lessons" that would enhance service delivery. There were three primary recommendations unique to this author. The first was to help social services employees be more appropriate in their response to the needs of this group of caregivers. This included the suggestion that these employees be given more support as well as more knowledge. The second was to acknowledge the employees’ dual role of helping the client and helping the system. The third was to include and support the biological parents, particularly in terms of being a source of information about their children.
Further research in this area with 17 African American grandmothers, using qualitative content analysis, looked for strengths used by these caregivers to help their grandchildren be successful (Gibson, 2005). Some of the themes identified were communicating effectively, supporting education and activities, involving the extended family, and helping the children deal with the absence of their parents.

It is interesting to note that whereas the general studies about the impact of kinship caregiving on grandparents has highlighted the resulting physical, financial, and emotional stress, the research with African American grandparents has described positive outcomes that enhanced their experience, such as the cultural factors of intergenerational solidarity, informal social support, and spirituality (Moore & Miller, 2007). This conclusion was confirmed in a study by Altshuler (1999), who interviewed six African American children in kinship foster care to explore successful aspects of their experience. The children painted a positive picture of their experience in kinship care, with much appreciation for the kindness of their relatives, awareness of their need for this structure and security, and belief that they were valued in their extended family.

In summary, there are several key themes that have emerged in the broad literature on kinship care. One is that there are many stresses identified by kinship caregivers, but there are also positive outcomes identified, particularly in the research on African American families. This suggests that both the positives or rewards and the challenges need to be considered in the portrayal of kinship caregiving. The second theme is that kinship caregiving is part of a family system and network and includes the problems faced by all members of this system—biological parents, kinship caregivers,
and the children, each having an impact on the others. The third theme is that the various social services systems play an important part in the experience of providing care in kinship families.

**Informal Kinship Care**

Informal kinship care is the most frequent arrangement for children who are living with relatives without a parent present, accounting for nearly 90% of kinship families (Gleeson, 2007). Yet it is the least studied arrangement of kinship care (Gleeson, 2007; Iglehart, 2004; Winokur et al., 2008), with much more focus on those kinship caregivers who are in the formal kinship foster care system. An extensive review of research in 2004 by Cuddeback was able to locate only four studies about informal kinship care (i.e., Charon & Nackerud, 1996; Ehrle & Geen, 2002; Harden et al., 1997; McLean & Thomas, 1996).

Review of the available but limited research about informal kinship care has revealed several themes, both substantive and methodological. First, as with research on formal kinship care, there was an emphasis on comparative studies. The research literature reviewed for formal kinship care looked at comparisons between kinship foster care and non-kin foster care. The studies reviewed in this section regarding informal kinship care compare informal kinship care and formal kinship care. A second theme in the literature involved characteristics of informal kinship caregivers and their families. A final theme was the methodology of the studies.
Comparative Studies of Formal and Informal Kinship Care

Several studies have examined some of the differences between the two populations, informal kinship caregivers and formal kinship care caregivers. McLean and Thomas (1996) evaluated similarities and differences in demographics and service needs between the two groups. Results indicated that the two populations were quite similar in demographics. Caregivers tended to be older, over 50, female, single, financially disadvantaged, and African American. There were also similar service needs, including the ability to provide for their family, legal assistance, medical and mental health care, and day care. Children went into informal kinship care for similar reasons as into formal kinship care, primarily due to parental death, incarceration, substance abuse, or child abuse or neglect. Those caregivers who were coping outside of the child welfare system were strikingly similar to those who had been accepted into the system as kinship foster parents. These findings were confirmed in a more recent study by Strozier and Krisman (2007). They determined that the greatest need was for more information: “What is unknown is why one kinship family enters the public child welfare system while another remains on the outside. Is this by choice or by chance?” (p. 501).

Another comparative study from the Urban League (Ehrle & Geen, 2002) assessed differences between children in kinship foster care, non-kinship foster care, and informal kinship care. Children in the informal arrangements were more likely to be African American, live in the South, be older, and be cared for by a grandparent. They were also more likely to be living in poverty and have caregivers who were single, with less formal education, and in poor mental health. Only half of the informal kinship
caregivers were receiving the Child-only TANF payments and only three fourths were receiving Medicaid, though most should automatically have been eligible for those benefits. Ehrle and Geen (2000) acknowledged living with kin has benefits, but expressed concern about the disadvantages of environmental hardships and fewer services. Because these children did not receive monitoring or services from public child welfare agencies, they were seen as a “very vulnerable group” (Ehrle and Geen, 2000, p. 31).

A subset of comparison studies examined differences between grandparents who provided formal kinship care and those who provided informal kinship care. The first study looked for predictors of formal versus informal care (Goodman, Potts, Pasztor, & Scorzo, 2004). Results indicated that grandmothers in the formal system were two-and-a-half times as likely to have assumed care due to parental substance abuse and neglect. Children in informal care had fewer behavior problems. The child welfare system was serving the most at-risk children, but similarity between the groups indicates the informal caregivers would also benefit from services. The second study investigated whether caregiver well-being was affected by the type of kinship care arrangement, formal versus informal (Bunch, Eastman, & Griffin, 2007). Similar to findings in other studies, caregivers were primarily African American, single, and had become caregivers due to parental abuse, neglect, or domestic issues. Those in the formal group reported less depression and more life satisfaction than those in the informal group. The authors concluded that the more positive outcomes for the formal group were due to provision of external resources from the public child welfare system. This supported findings of the first study that both groups would benefit from services.
Characteristics of Informal Kinship Families

Children in informal kinship care arrangements are usually eligible to receive assistance from Child-only grants from the TANF program, yet only one in five eligible families received those grants, according to Sheran & Swann (2007). Several studies have investigated characteristics of the families who do receive Child-only TANF. Sheran and Swann (2007) assessed relationships among child and caregiver characteristics and the receipt of this cash assistance. Families who received TANF assistance, compared to those who did not, were more likely to be African American, less educated, less likely to be employed, and more likely to be single and in poor health. Correlates included having received welfare benefits in the past, a perception of giving up more than expected to care for the children, and being economically disadvantaged. In this study, the most disadvantaged families—those with the greatest needs—were receiving the Child-only TANF funds. This may indicate those who do not receive this benefit have more options for financial security, or perhaps that there is no consistent way to let informal kinship caregivers know that this benefit exists.

Some studies assessed the needs and well-being of informal kinship families who were receiving Child-only TANF. Edelhoch et al.’s (2002) study determined that the greatest need was for financial assistance, followed by mental health counseling, and assistance with day care. Most of these participants had positive feelings about caring for the children and felt the children were doing very well. There were three themes in Gibbs, Kasten, Bir, Duncan and Hoover’s (2006) study: (a) the children entered care as a result of serious parental deficits; (b) these informal arrangements generally improved
safety, security, and well-being, but there were still high levels of material and service
needs; and (c) caregivers were "fiercely committed" (p. 442) to caring for the children,
but were concerned about their ability to protect the children from the parents, their child-
raising abilities, and financial stability. This group of informal kinship caregivers had
needs that the TANF system was not equipped to handle (Gibbs et al., 2006). Additional
information about characteristics of Child-only TANF informal kinship caregivers,
similar to results from Sheran and Swann (2007), included the following: higher rates of
poverty, poor health, older, and more likely to be African American (Carpenter, Clyman,
Moore, Xu, & Berman, 2003). These families were seen as a “particularly vulnerable
group” (Sheran & Swann, 2007, p. 985; Ehrle & Geen, 2000). There is some concern that
the participants in research about Child-only TANF recipients may not represent only
informal kinship families, because there are eligibility guidelines that would allow other
types of families to receive this benefit.

Only in the last few years have researchers begun to pay attention to the
characteristics and needs of informal kinship caregivers (Blair & Taylor, 2006). Though
some demographic and statistical data had been collected, there were few attempts to talk
directly to this population or to understand their day-to-day lives. To address this gap,
Blair and Taylor (2006) used multiple strategies to assess the needs of informal kinship
caregivers who were receiving Child-only TANF grants. Several themes emerged. The
first was stress, which involved struggles to provide for the family and deal with legal
issues, as well as difficulties with money, transportation, schools, parenting, and a sense
of just getting by. The second theme was interactions with the county social services
agency and staff. This relationship was complicated by the mistaken perceptions of
participants that their eligibility technicians were actually caseworkers, so should be
helping them more than they were. The third theme was called “heroes stepping up to the
plate,” which described the caregivers’ sense of accomplishment at taking in the children
in their time of need. Participants in this study wanted—and deserved—more respect than
they received from the county social services agency (Blair & Taylor, 2006). There was a
significant need and desire for high quality case management and social work services,
and a tremendous gap between what informal Child-only TANF kinship caregivers
needed and wanted and what was being provided.

The Kinship Care Practice Project, which investigated individual and social
protective factors for children in informal kinship care (Gleeson et al., 2008), generated
several research studies (Choi, 2011; Gleeson & Seryak, 2010; Gleeson et al., 2009). One
study (Choi, 2011) evaluated whether there were relationships between competent family
functioning and the availability and adequacy of resources. Most informal kinship
families perceived themselves as competent and healthy. Financial and material resources
as well as diversity and helpfulness of social support were significant predictors of
competent and healthy family functioning. These results underscore the importance of
appropriate and supportive resources in the community as well as the need for advocacy
for this population.

Methodology

Both the investigation of characteristics of informal kinship care families and
comparisons between that group and formal kinship care families have relied primarily
on quantitative research methods. Qualitative strategies have also contributed to knowledge on the topic, though only four studies using that methodology have been located. For this review, the definition of a qualitative study about informal kinship care consists of the participants’ being interviewed individually and their individual responses being recorded and analyzed.

In Bundy-Fazioli and Law’s (2005) work, *I Screamed for Help*, the case study approach was used, with repeated interviews, to learn about one grandmother’s experience with informal state kinship care and her relationship with child welfare services. This participant was located through another, unrelated, research study in a medium-sized Western city. There were two research questions: How did this grandmother become involved with the child welfare system and what was her experience? and What was her experience as a kinship care provider? Four themes were identified: (a) life altering events, with conflicting responsibilities; (b) the gaining of control, with knowing she was not alone; (c) daily challenges, with meeting basic needs and family relationships, and (d) later on, looking to the future. For this participant, the child welfare system was complex and difficult to access, and she had to literally scream in order to get help. The “greatest tragedy” (Bundy-Fazioli & Law, 2005, p. 15) was that this kinship caregiver was once financially stable before taking in the children. Though the second research question was similar to that of the present study, Bundy-Fazioli and Law’s focus was on the participant's overall experience rather than on the specifics of rewards and challenges.
Two of the four identified qualitative studies used semi-structured interviews, which were recorded and transcribed. In the first study, continuing exploration of caregivers' experiences, researchers asked about the availability and accessibility of community resources for seven African American grandmothers. These informal kinship caregivers had participated in a program to reduce child abuse and neglect, which was associated with a university on the East coast (Simpson & Lawrence-Webb, 2009). Historically, African American families had relied on informal networks of resources for such things as day care, basic necessities (e.g., food and clothing), and emotional support. Participants believed these resources were no longer available due to the destabilizing effects of such problems as substance abuse, crime, violence in their community, and poverty. Simpson and Lawrence-Webb (2009) explained, "The threads that are loosely holding the family together have become frayed and are being pulled apart by the seams by an increase in disruptive social conditions such as drugs, alcohol, and crime" (p. 841). Formal human services agencies were not seen as appropriate for or responsive to their needs. These caregivers did not want to be involved with formal kinship care services through a child welfare agency, because they were afraid of losing custody of the children in their care, which left them with no services to replace their previous informal system. The most important recommendation from Simpson and Lawrence-Webb’s (2009) study, “Responsibility Without Community Resources,” was to include the voices of grandmothers in the various service delivery systems.

Charon and Nackerud (1996) were interested in learning about the quality of life of children in nine informal kinship families in a small rural Southern county. These
researchers were connected with the local child welfare agency, and the participants had been clients of that agency. In general, their findings were positive: The children experienced positive changes after entering informal kinship care, including better physical and mental health, better school performance, and fewer behavior problems. Perhaps the most important information was that the children seemed happier. They were sick less often, cried less often, and were more outgoing and less shy than before going to live with their relatives. This interest in the experiences of children provided a different perspective on informal kinship care. However, the families expressed fear that the researchers were actually coming to their homes to check on them and might remove the children. This fear may have been provoked by the researchers’ association with a child welfare agency and consequently may have affected their responses.

The Kinship Care Practice Project, described earlier, generated a qualitative research study about the experiences of informal kinship caregivers: "Becoming Involved in Raising a Relative's Child: Reasons, Caregiver Motivations and Pathways to Informal Kinship Care" (Gleeson et al., 2009). The study’s findings supported the purpose of that project, which was to identify the individual and social protective factors that contribute to positive outcomes for children in informal kinship care.

Gleeson et al.’s (2009) study does not strictly conform to the definition of informal kinship care, which includes the requirement that a parent not be in the home. Sixteen percent of families in this sample did have a parent in the home. Also, the sample was limited to families with relatives providing care to children under the age of 11. This criterion may have selected a group of families that were different from those with
children up to the age of 18. Finally, the responses of participants were not recorded. The researchers took notes and aggregated their data with their own summaries and interpretations. Even though the study does not fit all of the criteria for qualitative research as defined here, it has been included, because its research question is exploratory and similar to the research question asked in this present qualitative study. It is likely that the results from Gleeson et al.’s (2009) study will be relevant to the results of this present research, though not comparable. Also, given the paucity of qualitative research about informal kinship families, the information from these researchers will add to an understanding of the lived experiences of relatives who provide informal kinship care.

Gleeson et al. (2009) were able to obtain 207 participants by "reaching out" to eligible families in the communities surrounding Chicago. Given the difficulty of locating informal kinship caregivers, it would have been helpful to more specifically describe how they were able to locate their participants. Their sample was primarily African American (89%) and low income. Using four semi-structured interviews over 18 months, caregivers were asked how they became involved in raising a relative's child. This is the closest approximation yet to a longitudinal study with this population.

With the use of grounded theory for analysis, Gleeson et al. (2009) uncovered a "dynamic process involving three simultaneously occurring influences" (p. 303) to describe how children came to live with their relative. The first influence reflected the reasons the biological parents were unable to care for the children. The second influence consisted of the caregiver's motivations for providing kinship care. The third influence entailed the various pathways the children took to get to the caregiver's home. These
processes combined and overlapped to describe the way relatives decided to provide informal kinship care. Results were interpreted through a risk and resilience framework. According to these authors, "The reasons the parents are unable to care for their children can be thought of as risk factors, and caregivers’ motivations to raise their relative's children can be viewed as protective factors that may buffer the risk to children" (p. 309).

There is a large body of research about formal kinship care, primarily because these relatives are easy to locate through child welfare agencies. Though this is the area of study that has received the most attention, fewer than 11% of children living with relatives are in formal kinship care (Gleeson et al., 2008). The literature and research on informal kinship care is increasing, despite these caregivers’ being described as a "hidden population" (Gleeson et al., 2009, p. 302). Descriptions of the methods of recruitment demonstrate the difficulties of locating informal kinship families: Of the four qualitative studies reviewed above, two studies obtained participants through connections with a child welfare agency, and one recruited participants through connections with a treatment program. With the exception of the study from the Kinship Care Practice Project, which did not clarify how their participants were selected, the qualitative studies about informal kinship care described above involved only 17 participants altogether: 1 for the first study, 9 for the second, and 7 for the third. It is possible that many, perhaps most informal kinship caregivers are not connected with any service providing agency. Most of the research has taken place in the last decade, perhaps reflecting both an increased interest in the phenomenon of informal kinship care and a need for that information by policy makers.
A majority of the studies about informal kinship care have used quantitative methods, with a focus on demographics and comparisons with formal kinship care. An important critique of the quantitative research on informal kinship caregiving is that knowledge about demographics and comparison studies does not help these families (Ehrle & Geen, 2002), and little is known about the day-to-day lives of this population (Blair & Taylor, 2006). There has been a call for more exploration of the experiences of relatives who provide informal kinship care using qualitative methods (Choi, 2011; Gleeson et al., 2009)—ethnographic approaches in particular (Bavier, 2011). Though several topics have been covered by the four qualitative studies—one grandmother's experience with the child welfare system, the quality of life for children, availability of community resources, and the pathway into care—there is still limited information about the experiences of relatives who are informal kinship caregivers. The present study is designed to address this gap in knowledge by increasing what is known about these relatives' experiences, with a focus on the rewards and challenges of providing informal kinship care.
CHAPTER 4. METHODOLOGY

This study adopted an exploratory qualitative research methodology. The chapter describes the qualitative methods involved in conducting this study. It begins with discussion of the purpose of this research and reasons for selecting qualitative research as the method of inquiry, followed by its underlying biases, assumptions, and operational definitions. Next, the process of recruiting participants, the sampling strategy and criteria for sample selection, as well as the demographic characteristics of the participants are described. The chapter then presents the methods of data collection, with a focus on protection of human subjects, development of the interview protocol, and the process and structure of the interview. The final section provides a discussion of the process of data analysis, along with the study’s trustworthiness and validity.

Purpose of the Study

As stated earlier, the purpose of this study was two-fold. The first was to contribute to the existing body of literature on the topic of informal kinship care, with a focus on identifying rewards and challenges within that experience. The second was to enable participants to tell their stories so that information could be used by practitioners and policy makers. The overall research question asked, “What are the rewards and challenges in the experience of informal kinship caregivers?”
Qualitative Method of Inquiry

This study was exploratory in nature, a decision guided by the state of research in this area (Coffey & Atkinson, 1996; Kvale & Brinkman, 2009). It used qualitative methodology with data obtained in the fall of 2009 and the first month of 2010 by interviewing individuals who were informal kinship caregivers.

The term qualitative research can be confusing: It can mean different things to different people (Strauss & Corbin, 1998), especially because the term crosses many disciplines (Denzin & Lincoln, 2005). It can be “difficult to define clearly…as it has no theory or paradigm that is distinctly its own” (Denzin & Lincoln, 2005, p. 6). One broad definition is, “any type of research that produces findings not arrived at by statistical procedures or other means of quantification” (Strauss & Corbin, 1998, pp. 10-11). A more detailed description, applicable to this study, is “a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible” (Denzin & Lincoln, 2005, p. 3). This latter definition has support in the literature (Creswell, 2007). For this study, no specific qualitative tradition, as defined by Creswell (2007), such as phenomenology or grounded theory, was used as a framework. This decision was based on the nature of the research question. However, elements of the case study tradition (Creswell, 2007) and cross-case analysis (Patton, 1990) were used, especially in the data analysis.

The purpose of qualitative research includes the study of “things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2005, p. 3). It can also be described as the
investigation of people’s “lives, lived experiences, behaviors, emotions, and feelings” (Strauss & Corbin, 1998, p. 11). Specific uses for qualitative research can include the preference or experience of the researcher, exploration of topics about which little is known, and the nature of the research problem (Strauss & Corbin, 1998).

The choice of qualitative research for this study was guided by several criteria. One was the preference and experience of this researcher (Strauss & Corbin, 1998). This preference was based on the assumption that the most useful and accurate way to obtain information about a phenomenon is to ask people who have had the experience being investigated and to ask in a way that allows them to freely tell their story (Creswell, 2007). This researcher also has more than four years of personal and professional experience with this topic. A more important criterion, in part based on the above assumption, was that the qualitative approach was best suited to the study’s research question, which asked about people’s experiences. It was “simply a better fit” (Creswell, 2007, p. 40). A third reason, reflecting the criterion of Strauss and Corbin (1998), was to explore topics about which there is little information, which is the case for this topic. The choice of qualitative methods was also influenced by the observation that “qualitative data are sexy….Words, especially organized into stories, are far more convincing than pages of summarized numbers” (Miles & Huberman, 1994, p. 1).

Assumptions and Biases

This researcher made several assumptions that framed the context of the study. The first was that informal kinship care exists as a distinct phenomenon, separate and different from the normal intrafamily responsibility of a family to care for its children. If
the concept of family were defined as the extended family rather than as a nuclear family, as it is in many cultures (Greeff, 1999), there would be no need for the concept of kinship care. Another a priori assumption was that the experience of informal kinship care differs from the experience of formal kinship care, where caregivers function in the role of foster parents for a child welfare agency. In this regard, the researcher assumed that the primary difference would be in the level of involvement, management, supervision, support, and interference by the government through the auspices of the juvenile court and the child welfare agency. Finally, the researcher assumed that the experience of informal kinship care would contain both identifiable challenges and rewards.

One bias that influenced this study was that informal kinship care represents a positive response of a family to the needs of a related child who cannot live with biological parents. Another bias was that kinship caregivers are motivated by the needs of the child rather than by their own needs. Other biases may have come from this researcher’s personal experience in providing a modified type of kinship care in her own family and from 4 years of experience of employment in an informal kinship care support program. To limit the influences of these biases, it was important for the researcher to be aware that personal experience cannot be generalized to other caregivers and that providing care with a parent in the home is not the same as providing care without a parent in the home.

**Definitions**

For the purpose of this study, the operational definition of the concept of *informal kinship care*, is living arrangements in which adults, who are not the child’s biological
parents, provide full-time care for the child of a relative or friend, without a parent in the home, without the child being in the custody of a child welfare agency, and without being licensed as foster parents. The operational definition of the concept of *challenges* is, events or processes that are perceived as having a negative impact on the experience of providing informal kinship care. The operational definition of *rewards* is, events or processes that are perceived as having a positive impact on the experience of providing informal kinship care.

**Recruitment**

Locating and recruiting informal kinship care families required careful consideration. There was some difficulty developing a recruitment strategy for relatives doing informal kinship care, because there was no systematic method to identify them, no list from which they could be selected. Formal kinship care providers can be chosen for research studies more easily, because they can be identified through the state and local counties’ child welfare systems, but informal kinship caregivers cannot. Based on this situation and this researcher’s experience with providing services to informal kinship caregivers, it was determined necessary to use a recruitment strategy that was as broad as possible.

The initial recruitment strategy for this study was to invite participation through the *Kinship Chronicles*, a newsletter published by the local Catholic Charities Kinship Support Program. This newsletter is published monthly by staff of Catholic Charities of the Archdiocese of Denver. The newsletter is intended for members of the Catholic Charities kinship care support groups across the Denver metropolitan area. These support
groups include both formal and informal caregivers. The newsletter is available by mail or online to anyone who requests it, including all kinship caregivers.

The publisher of the newsletter included a one-page flyer in the Kinship Chronicles newsletter. It invited qualified adults who were raising the child of a relative and interested in sharing their experiences to participate in this study. The flyer provided the home telephone number of this researcher so people who were interested in participating could call to get more information. The flyer, which described the requirements for participation in the study, was included in three consecutive issues of the Kinship Chronicles, beginning in October of 2009.

As a result of the flyer, 17 people who met the study criteria contacted this researcher. One of those people referred another kinship caregiver. In addition, during the 3 months the flyer was run in the Catholic Charities newsletter, several agencies that served kinship families cooperated to present a local conference for those caregivers. The flyer was also distributed at that conference. As a result of the conference, another kinship caregiver expressed interest in participating in the study.

In total, use of the flyer for recruitment, either through the Kinship Chronicles or the conference, generated 19 responses from people who were interested in getting more information about the research project. Three did not meet the criteria for the study, leaving a pool of 16 interested respondents. After getting more information, one person decided not to participate. The remaining 15 people were given detailed information about the study and agreed to participate. Whereas all 15 participants were interviewed in the study’s data collection phase, one of the interviews was not used, because the
participant’s responses did not relate to the questions asked. This left a pool of 14 participants whose interviews were used in the subsequent analysis of the data.

**Sampling Strategy and Criteria**

The selection of participants reflected the use of a purposeful sampling strategy (Creswell, 2007). It was purposeful in that the recruitment strategy specifically sought caregivers who were providing informal kinship care and willing to share their experiences. With the use of a flyer developed by the researcher, this strategy relied primarily on a local newsletter, published by a local non-profit agency, to facilitate recruitment, as discussed above. It was initially expected that between 15 and 20 participants would be needed before saturation of the data. *Saturation* refers here to the point in data collection when the information starts to become redundant—where further interviews yield little additional knowledge (Kvale & Brinkman, 2009). In general, the longer and more detailed the data, the fewer the number of participants are needed to reach saturation (Kvale & Brinkman, 2009). Kvale and Brinkman (2009) suggested that the saturation number tends to be around 15.

The final sample for this study included 14 participants: eight individuals and three married couples, who were providing informal kinship care as described above. All participants met the criteria for the study. The criteria for participation stipulated that the participant (a) was raising the child of a relative, (b) was over the age of 18, (c) did not have a biological parent of the child living in the home, and (d) was caring for a child (or children) not in the custody of a child welfare agency. In other words, there must be living arrangements in which an adult(s) who was not the biological parent(s), provided
full-time care for a relative’s child, without the child’s being in the custody of a child welfare agency, and without the adult(s’) being licensed as a foster parent(s). The final criterion, to live outside of Arapahoe County, was necessary due to ethical concerns, because this researcher is employed by a local non-profit agency in an informal kinship care support program in that county. There were concerns of a possible conflict of interest, because caregivers might feel coerced to participate in order to receive services from that program. This exclusion also met the criteria of the Institutional Review Board for the Protection of Human Subjects.

**Demographic Characteristics of the Participants**

Of the 14 participants, 9 were married, 4 were single, and 1 was widowed. These participants were drawn from a total of 11 families. Each of the married couples interviewed participated in the interview as individuals, and the data from her/his interview were coded individually. Ages of the participants ranged from 38 to 72, with 11 females and 3 males. Whereas a majority of the participants were Caucasian, the ethnicities of Hispanic, American Indian, and African American were also represented. Income levels included the low, middle, and upper income ranges, with over half still working or in search of employment. Participants’ places of residence reflected urban, suburban, and rural living environments. In terms of family composition, two thirds of the participants represented households with two adults, and each of these couples provided kinship care for one child. The other third of participants were single caregivers, each of whom cared for three children. None of the families had an adult child, relative, or non-related adult living with them. The children’s ages ranged from 2 to 18 years old,
with the majority being in the 5- to 9-year-old range. See Table 1 for a detailed description of the participants’ demographic characteristics.

Table 1

Demographic and Experience Characteristics of Participants

<table>
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<tr>
<th>Characteristic</th>
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<tr>
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<td>70-79</td>
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<tr>
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Table 1 (continued)

**Demographic and Experience Characteristics of Participants**

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<td>In single caretaker family</td>
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<td>4 years old</td>
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*Note.* (N = 14, drawn from 11 families).

<sup>a</sup>Self-identified ethnicity.  
<sup>b</sup>Self-identified level.  
<sup>c</sup>Employed primarily in service occupations.  
<sup>d</sup>Participants were drawn from 11 households (families).
Data Collection

The description of the data collection for this study centers on the interview method of inquiry and, in turn, its form, style, and process. But before proceeding with a discussion of the interview, the informed consent requirement for participation in this study is presented.

Informed Consent

Prior to collecting data and initiating a search for participants, approval for this research project was obtained from the Institutional Review Board for the Protection of Human Subjects. An informed consent form was also developed to specify protections for the participants. When kin caregivers responded to the invitation to participate, the informed consent process was explained to them. Seven of the participants wanted the informed consent form to be mailed to them for review prior to the scheduled interview; the remainder wanted to review those documents at the beginning of their interview.

At the beginning of the scheduled interviews, the informed consent form was reviewed together with the participants. Questions and concerns were addressed. The interview did not begin until the informed consent form was signed and this researcher was confident that each participant understood and was comfortable with the purpose, process, and protections of the study.

Risk for this study was considered minimal, though it was expected that there might be some discomfort—anger or sadness—discussing emotional situations. Participants were assured that they were welcome to end participation in the interview and in the study at any time and for any reason. This researcher occasionally checked
with participants about their emotions or difficulty with the content of their story, but none wanted to stop the interview. Participation in this study was voluntary and confidential. Caregivers willingly responded to the invitation to participate and their personal information was not disclosed to any other party. The study was not anonymous, but identity of the participants was known only to this researcher. The processes to protect their identity had been explained in the informed consent letter.

The Interview

The specific method of data collection selected for this qualitative study was an interviewing strategy, because it best addressed the purpose of the research—investigating participants’ stories about providing informal kinship care within the a priori categories of rewards and challenges. This was in accordance with the premise that the nature of the research question should determine the method of investigation (Reismann, 1994). Use of the interviewing strategy for qualitative research has much support in the literature as a method to obtain information about people’s experiences (Denzin & Lincoln, 2005; Kvale & Brinkman, 2009; Miles & Huberman, 1994; Rubin & Rubin, 1995, 2005; Strauss & Corbin, 1998) and as a method of exploration (Creswell, 2007; Wolcott, 2009).

Interviews were conducted between October 2009 and January 2010. When potential participants called in response to the flyer, in-person interviews were arranged with each participant and were subsequently held at a time and place of her or his choice. The interviews were expected to last about an hour. The average interview lasted about one-and-a-half hours, often due to informal discussions before and after the interview to
help provide a relaxed and informal atmosphere. Nine participants were interviewed in their homes, 1 was interviewed at her church, and 1 was interviewed at the grandparents’ conference mentioned earlier; the remaining 3 were interviewed at a restaurant. Three couples participated in the interviews. In each case, the partner, who was invited by the initial respondent, indicated having an equal responsibility for providing informal kinship care. Each partner answered separately, expressing his or her own experiences and opinions.

The interviews were audiotaped using a tape recorder and cassette tapes, for later transcription. The participants were assured that the tapes would be protected from being available to any other person. They were assured that neither their name nor any other identifying information would be transcribed from the tapes to the transcripts. They were also assured that the audiotapes would be destroyed after they were transcribed. In addition, demographic information, emotions of participants and this researcher, observations about the location, and overall impressions were recorded after each interview.

The format of the interview was topical interviewing (Rubin & Rubin, 1995, 2005; Kvale, 1996, Kvale & Brinkman, 2009). The interviews were structured in a way that invited participants to tell their stories. The interviewee was in the role of expert, asked to share her or his expertise (Patton, 1990). The style followed Kvale’s (1996; Kvale & Brinkman, 2009) description of the research interview as a conversation and invoked his metaphor of the interviewer as a traveler, wandering among participants, asking questions that invite them to tell their own stories. To accomplish this goal, an
interview protocol was needed that contained questions that would explore participants’ experiences surrounding the challenges and rewards of kinship care. No instrument was located that investigated these particular issues, so the researcher designed a protocol specifically for this study, consisting of open-ended questions, topical sub-questions (Creswell, 1998, 2007) and follow-up probes as needed. These interview questions are presented below.

- How did the child/children come to live with you?
  - How did you make the decision to provide care for them?

- What has been your experience in providing care for them?
  - How are you doing?
  - How are the children doing?

- What are the positive aspects of your experience providing care?

- What are the difficult aspects of your experience providing care?

- What else would you like people to know about the experience of providing care?
  - What is working well?
  - What needs to be different?

The first two questions were designed to support participants in telling their story freely, without preconceived boundaries. The next two questions were designed to focus on the a priori categories of challenges and rewards of providing care. The final question was designed to enable participants to add anything to their story they felt was important.
The interview was a “co–elaborated act on the part of both parties, not a gathering of information by one party” (Miles & Huberman, 1994, p. 8) about the other party. The study incorporated the values of social research where researchers and participants come together with the “aim of transforming the social environment through a process of critical inquiry—to act on the world rather than being acted upon” (Miles & Huberman, 1994, p. 9).

**Data Analysis**

Before data analysis could begin, the audiotaped interviews were transcribed by this researcher to enhance familiarity with the data. Transcription was done in the natural form of the interview rather than being grammatically correct (Miles & Huberman, 1994; Patton, 1990). The tapes were destroyed after transcription. Each transcript was given an identification number and stored, as the tapes had been, in a locked file cabinet in this researcher’s home, in a residence that was locked when this researcher was not home.

The process of data analysis emphasizes that qualitative researchers need to be storytellers (Coffey & Atkinson, 1996; Wolcott, 1994, 2009). Coffey and Atkinson (1996) cautioned that there are many ways to analyze qualitative data: “Analytically speaking, there is more than one way to skin a cat” (p. 20). They went on to explain that “the search for the one perfect method of data analysis is fruitless [p. 2]...[but,] what links all the approaches is a central concern with transforming and interpreting the qualitative data” (p. 3). Patton (1990) concurred, offering his observation that in the end, "the complete analysis isn't" (p. 371). It is important that the method of analysis be
responsive to the research question, in this case, the rewards and challenges of informal
kinship care.

As noted earlier, this researcher has both personal and professional experience
with informal kinship care. Therefore it was important to bracket personal assumptions in
the data analysis process. To accomplish this, as data were being analyzed, this researcher
kept a journal to identify and bracket personal assumptions.

Patton (1990) has contributed a number of ways to look at the process of
qualitative data analysis. This study followed his strategy of cross-case analysis, which
focuses on bringing together the responses from different people to a series of specific
questions, usually in an interview guide. That guide then provided a framework for the
descriptive part of this study’s analysis. "What people actually say…remain(s) the
essence of qualitative inquiry" (Patton, 1990, p. 392). This researcher also used Patton's
(1990) method of inductive analysis: Categories and themes emerged out of the data
rather than being imposed prior to data collection.

There were three steps to the analysis of the transcribed interviews: (a) in vivo
coding of phrases; (b) inductive analysis, using sensitizing concepts; and (c)
identification of categories, followed by identification of broad themes. As suggested by
Coffey and Atkinson (1996), the study’s analysis proceeded with a coding process where
labels were applied to chunks of the data. The unit of analysis for coding the interviews
consisted of phrases used to express a complete thought and most often did not conform
to the structure of complete sentences. Each transcript was reviewed and coded three
times: The first entailed a review and coding of responses to the questions that were
asked; the second included a review and coding of responses that did not conform to the questions that were asked; and the third involved a review for and coding of metaphors.

With these codes, the data were condensed into analyzable units by assigning each unit to the interview question to which it was a response. Inductively generated categories were then identified within each question using "sensitizing concepts" (Patton, 1990, p. 391), which are concepts that the analyst brings to the data rather than concepts articulated by participants. A category was considered saturated when no new information seemed to emerge during coding (Strauss & Corbin, 1998). In this case, no new categories or themes emerged after 11 interviews; however, the data from all 14 respondents were coded and used for this study.

Continuing the inductive process, data were analyzed for themes that were developed from the categories that had been identified. These themes were used to develop a narrative that reflected the researcher’s interpretation of the participants’ perceptions of their experiences related to the challenges and rewards of providing kinship care.

**Trustworthiness and Credibility**

Several techniques were used to enhance trustworthiness and credibility of this study. For example, of those recommended by Creswell (1998, 2007) and Rubin and Rubin (1995, 2005), (a) building trust with participants, (b) immersion, (c) peer review, and (d) transparency were used.
Building Trust

An initial step was to build trust with participants (Creswell, 2007). When people responded to the flyer and called this researcher to get more information about the study, time was taken to explain the purpose, process, and protections of the study as well as give a considered response to any concerns or questions. Also, participants chose the time and place for the interview as a method to enhance comfort with the process. A letter of explanation and an informed consent form were provided for participants before the interviews began. There were checks for misunderstanding during the interview by reflecting back to participants what content or emotion this researcher understood them to be saying and taking the time for clarification.

Immersion

Immersion was achieved in several ways. This researcher had spent 4 years prior to conducting this study working with informal kinship caregivers. This experience provided the opportunity for prolonged engagement and persistent observation (Creswell, 2007) with informal kinship care and created an immersion into the lives of the caregivers. Immersion was enhanced by having at least two contacts with each participant, by having interviews that most often lasted up to one-and-one-half hours, and by having the taped interviews transcribed by this researcher to enhance familiarity with the data.

Peer Review

To accomplish review of information by peers (Creswell, 2007), two former students who had successfully completed the Doctoral Program at the Graduate School of
Social Work at the University of Denver reviewed three separate interview transcripts for codes, categories, and themes. Each review was compared to this researcher’s version of that transcript’s codes, categories and themes. When there was disagreement, it was resolved by discussion of the identified differences and clarification of meanings. This researcher and the reviewers shared common information from the study of qualitative research and could be expected to share common criteria for agreement.

**Transparency**

*Transparency or confirmability* has been described as the ability to replicate the study by others (Miles & Huberman, 1994), which also includes the ability to see the process by which data were collected and analyzed (Rubin & Rubin, 2005). This researcher followed the recommendations of Rubin and Rubin (2005) to achieve transparency. One method was to maintain careful records of the research process, including interviewing and the path of analysis. This can look like a diary of the project (Rubin & Rubin, 2005). For this study, this researcher kept a notebook of observations during data collection—the interviews. A similar notebook was kept for the process of data analysis, noting assumptions and decisions made during the coding process and the identification of themes.

**Conclusion**

The methodology for this study was done in the qualitative tradition using the works of Coffey and Atkinson (1996), Creswell (2007), Kvale and Brinkman (2009), and Patton (1990) as primary guides. This methodology was appropriate for the research question about the rewards and challenges of informal kinship care. The interviews,
representing 14 participants, resulted in an in-depth look at the experiences of informal kinship families, with children ranging from 2 to 18. Participants shared their experiences openly and many stories were told. They contributed important information about their daily lives that will help to understand the phenomenon of informal kinship care.
CHAPTER 5. RESULTS

Prologue: Sara and Jim

They were young and fancy-free. They traveled. Sara and Jim returned home for a short visit with family. Next they were going to China. While home, Sara visited her sister, Kim, and husband, Dennis. Kim and Dennis had a 14-month-old daughter, Annie.

Sara told this story:

My sister and her husband were in an extensive domestic violence relationship. He beat her many, many times, almost to the point of death. Smothered her, strangled her. Both of them were using methamphetamines, manufacturing methamphetamines, distributing methamphetamines. I helped, with police assistance; it took two times to get the police down there, with him assaulting me, to get the child and my sister out of the house.

The extended family could not handle this situation. They were scared. The responsibility fell to Sara and Jim. Sara had experience working with people addicted to methamphetamine so thought she could help her sister. Kim started withdrawing, then went back to her husband. Sara went to child protective services and told them what was happening. Child welfare took the matter to court, which ordered that Kim could not have any contact with her husband.

"Boom, Here You Go"

Sara and Jim checked Kim's e-mail. They found that Dennis had come to see Kim and Annie. Sara called the police. Annie was taken away from her mother who went back to her husband, and they left the state. The child welfare caseworker said either Annie
must go into foster care or live with Sara and Jim. Sara explained, "So we stepped up and took placement….That's how we got her and we have had her ever since."

Sara and Jim had no intention of having a child. They were getting ready to leave the country and were saying their goodbyes. Instead, they took Annie. They thought it would just be temporary until the parents solved their domestic violence and substance abuse problems, and then it was safe for Annie to go home. However, 1 month turned into 2, which turned into 3, which turned into a court order that there be a permanent placement for Annie. The parents had abandoned their daughter. Sara related, "It was literally us or foster care….‘My niece is not going to be raised by a foster family’….That's all I said."

"We Had Zero Clue"

Sara and Jim had no idea how to care for a baby. The day the caseworker gave Annie to Sara was the first day Sara had ever taken care of a child. She did not know how to feed a baby nor how to change a diaper. Sara commented that the diaper was "soaked and disgusting." Jim had broken his back and was not able to help much. It was "a steep learning curve" for them both.

"No Sleep for About the First Week and a Half"

Annie had attachment and abandonment issues. She had never been away from her mother. Dennis had locked Kim and her in the house for days at a time. Kim never went out, so Annie was with her mother—and her mother only—for a year. When Kim and Dennis were using methamphetamine, Annie would be stuck in her crib for days at a time. Consequently, Sara and Jim could not put Annie in a crib or in any enclosed space.
Sara explained, "She'd freak." Sara and Jim had to sit next to her and "pet her head for hours." They started the bedtime routine about 6:30 p.m., and it would last until about 8:00 p.m., when Annie finally fell asleep. It was months before they could leave her in a room by herself or before she would fall asleep by herself.

Sara and Jim talked and agreed that Annie needed to be with family. There was a moment, after about a week, when they did not feel they could continue. However, they decided to stop thinking that way.

Either we do what we wanted to do with our lives or we do something to help this little girl….We're her family, and she needs to be with family….It felt right….It wasn't really a decision, it was a decision from the heart….Logically, if we had thought it out…I don't know. If we had known how much our lives would change.

"If She Would Have Gone Back, She'd Be Dead"

Kim got a felony assault charge after stabbing Dennis in the hand. She was reportedly prostituting. Dennis had been in jail three times. They were still using and manufacturing methamphetamine. Kim said she had used her young daughter as a shield when her husband was beating her. Kim reported that he smothered her; he beat her head against the floor. He broke the phone. He locked her in the bedroom. Kim had broken bones and bruises all over her body. Jim and Sara realized Annie needed to stay with them. They needed to raise her in order for her to be safe. They wanted to adopt her.

"The Treatment Plan Was Cookie Cutter"

Kim and Dennis did not see Annie for 6 months, no contact at all. Suddenly, the parents started to work on their court-ordered plan, going to domestic violence classes as well as drug and alcohol classes. Referring to the “cookie cutter” nature of their treatment plan, Sara remarked, “A dead camel could be dragged to every single objective they had."
Yet, the professionals began talking about returning Annie to her parents. Sara and Jim fought for custody. The guardian ad litem (an attorney appointed by the court to represent the best interest of the child) was reported by Sara as saying, "If there hadn't been an auntie [advocating for Annie],” she would have been sent back to her parents. They would have taken off, and no one would have seen them again.

"We Weren't a Family, We Were a File….That's as Plain as I Can Put It"

The court case went on for 2 years. In Sara’s estimation, "Our caseworker was a moron, an absolute moron.” People who did not know Sara and Jim—judges, county attorneys, caseworkers, lawyers, court-appointed special advocates for children, child and family investigators, and guardians ad litem—made decisions that permanently affected them. They felt they had little control over their own lives. Jim and Sara were angry that Kim and Dennis did not care about how much they had changed the lives of the people around them.

"Then the County Cut Us Off"

Sara learned they could get licensed as foster parents for Annie and receive a stipend of several hundred dollars each month to care for her. No one had told them. They did what was required: took 12 weeks of classes, had fingerprint and background checks, and answered questionnaires—things that were not required of the parents. The money helped, especially since they now had a child of their own. When they got permanent custody of Annie, that foster care stipend ended. Then they got a smaller monthly payment and Medicaid for Annie. Both of those benefits will end when the
adoption becomes final. They will need to pay thousands of dollars to an attorney for the adoption process, more if the parents fight it.

"I'm Never Going To Be Done With Them"

The parents were granted visitation but had not used it. Every once in a while, Kim would e-mail Sara and say she wanted to see her daughter. That was hard, because they thought of Annie as their child, not their niece. They knew that sometime, Annie would want to know her mother, and they would have to deal with that. Jim and Sara just wanted to be done with Kim and Dennis for the short term, because it was too chaotic. Sara explained, "I think I've had trauma, just dealing with this case, just dealing with them. Them threatening us. And we were willing to go through that. Oh, yeah, it was scary."

"They Make Me So Happy….The Kids Are Our Everything"

Sara and Jim said it was a hard journey, but now they could not imagine life without Annie. She had become a completely different child—confident and smart. She was happy; she was thriving. She knew she was loved. If asked if she grew in mommy's belly, Annie would say no, she grew in mommy's heart. Sara said she had changed a lot too. She had become a completely different person in a way that she liked—not so focused on herself, and Jim agreed.

Jim and Sara were asked what else they would like people to know about their experience providing informal kinship care. Jim answered,

Through all the bad things that happened, through all the tough parts of it, still, it's worth doing it, no matter what. Because a child, if a family member can take on a child that is part of the family, then 100% they should. They shouldn't let a child go to be with strangers. Whether that stranger is a good person that might be the
best person for them, I still think that they should stay with family. Cause family is the best for children.

**Introduction**

The purpose of this study was to investigate the experience of relatives who provide informal kinship care, with an emphasis on identifying the rewards and challenges within that experience. *Kinship care* is defined as

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

This experience differs from that of formal kinship care providers, where relatives are licensed as foster parents by a county child welfare agency. In that situation, the child is in the custody of that agency and is placed by them with the relatives. Informal kinship care means that caregiving arrangements are made without the children being in the custody of a child welfare agency and can include arrangements made solely within the family (Geen, 2003).

To investigate this phenomenon, an interview protocol was developed. It consisted of a series of questions designed to elicit an in-depth perspective on this experience and perceptions of the rewards and challenges within it. The relatives who provided kinship care, as the study participants, were interviewed in person. In addition to the quoted material that reflects the participants’ lived experiences, three families’ stories—narrative accounts of their experiences—have been singled out for presentation in this chapter. These stories, representative of those of the participants, provide a more
in-depth view of the study's findings. To preserve confidentiality, the participants' and family members' names were changed.

This study provided descriptive information about the experience of informal kinship care--relatives raising children who can no longer live with their parents. Qualitative research, perhaps like all research, can be judged "on the standard of whether the work communicates or 'says' something to us" (Vidich & Lyman, 2000, p. 39). This chapter presents the findings from this investigation. These findings are described within each question of a series of key questions from the interview protocol. The term children has been used to convey information about a child or children. The term relative has been used to convey information about a relative or relatives.

From participants' responses, four themes emerged across the key interview questions. Those themes were experiences with family, experiences with systems, financial experiences, and emotional experiences. The theme, experiences with family, refers to experiences of the kinship caregivers with the parents and other family members. The theme, experiences with systems, refers to the caregivers' experiences with social institutions, such as courts, child welfare agencies, and schools. The theme, financial experiences, refers to the caregivers' experiences with personal finances and government income assistance programs. The theme, emotional experiences, refers to how the relatives, as caregivers, felt about their experiences.

Participant Profiles

Family #1: This aunt and uncle obtained custody of their niece after the parents had been engaged in long-term drug use and domestic violence. The parents were violent
toward the aunt and uncle, who were initially given custody through the child welfare agency and licensed as foster parents. Custody was later given directly to them, and the formal kinship arrangement ended. Their future plans are to adopt the child.

Family #2: This maternal grandmother was raising her three granddaughters, ages 7 through 18. The mother had abandoned these children. The father of the youngest child was trying to get custody of her—a process that led to a constant state of upheaval for the entire family. Everyone had to participate in therapy, visitations, and court hearings. At the time of her interview for this study, the grandmother was planning to raise all three of her grandchildren.

Family #3: The maternal grandmother in this informal kinship care setting was raising her 13-year-old granddaughter. The mother had a severe mental illness and had left the child with her, as caregiver, to go and live with her boyfriend. The mother had never actually raised her daughter. This caregiver and her husband raised their grandchild together, but the grandfather died last year, leaving her a widow. This grandmother planned to raise her granddaughter.

Family #4: This grandmother and her husband were raising their 15-year-old grandson. His parents could not care for him due to their substance abuse. In this kinship care arrangement, he was doing very well in school and in activities, such as horseback riding. These grandparents planned to raise him.

Family #5: This paternal grandmother and her husband were raising their 8-year-old grandson. His father was incarcerated. His mother had a problem with substance abuse. Under their care, the grandson's behavior was difficult, and he had been violent
with his grandmother. The paternal grandmother planned to continue caring for him until his father got out of prison and could resume custody.

Family #6: This grandmother was raising her daughter's children. Their mother had a severe mental illness and a substance abuse problem. The children's father did not want custody but caused difficulties, because he wanted to be in control of how the grandmother cared for them. She was retired and planning to raise these children.

Family #7: In this kinship care family, the maternal grandmother was raising her daughter's four children. Their mother had a severe substance abuse problem. They were initially placed in foster care, and the grandmother had to fight to get custody, even though she had often provided care for them. She was still working and was worried that she might lose her job. Her plans were to raise the children.

Family #8: The paternal grandmother in this family was raising her three grandchildren. She had the children come to live with her when their mother was homeless, and the mother agreed to the arrangement. The grandmother later obtained guardianship of the children. Their father was incarcerated. The plan was for him to resume custody when he was released from prison.

Family #9: These paternal grandparents were raising their school-age granddaughter. She had been placed with them because of her mother's substance abuse. The granddaughter had lived with her mother, with her father, and with her maternal grandparents, as well as currently with these paternal grandparents. The father was working towards regaining custody of his daughter, and the grandparents providing care supported that plan.
Family #10: These great grandparents were raising their 9-year-old great granddaughter. She came to them when her parents separated, both of whom had problems with substance abuse. These elderly caregivers received violent threats from relatives when they initiated plans to adopt their great granddaughter. The child was thriving in their home, and they were able to complete the adoption.

Family #11: This grandmother and her husband were raising their granddaughter. They had invited the mother to come to live with them when the baby was born. However, the mother left when the baby was a few months old, and these grandparents have cared for the child ever since. The father has severe substance abuse and domestic violence problems. Therefore, the grandparents expect they will continue to raise their granddaughter.

Precipitating Event and How Custody Was Obtained

“She came with a little sack of stuff on Christmas day in 2005. The rest is history.”
(A relative providing kinship care)

Caregivers were asked, "How did the children come to live with you?" This question was designed to obtain information about the initial events that resulted in the children coming to live with their relatives. Accordingly, caregivers’ responses described the precipitating incident, followed by a description of how they obtained custody of the children. The precipitating incident is defined here as the event or events that were the proximate cause of children not being able to live with their parents. The themes identified within this first key question were experiences with family and experiences with systems.
Experiences With Family

Parents: The precipitating incident. All participants described problems with the parents as the reason the children were living with them. Precipitating incidents involved substance abuse, domestic violence, mental illness, incarceration, and neglect/abandonment. The most frequently identified problem was substance abuse: All but one of the precipitating incidents included this cause as a primary or contributing factor. The most frequently abused substances were alcohol and methamphetamine. Crack/cocaine was also identified. Most often, the problem was polysubstance abuse. Domestic violence and incarceration followed as the next most frequent problems. Two relatives who provided kinship care said neglect/abandonment was the reason the children could not live with their parents. One relative identified the mental illness of the mother—obsessive compulsive disorder—as the primary problem, whereas two relatives included bipolar disorder in their description of the precipitating incident. One child needed to reside with a relative because of the death of a parent.

These precipitating incidents were rarely described as consisting of just one problem. Often several problems occurred together, such as mental illness and neglect/abandonment, domestic violence and incarceration, or substance abuse and domestic violence and incarceration. In most cases, substance abuse was described as the initial problem, with domestic violence, neglect/abandonment, and/or incarceration following. An exception was when the mental illness of one parent preceded substance abuse. In the words of one caregiver,

She’d be at the house and be watching them and I’d be working. I’m trying to get her to be a mother, and she’d smoke cigarettes. She wouldn't come back for 2 or 3

81
days. When [he] was a baby, I found him laying by the door, looking for his mother. Laying by the door, waiting for his mother. She'd be outside smoking cigarettes. She'd leave for 3 days. And I just got them.

Another caregiver explained,

When she was straight, she was a really good mom. But when she lost it and relapsed, there was hell to pay. The last time, when social services got involved, she [the child] was being cared for by a registered sex offender….She was doing crystal.

**Experiences With Systems**

**Types of custody.** All of the relatives obtained some type of legal custody of the children in their care. The primary reason identified for needing custody was to keep the children safe—safe from parents being able to take them back to an unsafe situation.

Another reason to get legal custody of the children was to have the authority to enroll them in school, obtain medical care, and make other decisions for them that are usually the legal rights and responsibilities of parents. There were several types of legal custody available to informal kinship caregivers: (a) adoption, (b) allocation of parental rights, (c) guardianship, and (d) power of attorney (Navigating Kinship Care, 2012).

1. **Adoption:** This type of custody requires that the legal rights of the parents be terminated. The parents no longer have any legal ties to or responsibility for their children who are "freed for adoption." They can be adopted by the kinship caregiver who then has all of the rights and responsibilities for them. The children are no longer entitled to any government income assistance, such as Social Security or Medicaid, that would be due to them through their birth parents.
2. **Allocation of parental rights:** This type of custody can be granted by the juvenile court after a Dependency and Neglect petition has been filed to obtain protection for the children. If parents are not able to resolve their problems and regain custody of their children within a certain period of time, those parental rights can be "allocated" or given to the kinship caregivers. After 2 years, the parents can petition the court to regain custody of their children.

3. **Guardianship:** This type of custody is obtained through the probate court. It gives kinship caregivers the ability to enroll children in school, get medical care, obtain government income assistance for them, and make other legal decisions on behalf of the children. Parents can petition the court to overturn the guardianship.

4. **Power of attorney:** This type of custody is an informal arrangement between family members. No court is involved. A form is signed by the parent and notarized, giving the kinship caregiver the right to care for the children. It is time limited and can be revoked by the parent at any time.

**The custody process.** There were two ways that the informal kinship caregivers obtained legal custody of their relative's children. The first was through an arrangement with the parents, whereby the kinship caregiver either was granted power of attorney by the parents or obtained guardianship through the court, as explained above. These custody arrangements were most often used when safety of the children was not a primary concern. The second way kinship caregivers obtained legal custody was through
intervention by the child welfare department of a county Department of Human Services. This usually occurred when there was concern about the safety of the children.

**Arrangement with parents.** Several relatives said they obtained custody of the children on their own. One grandmother described how she and her husband invited the child's mother to stay with them so the mother could learn how to take care of her baby with their help. However, the mother became increasingly less responsible for the child, and the grandmother found herself needing to become increasingly more responsible. This situation slowly evolved into one where the grandparents had to get custody in order to continue to care for their grandchild.

A similar situation occurred when a relative offered to take care of her grandchildren while their mother was homeless. The mother never came back to get them. This grandmother eventually got guardianship so she could enroll the children in school. These situations began when parents arranged for their children to stay with relatives for a while, until they "got it together." The relatives had no intention of this being a permanent arrangement—no intention of becoming kinship caregivers. According to one relative, "She couldn't handle being a mom….She never did take the baby….It wasn't a matter of us taking her [the granddaughter] away. She has lived with us since the day she was born. She's our girl." Another example, provided by a relative, of the unplanned nature of the family arrangements that reflected the precipitating incident is given as follows:

To tell the truth, to be honest, one day I was home and I was just sitting there. I said I sure would like to have those kids 'cause I knew they were in transition—in a hotel, in an apartment, stay[ing] with people. Pillar to post. They needed more stability. About the third week, well, right before Christmas, the mother called
and said, “We don't have any place to live.” I said, “What do you mean, we?” She said, “Me and the kids don't have any place to live.” “You don't have anywhere to live,” I said. But I can't have my kids out on the street.

**Intervention by child welfare.** When children are in a situation that is not safe for them, those circumstances may be reported to a child welfare agency and the children may be taken into protective custody. There may be an immediate need for placement of the children, which could either be in foster care or with family. This was the experience of most of the participants in this study. They "stepped up."

Placement of the children with the kinship caregiver was often immediate, unexpected, and without any accompanying plan or support. For some, it happened in the middle of the night; for some, it involved several children. One grandmother found herself suddenly caring for three preschool children, all in diapers. Often the relatives did not have necessary supplies, such as food, diapers, cribs or beds, car seats, or most critically, child care. The moment of placement was a crisis, often involving trauma to the children, and there was little thought about the "bigger picture" or the long-term consequences of accepting placement of the children.

The following scenario describes how child welfare initially became involved in one case:

The neighbors got tired of it….Knowing that [she] was at another person's house, drinking, and that the kids were home alone, didn't know when or if dinner was coming. The neighbor a couple doors down turned them in. The oldest one was trying to be sure they didn't get to school late, to help with homework, that they had dinner.

The immediacy of the need for placement is related by one participant:
Social services called and asked if I would take him. No, somebody called. No, it was her that called, crying, and told me that they took him and told me that if I didn't take him, they were going to take him and put him in foster care.

**The Process of Deciding to Become the Caregiver**

“I never made a decision. It was there, and you have to take care of a baby. I never went through a thought process. It just happened.” (A caregiver's experience)

Participants were asked, "How did you make the decision to care for them?" This question was designed to explore the process rather than the events by which relatives became caregivers. Responses fell into four categories: (a) accidental, (b) rational, (c) emotional, and (d) altruistic. Many responses involved more than one category. Participants were clear about how this decision was made. Most spoke matter-of-factly about the process.

**Accidental Process**

The accidental process occurred when relatives were caring for children temporarily but the parents never resumed care. According to one relative, “It just kind of slowly started….The mother just wasn't interested. That's how I got her; she just slowly slipped in….It's been 5 years now.” Another relative reported, “It happened by accident. I wouldn't have planned it….She [the mother] just ‘checked out.’” The lack of any purposeful decision making is again illustrated in the following scenario:

We didn't know we were getting her until she showed up….The mom came with her in a bundle, wrapped in a blanket…and said they wanted us to take care of her for a couple of weeks. We said, sure.
Rational Process

The rational process occurred when relatives gave thought to the pros and cons of providing care. This category was described least often by participants. One couple talked about how they sat down together and discussed whether they wanted to continue to pursue their own personal goals or whether they wanted to help a child who needed them—who would go to foster care if they did not take her. They decided to take her, as conveyed in this quote: "I'll take them, they don't need to go to foster care."

Emotional Process

The emotional process occurred when relatives made the decision based on how they felt. Those reactions included, "It felt right," and "It was a decision from the heart." One grandmother described how she would have just worried if she had not taken on the care of her grandchildren: "Which, if I had it any other way, I'd probably be gray headed and on tranquilizers, worried about where my grandchildren are."

Altruistic Process

The altruistic process occurred when relatives assumed care of the children because it was "the right thing to do." Altruism is defined here as motivation to do the right thing, no matter the consequences. This was the most frequent response. Relatives described these decisions as being made simply and quickly, without hesitation. This altruistic process is not the same as feeling an obligation to provide care. The relatives providing kinship care spoke eloquently about this process, as illustrated in the following three comments: "Somebody had to take care of the child. I saw it as God's will. That was the path that was to be followed….and I don't regret it"; "There's a reason for everything,
and I don't question it. I just do what I'm supposed to do. It wasn't a matter of making up my mind"; and "It was something that wasn't a decision. It was beyond the pale. You do what you think is right." The altruistic nature of another relative’s decision-making process is voiced as follows:

Could I live with myself if I didn't help take responsibility for her and feel good about myself, about who I am, and the answer was no. It didn't matter what it did to us financially....We had to forget about all that and look at the bigger picture, which was not letting her fall into the dark hole of a system that probably wouldn't care who she was when she fell in it.

**Caregivers’ Overall Experience of Caring for the Children**

"You get much more than just the kids."

(A relative’s conclusion)

Relatives were asked, "What has been your experience in caring for them?" This question was designed to allow an opportunity to talk without being limited by questions with a specific focus. Themes identified within this question were (a) experiences with family, (b) experiences with systems, and (c) financial experiences. In general, caregivers often spoke about their experiences in terms of the rewards and challenges of kinship care. Those specific topics are discussed in more depth later in this chapter.

**Experiences With Family**

Involvement with one or both parents continued for all of the relatives who provided kinship care. In most cases, this was a source of stress, as implied in the following comment, "She didn't want it that way. Well, none of us wanted it that way. "In general, parents wanted to continue to have influence over the upbringing of their children without taking responsibility for them. For all but one family, the mother was still in the picture, but all of the caregivers in the study described that neither the
mother’s relationship with them nor with the child was positive. Several caregivers had returned, or supported returning, the children to their parents, but none of those parents had been able to keep the children safe. In the words of one participant, "I’d leave her overnight, and I just saw that things weren't right. So, I stopped taking her up there. Then I tried again." Some parents blamed the relatives who provided care for having their children taken away. For example, one participant related, "She blamed everyone else and told the child I took her away…and that it was all my fault she could not live with her mother." There were two caregivers with sons in prison. Both felt support and care from these fathers, for themselves and for the children. One of these caregivers related, "He apologized for putting me through this."

Sometimes other members of the extended family also wanted to be involved with the children. In one situation, this involved a desire for visitation. In another, the maternal grandparents believed they should have custody of the child instead of the paternal grandparents. One couple was threatened with death by other extended family members, after they had adopted the child in their care. From a positive perspective, some of the caregivers talked about support from extended family. One grandmother had help from two adult daughters who lived nearby. Two other grandmothers had help from their sisters, one of whom remarked, "So, we stepped up to the plate, my sister, husband, and I. We're the three musketeers, you know."

**Experiences With Systems**

All of the participants were involved with various social systems as a result of caring for their relative's children. Some examples include the juvenile court, a child
welfare agency, the mental health system, schools, the criminal justice system, churches, and various community agencies. Often these systems had multiple layers of people in contact with the caregiver. For example, the juvenile court had county attorneys, court-appointed special advocates for the children, guardians ad litem (attorneys appointed to represent the best interest of the children), attorneys for parents, and child/family investigators. Schools had principals, counselors, teachers, special education teachers, paraprofessional aides, social workers, and special education evaluation teams. Some caregivers reported being overwhelmed and confused with so many different people in so many different roles.

The two major systems that affected the lives of the caregivers in this study were the juvenile court and the child welfare department of the county Department of Human Services. Six of the 11 families providing informal kinship care were involved with the child welfare system. Some of those caregivers were also involved with the juvenile court. The court had placed these children in the permanent custody of the relatives. Then the court cases were closed, and involvement with child welfare ended. Relatives were left on their own to handle all of the ensuing problems, including difficulties with the parents.

All of the participants who had involvement with the juvenile court and the child welfare system described that experience as intimidating and confusing. They "did not understand the rules." The parents, child, and child welfare all had attorneys to represent them in court, but the relatives providing kinship care did not. This left them without a voice. They felt no one knew the children's situation as well as they did. Relatives needed
to be investigated in order to be approved as a placement, but several had already been
caring for the children prior to child welfare involvement. One grandmother said the
mother told the court that no one in the family had helped her. So, the grandmother had to
spend a month complying with legal requirements to get custody of her grandchildren
whom she "had practically raised anyhow." A participant voiced the predicament she
found herself in as follows: "We don't want to do what is horrible….We don't want to say
they are bad parents. They were, or they wouldn't have been taken away." Some relatives
providing kinship care did appreciate that the child welfare agency had the ability to get
the children out of a dangerous situation.

Financial Experiences

Financial experiences were a significant theme in the caregivers’ discussion of
their experiences. There was only one family who did not identify this as a problem.
Almost none of the parents contributed to the support of their children. One incarcerated
father sent his mother things to sell that he had made in prison to help support his child.
Another father had child support garnished from his wages. A number of other caregivers
had child support orders in place, nevertheless they did not receive any funds as a result.
The following scenario illustrates a variation of this problem:

I have three people out there who are supposed to be paying me child support. My
daughter owes me $34,000. Child support finally gave up on her….The oldest
one's dad, who has kids strung in every state….I'm never going to see anything
out of him.

Government income assistance was available to caregivers, with the exception of
the one family who had adopted the child in their care. That income assistance included
Child-only TANF, a non-income-based monthly federal subsidy of $128 per child, and
Medicaid. Food Stamps and child care assistance were options but were based on the caregiver’s income without regard for most expenses (Navigating Kinship Care, 2012). Participants talked about how confusing these government systems were, particularly because most of them had never used these benefits before. One participant described her frustration: "There are no rules for this, no place to go to negotiate it. It's like a second job."

**Overall Assessment of the Kinship Care Experience**

“I wouldn't change my family….It took a while, but we made it.” (A caregiver’s experience)

As part of the question that asked about participants' experience providing kinship care, they were asked, "How are you doing?" and "How are the children doing?" These questions were designed to allow for reflection on and summarizing of the caregivers’ experiences. These questions were often answered with emotion—going beyond mere description of events and into how those events were experienced. In general, discussion of how they and the children were doing followed a course of being the most difficult at the beginning, during the period of adjustment, and becoming easier over time, as the new family settled into a routine. Even those families who had very difficult beginnings were seeing progress. The caregivers’ overall assessment that "it's been a journey" is illustrated in this excerpt from one caregiver’s story:

At first, when the fits were going, they weren't much fun. I'd sit outside her room with her kicking the doors and the wall, crying; and he would come and put his arm around me, and we would just sit there like…waiting for it to be over. Sometimes for 20 or 40 minutes. But those are gone.
One family had a different experience. The grandmother raised three grandchildren for 6 years and was given custody by the juvenile court. She had 2 years of peace. Two years later, a father, who had not been involved, petitioned for visitation with his daughter. This turned into an attempt to get custody of her. The court process kept the family in a constant "state of limbo," unable to have a stable home environment or plan for the future. The grandmother had to be her own attorney, because she could not afford one. She had to do her own legal research, while working. She described these 2 years as "a hell on earth."

"It Can Be Exhausting. I'd Just Like to Be a Grandma"

Some participants, when asked how they were doing, responded that they were exhausted. They had been raising children for years. They were tired. So, the children were doing better, but some relatives who were providing kinship care were wearing out. For example, a caregiver exclaimed, "She's got all this energy and we're exhausted by 8!"

One grandmother talked about how she had been taking care of kids her whole life. She had taken care of her siblings since she was 11 while her mother worked. She had her first child at 16, and four by the age of 24. Then she started raising grandchildren 2 years after her last child was born. "Jeez, I can't remember all the kids, there's just so many of them." Representative of other caregivers in the study, one wisely concluded, "You have the victories and the not so good victories. It's part of the cycle of having a family, 'cause that's what we are….Nothing about this was ever going to be easy."
Liz's Story

She had just retired. She had always worked—as a clerk, in security, and as a forklift operator. She was conscientious in planning for retirement, so had some resources set aside. She had her own home, and it was almost paid for. Liz felt financially secure. She could finally relax.

Liz's daughter had bipolar disorder. She was self-medicating with drugs and alcohol and not taking her medication. She was getting beaten by her boyfriend on a regular basis. Eventually, she got turned in to social services because she was “using” around the kids. Liz's sister took the three children and had them for about a year. The family, "ever the optimists," tried to help the parents "get their act together."

Things seemed to get better, so the kids were sent back home. It lasted about six months. Then the mother got high and locked herself out of the house. Social services took them again—"it was round two." The sister could not keep the children this time, because she was in school full time and working full time, and there was no help for day care. So, for Liz, it was either take them or they would go to foster care. She did not know what else to do: "It's so much easier to have these children right here where I don't have to worry about them."

At this point, the sister still had custody of the children, given to her by the court. She gave "power of attorney" to Liz so she could enroll them in school and get medical care for them. Currently, Liz wants to get custody of them, because this situation has made her nervous. She had tried getting custody of an older grandson and was treated very badly. So, she is afraid of the courts and afraid to try to get custody herself.
Attorneys say they will charge her $10,000. But her response was, "I am not giving them back."

The first 2 months were really hard. The children were not potty trained; they were all in diapers; they came with no clothes. Liz only kept clothes on them by going to thrift stores. She explained, "They were raised in the toilet" so did not know how to behave. Friends came to help her. But, in Liz’s estimation, if people are not raising their grandchildren, they cannot really understand. It was hard on friendships.

The financial part has been difficult. She used much of her savings to get the things the boys needed when they first came, such as diapers and formula and cribs. She tried to get Food Stamps because she really needed them, but the county would not let her have them. They would not consider that she had to pay $518 per month for her own health insurance. That was a quarter of her income. She remarked, "It's like they want me to be destitute before I can get any help, which I don't think is right….I guess I should die or something."

At present, Liz is supposed to get the Child-only TANF money, but it always gets “screwed up” because of the child support. Sometimes the child support goes to her, and sometimes it goes to her sister. When she gets the Child-only TANF money, she is afraid to use it:

I know they're going to come back on it and want the money back. I can't get anybody to respond to me in TANF. I have so many checks now. I don't spend the money. I put it in a savings account, because I know they are screwing it up. And I don't want to have to come up with a couple of grand all of a sudden.

Liz said they are all doing great compared to when it first started. Each of the boys has his own personality. One is smart, one is gentle, and one is helpful. They have
been in therapy for 2 years. She is at Children's Hospital for one appointment or another at least once a week. Reflecting on her experience as a relative providing kinship care, she stated, "Sometimes this is horrible. It is hard, hard, hard. But, it's easier than it was."

Liz told a story about how, when she first got the kids, she had a small car. It was very difficult to get all three boys in the car. Two of them had to get in on either side in the back seat and buckle. Then she had to lie back against the console, push the third car seat in and buckle it, and then climb out over all three kids. Moreover, she had fibromyalgia and was sore all the time. They had to go through this every time they went some place. Now the boys are older and can buckle themselves.

**Positive Aspects of the Kinship Care Provision Experience**

“They are keeping me young. I laugh a lot more than I used to, that's for sure….I'm going to try to laugh another 20 years. I hope I can make it that long.” (A caregiver’s comment)

Participants were asked, "What are the positive aspects of your experience providing care?" This question was designed to obtain information about the rewards of providing informal kinship care. Themes identified within this question were (a) experiences with family, (b) experiences with systems, and (c) emotional experiences. All participants responded spontaneously, identifying benefits for both themselves and the children. The theme, financial experiences, was not mentioned in discussion of the positive aspects of care. The theme, experiences with systems, was mentioned only briefly, because some caregivers had positive experiences with individual people within various systems or had positive experiences with community agencies that had support
programs for them. An example of such a response was, "The CFI [child and family investigator] turned out to be wonderful." The most frequent responses were about the positive emotions the participants experienced while providing kinship care.

**Experiences With Family**

The participants spoke about how they welcomed being appreciated. This was especially valued when it came from family members. In the words of one participant, "My family tells me thanks; they know what is going on." For some, there was support from extended family, sometimes with child care and occasionally with finances. Only the two participants with sons in prison said that they received appreciation from a parent. For those caregivers and only those, there was pride in the progress of the parent. For example, one grandmother was happy that her son was baptized, got his diploma, and had volunteered for parenting classes and therapy while in prison. One couple talked about how their son was a model prisoner and how the prison employees thought highly of him. They were proud that he worked hard to stay in touch with his daughter, writing to her and calling her. Both of those caregivers said the fathers had taken good care of the children previously and hoped they would resume custody of their children when they were released.

One couple spoke about how the family had come together in a crisis and worked out difficulties on their own. The mother had repeatedly called social services on the relatives providing kinship care, with the result that their family was repeatedly investigated. These relatives felt they could not continue this way: "It was making a mess out of our lives." But then, they all talked and apologized to each other. They went to
parenting classes together. With the help of a counselor, they came up with their own safety plan. It was working.

Some participants said they had changed in ways that they appreciated. They were less focused on themselves and more committed to helping the children. One caregiver explained, "She needed somebody, and I could provide that." There was satisfaction in helping a child who would not likely have a good future. "Now, I feel that they have a chance."

Progress of the children was also a source of pride. Caregivers said the children showed benefits from being with them. The children were doing better in school, and many were in activities, such as church, dance, singing, gymnastics, and sports. One grandmother in the study reported, "Now he likes to read. He didn't know how to read, and I had to fight with him….To me that's a reward, 'cause he couldn't. Now he can read better than the other grandchildren." Social skills improved. Some of the children showed that they "could go back to being kids" instead of needing to be the parent. Caregivers described attributes of the children in positive ways: "They are funny, they are cute, and they are sweet." These participants believed most of the children were happy, thriving, and glad to be with them. One participant described her rewarding experience as follows: "Seeing her. She's 180 degrees. She is completely turned around. She is just a completely different child. I just love coming home."

One other reward highlighted by the relatives providing kinship care, perhaps the most important, was the ability to keep these children safe—safe from harm from their parents. This was not an easy realization; those parents were often the children of the
caregivers. Many of the children in the care of relatives had come from homes where they were neglected or mistreated or otherwise in danger. For example, one relative talked about her 8-year-old grandson's home situation and her determination not to let him return:

The way she beat the hell out of him....She'd threaten him with a bb gun. He knows how to roll a blunt, sell drugs, make money selling weed. He knew the value of a crack pipe. He didn't know how to tie his shoes or put his shoes on right or put his jacket on or button his shirt.

**Emotional Experiences - "I Get to Experience That Love."**

Emotions were described as an important part of what was positive about the experience of providing care. The primary feeling that caregivers talked about was love—their love for the children, and the children's love for them. The relatives spoke of having a lot of love to give, and being glad for the opportunity to share that with the children. It was rewarding to feel the love from the children. One boy brought his grandmother flowers every day, which he picked on the way home from school, even though they were sometimes weeds. A grandmother described her relationship with her granddaughter: "It's unconditional. She just loves."

Hope was another feeling that the relatives providing care talked about. Some had not given up hope that the parents would eventually do the right thing, solve their problems, and be able to resume custody of the children. Especially, there was hope for the children. All of the relatives were clear that it was best for the children to be with them instead of in foster care or with the parents. They knew they were contributing to the likelihood that the children would be responsible and successful and have a chance to avoid drugs, alcohol, and prison. A relative, who lived in the inner city, worked hard to
teach her children what was right so they would stay out of gangs and be able to "make something of themselves, to not do nothing stupid and end up in jail." She added that she expected them to do something positive, "to do what's right, and you won't have me turning over, when I leave this earth, in my grave."

One of the most rewarding emotions seemed to be joie de vivre—the children were the joy of their lives. Relatives talked about being happy, a happiness brought to them by the children they were caring for. This was expressed in different ways, such as talking about how nice it was to come home to them, watching them play together and help each other, and seeing them grow and thrive. The couple in the study who were great grandparents believed their great granddaughter gave meaning to their lives:

I look at other people in their 70s; they are out walking their dogs, and I think they are wondering what to do with their lives. Dogs are substitutes for meaning in their lives. And we have this little girl.

**Difficult Aspects of the Care Provision Experience**

“No matter what, kids love their parents. I'm sort of in the middle.” (A caregiver’s comment)

Participants were asked, "What are the difficult aspects of your experience providing care?” This question was designed to obtain information about the challenges of providing informal kinship care. Responses ranged across all themes—experiences with family, experiences with systems, financial experiences, and emotional experiences. Though all caregivers had information to contribute about the positive aspects, this question elicited much more information. Participants often answered with emotion, not always identified by them, but inferred by this researcher.
Experiences With Family

Caregivers identified two family concerns as particularly significant difficulties in being able to care for their relative's children. The first was parental interference, where parents tried to continue to be in charge of the children. The second was role confusion, where it was hard to cope with the shifts in intergenerational relationships.

Many parents wanted to continue to assume the dominant role in their children's lives without assuming the responsibility for them. This had the effect of keeping the family dynamics unstable. The relative providing kinship care had to deal with the children's confusion about who was in charge. The children were not sure about what rules to follow, what was acceptable behavior, or who to please. In one family, the grandmother described how a father told a young child that she could choose where she wanted to live and did not have to stay with the relative. Another participant said she drove the children 400 miles to a town where they could visit their father. He did not believe the children had any problems, even though he was not involved with raising them. He refused to give them their medication during his visit. As a result, they would come back "all messed up," and the grandmother would have to start from scratch to get them back to good behavior.

The change in roles—from grandparent/grandchild to parent/child—was difficult. There were also changes in the roles between the relatives who provided kinship care and their adult children. It was usually not possible to anticipate these changes, or how best to handle them, because relatives had no way of knowing how long the children would be with them. Most thought the arrangement would be temporary. The concern
over what roles family members would have with each other tended to evolve over time. Relatives said there was little help available to them to manage this problem and did not feel able to manage it on their own. Such frustration was captured in the following two excerpts from participants’ stories: "My oldest granddaughter…faced a lot of grief and loss, not just over losing her mom, but for losing her grandmother, because she always saw me as the person that would console her….And now where do I run?" and, "You miss out on being a grandparent to the children you are raising, because you are stuck in this funny role." One grandparent summed up this dilemma as follows: "There's no winning in this situation. You are the bad guy no matter what you do, generationally."

According to caregivers, some parents tried to keep their role as though the children were "their possessions." For example, one grandmother shared how her daughter left her child with her, then called every night to find out what they were doing. Her daughter came over whenever she wanted. She stayed as long as she wanted. Consequently, it was impossible for the granddaughter to plan her weekend, participate in activities, or play with her friends; she never knew when her mother would show up for her visit. The grandmother recalled, "We had no private life whatsoever." Furthermore, children had the dilemma of who to call mommy and daddy, and when. One relative recalled, "She called me mommy, and I wasn't ready for that."

Many of the children came to the participants with significant behavior problems connected to past traumatic experiences with their parents and/or pre-existing mental health problems. One participant recalled thinking, "That child is messed up. I have never, ever, seen a child like my grandson." A number of children were in therapy. This
was seen as helpful but did not necessarily alleviate the need for relatives providing care to handle out-of-control behavior on their own. One grandson kicked his grandmother so hard that she fell, twisted her knee, and was in pain for weeks. Other relatives also had to contend with violent behavior from the children. One grandmother described the behavior of her 8-year-old granddaughter as follows:

She just can't cope. She has been having fits that just, I mean she gets frustrated so easily, and then the temper tantrums have been volatile. Throwing things, banging things, breaking things. Hitting, kicking, biting, you name it. And they can go on for 30 minutes to 2 hours. We've called the police at points.

Specific problems that were identified included attachment problems, abandonment issues, fetal alcohol syndrome, and most frequently, post-traumatic stress disorder. A significant minority of the children were identified as being premature. There may have been others who were not identified. All of those children had parents with substance abuse problems. Several of the children had drugs or alcohol in their system when they were born, and several had to stay in the hospital for a long time after birth. Such children had special needs, most frequently learning disorders and attention deficit hyperactivity disorder. Caregivers then had to find ways to meet those special needs, such as occupational therapy, in-home therapy, counseling, medication, and advocating for academic intervention. Recalling her experience in regard to behavior problems, a participant stated, "We were in the principal's office two or three times a week, in the first grade."

Experiences With Systems - "Our Caseworker Was a Moron"

Involvement with the child welfare system was difficult for all the families who had that experience. Many felt the professionals in that system were not competent. Some
felt that the child welfare caseworkers did not care much about them or the children. Caseworkers seemed too busy to spend time with the relatives providing kinship care or address their concerns. One participant went to a court hearing where a caseworker made a recommendation about who should have custody of the children but had never met their family. There was so much turnover among the child welfare agency staff that for many caregivers, it was hard to feel anyone knew their situation. One participant explained,

The social worker changes every time you blink an eye, 'cause they just don't stay in their jobs long or they switch counties or they burn out or whatever. I don't even know how many social workers we went through.

Another participant pointed out, "We had to be the advocate. We could not trust them to do the right thing."

The power that the Department of Human Services child welfare caseworkers had was frightening, because they could recommend whether children could stay with the relatives or not. Caseworkers could, and did, remove children from the relative’s home "at will" and without notice. With sadness and anger, one grandmother talked about how a caseworker showed up at her home one day to return the child to his mother, without having told the grandmother that this was going to happen. According to another grandmother,

When I first got the kids, social services was coming to my house on a Saturday, at 10 in the morning….She looked like a DEA agent. She had a big old badge right here. Pounding on my door on Saturday morning, and I thought, Oh, my God….Who in the hell are you to come to my house at 10 in the morning, pounding on my door!
Reflecting this same negative view of social services, one caregiver candidly stated, "Do I like social services, no, I don't. I think they are evil and think some of the things they do are evil."

Participants felt they were being blamed for the behavior of their children. The child welfare caseworkers appeared to have little faith in them. Supporting this view, one participant concluded, "They did not trust us as a family." It seemed to be assumed that if the parents were inadequate, so were the relatives. It felt punitive—"sort of an 'apple doesn't fall far from the tree' thing." The relatives had to be thoroughly investigated before the children could be placed with them, sometimes even when they had spent a great deal of time caring for those same children. It often seemed there were more requirements of the relatives providing care than of the parents. In one case, a participant revealed, "I had about 2, 3 weeks, to get an apartment. To get it child-proofed, to go to classes, and I did it while working….I was being treated worse than the parent."

One grandmother explained what helped her handle her intense anger with the behavior of the child welfare caseworkers. A therapist had given her some good advice, saying that the job of child welfare is just about protective concerns—“black and white.” She explained that they do not really care about the relatives providing care or their families. They just want to be sure the child is safe. That helped this grandmother understand. Another grandmother was less understanding of the system: "Social services, to be direct, for me it's just….I think the whole social services thing is just about as negative as it could be. It wore me out. From the challenges of social services."
The juvenile court was also intimidating to relatives who provided kinship care. This system had many different professionals involved, and their roles were confusing. It was hard to sort out which of them had what responsibility. As mentioned earlier, there were judges, county attorneys, public defenders, attorneys for the parents, court-appointed special advocates, child and family investigators, caseworkers, and guardians ad litem. None of these professionals represented the interests of the relatives in their desire to provide kinship care. Sometimes, but not always, the relatives were granted the status of "special respondent" in the court case. Then they had permission to participate in the decision-making process. Otherwise, they did not. It seemed strange that it was so hard for relatives, who were family, to get placement of the children, but so easy to put these children in foster care with strangers. To illustrate, a relative who was providing informal kinship care related,

I have a bank of therapists and doctors who can say this grandma is here for every appointment and has done this and has done that and has gotten them into this, that, and the other, and has followed through. That isn't good enough. They have to come out and do a home study.

One of the participants talked about the difficulties she faced as a result of the Indian Child Welfare system. The mother was Native American. This grandmother explained that if the child welfare department took custody of her three grandchildren, the tribe would need to be notified. The tribe could then take custody of the children and take them to their reservation for placement. Consequently, the grandmother decided to forego the additional money she could get by becoming a licensed foster parent, because this would trigger notification of the tribe. She knew she had to get the children out of the system quickly, or she would lose them. The grandmother explained,
I didn't want to do it. I cried for a year after I got them. It's one of the hardest decisions. All of them would be adopted out separate, I know they would….Oh, my gosh, it was terrible! But I cried. It was either get them lost or keep them. And I tell you, the first 3 or 4 years, I didn't think I made the right decision. So hard financially, mentally, emotionally. It was hard….I would never see them, I know I wouldn't.

There were challenges with the criminal justice system. The practice of moving inmates far away or out of state made it hard for the relatives providing care and the children to maintain meaningful contact. This was particularly hard for one young boy who had been able to have 3 hour-contact visits with his father, allowing the two of them to continue their parent/child relationship. Then the father suddenly disappeared—transferred out of state. A second problem with the criminal justice system was that phone calls to the family were prohibitively expensive, making it difficult to maintain a relationship with the parent. One grandmother supported her son in calling his children every week. Then she lost her phone service, because she was not able to pay the bill. Another participant had to put a block on her phone so her son could not run up her phone bill, because she did not have the money to pay for it.

**Financial Experiences**

Two of the relatives providing kinship care did not identify financial concerns as a difficulty. The rest did. The two who did not were at opposite ends of the income spectrum. One family was financially secure. The other had public government benefits in place: subsidized housing, TANF, Food Stamps, and Medicaid. This relative explained that if her income went up, she was at risk of losing part or all of her government income assistance. Specific difficulties identified by the other participants were in the areas of personal finances and government income assistance.
**Personal finances:** "Work, I have no choice but to work." The process of kinship care involved additional expenses of raising a relative's children. All of the caregivers managed somehow, though many described it as very difficult. Four of the caregivers were retired. One was receiving disability benefits. Three were not working. The remaining six were working full time. Two of these caregivers talked about needing to use clothing and food banks to take care of the children. There was some limited financial support from community agencies. One grandmother said she had to take out a loan to get an apartment so she could get custody of the children. Another commented, "[We] just live a plain and simple life."

Requirements of the legal system, the child welfare system, and the needs of the children often required taking time off from work. In one case, this contributed to the loss of a job. Others worried about losing theirs. One caregiver explained that she was just not able to get to work on time, because she had to take the children to school at different times, yet her employer was not sympathetic:

I'm supposed to be working from 8-5 or 7-4. I go in at 8:30 and they say….I say, “Then you're going to have to fire me 'cause I gotta get my kids to school.” I took responsibility of these children. I have to make it work. All they say is how many people are looking for jobs.

Some aspects of providing kinship care were expensive. One in particular was child care. In one situation, a caregiver was able to get financial child care assistance. Then the county decided she was not eligible. Referring to this problem, the caregiver stated, “Then they made me pay back every penny. Oh, yeah, seventeen hundred and something dollars.” One grandmother talked about paying $5,000 for an attorney to do recommended mediation. Another participant had wanted to get permanent custody but
was told it would cost $3,000-$10,000. When there was a court order for a child and family investigator, the relatives were responsible for those fees. One grandmother said she borrowed money from relatives and had to pay $300 per month in attorney fees. But, she fought for custody. In regard to the financial burden incurred and her present situation, another participant commented, "So, the family investigator, $11,000 later."

**Government income assistance.** The system of public government income assistance was a foreign, often overwhelming experience for all but one of those caregivers who were involved. The government income assistance that caregivers used the most included the $128 Child-only TANF subsidy and Medicaid. Medicaid was identified as most important, because it ensured that the relatives providing kinship care would not be held responsible for the children's medical expenses. Most had never been involved with the government income assistance system before and had no idea how to negotiate it. For a long time, some did not even know this assistance existed and only found out by accident.

The requirements were seen as confusing and did not make much sense. One grandmother talked about her experience of needing to fill out the same form every month. The government employee told her not to report her income, because the income assistance was only for the kids. But the form said that it was a crime to lie. She did not know what to do. In general, participants said the application process did not fit their situation. According to a participant, there was "no place for retirement income; it's like we don't exist." Another participant said she was ambivalent about applying for this income assistance, because she was not sure she really needed it. She felt guilty that she
did not deserve it. Moreover, "it was humiliating" when she had to stand in line for hours at social services to apply. Several caregivers said they were not treated well by the government employees, who acted as if they were "welfare moms, trying to take advantage."

**Emotional Experiences**

This theme occurred most often in discussion about the difficult aspects of providing care. One participant asked, "How do you handle all this emotion? There isn't a choice." Painful emotions were identified for all members of the kinship family. The range of emotions identified was wide: grief, loss, fear, anger, guilt, helplessness, exhaustion, confusion, frustration, and worry. Emotions discussed most frequently were grief and anger.

Becoming a relative who provided kinship care resulted in grief and/or loss for most of the study participants and often for the children. Identified losses included loss of relationships, loss of control, loss of financial security, and loss of dreams. Moreover, supporting the assumption that the care of a child can be hard on the relationship between spouses, one participant mentioned the difficulty of getting private time with his wife. Not only did the relatives providing care lose the relationship they had with their grandchild, but also the relationship they had with their own adult child. There was loss of control over the ability to plan for the future and over the behavior of the parents. It was hard on friendships, straining the ability to share time, and so brought a sense of isolation. Participants said they felt their peers just did not understand. Also, some of the requirements for getting custody had a negative effect on their relationships. One
participant explained, "You stop your whole life. You're done. Friends. I had to get fingerprints for anybody that would enter my house. Anybody I had a relationship with, they had to get their fingerprints and get a background check."

In one case, a participant described the effect that becoming a kinship caregiver had on her dreams for the future. She had raised her own children but then "saw light at the end of the tunnel." She had plans. She would go to the senior center and enjoy the company of people her own age. In her words, "I can make friends and go to a movie and do things for myself. It didn't happen….You don't belong anywhere." Now she belonged to a babysitting co-op instead of going to that senior center.

Caregivers were angry and frustrated—with parents, child welfare, the courts, government income assistance, and the lack of resources to help them and their children. They were angry that professionals were often too busy or incompetent. They were aware foster parents were paid much more than they were and received more resources and support to care for these children. They were also aware that they were saving the government a great deal of money by providing kinship care instead of letting the children go into foster care.

There was anger about a government income assistance system that did not fit their situation, for benefits that were not adequate, and for an application process in which they felt mistreated. It seemed they were not able to get the help they needed, but others could. One participant shared, "It's very aggravating. People who are in this country illegally can just go and get social security, welfare; they're getting Food Stamps."
Another concern that was frustrating for relatives providing kinship care was their lack of knowledge—about the custody process, the child welfare system, the court, and the government income assistance system. They did not feel there was any way to learn about these systems except by having negative experiences and then trying to get help. This was emphasized as follows: "There are no rules for this, no guidelines, no place where you can go for help." One grandmother talked about how frustrating it was to be given parenting tips. She had already raised her own children and knew how to do that. What she really needed was tips on how to deal with the parents, "who were coming and going, disrupting their lives and keeping them in a turmoil." Several participants were clear that they were not responsible for what their own children did when they became adults. Frustration regarding the need for help in dealing with the parents is illustrated in the following participant’s statement:

We got the parenting part down right, most of us did. It's not our fault that our kids did this….Give us tips for the adults. How do you deal with them. An ignoramus daughter or son or son-in-law or daughter-in-law that continues to make such a frazzle out of your life?

Other caregivers said they lacked knowledge about current parenting practices: What was acceptable and what was not. Times had changed since they raised their children and so had child-raising and discipline methods. A participant concluded, "It's a big do-it-yourself project."

Fear and worry were also evident. Parents and other family members had threatened some of the participants. One grandmother was abused by her daughter who "used her long fingernails." An aunt was assaulted by a parent. Great grandparents were threatened with death. Some feared losing custody—that the children would go back to
parents and would not be safe. There were fears about what would happen to the children when the relative who provided kinship care got older and possibly became unable to care for the children. Two relatives had made arrangements for what would happen to the children if they died. How would they be able to send the children to college? One grandmother talked about feeling guilty that she had not gotten the children out of an unsafe situation sooner.

Relatives reported that the children in their care experienced a similar range of emotions. Speaking of the child in her care, a relative exclaimed, "She's six, she wants a mom and a dad and a house." One problem was grief about "not being normal." It was obvious that when grandma was the only person to show up at events, there was something different about their family. Children cared for by their relatives did not have a mom and/or a dad like the rest of the kids. One participant spoke of the difficulty her granddaughter had with friends who asked why she lived with her grandmother. The girl did not know how to explain it. She did not want anyone to know there was a problem. It was like having to keep a secret. Often the children could not have a "regular kid life."

Because of all the court-ordered visits—a mom here and a dad there—and therapy and appointments, they did not have as much time as other children. This cost them the ability to develop friendships and participate in extracurricular activities.

Predictably, children expressed grief about the loss of their parents and sometimes also the relationship with siblings or other family members. With the exception of one family, this seemed to be less of a problem for children who had always lived with their relatives than for those who had an abrupt separation. One relative who provided kinship
care said a child grieved about losing the previous relationship with her as the grandmother, who formerly had been a safe, supportive, comforting person and now was the disciplinarian who set and enforced the rules. Only two children were said to express anger at their parents. Some idealized their parents. A couple of the relatives had to make parents leave when they showed up for a visit while under the influence of drugs or alcohol. In those situations, the children were angry with the relative. However, another child was angry with the relative for not getting her out of an unsafe situation sooner.

**Practice and Policy: What Works Well and What Does Not?**

"Give us the authority as well as the responsibility." (A participant’s request)

Participants were asked, "What else would you like people to know about the experience of providing care?" This question was designed to be an open-ended opportunity to contribute additional information that had not been covered in previous questions. Responses included information, opinions, and advice. Answers were categorized as "What is working well?" and "What needs to be different?" Within those categories were suggestions about policy and practice. For this discussion, the concept of *practice* is defined as the way things are currently done in everyday life. The concept of *policy* is defined as laws, rules, and regulations that impact kinship care.

**Practice and Policy That Worked Well**

There were only two aspects of current practice that were identified as working well. The first was that there were some individual professionals who were supportive and helpful. One relative had a wonderful guardian ad litem who advocated tirelessly for her and her spouse to get custody. Another family needed to fight for custody, but it was
going to cost them $5-10,000 for an attorney. Responding to the fact that their son’s attorney filed all the court papers for them, the relative remarked gratefully, "She [the attorney] didn't have to do that." One court-appointed special advocate took the time to really get to know the family of the child she represented. Greatly appreciating such help and support, the grandmother, as caregiver, concluded, "This last couple of years, there are rays of hope. There are people who make a difference."

The second positive aspect of current practice was that there were some supportive services available in the community. Some of those services included financial assistance, such as help with utility bills. Some were referrals for concrete needs, such as clothing and food. One agency offered support groups in various communities in the Denver metropolitan area. Another agency provided a free legal clinic for clients of its programs and referrals for legal assistance for other caregivers.

There was only one aspect of current policy that was identified as working well: the government income assistance of Child-only TANF and Medicaid. Though the financial benefits were not seen as adequate and the application process was arduous, at least the $128 per month per child helped somewhat. Medicaid was valuable, because it protected the relatives providing kinship care from being responsible for the children’s medical bills.

**Practice and Policy in Need of Improvement**

The relatives who provided kinship care had much more to say about aspects of current policy and practice that needed to be different. Their suggestions, along with selected comments, are presented below.
Changes in current practice. The following are participants’ suggestions (either paraphrased or quoted) about what needed to be different in current practice:

1. Training - Have professionals in the child welfare and juvenile court systems who are trained in the unique needs of kinship families. Kin are different from foster parents. Placing children with kin is not the same as placing a child out of the family. There should not be the same strict requirements. Kin are a stable and committed alternative. "We are their family."

2. Support - Have a supportive process available to help relatives who are dealing with the parents. There should be an advocate for each kinship family. That advocate should meet with the relatives and the parents at least quarterly to resolve any problems that have arisen. Kin need to feel they have support to raise the children.

3. Pro bono legal representation - Have a bank of attorneys and perhaps retired judges that will provide legal representation pro bono so that it does not exhaust the financial resources of the relative who provides kinship care in efforts to get custody and raise her or his relative's children.

4. Competent professionals - Have professionals who are competent in their job.

One relative gave a description of how this would happen:

If the Department of Social Services was a bus, you need to have the right people in that bus, sitting in the right seats. You know what I'm saying. Driving the bus down a certain way. 'Cause just placing people in the seats of the bus doesn't mean they are going to be effective or that they are appropriate for that job or appropriate for that bus.
5. Appreciation for relatives’ caregiving role - Foster an appreciation and understanding of the role kinship caregivers play in raising and protecting their relative's children. "We aren't their parents. We didn't have these children. We aren't welfare moms. We get treated like it a lot."

A final, idealistic comment given by a participant was, "What would be best is if the parents grow up and do what they are supposed to do."

**Changes in policy.** Participant suggestions (either quoted or paraphrased) in response to what needed to be different in current policy include,

1. Revise the system. In answer to what needed to be different, one participant exclaimed, "A lot! Magic question. The system needs to be re-vamped."

2. Stick to the guidelines that are already in place, rather than making changes in the juvenile court system that may not be needed. For example, if a child is supposed to have a permanent plan for placement in 1 year, as is in current policy, do not drag it out for 2 years. Regarding this concern, one participant pointed out,

   And you're supposed to be trying to decide in the child's best interest, and everything in the universe is conspiring to keep you from being able [to] make a choice that is in the child's best interest. And that is all you ever hear anybody in the courts chant, “What's best for the kid.” Well hello, why don't you do it then. What's so hard about that?

3. Develop a separate government income assistance process for relatives providing kinship care. The current process does not fit their situation, leads to numerous errors, and prevents them from obtaining the benefits to which they
are entitled. Simply put, one of the underlying problems with the current situation was voiced by a participant: "It's like we don't exist."

4. Increase financial support. Specifically, to be equitable, pay relatives who provide kinship care the same amount of money as is paid to foster parents. They are providing the same service. Food Stamps should be available to all those providing kinship care, without regard to income. It is very expensive to feed one or two or three more children. A repeatedly mentioned need was for funds for day care. It can cost upwards of $600 per month per child for day care. When a caregiver is working, the expenses for before- and after-school day care continue. Kin just want to be able to raise their relative’s children as well as other people do.

5. Establish a system where relatives can obtain the knowledge they need to raise the children in their care. What do they need to do first? What documents do they need? How can they get them? What community resources are available? How does the juvenile court system work? What will be expected of them? Who are these professionals who are now in their lives and what role do they play? Maybe there could be a class? As asserted by one participant, "Right now, you not only need to discover the answers, you need to discover the questions." Another participant observed, "It's like being thrown into this place you have never been. It's like being in a strange land, and you don't know the language."
6. Make changes in the legal process in regard to how kin can get custody of their relative's children. It should not be this hard.

7. Support taking away the parents’ rights as an appropriate plan for children with relatives caring for them. None of the relatives said she or he would deny the parents contact with their children if they solved their problems and could be decent and provide a safe environment. Yet, one relative pointed out, "Don't leave it over the new caretaker's head that these people can come back and eat at you, 'cause they do." Another participant reasoned,

If you think about it, I know this sounds horrible, but if we saw a person mistreating an animal, we wouldn't leave the animal there, and we wouldn't give the animal back to them. Why would we do it to a child?

**Sally’s Story**

She had raised her children. They were all grown. The girls were doing well, but the boy was in jail. He had problems with drugs and alcohol and could not stay clean. He "caught another case." Sally had just separated from her husband and moved back to Colorado. She was free to follow her dreams. Here, she had a small income from disability, a small one-bedroom apartment in subsidized housing, and a car. She was doing just fine.

She had three grandchildren fathered by her son. They were living with their mother. Their mother did not work and became homeless. However, she refused to go to a shelter, because she would not be able to use drugs and alcohol there. So she and the kids were sleeping on the street. Sally was not okay with this, so she went to get the three children and brought them home. They needed more stability. She told the mother she
was going to keep them and refused to give them back. She figured either she would raise them or someone else would.

Sally described it as chaos at first. There were four people in a one-bedroom apartment, stepping over each other. They lined up to use the bathroom in the morning. The children had not been cared for or given any kind of upbringing. When they came, they had no shoes, no coats, and no clothes. Sally had to go to clothing banks. The youngest had not had any of his shots. The little girl had 13 cavities and decayed teeth. Sally gave this description of her granddaughter: "She looked like a little rat."

The mother gave Sally permission to care for the kids, but then "made some noises" about coming to get them. The mother needed them in order to get the welfare money and "might come and snatch them up." So Sally went to the probate court, on her own with no legal representation, and got guardianship of all three of her grandchildren. Even so, the mother kept the Food Stamps. In Sally’s words, “[I was] doing kinship. They pay me to take care of the kids. I would take care of them anyway, pay or no pay, just to have them here.”

At present, the mother has no contact with her children--Sally heard she was in jail. But once a week, every week, they get phone calls from their dad. The calls were $3.75 each, now they are $7.50. Sometimes Sally loses her phone service, because she cannot afford to pay the bill. She and the children were going to visit the dad once a month with what money was left after paying the rent, the car payment, the car insurance, the phone, and the electric bill. But it is expensive there. One cannot take food; it must be bought there.
Sally has two adult daughters who live nearby, and they do help with taking care of the kids. She needs a break, because she has severe nerve damage syndrome; she cannot sit long and does not sleep well. She had back surgery last year.

Sally and the children had to work the bugs out, get to know each other, but now the children are doing great. Her efforts at working things out included such directives as, "Don't wipe your sleeves; blow your nose; eat dinner, no food fights; and when you're through eating, you wash your own dish and you come back and clean off where you ate." As a result, she does not have any problems with them. They are wonderful. They have their own beds, their own clothes. They have responsibilities, each washing her or his own clothes, hanging them up outside, and taking them down. One of the girls said the other children at school used to laugh at her, at how she looked. Her mother would not get up in time. She had to go to school with wrinkled clothes that she pulled out of a bag and with her two little ponytails all messed up. Sally has promised this granddaughter that she does not need to worry—this will not happen again.

Sally is proud of the things her son has accomplished while in prison. Before, "he was hands down on a roll to destruction," she recalled. She and the children are all praying and hoping that next year he can go to a half-way house. In her words, "Go to the halfway house and do what you gotta do, and then come and get your children." Sally reflects, "I'm supposed to be traveling. I'm supposed to be in Chicago, in California. I'm supposed to be footloose and fancy free….I want to go back to school….I want to become a missionary….I have dreams."
Summary

Chapter 4 has presented the results of this study, which investigated the rewards and challenges of the informal kinship care experience. Informal kinship care is the full-time care of a relative's children without the kin's being licensed as foster parents. This information was obtained by asking participants a series of open-ended questions designed to get an in-depth account of their experience. Results were reported for each of the key questions and subquestions. Those questions included,

- How did the children come to live with you?
- How did you make the decision to care for them?
- What has been your experience in caring for them?
  - How are you doing?
  - How are the children doing?
- What are the positive aspects of your experience providing care?
- What are the difficult aspects of your experience providing care?
- What else would you like people to know about the experience of providing care?
  - What is working well?
  - What needs to be different?

From participants' responses to the interview questions, four themes emerged: experiences with family, experiences with systems, financial experiences, and emotional experiences. The theme, experiences with family, refers to participants' interactions with the parents and other family members. The theme, experiences with systems, refers to
participants’ encounters with social institutions, such as courts and child welfare agencies. The theme, financial experiences, refers to how participants were affected financially with regard to personal resources and government income assistance programs. The theme, emotional experiences, refers to how participants were affected emotionally in their kinship care role. Not all themes were represented within every question.

The question, "How did the children come to live with you?" identified two components that led to participants’ caring for their relative's children. The first was the family problem related to the precipitating incident. This was the specific event or events that made it impossible or unsafe for the children to remain with their parents. Examples included abandonment by or incarceration of a parent. The second component was the experiences with systems related to the custody process. This refers to the method by which participants solidified the arrangement for the children to stay with them. Examples included adoption or guardianship.

The question, "How did you make the decision to care for them?" identified four processes by which this decision was made. The first was the accidental process, where it "just happened." The second and third, respectively, were the rational and emotional processes. The rational process occurred when participants thought about the pro's and con's of providing care and made the decision to do kinship care accordingly. The emotional process occurred when the decision was made based on how the participants felt. The altruistic process occurred when participants became kinship caregivers because
it was the right thing to do. This decision, often described as "not a decision," was made without regard to the consequences it might have for the caregivers.

The question, "What has been your experience in caring for them?" identified three themes: experiences with family, experiences with systems, and financial experiences. In general, descriptions could be categorized as either a reward or a challenge and were discussed in more detail in those respective sections. Participants were also asked, "How are you doing?" and "How are the children doing?" Most of those responses described an evolving process, with the most difficult aspects of providing care at the beginning. As the new family adjusted, new routines and relationships became established. A number of the caregivers talked about being exhausted. Almost everyone said, "It was a journey."

The question, "What are the positive aspects of your experience providing care?" identified the themes of experiences with family and emotional experiences. There was brief mention of experiences with systems, with recognition that some professionals in the various systems they had encountered were competent and helpful. Caregivers appreciated support from family members. Some felt they had been able to come together as a family to work out problems on behalf of the children. There was pride in progress of the children and, in some cases, progress of the parents. Important rewards included the ability to provide a stable environment and keep the children safe. Participants spoke with rich detail about the emotional experiences they found rewarding. There were feelings of hope for the children's future, of happiness, and of joy.
The question, "What are the difficult aspects of your experience providing care?" identified all four themes: experiences with family, experiences with systems, financial experiences, and emotional experiences. The two primary family concerns were interference from the parents and role confusion. The two major systems with impact on the relatives who provided kinship care were the juvenile court and the child welfare systems. All participants who were involved with those institutions found them to be confusing and intimidating.

Financial problems were cited as a significant burden. Personal finances reflected the impact of adding one, two, or in some cases, three children to the household. It was also difficult, confusing, and intimidating to try to navigate the system of government income assistance. Few caregivers had previous experience with this system. Emotional experiences represented one of the significant challenges in providing care. Grief and loss were highlighted as painful feelings. Anger, from caregivers and from children, was described as another difficult emotion.

The final question, "What else would you like people to know about the experience of providing care?" included questions about "What is working well? and "What needs to be different?" Responses included opinions and suggestions about changes in practice and policy. There were only two ideas about what aspects of practice were working well: There were some helpful professionals and some helpful community agencies. The only aspect of policy that was identified as working well was the government income assistance of Child-only TANF and Medicaid. There were numerous ideas about what aspects of practice and policy needed to be different. Highlights
included having professionals who are trained in the unique needs of kinship families, systems that address the specific needs of kinship families, and increased financial support.

There were some unexpected findings. One included the number of children who were premature, that all had special needs, and that all had parents who abused drugs and alcohol. Another was the amount of violence the relatives who provided kinship care encountered—from parents, from extended family, and from the children. A further unexpected finding was how hard relatives had to fight to get and keep custody of these children.

The most significant finding of this research study was that, given the barriers to providing informal kinship care that were faced by participants, none regretted the choice to be a kinship caregiver for their relative's children, as illustrated by the statement, "I have made huge sacrifices to do this and I do not regret it." Despite all of the difficulties, and there were many, none abandoned this responsibility. These stories, willingly shared, confirm that relatives who provide kinship care are "angels among us."

"It was worth it, I'd do it again."
CHAPTER 6. DISCUSSION

Introduction and Overview

This discussion focuses on a selection of issues related to the purpose of the study, which was to investigate the experience of informal kinship care, with a focus on the rewards and the challenges within that experience. Historically, relatives caring for other relatives’ children has been an established tradition in most cultures. Interestingly, in families of color, this tradition has been fairly common and has been well documented in the African American literature (Stack, 1975; Wilson & Crewe, 2007). Recently, the growth of informal kinship care has been the most dramatic in European American families (Webb, 2005), becoming more prominent in the dominant culture. Perhaps as a result of becoming a more mainstream topic of interest, informal kinship care is receiving more attention from researchers, policymakers, and practitioners. Another possibility for the increased attention, from a child welfare perspective, is that the need for placing children out of the home has increased at a time when the number of licensed foster homes has decreased. As resources have become scarcer, informal kinship care has likely become a more desirable option, because this kinship arrangement is less expensive and requires no child welfare supervision (Geen, 2003).

Despite increasing recognition, informal kinship care remains the least studied type of kinship care. Certainly one of the reasons is the difficulty of locating members of
this population, whereas licensed kinship caregivers can be located for research studies through lists available to child welfare agencies. This leaves the option of locating unlicensed kinship caregivers through outreach to the community, as was the case in this study. Therefore, this study and the willingness of its participants to tell their stories is especially valuable. In this chapter, the three overarching themes developed from the interview data with the 14 participants are focused upon, because they further the existing knowledge of informal kinship care families. These themes include (a) the path to kinship care, (b) the journey of kinship care, and (c) the rewards and challenges of kinship care. Finally, based on suggestions from participants in this study, recommendations for practice and policy are presented.

**The Path to Becoming a Kinship Caregiver**

One important component of the experience of caring for a relative’s child is what can be called the path that leads to becoming a kinship care family. *Path* can imply a linear process. However, Gleeson et al. (2009) described it as a "dynamic process involving three simultaneously occurring influences" (p. 303): the reasons the parents could not care for the children, motivations for providing care, and pathways to the provider's home. This study confirms these three processes, though in a slightly different form, and adds to the literature in the description of this process for informal kinship caregivers.

The many reasons children cannot remain living with their parents have been well documented in the literature (Annie E. Casey Foundation, 2012). The reasons noted by participants in this study—neglect/abandonment, substance abuse, incarceration of a
parent, mental illness, and domestic violence—have also been found in other studies (Gleeson et al., 2009). For the families in this study, these problems did not occur in isolation but interacted with each other, for example, substance abuse increasing domestic violence. These problems can result in a series of events that become the first step on the path to informal kinship care.

The precipitating events were followed by a decision-making process on the part of the relatives interviewed in this study, who needed to decide, sometimes in the moment, whether to assume responsibility for the care of a relative's child. For participants, this decision often needed to be made without any ability to know how long this arrangement might last, what the problems and needs of the children might be, how to get the services they would need, or where to get even the basic necessities to care for the children, such as beds and food. The following four processes were identified in the data analysis phase of the study as ways in which participants made this decision: accidental, rational, emotional, and altruistic. Accordingly, decision making represented the second step on the path to informal kinship care.

A significant finding, reflected in this data, was how often the altruistic process contributed to making the decision to care for the children of a relative. Some described it as "not a decision"—it was just the right thing to do. Blair and Taylor (2006) also mentioned this motivation in their study. Researchers Testa and Slack (2002) and Kang (2007) discussed altruism within the context of kinship care. In the context of social capital theory, these scholars referred to arrangements based on altruistic decisions as gift relationships—relationships made for more than self-interest. Testa and Slack noted that
"caring for another's child involves uncompensated physical labor, personal spending, and losses in leisure time" (p. 81). Participants in the present study added a number of other difficulties that were involved, such as emotional stress, family interference, and dealing with unresponsive systems. Yet, none of them indicated an expectation of something in return or regretted their decision to provide care. This differs from the concept of reciprocity in the gift relationship or the caring for a relative's children that was identified by Testa and Slack, where there is expectation of some repayment in the future.

A number of scholars involved with the topic of kinship care have said that relatives take in other relative's children out of a sense of obligation (Conway & Hudson, 2007; Gleeson et al., 2009). Historically, according to Testa and Slack (2002),

From Colonial Poor Laws to the relative responsibility laws of the 1960s, American society operated on the assumption that kinfolk had both the natural duty and the moral obligation to look after dependent family members. (p. 80)

No participants in this study expressed that they made the decision to take care of a relative's child out of a sense of obligation. If the children could not live with the parents, then these participants wanted to provide a home for them. All of the relatives remained committed to raising the children as long as necessary, no matter what. Though there was anger at the parents for not fulfilling their responsibilities, this did not translate into resentment about caring for their children. Possibly, the motivation to do what is right is different than the motivation to do what is expected.

Once the decision to care for a relative's children had been made, the next step was to obtain some type of custody. This could be accomplished by having custody given
to the relatives providing care by the child welfare system or by their filing for custody on their own. Without some type of custody, relatives would have difficulty performing routine activities, such as enrolling the children in school and getting them medical care (Rankin, 2002). Several families applied for guardianship by themselves, with no legal representation. One family adopted a child without the involvement of any outside agency, and another couple was making the same plan. In some situations where the caregivers were older, they also made plans for who would care for the children in the event of their death. Facing the prospect of mortality in order to address the needs of the children is another difficulty participants were willing to face. This demonstrates the strength and commitment of participants to ensuring that the children in their care were protected with a permanent plan for raising them.

**The Journey of Informal Kinship Caregiving**

A comment often heard from the participants in this study was that the experience of providing kinship care was a journey. It began with the needs of the children for a safe and stable environment when they could no longer live with their parents and the willingness of a relative to provide a home for them. Once the initial decisions were made, there was a period of family absorption as both the children and caregivers adjusted to each other. As one grandmother said, "You have to know each other to make this work." Over time, this new group found ways to integrate and function together. They became a family, and often referred to themselves as “family.”

This supports the notion that family is a socially constructed concept. Family did not mean just a nuclear family, and often the participants mentioned their relationship to
the children, such as referring to themselves as their grandmother or aunt. On no occasion did any participant refer to him or herself as a kinship caregiver. Not only did they refer to themselves as family, they described their experiences, including rewards and challenges, in reference to their role in the family. When Stack (1975) referred to "kinship care" in her research, she was describing a process that evolved within African American families and took place entirely within the extended family. There was no outside or system involvement.

Recently child welfare, the juvenile court, and policy makers have become involved in the process of kinship care. The label of kinship caregivers now seems a way to separate relatives from their role as just an extended family member. It allows them to be perceived as "other" in relation to the parents and the children. Based on the present study’s findings, relatives who provide informal kinship care seem in a conceptual limbo between family and foster care. The social construction of these relatives as something other than merely part of an extended family may contribute to this and may impact policy and practice. For example, family members reported their struggles with the systems set up to protect the children but not the extended family members who were involved in their care. Kinship caregivers found themselves on the outside of the juvenile justice and child welfare systems, struggling to be recognized as legitimate members of a family system that needed help, though both of those systems relied on kin as a solution.

The journey of kinship caregiving was described in the previous chapter in terms of four themes: experiences with family, experiences with systems, financial experiences, and emotional experiences. Each of these experiences has been documented in previous
literature and research (Annie E. Casey, 2012; Gleeson et al., 2009; Schwartz, 2002; Williamson, Softas-Nall, & Miller, 2003) as significant. A theoretical framework that was not included earlier but is evident to this researcher from these four experiences is ecological theory and an ecological perspective (Gitterman & Germain, 2008).

This framework offers several concepts that are particularly useful. According to Gitterman and Germain (2008), the first concept is the ecological metaphor, which illuminates the continuous exchanges between people and their environments (p. x). The second, the concept of "goodness-of-fit," serves as a way to evaluate the interaction between people and their environments. It considers the relationship between the needs and characteristics of individuals and the resources and expectations of their environment. These scholars described the third useful concept as the life course approach to human development and functioning. The life course approach is differentiated from the more traditional life cycle approach based on stages of development, by taking into account "diversity in race, ethnicity, sex, age, socioeconomic status, sexual orientation, physical/mental challenges, and environmental forces within historical, societal, and cultural contexts" (p. x). The life course approach replaces the idea that development is linear, proceeding in "fixed, sequential, universal stages without reference to the diversity of life experiences" (Gitterman & Germain, 2008, p. x). Overall, the ecological perspective provides a more interactionist understanding of the experience of unlicensed kinship care than the theoretical perspectives that were identified in the literature review of this study.
The ecological metaphor was reflected in participants’ responses from participants that continually referred to experiences with their environment—with parents; extended family; social institutions, such as child welfare agencies and the juvenile court and income assistance systems; schools; and professionals in all of these systems. With the exception of participants’ emotional experiences, most of the information provided was about transactions with the environment. However, even emotional experiences might be a consequence of person-environment interaction.

The most powerful concept within the ecological perspective for this research is that of goodness-of-fit. Gitterman and Germain (2008) proposed that situations be assessed in terms of the level of fit between human needs and environmental expectations and resources. Participants' stories were characterized by many experiences about times when they did not fit with the environment. Some spoke of being perceived by others as a different constellation that was not the same as a "real" family. For one family, the granddaughter felt embarrassed because she did not have a real mom like the other kids. Other participants spoke of being ignored by the child welfare system because they were not the children's parents. For many of the caregivers, it felt like being somewhere between a biological parent and a foster parent. As one relative described, "It's like being a stranger in a strange land." Some spoke of the bad experiences they had had with the income assistance system, because they did not fit the usual requirements made of a parent. One grandmother described how staff were disrespectful toward her and treated her like a welfare mom. She explained, "We aren't."
The third tenet of the ecological perspective that applied to this study with informal kinship caregivers is that of the life course. This conceptualization allows for individualized personal experiences instead of "forcing all people into predetermined, universal developmental stages" (Gitterman & Germain, 2008, p. 57). Participants spoke of how they felt "out-of-synch" with their contemporaries. Friends were able to enjoy adult activities while participants were caring for children. Several participants talked about the loss of their dreams, dreams about what they would be able to do once they had finished raising their own children. Their transition into a new stage of adult development was interrupted. The life course concept normalizes these experiences, incorporating "newly emerging family forms and structures and their unique tasks and developmental issues in addition to those faced by traditional family forms and structures" (Gitterman & Germain, 2008, p. 57). These three concepts, the ecological metaphor, goodness-of-fit, and life course, offer a non-pathological option to understanding the struggles faced by informal kinship families.

**The Rewards and Challenges of Informal Kinship Care**

As participants described their experiences, they spoke about the rewards and challenges of providing kinship care. These two categories captured most of the information they shared. They did not indicate that one of these categories was more important to them than the other, though they spoke more at length about the challenges. The rewards and challenges that were identified are discussed within the themes that emerged from the data.
Rewards

From the perspective of this researcher and the tenor of the interviews, the emotional experiences related to providing informal kinship care were the most important rewards. The primary emotions experienced were love, joy, and hope. Love was described as a reciprocal process—one that flowed from the relative to the child and from the child to the relative. Gleeson et al. (2009) also discussed the rewarding emotion of love and presented it as one of the motives to assume care. That finding, confirmed in this study, identified an emotional process as a component of the decision to provide kinship care. Love of the children was said to influence that category of decision making. The research of Charon and Nackerud (1996) found that the quality of life improved for children in kinship care and inferred that this finding was also true for the caregivers.

A second kind of reward that participants described was that providing care for their relative's children brought their family closer. All of the married couples that were interviewed said they went through some difficult times adjusting to the new family relationships and to their new roles as parents. They needed to work together for the sake of the children, and all of these couples eventually managed to do that. A grandparent couple had to deal with a mother who continually called social services to report that they were abusive and neglectful to the child. In desperation, the grandparents reached out to this mother and included her in their kinship care family. They worked together to make a safety plan and restored their family relationships. One aunt talked about how she liked the personal changes that she had made by caring for her relative's child. She felt she was
not as selfish as she had been. Also, some relatives received appreciation and occasionally support from parents and extended family members and valued this highly.

It is important to note that participants did not provide a significant amount of information about experiences with systems and financial experiences when they were speaking about the rewards of caring for their relative's children. Rewards were experienced in the personal and family systems, but not in the larger institutional systems that are part of the informal kinship care process. In comparing this study to other qualitative studies of informal kinship care, rewards are not mentioned or described as such. Hence, findings regarding the rewards and challenges of kinship care make an important contribution to the understanding of this type of caregiving experience.

Challenges

The challenges identified by the participants in this study included all four realms of experience—familial, systemic, financial, and emotional. For people who have been willing to accept the responsibility for raising a relative's children, those experiences take place in a family constellation that is predominantly considered deviant. This may amplify the intensity of the challenges experienced due to the lack of goodness-of-fit with sociohistorical institutions, expectations, and processes.

Experiences with family were often a primary challenge faced by the participants. The most overwhelming problem was interference by parents. These relatives had no outside support to manage intrafamilial difficulties. The interference could be pervasive, for example, the situation of a family who faced a father's challenge to the custody of the kinship caregiver, or the grandmother whose daughter came and went at will, interrupting
the grandmother and granddaugther's lives. Some parents undermined the relative’s authority. There were instances where the interference was traumatic, as with one grandmother who said all of her grandchildren had post-traumatic stress disorder as a result of the constant and ongoing family conflict. There were also instances where interference by the family was violent, such as in situations where an aunt talked about being assaulted by the child’s father, or the great grandparents were threatened with death by the extended family. This is an area where relatives providing care felt helpless, abandoned, and unable to protect the children or themselves. Responses indicated some hopelessness that this interference could, or would, ever end.

**Experiences with families.** The theme of experiences with family has not specifically been addressed in the other qualitative studies. Simpson and Lawrence-Webb (2007) did identify slightly different family problems. They found that the informal kinship caregivers in their study perceived a lack of family support, which was one of the study’s themes—lack of traditional helping resources. The grandmothers in their study had counted on support from extended family, who wanted to help but were so overcome with burdens of their own that they could not.

Experiences with family included interaction with the children in their care. For some of the participants, that proved to be difficult. Some of the children had severe behavior problems, such as having temper tantrums and assaulting their relatives. One child was so out of control that the police had to be called, another had fits that lasted for hours, and another kicked his grandmother severely. Several of the children had learning disabilities, including attention deficit/hyperactivity disorder. At best, these difficulties
were exhausting, with a busy schedule of therapists, evaluators, doctors, and special education meetings. At worst, it meant the challenge of having to manage difficult children, again without effective intervention strategies or support, as was the case with parental interference. The relatives providing care were on their own to figure out what to do. It is worth noting that at no time did any of these behavior problems lead to the relatives’ questioning whether they wanted to continue to care for these children.

**Experiences with systems.** Participants in this study said that their most significant challenges were with the child welfare and income assistance systems. Both of these government entities have established ways of functioning that are not adapted to the circumstances of informal kinship care (Annie E. Casey Foundation, 2012). Specific concerns of participants were the lack of competence of professionals who worked in those systems and the lack of goodness-of-fit with expectations and requirements of child welfare and income assistance programs. This lack of competence left relatives at the mercy of people who had power over both them and the children in their care. Sometimes professionals who did not know their family made decisions that had life-altering consequences for both them and the children. Some experienced this as abuse of power, for example, a child welfare worker who appeared at their home at 10:00 a.m. on a Saturday morning and another who returned a child to the parent without letting the relative know this was going to happen. These incidents contributed to an experience of helplessness.

The lack of goodness-of-fit with institutional processes led to experiences that were frustrating, exasperating, and infuriating. The child welfare system exists to protect
children, not to consider the needs of relatives who are caring for them (Annie E. Casey Foundation, 2012). A secondary focus of the child welfare system is to preserve the family; however, according to participants, this was most often interpreted as the nuclear family. Participants were upset that there was so much emphasis on returning children to their biological parents, even though those parents had demonstrated over and over that they did not keep their children safe. Though kin are family, it is only recently that policies have clearly supported placing children with relatives rather than with unrelated people. Those policies have not evolved to include kin as equal participants in the process; they currently have no official role and no representation for their needs or positions (Schwartz, 2002). It was especially devaluing for the relatives not to have a voice in determining the best interest of the children, children who were in their care. More than a lack of goodness-of-fit, participants expressed that they had no fit at all.

There were similar difficulties with the income assistance program, Temporary Assistance to Needy Families (TANF), which was initially developed to help parents care for their children (Annie E. Casey Foundation, 2012), with eligibility based on income. This system includes a policy, Child-only TANF, that allows relatives a small subsidy for children in their care that is not based on income (Annie E. Casey Foundation, 2012). Some participants said they were treated badly by the employees, as though they were lazy, greedy, or undeserving because they applied for this benefit. Perhaps because this policy is peripheral to the main purpose of TANF (“The Policy of Penalty,” 1999) and is not used by many, there is little awareness of how, when, and why it should be implemented. Participants, especially those who were working, reported that the
requirements were sometimes difficult to meet, such as long waiting lines to apply, application forms that did not make sense for their situation, and the need to keep numerous appointments and orientations. It is possible, as suggested by Ehrle and Geen (2002) that these difficulties with the lack of fit contribute to the failure of the majority of relatives who provide informal kinship care to receive these benefits. Ehrle and Geen speculated that other reasons may include not being aware of the services and not wanting to be involved with the income assistance system, because it was invasive and stigmatizing.

This dilemma has been explored further in the article, "Why They Won't Take the Money: Black Grandparents and the Success of Informal Kinship Care" (Rankin, 2002), which concurs that current child welfare policies are not meeting the needs of kin. Rankin (2002) offered the explanation that in the late 1800s, two systems of care for children had evolved: White children went to orphanages, which evolved into the child welfare system; Black children were barred from these formal programs and so were cared for within informal networks. "It was not until the late twentieth century that the child welfare system allowed the participation of the Black community and its children in the range of services provided to the White community" (p. 158). This explanation suggests that if relatives raising relative's children represented a practice relied on by the dominant culture instead of mainly by the African American community, "clear and concise federal and state policy guidance would have been articulated and implemented long ago" (p. 163). The implication is that the lack of fit of the child welfare and income assistance
systems for relatives providing informal kinship care may be an artifact of sociohistorical institutional discrimination.

**Experiences with finances.** The addition of a child, or several children, to a home automatically incurs additional financial expenses. For some participants, this was not an overwhelming problem, particularly for the family at the highest end of the income scale and for the family at the lowest end (who was connected to numerous public and community services). For most, however, financial issues were a significant challenge. Some relatives who provided informal kinship care needed to continue working past the age at which they could retire, some exhausted savings and retirement benefits, and one grandmother had to take out loans to provide a home for the children. Several relied on community clothing and food banks as well as public programs, such as Food Stamps and the Low Income Energy Assistance Program. Sometimes the needs of the children or requirements of child welfare and income assistance programs meant taking time off from work, thereby jeopardizing their job.

A critical issue was the problem of child care. Not only did relatives not have this arranged at the time the children suddenly came to live with them, thus needing to miss work until it could be located, but also the expense of child care could be financially devastating. Participants were well aware that the cost of child care for a preschool child or children could be hundreds of dollars per month. For working caregivers, the cost of child care for before- and after-school care was also expensive.

There is a public program to help pay for child care, but not only is it income based and hard to qualify for, but also has a long waiting list. One of the grandparents
experiencing this challenge was given funds for child care, then had to pay everything back when it was determined that she had not been eligible. This problem has been acknowledged in the literature about informal kinship care (Geen, 2003) but without a workable solution. It is possible that the cost of child care is a "deal breaker" for informal kinship care and prohibits relatives from assuming responsibility for children.

Part of the financial experience for relatives who provided informal kinship care was awareness about the discrepancy between the amount of the subsidy they received from the TANF program and the amount paid to licensed kinship foster parents, which was significantly higher. The values that underlie this social policy were clear to participants in their stories. At least financially, it appeared to the participants that this society places higher value on a stranger than a relative who cares for the children. Informal kinship caregivers expressed that they seemed devalued and taken for granted.

One interpretation of this situation is that relatives who provide informal kinship care are exploited by our society. This is reflected in the focus of some literature about kinship care, such as Geen’s 2003 work, "Kinship Care: Making the Most of a Valuable Resource"; Malm and Bess’s 2003 work, “Identifying and Recruiting Kin”; and Gleeson’s 1999 work, "Kinship Care as a Child Welfare Service." A perception reported by some of the caregivers was that their positions, needs, and voices were not represented. This theme of how to use kin is evident in much that is written about the topic. There is also a thread, throughout discussions about caring for relatives’ children, that family should not be compensated at all, because it is their moral responsibility to take care of these children (Conway & Hutson, 2007). Participants agreed that this was
something they wanted to do for their family, but expressed a need for financial assistance.

**Emotional experiences.** As the relatives who participated in this research shared their stories, it was clear that being an informal kinship caregiver was an emotional experience. The positive emotions of love, joy, and hope, discussed earlier, were as important as the difficult ones, such as anger, grief, fear, and worry. Though these negative emotions represented one of the challenges of caring for a relative's child, they seemed a normal response to the responsibilities they had volunteered to assume. It is questionable whether participants thought of these feelings as a problem or just accepted them as an integral part of the choice they had made.

Grief and anger were the predominant emotions expressed. Grief was pervasive, because there were many losses. Relatives lost their relationship with their adult child as well as their prior relationship as a relative with the children for whom they provided care. Their relationships with spouses and friends were affected. Some of the caregivers lost their financial security. Moreover, these relatives providing care lost their place in the normal developmental cycle. Another loss was of dreams for the future. One grandmother talked about how she had wanted to be a missionary. Only the participants who had sons in prison hoped that the parent would eventually resume custody and saw light at the end of the tunnel. The others had accepted that they were going to be raising these children until adulthood. This was the way things were going to be.

Another focus of anger for the relatives in this research was the child welfare system. As previously discussed in regard to experiences with systems, participants felt
discounted, ignored, devalued, and voiceless. They expressed outrage at being treated badly for doing what was right. This outrage was also directed at caseworkers who they felt acted as though they knew more about what was best for the children than did the relatives providing care. Participants voiced resentment for the intrusion into their homes and lives, and for lack of respect. The regulations of the child welfare system were perceived as the reason relatives received less financial support than people who provided foster care. Other than noting that there was occasionally a child welfare caseworker who was well-intentioned and competent, none of the participants had anything positive to say. They did not want to be involved with child welfare.

Emotions resulting from interaction with the income assistance system were similar, but not as intense. The participants in Blair and Taylor’s (2006) study agreed, expressing that "almost every aspect of the child-only program was demeaning and they particularly focused on their interactions with the caseworkers as a source of anguish" (p. 17). Like the participants in this project, there was a strong feeling that they deserved better treatment.

This finding differs from those of the other qualitative studies on this topic, which also discussed anger with the child welfare system but for different reasons. The grandmother featured in the article, "I Screamed for Help" (Bundy-Fazioli & Law, 2005), turned to the child welfare system when she was asking for help. Her anger was directed at lack of assistance from that system. Participants in the Walton County study (Charon & Nackerud, 1996) were also frustrated by the lack of help from child welfare. Stories from the grandmothers who contributed to the research of Simpson and Lawrence-Webb
(2009) revealed a theme of inappropriate or unresponsive human services agencies. According to these researchers, assistance was "hindered by social service policies and workers' attitudes" (p. 838). The emotion expressed in their study was interpreted as exasperation rather than anger. Information from the qualitative portion of the research by Blair and Taylor (2006) was slightly different, because their participants expressed frustration but understood the demands of the caseworkers' jobs. Geen (2003) confirmed information from other scholars that most of those who provide kinship care "express dissatisfaction and distrust of the system and the caseworkers assigned to them" (p. 222). However, the feelings of exasperation, dissatisfaction, frustration, and distrust are not the same as the angry emotions revealed by those who participated in the present study.

**Practice and Policy: What Works Well and What Does Not**

A final important contribution of this study is the participants’ insights and recommendations for practice and policy. At the end of the interviews, the participants were asked for their opinions about what was working well and what needed to be different in regard to practice and policy.

**What Works Well in Practice and Policy**

There were some elements of practice that were experienced as positive. Some individual professionals were competent and helpful. There were agencies in the community, such as kinship support groups and kinship support programs, that could help with limited financial assistance. There were some legal clinics available. There were also agencies that were available to the general public that were helpful, such as clothing
and food banks. Participants placed emphasis on the importance of concrete assistance that would help with the basic needs of the children in their care.

The only aspect of policy that was seen as working well was that there were benefits available through two government income assistance programs: the Child-only TANF benefit of $128 per month and Medicaid. Participants especially valued Medicaid, because it allowed the children in their care to get the medical service and care they needed. It also protected them from being responsible for the children's medical bills.

**Recommendations for Changes in Practice**

The participants’ recommendations related to improvements in practice centered on training, support, and appreciation. Below is a summary of their ideas and suggestions, discussed in the context of their experiences with current practice.

- **Training** - It is important to these relatives that the professionals with whom they must interact have knowledge about the unique characteristics and needs of unlicensed kinship families. Appropriate training would incorporate their request for competent professionals. Currently in the field, training opportunities focus on formal kinship care families. For example, there is an extensive curriculum developed by the Kinship Care Practice Project (Bonecutter & Gleeson, n.d.) as well as the training curriculum reflected in Wirth and Berzinskas’ (2011) manual, *Understanding and Addressing the Needs of Kinship Families: Training Curriculum for Child Welfare Workers*. The authors of these curricula do make reference to informal kinship care, but only as a comparison to formal kinship care. Due to the minimal amount of
information available about the experience of unlicensed informal kinship care at this point, a training curriculum would still need to be developed.

- **Support** - These participants are requesting that there be a resource that provides support for them. This service would need to have some authority—to be different than informal support services already available in the community. They especially request help dealing with the parents. Because they are not under the authority of the child welfare system, the caregivers are on their own to handle any problems that arise, whether within the family or without. Another specified need is to have legal assistance available to them so they are able to obtain custody and maintain that custody without exhausting their financial resources. Caregivers said there are legal clinics in the community, but they provide information only, not representation. One grandmother suggested that there be an official advocate's office that would help represent the relatives’ position and needs.

- **Appreciation** - Another request from participants related to appreciation of their role in keeping the children safe, providing a home for them, and fighting to obtain or retain custody, as well as the sacrifices they have made. This can be interpreted as a desire for respect. This theme was also highlighted by Blair and Taylor (2006) in their research entitled, *Heroes Stepping up to the Plate*. Similar to the present study, participants in the Blair and Taylor study were aware that without their willingness to care for their
relative's children, those children would be in foster care, yet they believed they were treated as undeserving.

**Recommendations for Changes in Policy**

Participants in this study often did not propose specific solutions but addressed the broader problem that the systems with which they were involved just did not work. "Magic question. The system needs to be re-vamped" is a quotation that summarizes that perspective. One relative observed that it might not be necessary to make changes in policy; rather the focus should be on following the guidelines that are already in place. To accomplish this, she suggested beginning with adherence to the doctrine of "the best interest of the child." If everyone—family and professionals—could maintain that commitment, many of these problems would resolve themselves.

More specific recommendations by participants included changes in policy that targeted increased financial support; formal recognition of their role as informal kinship caregiver in the child welfare, legal, and income assistance systems; and provision of necessary information in order to carry out this role. These suggestions are summarized below in the context of their present experiences.

- **Increased financial support** - The recommendation to increase financial support for informal kinship families was, with one exception, consistent across the participants interviewed and also nearly consistent across recommendations in the existing literature. This constituted a change in policy that kinship caregivers considered would be most helpful. As previously stated, between informal kinship families and foster care families, including
formal kinship families, there is a significant discrepancy in reimbursement for the children involved. Blair and Taylor (2006) confirmed this: "One of the most consistent findings of all recent studies of kinship care is that they receive less money than foster parents" (p. 8). It can be speculated that this may create an incentive for child welfare to promote informal kinship care by saving the money they would otherwise spend supporting formal kinship foster parents (Blair & Taylor, 2006). The relatives in this study considered this discrepancy unfair and an exploitation of their commitment to the children.

- Formal recognition of the kinship caregiver role - A second recommendation from the participants was to develop a separate and unique process in the child welfare, legal, and income assistance programs for relatives providing informal kinship care. Revision of policies in child welfare would lead to their having a role that is recognized and legitimized, so they would have a voice in what happened to them and to the children in their care. The participants expressed that now they are not treated like family. For example, they are not included in information shared with the parents or in planning for the expectations of those parents, even though they have taken on the parents' responsibilities. As one relative put it very simply, "It's like we don't exist."

Participants requested that there be changes in the legal process that they must follow in order to obtain custody of the children in their care. Many said they had to spend thousands of dollars to get custody in order to keep
these children safe. They continually had to fight—fight the courts, child welfare, and the parents. A specific suggestion was to make it easier to take away the rights of the parents if the alternative was to keep the children in the family, with relatives.

Revision of policies in the income assistance system would lead to a different application process and different employees who worked with them. The application process would not involve filling out a form that did not fit their situation, or waiting in long lines to file that application, or being required to show up early in the morning for orientations that also did not fit their situation. Ideally, they would be treated as though they were providing a valuable service and be accorded the dignity that should accompany that fact. To accomplish this goal, participants recommended that there be specified employees who are aware of the unique regulations for informal kinship caregivers and so are not as likely to make them conform to unnecessary rules and less likely to erroneously deny them benefits. Or, as pointed out by one grandmother, employees would be unlikely to erroneously grant benefits, which later must be paid back.

- Provision of necessary information - A third recommended change in policy was to develop a system that provided informal kinship caregivers the knowledge they needed in order to care for their relative's children. Many found themselves suddenly taking care of someone else's children and having absolutely no idea what they needed to do. They did not know anything about
the child welfare or income assistance systems, because they had never
needed to deal with these before. There was no one to help them navigate
these systems. One relative suggested something like an ombudsman to whom
they could go for help. Based on the needs voiced in this study, perhaps
classes could be offered, but they would need to be at a time that was
convenient because many worked, and the classes would need to provide child
care. As poignantly described by one participant, "Right now, you not only
need to discover the answers, you need to discover the questions."

**Contributions of the Study**

The primary contribution of this study is that it adds to the scant literature about
relatives who provide unlicensed kinship care. The handful of studies that were located
included 11 quantitative, two mixed methods, and four qualitative research studies, plus a
few conceptual articles. This present research adds a fifth qualitative study. In addition, it
is the only one of the existing studies that specifically asked participants about the
rewards and challenges of their experience. In some of the other research, authors
deduced those positive and negative experiences from the responses of their participants
(Blair & Taylor, 2006).

With 14 participants, this is the largest purely qualitative study with only informal
kinship families. The large research project by Gleeson et al. (2009) consisted of 207
participants but included families with parents in the home. Moreover, in that study, the
participants’ responses were not recorded and were merged with the interpretations of the
researchers.
Another contribution of the present study is the addition of unique and personal stories to existing knowledge about this topic. These participants willingly shared intimate details about their family, their emotions, and their experiences. That information is a gift to families and professionals.

Finally, this is the only research about informal kinship care that adds the perspectives of participants to the recommendations made about practice and policy. Most often, authors have provided recommendations at the end of their research that have been deduced from the responses of their participants. Here, informal kinship caregivers shared their own ideas about what needed to be different about both practice and policy. They also contributed information about what was working well. Their ideas have some similarity to those recommended by other researchers. But, they are more valid, because they are first-hand and based on actual experience.

There were some unexpected findings in the results of this research. One was that though some of the children had experienced abuse and neglect, none had been the victims of the most severe abuse, such as burns or broken bones or sexual abuse. This could mean that child welfare became involved in cases where there was the most concern for the safety of the children. It might also mean the professionals wanted to keep those children in protective custody and questioned the ability of informal kinship families to keep children safe from the parents in those situations.

Another unexpected finding was the degree of anger expressed by the participants who had been involved with the child welfare system and the professionals in it. Anger was mentioned in other research but not to this degree. In addition, there were quite a few
children who were premature. All of them had some type of disability, and their parents abused drugs and alcohol. This confirms information about the risks to children when their parents continue substance abuse.

An identified problem, unique to the results of this study, was the degree of violence experienced by the relatives—from parents, extended family, and even the children. It was also clear how hard these participants had to fight to get and keep custody of the children, to keep them safe. The most important unexpected finding was that given the barriers faced by the participants, none regretted being the family for their relative's children. In spite of all the difficulties, and there were many, none abandoned this role.

**Limitations of the Study**

There are several limitations to this study. The primary limitation is the inability to generalize findings to any population other than these participants. These relatives who provided informal kinship care were all from the medium-size metropolitan area of Denver. It is expected that information from participants would differ from that provided by caregivers in the large city of Chicago (Gleeson et al., 2009), or the rural area of North Carolina (Charon & Nackerud, 1996) or an East coast city in Maryland (Simpson & Lawrence-Webb, 2009). However there may be some similarities with Bundy-Fazioli and Law’s (2005) study, whose one participant also lived in Colorado.

One other significant limitation relates to the method for recruiting this sample. The invitation to participate was published in a local newsletter available to any kinship family. The pool of respondents that were reached in this way had some similar
characteristics. They were interested in, and had time for reading the newsletter. They had access to the information that allowed them to get the newsletter. Also they had both the interest and the time to participate in this study. This group of informal kinship caregivers may differ from those with less interest in the topic and especially from those dealing with so much stress that it was hard just to get through the day. Furthermore, some people who are providing unlicensed kinship care may not even be aware that they are members of that particular group.

**Conclusion**

The outcome of this research, which was an exploratory qualitative investigation of the experience of providing unlicensed kinship care, discovered two distinct phenomena within that experience. The first was the path to providing care. The second was the journey through that experience, which included rewards and challenges. This discussion has highlighted some of the things that seemed to be important to the participants. These included (a) the difficulty of dealing with other family members; (b) clarification of the motivation to provide care; (c) the degree of anger and frustration with the child welfare, legal, and income assistance systems, and with the professionals within those systems; and (e) their recommendations for changes in practice and policy.
CHAPTER 7. CONCLUSION

Once upon a time, everyone assumed that children would be raised in a home with their mothers, fathers, brothers, and sisters and that they would remain at home until they married and moved away to start a family of their own. Is this story realistic today, or does it resemble a fairy tale? (Webb, 2011, p. 227)

The stories shared by the participants in this study argue both for and against the reality of this scenario. The children for whom they were caring were not living with their mothers and fathers. Their relatives offered an option to this traditional version of how things were supposed to be. Though these children could not live with their parents, they could live with family. In this relationship called kinship care, members of the extended family willingly assume the responsibility of caring for relatives’ children. This research study was about family and about the contributions of these families to the well-being of the children in their care.

The caregivers in this study described a path to kinship care, a journey through the experiences of informal kinship care, and shared the rewards and challenges of that experience. That journey suggested four major themes within their rewards and challenges—experiences with family, experiences with systems, financial experiences, and emotional experiences. Although the participants spoke more about the challenges in their interviews, both the rewards and challenges seemed equally important to them.

Taken together, these four themes can be theoretically linked to an ecological perspective about informal kinship care (Gitterman & Germain, 2008). This perspective
contributes to understanding the experiences of the families in this study within the context of their environment. Three concepts within the ecological perspective can be applied to the informal kinship care experience. The ecological metaphor of "person-in-environment" illuminates the caregivers' experiences with family, with the systems of informal kinship care and with financial experiences. The concept of goodness-of-fit explains the difficulties faced by these caregivers when they interacted with systems that were not developed for their situations or needs. Finally, the concept of life course highlights the issues faced by relatives when they "step outside" of the expected life course to care for a relative's children.

The increasing prevalence of informal kinship care raises many challenging questions for practitioners, policy makers, and researchers (Schwartz, 2002). The participants have contributed information that can help address those concerns. For practitioners, they recommended more social support for their role as a caregiver and more appreciation for their commitment and sacrifices. It was important to the participants in this study that there be better training for the professionals with whom they interact for understanding their unique role as informal kinship caregivers.

From policy makers, the participants requested a reliable method for receiving information, legal support, and separate processes for dealing with child welfare and the income assistance programs. Finally, there was a call for more financial assistance. This need has been well-documented in the literature (Annie E. Casey Foundation, 2012; Geen, 2009). Naturally, the addition of children to a home increases expenses. Participants were willing to bear that burden. Their recommendation regarding policy
change, however, was to be given the same resources and respect as foster parents—to be treated fairly.

**Implications for Social Work**

The participants in this study described stories of strength and resilience and also stories of being devalued and experiencing inequities. From their perspectives, relatives can and will raise the children in their care with or without social, emotional, or financial support. Does this mean that they are to be left on their own as they are fulfilling the duty of family members toward each other, or does it mean that they are a group in need of advocacy to be able to provide the best possible care for their relative's children? It is the position of this researcher-social worker that relatives are to be celebrated for the tradition of kin-keeping; there is no requirement for them to do so. Informal kinship caregivers can be considered a hidden group, whose experiences, needs, and wisdom have long been overlooked (Schwartz, 2002). The caregivers in this study shared information about how they are were doing and what they needed, but it will require advocacy to translate their recommendations for practice and policy into action.

Advocacy is one of the social work profession's ethical responsibilities and "has always been a cornerstone" (NASW, 2009, p. 325) of social work practice. Advocacy can take many forms. One logical issue for advocacy would be equalizing financial reimbursement between formal and informal kinship caregivers. A social justice perspective (NASW, 2009) requires that this goal be pursued, because it is unjust to privilege one family form over another. It has been suggested that "we wrestle with the reasons behind funding disparities" (Schwartz, 2002, p. 455) that underlie current policies
which discount the value of the public good that informal kinship caregivers provide. Further research would be needed to assess the cost of equitable financial support, both through reimbursement equal to those of formal kinship caregivers and through equal access to the new guardianship assistance programs made available in the Fostering Connections to Success and Increasing Adoptions Act (2008). In the broadest sense of advocacy, "if parents, kinship caregivers, and foster parents were equally eligible for benefits and services, many troublesome questions about kinship care…would be moot" (Hegar & Sannapieco, 1995, p. 213).

Though equitable distribution of financial resources is a critical objective, in these financially troubled times, it may not be possible to achieve. Advocacy in the current environment may need to focus on preserving the benefits now available to almost all informal kinship families: Child-only TANF and Medicaid. Just maintaining the status quo does not seem like progress, but in this era of economic insecurity (NASW, 2009), it may represent success.

Review of recommendations made by participants reveals that not all—in fact not the majority—of the participants’ requests would require large financial commitments. Advocacy was requested by participants for intangibles, such as recognition and respect and for support in their role as caregivers—goals that can be pursued in social work practice. Practitioners can develop training programs specifically for informal kinship families to address their unique situations and needs. They can seek volunteer help from the legal community to help with custody issues. Social workers can advocate for
programs in the community that help informal kinship families with basic needs and social support.

The ability to work with families of different ethnic and cultural backgrounds is important, because kinship care is especially predominant in families of color (Simpson & Lawrence-Webb, 2009). Traditions and beliefs about accepting help also vary across cultures (Webb, 2011). NASW Standards for Cultural Competence (NASW, 2009) support information, referrals, and services being provided in the language and culture of the client. This is not always possible, especially when services and programs are underfunded. The more pragmatic approach is to use "cultural curiosity" (Webb, 2011) and ask families for help to understand their unique situations.

Within the arena of policy, social workers "should engage in social and political action that seeks to insure that all people have access to the resources, employment, services, and opportunities they require" (NASW, 2009, p. 395). This includes advocacy to restructure application processes of the income assistance programs, because these processes were not developed to serve kin (Annie E. Casey Foundation, 2012).

A critical goal, as underscored by the anger of these participants, is to advocate for revision in the interaction between child welfare agencies and informal kinship families. This revision would solidify not just a voice for informal kinship caregivers, but a legitimate role for them. The family-finding and family notification requirements of the Fostering Connections to Success and Increasing Adoptions Act (2008) include relatives in child welfare processes but do not necessarily give them a role in making decisions. At
this point, the process remains unclear and depends on workers’ attitudes and practices (Gibson & Rinkel, 2012).

From within the social work profession, there is a recommendation for a new policy that may provide a solution for informal kinship families to obtain custody of the children in their care (Gibson & Singh, 2010). This proposal, for de facto custodian legislation, would avoid the painful family divisions that often accompany adoption or the ending of parental rights. It would also avoid the expenses of legal representation that informal kinship caregivers often incur. In this process, the caregivers can present the court with their history of providing care for their relative's children for a period of time and be granted guardianship by the fact of having provided that care. This bridges the gap between formal kinship care and the lack of authority and rights often characteristic of informal kinship care (Gibson & Singh, 2010).

One important concern related to kinship care that Wilson and Crewe (2007) discussed is the transition from kinship care as a family tradition to a social policy (Wilson & Crewe, 2007). The tension between these two positions about kinship families has been noted throughout the literature. “When does a family's private crisis become a public concern and when does that public concern end?” (Malm & Geen, 2003, Summary and Discussion, para 5). The lack of clear policies for informal kinship care concerns many experts and may result in less attention from social workers and policy makers than formal arrangements (Gibson & Singh, 2010).

The dilemma is whether informal kinship care is considered an extension of the biological family or a placement outside of the (family) home. If informal kinship
caregivers are family, as are parents, they should not automatically assumed to be in need of investigation and ongoing supervision. If informal kinship caregivers are care providers, like licensed foster parents are, then there is a need for oversight through public social policy. The social work profession can offer a perspective on this debate. One value of social work is strengthening families and another is self-determination (NASW, 2009). The goals for children are safety, a permanent home, and well-being; current research indicates kinship care can provide all of those (Annie E. Casey Foundation, 2012). Barring evidence to the contrary for specific families, kinship care is good for kids.

**Suggestions for Future Research**

A primary need for future research is to continue to add to the information from informal kinship caregivers about their experiences and needs. Qualitative research is particularly important in gaining perspectives of experience, and to date, only four qualitative research studies were located while carrying out this study. Four studies do not constitute a body of knowledge. However, before more qualitative studies can be carried out, it is necessary to develop strategies to locate these kinship care families in a way that does not focus on recruitment from a public child welfare resource.

Another focus for research that could be useful is to obtain information from formal kinship caregivers about their experiences and compare that information to what is provided by informal kinship caregivers. Looking for similarities and differences in those experiences might aid practice and policy by highlighting what works well and what does not and in which situations. In addition, it would be helpful for future research studies to
identify whether participants were formal or informal caregivers or both. There is a large amount of information, for example, about grandparents or African American families, that does not make this distinction. Hence such studies cannot be compared to those about formal and informal kinship care.

While supporting the need for future research, it is also important to address the gap between research and practice. Though needs have been identified, in this and other studies, there must be a bridge that facilitates implementation of those recommendations in social work practice (Bundy-Fazioli & Law, 2005).

One question that emerged from this study is the dilemma regarding how to learn about the experiences of relatives who decided not to provide informal kinship care. How did they make that decision? What did they see as the rewards and challenges of that experience? What were the barriers to providing care? The participants in this study made one choice, but it was not the only choice. Improving the opportunities for children to be in informal kinship families is dependent on understanding what prevents those opportunities.

This research study began with the quest for an appropriate title. The initial working title was Angels Among Us. The idea of an angel seemed to be a good person doing a good thing. At that point, it was not known whether the data would support this assumption. Other researchers have given thought to the titles of their studies. Blair and Taylor (2006) found that the kinship caregivers in their study thought of themselves as heroes. Their title, "Heroes Stepping up to Help Children," reflected that theme. Edelhoch et al. (2002) thought along the same lines with their title, Unsung Heroes.
Heroism is a quality that is supported by the data from this present study. However, the overarching theme revealed in this research is that participants thought of themselves as family. There were no descriptions of themselves as informal kinship caregivers, or angels, or heroes. Use of the original working title of *Angels Among Us* would not be respectful of the stories that were shared. What these people who are caring for a relative's children want us to know is,

"That's what families do."
REFERENCES


Adoption and Safe Families Act, 42 U.S.C § 671 et seq. (1997).


165


