



Parenting stress of grandparents and other kin as informal kinship caregivers: A mixed methods study☆



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ABSTRACT

Informal kinship caregivers provide the majority of out of home care to children who can no longer safely stay with their biological parent. Yet their parenting challenges are understudied since they are often left out from child welfare and other service systems. This mixed methods study, using a survey and focus groups of grandparent and other kin, examined predictors and sources of parenting stress. Quantitative findings suggested that the kinship family's needs and the caregiver's health and emotional well-being adversely affected parenting stress. Grandparent caregivers experienced an elevated level of parenting stress compared to other kin caregivers. Qualitative findings suggested that financial strains, concerns over children's behavior, navigating service systems and difficult relationships with birth parents contributed to their stress. It appeared that grandparent caregivers faced special challenges due to generational gaps, guilt and concerns over birth parents.

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1. Introduction

Kinship care is the oldest and largest out of home care option for children in the US and in other countries who cannot live with their parents (Ann E. Casey Foundation (AECF), 2012; Broad, 2007; CWIG, 2012; Dunne & Kettler, 2008; Selwyn & Nandy, 2014). A national survey estimated that about 2.3 million children lived in homes without a parent present between 2012 and 2013, representing 3.1% of all children in the US (U.S. DHHS, 2014). The vast majority of these children were not in formal foster care but in informal¹ kinship care, where out of home care was arranged either privately between parents and kin or “voluntarily” through child welfare services (AECF, 2012; CWIG, 2016; U.S. DHHS, 2014). Grandparents are most likely to become kinship caregivers but other kin, such as aunts, uncles, siblings and even family friends, are unexpectedly filling the role of full-time parent.

Studies have indicated significant economic vulnerability and elevated service needs for these kinship families (Feldman & Fertig, 2013; Gibbs, Kasten, Bir, Duncan, & Hoover, 2006; Gleeson & Seryak, 2010; Yancura, 2013). A recent study revealed that compared to relative and non-relative kinship foster care families, informal kinship families were less likely to receive assistance or support (Stein et al., 2014). Caring for children who have experienced trauma is challenging under any circumstances, but limited resources and lack of supportive services are likely to exacerbate stress (Baker & Silverstein, 2008; Dunne & Kettler, 2008; Kelley, Whitley, Sipe, & Yorker, 2000; Minkler & Fuller-Thomson, 1999).

Literature on parenting challenges of kinship caregivers outside of the formal foster care system is limited since the children in their care are not likely to be present in official child welfare databases (Cuddeback, 2004; Whitley, Kelley, Williams, & Mabry, 2007) and often fall in between social service systems (Bavier, 2011; Gibbs et al., 2006; Walsh, 2013). In particular, we have limited knowledge of challenges faced by informal kinship caregivers who are not grandparents. Furthermore, available studies have relied on either surveys or interviews, thus limiting knowledge development either to stress predictors or contextual data.

To address this gap in the literature, the present study uses a mixed methods design to examine predictors and sources of parenting stress among informal kinship caregivers who provided full-time care for

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¹ We define “informal” broadly in this study. The use of term “informal” in kinship care has been fluid. Here we include both voluntary and private kinship care (CWIG, 2012). See the discussion in the background for further clarification.

children without biological parents present and outside of the foster care system. Our study includes both grandparents and other kin caregivers and relies on both survey and focus group data to offer a deeper understanding of the experiences of informal kinship families.

2. Kinship care and stress of raising children

2.1. Definition and types of kinship care

Kinship care in the U.S. is defined as “full-time care and nurturing of a child by a relative or someone who has a significant emotional relationship with the child” (CWIG, 2012, p.1). Two accepted tenets of kinship care are full time care and no presence of parents at the kinship caregiver's home where children either temporarily or permanently live (AECF, 2012). While this definition is clear, the types of kinship care are not always consistent across studies and reports, except the formal kinship foster care. The federal government defined three types of kinship care: informal, voluntary, and formal (CWIG, 2012, 2016) depending on whether the state has legal custody of the children and whether the child welfare system is involved. Others use similar criteria, but divided into private and public (AECF, 2012) or formal and informal (Stein et al., 2014; Testa, 2013). Some define informal kinship care more narrowly as the out of home care setting where children do not receive TANF child only grants (Bavier, 2011) while others include children who had been involved in child protective services but not in foster care (Gleeson, Wesley, Ellis, Talley, & Robinson, 2009; Stein et al., 2014; Winokur, Holtan & Batchelder, 2014). The lack of consistency and blurred boundaries in the types of kinship remains as a challenge.

2.2. Characteristics of kin caregivers

Grandparents, especially grandmothers, are most likely to be kinship caregivers, but it is estimated that other relatives or close family friends provide 22% of care to children not living with parents and not in foster care (U.S. DHHS, 2014). Aside from a few studies (Davis-Sowers, 2012; Denby, Brinson, Cross, & Bowmer, 2014), the experience of kinship caregivers who are not grandparents is largely absent from kinship literature. One study suggests that grandparent and other kin caregivers face similar challenges in raising children, but their experiences may vary due to age and resources (Denby et al., 2014). In general, kinship caregivers are likely to be older (AECF, 2012; Bavier, 2011) and have disadvantages, such as being less educated than other caregivers (Bavier, 2011; Ehrle & Geen, 2002) as well as poorer physical health (Fuller-Thomson & Minkler, 2000; Leder, Grinstead, & Torres, 2007) than non-kinship caregivers.

Kinship care is more prevalent in African American communities than others (Bertera & Crewe, 2013; Hayslip & Kaminski, 2005). Studies suggest that the caregiving role for grandchildren is more important in the lives of Black grandmothers while caregiving burden and negative affect are greater for White grandmothers (Pruchno, 1999; Pruchno & McKenney, 2002). Latino culture has a strong basis in familism, and it may influence the way in which grandparents accept and enact their caregiving role (Goodman & Silverstein, 2002; Hayslip & Kaminski, 2005).

2.3. Parenting stress and sources among kinship caregivers

A substantial body of literature is devoted to the psychological well-being of grandparents raising grandchildren (Choi, Sprang, & Eslinger, 2016; Doley, Bell, Watt, & Simpson, 2015; Kelley, Whitley, & Campos, 2013; Neely-Barnes, Graff, & Washington, 2010). It is generally agreed that caregiver distress is elevated as grandparent caregivers take on caregiving responsibilities (Baker & Silverstein, 2008; Minkler, Fuller-Thomson, Miller, & Driver, 1997; Neely-Barnes et al., 2010; Ross & Aday, 2006). Even after an initial adjustment period, grandparent caregivers' psychological functioning continues to experience

challenges. For example, grandmother caregivers were more likely to have depressive symptoms than grandmothers who were not caregivers (Baker & Silverstein, 2008; Fuller-Thomson & Minkler, 2000).

Empirical research focusing specifically on parenting stress among kinship caregivers is rather limited, especially for those who are not grandparents. One study found that 30% of custodial grandmothers scored above a clinical cut-off on Parenting Stress Index (Abidin, 1995) suggesting a need for clinical intervention with this population (Kelley et al., 2000). Lack of social support exacerbates parenting stress, and in turn parenting stress adversely affects depression (Hayslip, Bluementhal, & Garner, 2015). The lack of economic resources, caregiver health, and children's behavior are known as possible sources of caregiver distress in general, parenting stress in particular.

2.3.1. Economic vulnerability of kinship families

A large body of literature exists documenting the economic hardships of kinship families (Bavier, 2011; Ehrle & Geen, 2002; Gleeson et al., 2009; Harris & Skyles, 2008; AECF, 2012). It is estimated that 38% of all kinship families, both formal and informal, live below the federal poverty line (AECF, 2012). Kinship households headed by grandmothers are particularly vulnerable; 48% of children living in grandmother-only households live in poverty (Baker & Mutchler, 2010).

Despite their significant financial needs, informal kinship caregivers are less likely to receive financial and other services than non-kinship foster parents (Ehrle & Geen, 2002; Yancura, 2013). Compared to children living with both parents, children in kinship care—especially children in “informal arrangements”—are not supported by TANF, SSI, or foster care payments (Bavier, 2011).

Limited resources contribute to increased distress among caregivers (Kelley et al., 2000). However, a single measure of household income does not seem to play a significant role in predicting distress (Doley et al., 2015). Rather, it is the inadequacy of various resources ranging from food to housing that significantly elevates psychological distress, particularly among African American grandmothers (Kelley et al., 2013).

2.3.2. Caregiver's physical and mental health

Many grandparents have their own medical and behavioral health needs, which are separate from parenting demands and caregiver roles and are frequently ill-equipped to manage the behavioral needs of kinship children, who have experienced the trauma of separation and/or maltreatment (Billing, Ehrle, & Kortenkamp, 2002; Ehrle & Geen, 2002; Harnett, Dawe, & Russell, 2014). The majority of custodial grandparents in one study scored below US population means on health indicators (Neely-Barnes et al., 2010).

Studies suggest caring for grandchildren negatively impacts grandparents' physical health (Leder et al., 2007; Minkler & Fuller-Thomson, 1999; Whitley, Kelley, & Sipe, 2001). Informal kinship caregivers, in particular, are in poorer health compared to those who are either formal kinship or non-kinship foster caregivers (Stein et al., 2014).

Not surprisingly, poor physical health is associated with increased distress among custodial grandmothers (Kelley et al., 2013). And grandparents reporting poor health are likely to experience clinically significant depression (Neely-Barnes et al., 2010). Another study confirms the relationship between poor health and depression although social support mitigates this adverse relationship (Hayslip et al., 2015).

2.3.3. Children's behavior and emotional issues

Children in kinship foster care have more emotional problems and poorer health than children living with biological parents (Billing et al., 2002; Vandivere, Yrausquin, Allen, Malm, & McKlinton, 2012), but they also have better behavioral and mental health outcomes than those in non-kinship foster care (Winokur, Holtan, & Batchelder, 2014). Overall, involvement in the child welfare system increases children's mental health risk factors (Burns et al., 2004). A recent study (Stein et al., 2014) using the National Survey of Child and

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