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Informal kinship caregivers' parenting experience

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ABSTRACT

The study explored parenting experiences of informal kinship caregivers who were not currently involved with the public child welfare system. Forty-one informal kinship caregivers participated in an anonymous survey that inquired about their demographic information and parenting experiences. The majority of participants were African American grandmothers in their 50s with a high school diploma and annual household income below $50,000. Approximately 70% of the participants had legal custody of a related child in their care, and were committed to providing a long-term or permanent placement for the child. While financial hardship was the most common challenge participants reported, only 37% of them received governmental assistance. Other challenges included children's medical and mental health issues, and childcare. Despite these challenges, the majority of participants (82.9%) perceived their kinship caregiving experience as positive or very positive. Forty-two percent of participants acknowledged the bidirectional nature of their relationship with related children. Another positive experience noted was children's growth and safety. These findings illustrate both common and diverse parenting experiences of informal kinship caregivers. They also highlight limited resources available and accessible for this population. The implications of the study findings are discussed.

1. Introduction

When children are unable to remain at home with their parents due to challenges such as parent instability and/or substance abuse, kinship care has long been a preferred out-of-home care option (Casey, 2012; Geen, 2004; Rubin et al., 2017). Kinship care is generally described as "the full-time care, nurturing, and protection of a child by relatives, members of their Tribe or clan, godparents, stepparents, or other adults who have a family relationship to a child" (Child Welfare Information Gateway [CWIG], 2019a, para. 1). Currently, kinship care is the reality for more than 2.5 million children in the United States (Administration for Children & Families, 2020).

Children can be placed in kinship care informally through an arrangement with biological parents, or formally through engagement with a public child welfare agency. In both informal and formal kinship care, caregivers are often abruptly thrown into caring for the children without much warning or ability to prepare emotionally or financially (Bailey, 2020; Gentles-Gibbs & Zema, 2020; Gleeson et al., 2009). Consequently, kinship caregivers experience higher rates of parenting stress, service needs, and financial hardship (Lee et al., 2016; Yancura, 2013). These challenges are often related to the physical and emotional health problems, and social and academic difficulties faced by children in kinship placements (Gerard et al., 2006; Neely-Barnes et al., 2010; Pilkauskas & Dunifon, 2016). Additionally, as grandparents raise many of the children in kinship care, they often face their own health challenges and rely on limited, fixed incomes (Berrick & Hernandez, 2016).

While many studies showed challenges faced by kinship caregivers (Berrick & Hernandez, 2016; Bundy-Fazioli et al., 2013; Crowther et al., 2014; Lee et al., 2016; Lin, 2018; Yancura, 2013), little is known about their overall parenting experience, especially that of informal kinship caregivers. This in turn affects the limited programs and services that support children and caregivers in informal kinship care (AECF, n.d.; Crowther et al., 2014; Hayslip & Kaminski, 2005; Lee et al., 2016). Therefore, this exploratory study seeks to understand the parenting experience of informal kinship caregivers, including its positive and challenging aspects. Additionally, this study seeks to understand the supports that kinship caregivers believe would improve their parenting experience as kinship caregivers.

2. Literature review

2.1. Formal and informal kinship care

A review of the relevant literature was conducted using key words

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such as "informal kinship care" and "parenting grandparents." A search of publications revealed literature across multiple disciplines including law, gerontology, medicine, and social work. While it is acknowledged that kinship care presents in many forms (Testa, 2017), many studies make no distinction between the two separate populations, formal and informal kinship care, in their samples. There is the caregiving population concerned with the concept of formal kinship care, which is generally known as kinship foster care. In formal kinship care, the public child welfare agency has the legal custody of children, and kinship caregivers in some states may be entitled to receive foster care payments as certified foster parents. The other population is concerned with the concept of informal kindship care, where an arrangement is made privately between parents and kinship caregivers, or kinship caregivers voluntarily step in often to prevent children's entry into foster care. In informal kinship care, children may or may not have prior or current involvement with child protective services (CPS), and children's legal custody remains with their parents (AECF, 2012; Berrick & Hernandez, 2016; Bramlett et al., 2017; CWIG, 2016, 2018; Shovali et al., 2019). Varying legal definitions of this population and the array of services across geographic locations further complicate the examination of this research area (Gibson & Singh, 2010).

2.2. *Experiences of informal kinship caregivers*

Research focusing on informal kinship care is limited as it was often not distinguished from other types of kinship care (Berrick & Hernandez, 2016). However, existing literature clearly demonstrates that informal kinship caregivers, including grandparents, face multiple challenges such as high levels of stress, mental and physical health issues of caregivers and children in their care, and difficult relationships with the biological parents of children in their care (Bundy-Fazioli et al., 2013; Crowther et al., 2014; Gleeson et al., 2016; Hayslip & Kaminski, 2005; Lee et al., 2016; Lin, 2018; Smithgall et al., 2009). Furthermore, prior studies consistently report difficulties informal kinship caregivers experience in financial (Bailey et al., 2013; Feldman, 2017; Hayslip & Kaminski, 2005; Strozier et al., 2005; U.S. Government Accountability Office, 2020) and legal issues such as the custody and adoption (Crowther et al., 2014; CWIG, 2019b). It is reported that kinship caregivers do not receive financial support even when they are eligible due to the lack of knowledge and difficulty navigating the system (AECF, n.d.; Crowther et al., 2014; CWIG, 2019b; U.S. Government Accountability Office, 2020). Another unique challenge informal kinship caregivers experience is establishing legal authority as the guardian of children in their care. In informal kinship care, the legal custody of children remains with their biological parents unless kinship caregivers obtain custody, guardianship, or decision-making ability for children in their care, which many kinship caregivers reported to be expensive and difficult (Crowther et al., 2014; CWIG, 2016, 2019b; U.S. Government Accountability Office, 2020). As a result, kinship caregivers may have difficulty enrolling the children in school or obtaining health care services unless they have required documents such as a birth certificate (Lee et al., 2016; U.S. Government Accountability Office, 2020).

While most studies focused on challenges informal kinship caregivers experience, several studies pointed toward their strengths. For example, in their qualitative examination of 15 Appalachian families, Hatcher et al. (2018) reported that many grandparents believed that caring for grandchildren positively affected their health by helping them to be "healthier, happier, and stronger because they are active in keeping up with their grandchildren" (p. 47). Similarly, Bundy-Fazioli et al. (2013) noted that grandparent caregivers in their study were able to reflect on their own resilience in the face of "anger and frustration" (p. 454) they felt about the situation, even though the study mainly focused on their stress and challenges.

2.3. *Support for informal kinship care*

Recognizing the difficulties and challenges informal kinship caregivers experience in caring for related children, prior literature consistently recommended more support for this population (Bunch et al., 2007; Gentles-Gibbs & Zema, 2020; Simpson & Lawrence-Webb, 2009). At the same time, previous studies outlined limited programs and services available for informal kinship caregivers, particularly in comparison to formal kinship caregivers, as well as difficulties accessing and using available programs and services (AECF, n.d.; Crowther et al., 2014; Hayslip & Kaminski, 2005; Lee et al., 2016; Letiecq et al., 2008). For example, it is consistently reported that financial support is very limited for informal kinship caregivers. They are not eligible for Title IV-E foster care payments because they are not certified foster parents. While they may be eligible for the Temporary Assistance for Needy Families Non-Parent Caregiver (NPC) Child-Only grant, they often are not aware of their eligibility, leading to the underutilization of the NPC Child-Only grant. (Gibbs et al., 2006; Golden & Hawkins, 2012; Xu et al., 2020).

With the recent passage of such legislation as the Family First Prevention Services Act of 2018 and Consolidated Appropriations Act of 2021, more support for kinship families is now available at the federal level (Children's Defense Fund, 2021, n.d.). One form of organized support at the national level for kinship caregivers, including informal kinship caregivers, is an information and referral service called kinship navigator programs. Earlier evaluation of kinship navigator programs showed promising results, particularly in the areas of children's safety, permanence, and well-being (Casey Family Programs, 2018; CWIG, 2019b). It was also reported that kinship caregivers who received services from kinship navigator programs were more likely to get needed information and services (CWIG, 2019b; Woodruff et al., 2014). However, prior literature noted that kinship navigator programs may not fully meet kinship caregivers' need for emotional and social support, and financial assistance (Feldman & Fertig, 2013; Woodruff et al., 2014) as they were intended to increase caregivers' knowledge of and access to services rather than providing them (CWIG, 2019b). In addition, the rigor of evaluation studies on kinship navigator programs was low, and no existing programs have met standards for "well-supported, supported, promising" programs (Grandfamilies.org, n.d.-a; Lin, 2014; U.S. Government Accountability Office, 2020).

As Chan and colleagues (2019) noted, more research is needed in order to develop effective interventions, particularly for informal kinship caregivers. The scarcity of literature on effective programs for informal kinship caregivers and children in their care may be attributed to the limited understanding of their needs and experiences. While many studies were conducted for kinship foster care over the last two decades, research on informal kinship care is still very limited (Berrick & Hernandez, 2016). Furthermore, literature that solely focuses on informal kinship care is even sparser as many studies did not distinguish different types of kinship care or focused on grandparents excluding other kinship caregivers. This complicates our understanding of each type of kinship care (Berrick & Hernandez, 2016). This exploratory study thus seeks to improve our understanding of informal kinship caregivers, particularly their parenting experience. The study also explores the supports informal kinship caregivers may need in improving their parenting experience. This improved understanding of informal kinship caregivers' experiences will in turn help with the development and implementation of supporting programs and services for children and caregivers in informal kinship care.

3. Methods

3.1. *Sample*

Participants of the study were informal kinship caregivers, meaning that related children in their care were not currently involved with the public child welfare system. Study participants were recruited in collaboration with organizations serving informal kinship families. Initially, three organizations in the Washington, D.C. metropolitan area directly working with informal kinship families shared the study information with caregivers on their listservs. Interested kinship caregivers were asked to contact the research team to learn more about the study and to decide whether to participate in the study or not. Study participants were also recruited using snowball sampling methods: the three agencies connected the research team with their partnering organizations that work directly or indirectly with kinship families. These partnering agencies shared the study information with kinship caregivers they have access to, and they referred the research team to other organizations directly or indirectly serving informal kinship families. During this process, it was emphasized that only informal kinship caregivers were eligible to participate in the study. In total, the research team contacted over 40 organizations in the Washington, D.C. metropolitan area between March 2019 and March 2020, and 42 caregivers participated in the study. One of them was found to be a parent, not an informal kinship caregiver, and was excluded from the study sample. As a result, the final sample size of the study was 41.

3.2. *Survey instrument*

Study participants were asked to complete an anonymous survey on their parenting experiences either online or via mail. A gift card worth $40 was offered to those who had completed the questionnaire. The questionnaire was developed in collaboration with the three organizations noted previously. Study participants were asked to provide demographic information for themselves and children in their care. The questionnaire had items on current kinship care arrangements, and participants' parenting experience. When participants cared for multiple related children, they were asked to respond focusing on the youngest child (i.e., focus child). This was to make the participation process easier (e.g., in case the oldest child in their care was 18 or older). The questionnaire also had items on the focus child's behavioral and educational outcomes, which will be discussed in a future study. The study was approved by the Institutional Review Board of the University with which the authors were affiliated.

3.2.1. *Demographic information*

In this section, participants were asked to share information on their demographics, including age, gender, race, and marital status. Participants' perception of their own physical and mental health was also queried. The information on children they were caring for was requested, including their age, gender, race, and relationship with participants.

3.2.2. *Kinship care arrangement*

This section contained questions on current kinship care arrangements, including reasons for the children's placement with them, and how long they had been caring for and how long they expected to care for the focus child. Participants were also asked whether they had received any governmental benefits for kinship care arrangements, and which community resources were available to them. Additional items inquired whether participants had legal custody of the focus child, and the focus child's birth certificate and social security card.

3.2.3. *Parenting experience*

Using both standardized and unstandardized instruments, this section explored participants' parenting experiences. Parenting Stress Index-4-Short Form (PSI-4-SF; Abidin, 2012) was used to assess participant levels of parenting stress. For the study, the word, *parent*, in the instrument, was replaced with the word, *parent/caregiver*, with the publisher's approval. PSI-4-SF consists of three subscales, Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), and each subscale has 12 items. The PD subscale examines parent/caregiver levels of distress that are directly related to their role as a parent/caregiver (e.g., a sense of parenting incompetence, conflict with their spouse/partner, and limited social support). The P-CDI subscale assesses parents/caregivers' perception of their interaction and bond with child(ren), and the DC subscale measures parents/caregivers' assessment of child(ren)'s behavioral characteristics. Higher scores indicate higher levels of stress experienced, and the reliability and validity of PSI-4-SF were reported to be high (Abidin, 2012). In the current study, Cronbach's alpha was 0.92, 0.92, and.58 for the subscales of PD, P-CDI, and DC, respectively, and 0.93 for the entire scale.

The questionnaire included the Parent Satisfaction Scale (PSS; Guidubaldi & Cleminshaw, 1985), which measures levels of satisfaction in relation to different aspects of parenting. The original survey has five subscales on spouse support, parent-child relationship, parent performance, family discipline and control, and general satisfaction. Each subscale has 10 items with four response options, and higher scores indicate higher levels of satisfaction. The current study used three subscales, including parent-child relationship, parent performance, and general satisfaction. Since the original scale was designed for parents, items were revised for kinship caregivers. For example, 'my children' in the original scale was changed into 'my related children'. Cronbach's alpha ranged from 0.76 to 0.93 for the five subscales in the initial reliability assessment (Guidubaldi & Cleminshaw, 1985). In the study, Cronbach's alpha was 0.83, 0.84, and 0.67, respectively, for the subscales on parent-child relationship, parent performance, and general satisfaction, and 0.85 for all 30 items.

In addition to the two standardized instruments, participants were asked to rate their kinship caregiving experiences using a 5-level Likert item where response options ranged from very negative to very positive. The questionnaire inquired participants' positive and challenging experiences as a kinship caregiver along with the types of support they would like to receive, using open-ended questions. Specifically, these questions asked the participants to share 1) positive experiences they have had or might expect in caring for related children; 2) challenges they might have experienced or might expect to experience in caring for related children, and; 3) what supportive programs and services they would like to have in caring for related children.

3.3. *Data analytic methods*

This is an exploratory study with a relatively small sample size. As a result, the study used descriptive analyses as a main analytic method. For participants' answers on open-ended questions, three researchers independently reviewed the responses, and developed coding schemes for each question. The three researchers then reviewed the coding schemes as a group, and reached a consensus through discussion when there was a disagreement or discrepancy in their coding schemes. Informed by social work perspectives on qualitative research (Padgett, 2016), the use of open-ended questions in this study represents an effort to capture the experiences and meaning making of informal kinship caregivers. The analytic approach of the participants' responses to open-ended questions is informed by interpretive phenomenological analysis (IPA) or a constructivist approach that attempts to "understand what it is like, from the point of view of the participants, to take their side" (Smith & Osborn, 2007, p. 53). IPA is a step-by-step process that involves the immersion of the researcher in the reading and re-reading of the original data while checking for accuracy against the survey instruments, making notations, identifying emergent themes, searching for connections across emergent themes, then moving to the next case and finally looking for themes across all cases (Smith & Osborn, 2007). In this study, the emergent themes were coded and assessed across responses using constant comparison.

4. Results

4.1. Sample characteristics

Participant demographic characteristics are presented in Table 1. Out of the 41 participants, 27 resided in Maryland, 10 in Virginia, and five in Washington, D.C. at the time of the survey. On average, the participants' age was 54.2 years (SD = 9.52), ranging from 35 to 76. The majority of the participants were Black females with a high school diploma or associate degree. The number of participants was similar between those who were married (n = 14, 34.1%) and those who were single (n = 13, 31.7%). Close to 60% of the participants had annual household income below $50,000.

The majority of the participants rated their physical health as good, very good, or excellent. Nine participants (22.0%) perceived that their physical health was fair or poor. In relation to their mental health, six participants (14.6%) reported that they had experienced psychological/emotional problems in the past month.

4.2. Kinship care arrangement

Table 2 summarizes information on the participants' current kinship care arrangement. The mean number of related children the participants were caring for was two (SD = 1.07), ranging from one to five, and the total number of children at home was 2.5 (SD = 1.69) on average with a range of one to nine children. Over 60% of the participants (n = 26) responded that they did not receive any governmental benefits for caring for related children. For the 15 participants receiving governmental benefits, cash assistance such as Temporary Assistance for Needy Families (TANF) was the most common benefit (n = 13, 86.7%). When asked about available resources in the community, about half of the participants noted that there were no resources available or they were not aware of any resources. Thirteen participants (31.7%) responded that kinship programs by community or governmental agencies were available within their community.

Table 1
Participant demographic characteristics (N = 41).

Variable	n	%[a]
Age		
30–39	3	7.3
40–49	7	17.1
50–59	18	43.9
60 or older	13	31.7
Gender		
Male	2	4.9
Female	39	95.1
Race		
White (non-Hispanic)	7	17.1
Black	33	80.5
Other	1	2.4
Marital status		
Married	14	34.1
Single	13	31.7
Other (widowed, divorced, or separated)	14	34.1
Educational attainment		
High school diploma or GED	24	58.5
Associate degree	9	22.0
Bachelor's degree	4	9.8
Graduate degree	4	9.8
Current employment status		
Working full-time	17	41.5
Working part-time	7	17.1
Not working	17	41.5
Annual household income[b]		
Less than $15,000	7	17.1
$15,000–$24,999	7	17.1
$25,000–$49,999	10	24.4
$50,000–$74,999	8	19.5
$75,000–$99,999	1	2.4
$100,000 or more	8	19.5
Physical health		
Excellent	4	9.8
Very good	13	31.7
Good	14	34.1
Fair	7	17.1
Poor	2	4.9
Don't know	1	2.4

Note: [a.] The total percentage may not add up to 100.0 due to the rounding; [b.] In 2019, median income was reported to be $49,542 in Washington, D.C., $40,341 in Maryland, and $35,421 in Virginia.

Table 2
Information on current kinship care arrangement (N = 41).

Variable	n	%
Number of related children at home		
One	18	43.9
Two	12	29.3
Three or more	11	26.8
Total number of children at home		
One	14	34.1
Two	12	29.3
Three or more	15	36.6
Receipt of governmental benefits		
Yes	15	36.6
No	26	63.4
Type of governmental benefits received (n = 15)[a]		
Cash assistance	13	86.7
Medical assistance	3	20.0
Food assistance	3	20.0
Child care	3	20.0
Available resources in community[b]		
Kinship program by community/governmental agencies	13	31.7
Church	3	7.3
Other (e.g., libraries, schools, unspecified)	9	22.0
None or don't know	20	48.8
Focus child age		
0–2	6	14.6
3–5	10	24.4
6–12	16	39.0
13 or older	9	22.0
Focus child gender		
Male	15	36.6
Female	26	63.4
Relationship to focus child		
Grandparent	28	68.3
Uncle/aunt	8	19.5
Cousin or sibling	2	4.9
Great grandparent or great uncle/aunt	3	7.3
Primary reason for kinship arrangements		
Parent substance abuse	10	24.4
Parent mental health	5	12.2
Parent incarceration or death	5	12.2
Abandonment	5	12.2
Financial hardship	3	7.3
CPS involvement	7	17.1
Child behavioral issues	2	4.9
Other	3	7.3
Missing	1	2.4
Length of current kinship arrangements		
Less than a year	8	19.5
1–3 years	12	29.3
4–6 years	7	17.1
7 or more years	14	34.1
Expected duration of kinship arrangements		
Less than a year	2	4.9
1–2 years	2	4.9
3–5 years	2	4.9
Until child's adulthood or indefinitely	29	70.7
Uncertain	6	14.6
Legal custody/guardianship		
Yes	28	68.3
No	13	31.7

Note: [a.] Participants were asked to list all the benefits they were receiving; [b.] Participants were asked to list all available resources.

The participants were asked to respond focusing on the youngest child (i.e., focus child) when caring for two or more related children. The mean age of the focus child was 7.9 (SD = 4.91), ranging from 4 months to 17 years, and the majority of the participants were the focus child's grandparents (n = 28, 68.3%). The reasons for current kinship arrangements were diverse. The most common reason was parental substance abuse (n = 10, 24.4%), followed by Child Protective Services (CPS) involvement where participants explicitly noted that CPS or court systems were initially involved (n = 7, 17.1%). On average, participants had been caring for the focus child for 5.3 years (SD = 4.86) with a range of 2 months–17 years, and the majority of them expected to continue their caregiving responsibility indefinitely or until the child's adulthood. Close to 70% of the participants reported that they had the legal custody or guardianship of the focus child. Most participants had the focus child's birth certificate (n = 39, 95.1%), and social security card (n = 36, 87.8%) at the time of the survey.

4.3. Parenting experiences

4.3.1. Findings from close-ended questions

Findings on the participants' parenting experiences are presented in Table 3. Overall, the majority of participants perceived their kin caregiving experience as positive: over half of them (n = 24, 58.5%) rated their experience very positive, and only one participant said that the experience was negative.

The participants' mean total score on PSI-4-SF was 80.9 (SD = 24.13), ranging from 48.6 to 149.7. According to Abidin (2012), a total score of 109 or below would be considered a normal range. The score between 110 and 113 would indicate high levels of stress, and 114 or higher would imply clinically significant levels of stress. In the study, the number of participants whose total score was 110 or higher was four (9.8%). The participants' average scores on the subscales of PD, P-CDI, and DC were 25.4 (SD = 11.21), 25.5 (SD = 9.52), and 30.7 (SD = 6.54), respectively, which were within a normal range. Individuals would be considered to have high levels of stress if their scores on PD, P-CDI, and DC were between 38 and 39, 34 and 35, and 38 and 39, respectively. Scores of 40 or higher, 36 or higher, and 40 or higher on these subscales would suggest clinically significant levels of stress. The number of participants whose score would indicate high or clinically significant levels of stress was eight (19.5%) for the subscale of PD, and seven (17.1%) for the subscales of P-CDI and DC.

Table 3
Participant parenting experience (N = 41).

Variable	n	%
Overall kinship caregiving experience		
Very positive	24	58.5
Positive	10	24.4
Neutral	5	12.2
Very negative	1	2.4
Missing	1	2.4
Positive experience[a]		
Joy	8	19.5
Bidirectional nature of relationship	17	41.5
Child's growth	15	36.6
Assurance that child is safe and loved	10	24.4
Child's no involvement with public child welfare system	1	2.4
Support from government or community organization	3	7.3
Opportunity for a second chance as a parenting figure	1	2.4
No positives	2	4.9
Challenging experience[a]		
Finance	13	31.7
Child care	4	9.8
Child medical issue	7	17.1
Child mental health issue	5	12.2
Child behavioral issue	3	7.3
Child educational issue	2	4.9
Caregiver medical issue	1	2.4
Difficulty in caregiver self-actualization	2	4.9
Issues with biological parents	3	7.3
No support from government and/or family	4	9.8
Everything	1	2.4
No reported challenge	12	29.3
Support needed[a]		
Finance	14	34.1
Child care	4	9.8
Respite	6	14.6
Support group	5	12.2
Education/training	1	2.4
Extracurricular activities/summer camps	10	24.4
Mentoring for child	3	7.3
Mental health services	7	17.1
Tutoring	3	7.3
Housing/food/clothing/medical services	6	14.6
Not sure/no response	6	14.6

Note: [a.] Participants were asked to respond to open-ended questions, and were able to list multiple things for a given question.

On average, the participants' total score on PSS was 98.6 (SD = 12.07) out of possible 120.0, and their scores ranged from 77.7 to 118.9. For each subscale, the possible total score was between 10 and 40, and higher scores would imply higher levels of satisfaction. The participants' mean scores were 33.9 (SD = 5.21), 32.2 (SD = 5.55), and 33.0 (SD = 4.78), respectively, for subscales of parent-child relationship, parent performance, and general satisfaction. The average score for each subscale was larger than 30, suggesting that the participants were overall satisfied with their parenting experiences. For example, about three quarters of the participants (n = 31, 75. 6%) reported that they were satisfied or very satisfied with their relationship with the child in their care: the scores of these 31 participants were between 30 and 40 on the subscale of parent-child relationship.

4.3.2. Findings from open-ended questions

Three open-ended questions inquired about 1) positive experiences and 2) challenging experiences the participants had as a primary caregiver for the related child in their care as well as 3) the support they would like to have.

4.3.2.1. Positive experiences. For the positive aspects of their caregiving experiences, many participants noted the bidirectional nature of their relationship with the child. Specifically, participants noted close bonding and connection with the related children. They also mentioned that the children had given them energy, and that they had felt the purpose from their parenting experience as a kinship caregiver. One participant wrote, "(I) formed parent-child attachment (with the child) and a deep love for him [the child]." Similarly, another participant noted:

> I am a disabled, retired military veteran and I suffer from MST [military sexual trauma] & PTSD [post-traumatic stress disorder], along with physical disabilities. He [the child] keeps me going instead of me shutting down. I am here for him but he is also here for me, which I just realized.

Many participants also mentioned the child's growth as one of their positive experiences. The children's growth referred to their physical, emotional, behavioral, social, and academic improvement since their placement with the participant caregivers, and this gave the participants feelings of pride and reward. Examples of participant responses that reflected this theme included, "I am so proud that next year she [the child] will be a senior graduating from high school and she will be attending college immediately after graduation," and "it has (been) a joy to watch them [children] grow and mature physically, mentally and academically."

Another positive experience that was commonly noted was the assurance that children were safe and loved in their care. The participants also commented on the joy they experienced as a kinship caregiver. One participant wrote, "… the peace of knowing he [the child] is safe with me and still with the family" when asked to share positive experiences. Another participant described her experience as follows, "She is a total joy. Everything about her is positive." One participant wrote “joy and pain”, which reflects the complexity of kinship caregivers’ parenting experience.

4.3.2.2. Challenging experiences. When asked about challenges they had experienced as a kinship caregiver, financial hardship was the most frequently noted (n = 13, 31.7%). One participant reported, “finances (are challenging) as they get older, (as) things get expensive.” Another participant wrote:

> I get TANF and they [TANF] do not but barely cover additional costs of food, clothing and housing. It would be great if kinship families got a continual stipend for food, clothing and housings as needed along with the governmental funding for healthcare, and TANF.

Children’s issues, including physical and mental health and behavioral ones, were another area in which many kinship caregivers reported challenges. One participant wrote, “The challenges I have experienced [were] behavior with all three children. [I am often] having to leave work because of behavior or missing work due [to] a child being suspended from school.” Another participant noted, “Grandchild has multiple DX [disability] = ASD [autism spectrum disability], ADHD [Attention-deficit/hyperactivity disorder], ODD [Oppositional defiant disorder] & extreme social anxiety. Parenting a special needs child is hard.” While many participants reported a range of challenges, 12 participants did not note any challenges.

4.3.2.3. Need for support. The support the participants would like to have was somewhat consistent with the challenges they reported. The most frequently mentioned need was financial support: 14 participants (34.1%) said that they would like to receive financial assistance, and many shared unique barriers they had experienced as kinship caregivers. One participant wrote:

> Sadly, I make too much money to qualify for any supportive services. If I were to file for daycare vouchers, I would have to file for child support against the [child’s] parents - parents that are currently homeless, jobless and in treatment. This would be a NO WIN situation.

Similarly, another caregiver stated, “[It would be helpful to offer] additional service for people who exceed the low income guidelines - like I receive 105.00 [dollars] monthly for food and that’s not enough so I have to spend a lot of cash on food.”

Other needs that were commonly noted were extracurricular activities or summer camps (n = 10, 24.4%), mental health services (n = 7, 17.1%), and respite (n = 6, 14.6%). For example, one participant said, “(I would like to have) some assistance with summer camp, after school programs.” Among those who listed mental health services, five said that they would like to have mental health services for children, one for caregivers themselves, and one for both caregivers and children.

5. Discussion

The current study attempted to expand our understanding of informal kinship care, exploring the experiences and needs of informal kinship caregivers. Before discussing the study findings, it is worth noting the difficulties the research team experienced in participant recruitment. In the study, participants were recruited in collaboration with organizations that directly or indirectly serve informal kinship caregivers. Despite the support from these organizations, it was difficult to recruit informal kinship caregivers: the research team was only able to recruit 42 participants for a one-year period while it was estimated that 337,974 children under the age of 18 lived in a household headed by relatives in the regions (i.e., District of Columbia, Maryland, and Virginia; Grandfamilies.org, n.d.-b). Since children and caregivers in informal kinship care are not currently involved with the public child welfare system, there is no centralized structure that allows their identification and tracking. This presents unique challenges for conducting research studies with this population, and it may explain the limited literature on informal kinship care. It also poses a question on how to reach and serve children and caregivers in informal kinship care when programs and services become available. Therefore, it should be examined which agencies and organizations are likely to interact with many informal kinship families, and effective strategies to engage with these families should be explored and developed in collaboration with such agencies and organizations. The strategies kinship navigator programs used can offer helpful insight: kinship navigator programs in the state of New York found the collaboration with local department of social services that offer TANF and child welfare programs the most effective method to connect with kinship caregivers (CWIG, 2019b).

The characteristics of informal kinship caregivers in the study were similar to what was reported in prior studies (e.g., Feldman, 2017; Strozier & Krisman, 2007; U.S. Government Accountability Office, 2020), confirming the limited resources and capabilities many informal kinship caregivers may experience. The majority of the participants were females in their 50′s or 60′s. Approximately 40% of the participants were not currently working, and over half of them had an annual household income below $50,000. In the study, slightly over 40% of the participants rated their physical health as very good or excellent, and this figure is close, but slightly lower than reported in a previous study (Radel & Bramlett, 2014).

Consistent with prior literature (e.g., Feldman, 2017; Gleeson et al., 2009; Radel & Bramlett, 2014; Strozier et al., 2005), many participants (68.3%) were grandparents of a related child for whom they were caring. At the same time, the study found that caregivers’ relationship to the child was diverse: aunts, uncles, cousins, and siblings made up approximately a quarter of study participants. As the majority of literature focuses on the experiences of grandparents, it will be important to examine whether the needs and experiences vary depending on kinship caregivers’ relationship to the children in their care. The study also observed the diversity of the reasons for the current kinship arrangement. As in previous studies (Gleeson et al., 2009; Radel & Bramlett, 2014; Radel, Bramlett, Chow, & Waters, 2016; Strozier et al., 2005; U.S. Government Accountability Office, 2020), parental substance abuse was the most frequently noted reason, but it only accounted for a quarter of the cases in the study. Other reasons included mental illness, incarceration and death of a parent. While they were not currently involved with the public child welfare system, 17% of the participants said that they became the primary caregiver after the involvement of CPS. The reasons for CPS involvement were not clear for these participants, but prior literature reported a similar finding that about a quarter of children in informal kinship care were estimated to have ever had open cases with CPS (Radel & Bramlett, 2014; Radel, Bramlett, Chow, & Waters, 2016). Prior literature also acknowledges that multiple, simultaneous reasons may lead to children’s placement in informal kinship care (Radel, Bramlett, Chow, & Waters, 2016; U.S. Government Accountability Office, 2020), while the current study focused on the primary reason for current kinship arrangements.

In the study, the majority of the participants were planning to care for related children until their adulthood. This is not surprising given the finding that close to 70% of the participants had legal custody of related children in their care. A recent study also noted that the length of kinship caregiving is becoming longer (U.S. Government Accountability Office, 2020). While the study observed kinship caregivers’ commitment to providing a long-term or permanent placement for related children in their care, services and programs available to them appeared to be very limited. More than 60% of the participants reported that they were not receiving any governmental assistance, and approximately half of them were not aware of or not using services and programs within their communities. Among those who were getting governmental support, cash assistance was the most common benefit received.

These findings reiterate prior literature that reports the limited availability of services and programs for informal kinship caregivers as well as the difficulties in accessing and obtaining existing services and programs (AECF, n.d.; Crowther et al., 2014; Hayslip & Kaminski, 2005; Lee et al., 2016; Simpson & Lawrence-Webb, 2009). These findings are even more concerning considering that study participants were recruited in collaboration with community organizations, who might have better access to services and programs for kinship families. More efforts should be made at the federal, state and local levels to develop and implement programs and services for informal kinship care. Informal kinship caregivers play a significant role in preventing children from entering out-of-home care, particularly with their commitment to children's permanency observed in the study. Supporting programs and services for informal kinship care will help to ensure that the permanency established through informal kinship care does not get disrupted. While there is no data on the percentage of children in informal kinship care who later enter out-of-home care, the preliminary finding on children in kinship diversion reported that 11–17% of those in kinship diversion arrangements had entered out-of-home care, which was higher than what was reported for those who had received general prevention programs (Malm et al., 2019). This further emphasizes the need for supportive programs and services for informal kinship care.

The challenges study participants reported, along with the support they would like to have, further highlight informal kinship caregivers' need for services and programs. As prior studies consistently reported (Bailey et al., 2013; Feldman, 2017; Hayslip & Kaminski, 2005; Strozier et al., 2005; U.S. Government Accountability Office, 2020), finance was challenging for many kinship caregivers. Participants' demographic characteristics, including their age, household income and employment status, may contribute to these financial hardships kinship caregivers experience. However, financial support is very limited for informal kinship caregivers, and kinship caregivers often do not receive financial support that they are eligible for due to the lack of knowledge and difficulty navigating the system (AECF, n.d.; Crowther et al., 2014; CWIG, 2019b; U.S. Government Accountability Office, 2020). Considering that the number of children in foster care, especially those in kinship foster care, who did not receive any financial support from the child welfare agency increased from 81,838 in 2011 to 108,426 in 2017 (Cares, 2019), financial support for informal kinship caregivers, who are not licensed foster parents, is likely to be even more scarce. In the study, a few participants noted that they were not eligible for financial support despite additional financial burden they had to endure, because they might be too young for assistance available to older relative caregivers or they might have too much income to qualify for public assistance. Furthermore, the study observed the unique challenges of kinship caregivers, especially grandparents. One participant noted that in order to qualify for governmental financial assistance, she would need to file for child support against her adult child, the biological parent of her grandchild in her care. As a parent of an adult child who was experiencing homelessness and substance use, she found it impossible to do it. A prior study reported a similar finding that kinship caregivers might choose not to apply for financial benefits because it would require their cooperation to enforce child support against their adult child (U.S. Government Accountability Office, 2020).

Children's medical and mental health issues were another common challenge reported by study participants. In addition, 17% of the participants responded that they would like to have mental health services. Like those in formal kinship care, children in informal kinship care have experienced trauma, separated from their biological parents (Bundy-Fazioli et al., 2013; Lee et al., 2016), and children in kinship care are reported to have higher levels of behavioral issues than the general population (Lin, 2018; Smithgall et al., 2009). Furthermore, children and caregivers in kinship care often experience an abrupt placement without much preparation (Bailey, 2020; Gentles-Gibbs & Zema, 2020; Gleeson et al., 2009), and this can add more challenges for both children and caregivers. It will thus be important for kinship caregivers to understand the trauma children in their care have experienced, and its impact. Kinship caregivers' well-being, including their own experience of trauma and grief as well as parenting stress, should also be considered in the development and delivery of services and programs: in the study, 10–20% of participants were estimated to experience clinically significant levels of parenting stress.

Another need participants identified was access to extracurricular activities and summer camps for children in their care. Kinship caregivers may not be able to register children for these activities because they cannot afford them, or they have limited knowledge and awareness of available programs in their community (Crowther et al., 2014). It may also be that kinship caregivers have difficulty in locating activities that are age and developmentally appropriate for children in their care. Future studies should explore challenges and barriers to kinship families' access to and use of extracurricular activities and summer camps so that adequate support can be put in place.

Despite significant challenges informal kinship families' experience, services and programs for this population is still very limited. More support for kinship families has become available at the federal level under the Family First Prevention Services Act of 2018 and Consolidated Appropriations Act of 2021 (Children's Defense Fund, 2021, n.d.). However, a recent study found that many states were not utilizing federal support for kinship families, including Title IV-E funding for kinship navigator programs and National Family Caregiver Support Program (U.S. Government Accountability Office, 2020). It will be critical to ensure that services and programs under federal legislation are implemented at state and local levels, and future studies should explore reasons for states' underutilization of federal support for kinship care.

In addition, strong advocacy for informal kinship families is needed in the process of states' implementation of federal legislations that support kinship care. Informal kinship caregivers experience distributive injustice, which can lead to negative outcomes, particularly in comparison to kinship foster parents (Bunch et al., 2007; Gentles-Gibbs & Zema, 2020; Goodman et al., 2007; Simpson & Lawrence-Webb, 2009). Attention should be given to the unique needs and experiences of informal kinship care, and this should be reflected in the development and delivery of services and programs. A recent study on the academic outcomes of children in kinship care further highlights the importance of supportive programs and services for informal kinship care where children in formal kinship care, who were eligible for formal supports, performed at significantly higher levels than those in informal kinship care (Washington et al., 2021). Recognizing informal kinship families' unique and diverse experiences, Harnett et al. (2014) recommended "treatment services that are flexible and can be tailored to the needs of the individual families rather than a 'one-size-fits-all' approach" (p. 419). Other studies recommended more comprehensive interventions for informal kinship families that would include respite care, educational and health services, and family activities (Chan et al., 2019; Feldman & Fertig, 2013; Feldman, 2017). For example, Feldman and Fertig (2013) proposed the creation of a "family drop-in resource center" (p. 59) along with financial assistance in order to offer ongoing support for kinship caregivers and children in their care.

While the study observed informal kinship families' challenges and needs, it also highlighted that most kinship caregivers perceived their caregiving experience as positive. Participants' score on the PSS indicated that they were overall satisfied with their parenting experiences, and participants reported many positive experiences they had had while caring for related children. For example, about 40% of the participants listed the bidirectional nature of their relationship with related children as one of their positive experiences. While they were providing care, they also benefited from their relationship with related children. The positive experience many participants noted, such as the assurance that related children were safe and loved under their care, also illustrates their commitment to the children's well-being, and their willingness to offer a safe and loving placement despite many challenges they encounter as informal kinship caregivers. These findings illustrate the resilience of kinship caregivers, which is connected to the well-being of both children and caregivers (Gómez, 2021; Littlewood et al., 2021), and programs and services for informal kinship caregivers should build upon the strengths and resilience of children and caregivers in informal kinship care (Capous-Desyllas et al., 2020; Littlewood et al., 2021).

The study findings should be interpreted with caution due to its limitations. First, participants in the study were not representative of informal kinship caregiver population due to the use of non-probability sampling methods. The research team relied on community organizations directly or indirectly serving informal kinship caregivers for participant recruitment. Participants in the study may have more access to services and programs than general informal kinship caregiver population. In addition, participants were exclusively recruited from the Washington, D.C. metropolitan area, and their experience may be different from other informal kinship caregivers, including those in rural areas who are reported to experience more challenges and difficulties (Bailey et al., 2013).

Despite these limitations, the study makes a unique contribution as one of the few studies that focus on informal kinship caregivers and their parenting experiences. Currently, the survey is being implemented in other states. With a larger, more representative sample, future studies should investigate more thoroughly the experiences and needs of informal kinship caregivers and children in their care, and explore what factors may lead to differences in their experiences and needs. The development of services and programs should be based on this improved understanding so that they can better serve informal kinship families.

CRediT authorship contribution statement

Eun Koh: Conceptualization, Methodology, Analysis of quantitative and qualitative data, Writing – original draft prepartion of Methods, Results, and Discussion sections, Editing. **Laura Daughtery:** Conceptualization, Methodology, Analysis of qualitative data, Writing – original draft preparation of Literature Review section, Editing. **Allysa Ware:** Methodology, Analysis of qualitative data, Writing – original draft preparation of Introduction section, Editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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