Informal Kinship Caregivers of Children with an Incarcerated Mother: A Resource Examination Across Five Levels

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Informal Kinship Caregivers of Children with an Incarcerated Mother: A Resource Examination Across Five Levels

Abstract
This research study qualitatively examined the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. Describing the various reasons informal kinship caregivers' accessed resources may provide insight to the socioeconomic stability of informal kinship caregivers and the children in their care. This qualitative interpretative phenomenological study provided an interpretive and robust understanding of the interdependencies of the five levels of the social ecological model in the lives of informal kinship caregivers' access to resources. Informal kinship caregivers' movement within the five levels of the social ecological model are predicated upon their social and community networks, individual knowledge and attitudes, as well as environmental factors they cannot control. Furthermore, discrepancies existed between the informal kinship caregivers' individual attitudes, knowledge, and belief of the child welfare system, as well as various views over policy and program criteria in support of informal kinship. There were substantial barriers to social, financial, and community resources for informal kinship caregivers. Data suggest various factors predict movement among the five levels of the social ecological system. The framework of the social ecological model highlights the need for opportunities for structural interventions on every level of the model. Moreover, the application of the social ecological model led to an understanding of the rewards and challenges to accessing resources for informal kinship caregivers.

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Informal Kinship Caregivers of Children with an Incarcerated Mother:

A Resource Examination Across Five Levels

By

Tammy Butler

Submitted in partial fulfillment
of the requirements for the degree
Ed.D. in Executive Leadership

Supervised by
Guillermo Montes, Ph.D.

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Ralph C. Wilson, Jr. School of Education
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Dedication

No request is too insignificant or too big for God to handle.

Nothing is impossible for God.

First, I thank my God for the strength and the courage to complete this
dissertation. While some days were harder than others, I am incredibly grateful for His
grace, mercy, and His faithfulness to endure this journey. His plan is far more beautiful
than anything I could have ever imagined.

I would like to thank and acknowledge the people who have made significant
emotional deposits to build my confidence during the completion of my dissertation
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Lastly, I would like to thank the informal kinship caregivers that participated in the research. *We are hard pressed on every side, but not crushed; perplexed, but not in despair...*(2 Corinthians 4:8-9). Thank you for sharing your lived experiences and allowing me to understand a glimpse of your journey. I acknowledge and applaud each caregiver’s sense of determination and resilience as they provide for the children in their care.

*I will survive the journey I am on, mind you, not without its scars. Thank you.*
Biographical Sketch

Tammy Butler is currently a Project Manager for Finger Lakes Performing Provider Systems in Rochester, New York. Ms. Butler attended the State University of New York College at Brockport from 1992 to 1998 and graduated with a Bachelor of Science in Sociology. Ms. Butler later attended Roberts Wesleyan College from 2002 to 2004 and successfully completed her Master of Science in Organizational Leadership. She began the doctoral studies in the Education Doctorate Program in Executive Leadership at St. John Fisher College in the summer of 2013. Ms. Butler pursued her research studying factors of influence among informal kinship caregivers of children with an incarcerated mother under the direction of Dr. Mary Collins, Dr. Guillermo Montes, and Dr. Bonnie Strollo and received the Ed.D. Degree in 2015.
Abstract

This research study qualitatively examined the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. Describing the various reasons informal kinship caregivers’ accessed resources may provide insight to the socioeconomic stability of informal kinship caregivers and the children in their care.

This qualitative interpretative phenomenological study provided an interpretive and robust understanding of the interdependencies of the five levels of the social ecological model in the lives of informal kinship caregivers’ access to resources. Informal kinship caregivers’ movement within the five levels of the social ecological model are predicated upon their social and community networks, individual knowledge and attitudes, as well as environmental factors they cannot control. Furthermore, discrepancies existed between the informal kinship caregivers’ individual attitudes, knowledge, and belief of the child welfare system, as well as various views over policy and program criteria in support of informal kinship. There were substantial barriers to social, financial, and community resources for informal kinship caregivers. Data suggest various factors predict movement among the five levels of the social ecological system. The framework of the social ecological model highlights the need for opportunities for structural interventions on every level of the model. Moreover, the application of the social ecological model led to an understanding of the rewards and challenges to accessing resources for informal kinship caregivers.
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Chapter 1: Introduction

Introduction

This qualitative interpretive phenomenological study examined the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. Factors were examined using the social ecological model in order to identify influences at the individual, interpersonal, community, organizational, and policy levels. This chapter begins with the problem statement, theoretical rationale, significance, and purpose of the study, and it concludes with the research questions, definitions of terms, and the chapter summary.

Problem Statement

Over the past decade, researchers have made compelling efforts to study women offenders and children of incarcerated mothers. An ever-increasing body of literature reveals over 66,000 women incarcerated nationwide are mothers of minor children (Glaze & Maruschak, 2008). With an increase in the number of incarcerated women, roughly 147,000 minor children are impacted and often cared for by kinship (relative) caregivers (Glaze & Maruschak, 2008). Using diversion practice, the child welfare system increasingly relied on informal kinship caregivers as a resource for children that needed care. Diversion practices are when state and local child welfare agencies place children with relative caregivers as a non-foster care resource (Wallace & Lee, 2013). Poehlmann (2005) found that the level of care the child received in the home and the quality of the
environment could often predict the development of children raised by kinship (relative) caregivers as the result of maternal incarceration. While existing studies replicate the needs of children of incarcerated parents, limited studies examined the needs of informal kinship caregivers of children with an incarcerated mother. Years of working with women offenders and their children prompted an examination within this population. Exploring the phenomenon of informal kinship caregivers of children with an incarcerated mother may provide insight on the impact of maternal incarceration on families, on service delivery implications, and provide an understanding of the complexities associated with informal caregiving.

Maternal incarceration can have an effect on the lives of informal kinship caregivers. It could be suggested that providing care for children can become difficult for informal kinship caregivers. It appears that when an informal kinship caregiver is unlicensed, the level of government support, supervision, and social service support is limited. Therefore, this research examined the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother.

**Data on maternal incarceration.** The unintended consequences of incarceration was a major factor in the increasing rates of women entering the criminal justice system. As of 2006, there were an estimated 203,100 women incarcerated in jails and prisons in the United States. More than 65% of these women were mothers of minor children (Allen, Flaherty, & Ely, 2010). In addition, the majority of incarcerated mothers, in comparison to incarcerated men, were of lower economic status, less likely to be employed, and more likely to have lower educational levels (Allen et al., 2010).
Ruiz (2002) stated 80% of imprisoned women reported an income of less than $2,000 in the year before the arrest. Furthermore, nearly 50% of the women in both state prisons and local jails had never been married, 58% were high school dropouts, and alcohol and drug abuse history was associated with 90% of these women. The literature also suggests women were between the ages of 25-34 years old and the vast majority were women of color. African American and Hispanic women make up 64% of incarcerated women, while White women account for 36% of incarcerated women in local and state jails (Ruiz, 2002). Substance abuse, mental illness, and physical abuse are disproportionately common among women offenders. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) is the current manual that mental health professionals use to guide the categorization of mental disorders. An estimated 73% and 60% of incarcerated mothers met DSM–5’s diagnoses for mental illness and abuse, respectively (Turanovic, Rodriguez, & Pratt, 2012; American Psychiatric Association, 2013). In view of all that has been presented so far, one may suggest women confront a host of problems preceding incarceration.

Data from the United States Department of Justice, Bureau of Justice Statistics identified the percentage of children associated with incarcerated women. The Bureau reported in 2007 that of the estimated 74 million children in the United States under the age of 18 years old, 2.3% had a parent who was incarcerated. Moreover, based on their estimation in 2007, the report suggested that African American incarcerated women (16,000) in state prisons were mothers to 39,600 children, White incarcerated women (29,000) in state prisons were mothers to 60,000 children, and Hispanics (8,800) in state
prisons were mothers to 22,900 children (Glaze & Maruschak, 2008). To summarize, there is a need to address intersectionality in the lives of women in poverty.

Several studies explored the racial disparities among women offenders. The current study found that in comparison to 34% White and 37% Hispanic women, approximately 55% of incarcerated African American women were raised by their mother (Ruiz, 2002). In addition, African American women had a higher rate of incarceration when compared to White or Hispanic women. The Bureau of Justice Statistics (Greenfeld & Snell, 1999a) estimated that 36 out of 1,000 African American women, five out of 1,000 White women, and 15 out of 1,000 Hispanic women would be imprisoned during their lifetime. These statistics parallel the disproportionate racial differences among women offenders.

**Public policy influencing maternal incarceration.** The implementation of drug laws was one of the major factors in the increased rate of incarceration of women over the past decade. As a political platform, then-Governor Nelson Rockefeller of New York State attempted to deal with the instant spread in narcotics addiction and drug-related crimes. Known as the Rockefeller Drug Laws, enacted in 1973, all drug users were included in these mandatory life sentences. Plea bargaining and parole were not an option (Phillips & Bloom, 1998; Smith & Young, 2003). The Rockefeller Drug Laws (1973) also created mandatory prison sentences. Generally, the law required a conviction of a minimum of 15 years to life if a person was convicted of selling two, or possessing four, ounces of drugs (typically cocaine or heroin). Swann and Sylvester (2006) pointed to the 1986 Anti-Drug Abuse Act (the first major law passed addressing drugs) as a driving force behind the increase in female incarceration. Since then, drug laws and the rate of
maternal incarceration has increased. As a primary goal to combat the war on drugs, stricter drug laws only allowed punishment by incarceration, not rehabilitation.

Tougher laws related to drug offenses is a major cause of the incarceration influx amongst minorities, specifically the rise in incarcerated women. The implementation of stricter drug laws reflected the initial disparity, viewing that crack cocaine was a more dangerous and harmful drug than powdered cocaine. Because of its relatively low cost, crack cocaine is more accessible to African Americans. On the other hand, powdered cocaine is much more expensive and used by White Americans. In 1998, racial disparities existed in many areas. These areas included African Americans who only comprised 13% of regular drug users but constituted 35% of drug arrests, 55% of the convictions, and 74% of the people who were sent to prison for drug possession crimes (Coker, 2003). Low-level drug offenses constituted a large number of arrests for women. From 1986-1999, women incarcerated for drug offenses increased significantly. By the year 2000, over 100,000 women were incarcerated for drug-related offenses (Hanlon & Rose, 2007).

In 1986, Congress established mandatory sentencing standards. The mandatory minimum sentencing laws established in 1986 corresponded with the growth in maternal incarceration. Mandatory sentencing laws sought to eradicate the influx of illegal drugs into the United States (Roberts, 2002). Lawmakers rationalized that harsher punishments on drug dealing and using would ultimately decrease such activities. However, because of these laws, women offenders received harsher punishments instead of normally receiving probation or community-based alternatives, such as house arrest. Drug use among women declined from 1986 to 1999; however, the amount of women incarcerated for drug offenses increased by 888%, compared to a rise of 129% for non-drug related offenses.
Literature has consistently documented the war on drugs as a key factor in the increased rate of maternal incarceration (Mallicoat, 2015). While the rate of incarceration has doubled for women over the rate of men, women are 10% more likely to serve sentences for drug-related offenses than men (Allen et al., 2010). As a result, mandatory minimum sentences and the increase in the number of maternal incarcerations has had a profound impact on relative caregivers and the children in their care.

The child welfare system is a group of services designed to promote the well-being and safety of children. The child welfare system seeks to strengthen families who care for children while seeking placement stability. Maternal incarceration led to a higher rate of children entering the child welfare system. In 1985, more than 270,000 children were in foster care. The 1997 Adoption and Safe Families Act (ASFA) was a response to more than 540,000 children under supervision by child welfare agencies 12 years later. One goal of the ASFA legislation was to move children from foster care into placement at a faster rate. The foster care rate began to double. By 1999, over 568,000 children were in foster care in the United States (Swann & Sylvester, 2006). The child welfare system believed that using relative caregivers (informal relative caregivers) would preserve family connections and provide a safe environment for the child (Young & Smith, 2000). Overwhelmed with the large number of children with an incarcerated mother entering the foster care system, the child welfare system viewed relatives in a more positive light in an effort to utilize them as caregivers to care for children.

When children required out-of-home placement, extended families/relatives were a placement option. In 1998, 128,000 children had an incarcerated mother in the United
States. Grandparents or other relatives cared for 70% of the children with an incarcerated mother (Phillips & Bloom, 1998; Ruiz, 2002; Smith & Young, 2003). Overall, the ASFA was an effort to shift the emphasis toward the health and safety concerns of children and to address the difficulty of children remaining in foster care, lacking permanency, and lacking family stability (Halperin & Harris, 2004). As a result, the proceedings to place children up for adoption began within 15 months of a child being in foster care instead of 22 months (Smith & Young, 2003). With mandatory drug sentencing laws and the fear of losing their parental rights, some incarcerated women relied on informal relative caregivers to care for their children (Ruiz, 2002; Miller, 2006; Smith & Young, 2003).

Some theorists suggest that relative caregivers are often trusted to care for a child due to maternal incarceration. Family systems theorists believe families choose informal care as a long-standing method to cope with issues of poverty, political pressures, discrimination, and to manage life stressors (Coupet, 2010). It seems the advantages of informal kinship care may include lack of involvement with the child welfare system and the ability to maintain family connections without discrimination and stigma.

**History of informal kinship caregivers.** Informal kinship care has an historical presence in many family cultures. As early as the 20th century, voluntary fostering of children by relatives had been a time-honored tradition (Ingram, 1996). Kinship care, generally seen as a family resource in child rearing, provides many levels of support to family members in need. The reliance of kinship care ensures community and family bonds remain when biological parents are unable to provide for their children. Kinship caregivers can be relatives, such as aunts, grandmothers, and sisters, but they can also include non-blood related individuals and neighbors.
The kinship care tradition is centered on the proverb, “It takes a whole village to raise a child” (African Proverb of the Month, 1998), creating a discourse around group accountability and obligation to children. The strong role of kinship care among African Americans continued in the United Stated during the slavery era. Communal relatives cared for children when biological parents were separated and unable to provide care. Out of any other racial group, African American children are more likely to live in kinship care (Washington, Gleeson, & Rulison, 2013). Kinship care particularly continues the tradition and a cultural continuity of family stability, particularly in African American communities.

Kinship care is also historically rooted in the American Indian, Alaskan, and Latino cultures. The tribal communities and extended families played a significant role in parenting children. Likewise, family caregiving is a strength in Latino families. Latino families embrace strong familial commitment and geographic closeness to relatives. For many Latinos, the preferred resource for child rearing is extended families (Ayón, Aisenberg, & Cimino, 2013). Concluding that fact, while the child welfare system increased the reliance on kinship caregivers, it was already a deep-rooted tradition in many cultures.

Regardless of the cultural or ethnic group, family ties have an inherently significant role in the physical and emotional growth and development of children. As kinship care emerged as a service for the child welfare system, the system may be limited in recognizing and validating the historical background of kinship care. Moreover, as the child welfare system increases its reliance on informal kinship caregivers, further examination is needed regarding the social, financial, and communal resources that
relatives are able to access when assuming primary care of children as an informal kinship caregiver.

The Child Welfare League of America (CWLA) has the most widely used definition of kinship care. CWLA is the nation’s oldest and largest membership-based child welfare organization. Founded in 1920, the CWLA is a coalition comprising hundreds of private and public agencies, serving vulnerable children and families in all 50 states and the District of Columbia. Kinship care is defined by CWLA as “the full-time nurturing and protection of children, who must be separated from their parents, by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with a child” (Child Welfare League of America, 1994, p. 2). The definition derived from a young anthropologist living in a poor Black community during the 1970s.

Kinship care has historical roots as being a voluntary and informal practice among families. Many children lived with family members, informally, as a sense of family duty. During the 18th and 19th centuries, because of wars, familial networks destroyed families, necessitating the establishments of orphanages (Hegar & Scannapieco, 1995). However, many orphanages did not accept African American children. African Americans had to rely on their own community networks to care for children whose parents could not (Roberts, 2002). Hence, the African American tradition of community care continued, even during the 20th century, after child welfare agencies and foster care services were established.

Over the last decade, kinship care has been become the most common placement option when deciding to place children in out-of-home placement. Research indicates that
kinship care benefits are associated with culturally appropriate and family-centered care (Denby, 2010). Furthermore, researchers have found children in kinship care are more likely to maintain contact with their biological parents when placed with relative caregivers (Denby, 2010; Goodman, Potts, Pasztor, & Scorzo, 2004). Additional advantages of kinship care placement include providing children with a safe and secure living environment and reducing placement disruption.

An informal kinship caregiver’s motivation to care for a child with an incarcerated mother can be very complex. When informal kinship caregivers intervene on behalf of children without the involvement of the child welfare system, the lack of policy attention leaves caregivers in a legal and economic bind (Letiecq et al., 2008). For example, Bratteli, Bjelde, and Pigatti (2008) studied the impact of licensing and payment policy procedures for informal kinship caregivers. Their study found that a great number of informal kinship caregivers did not access the programs and assistance available to them. This was mainly due to the lack of knowledge about the resources that caregivers were eligible to receive. Understanding the experiences that shape the attitudes and beliefs of informal kinship caregivers’ access to resources may be essential in designing policies and delivering programs that build on caregiver strengths while meeting their specific needs.

Characteristics of informal kinship caregivers seem to be consistent throughout the literature. A review of the literature suggests informal kinship families require more support in the areas of legal and financial needs, physical and health needs, and social and emotional needs (Goodman et al., 2004). Furthermore, adequate social support in these areas may improve living situations, decrease stress, and increase the well-being of
informal kinship caregivers and the children. In addition, caregivers’ stress, financial status, and health may affect the quality of care provided to the children. Denby (2011) noted that the caregiving relationship serves as a protective factor, often mitigating a host of risk factors for children in a caregiver’s care. Therefore, this research seeks to examine the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources when caring for children with an incarcerated mother.

Federal policies have provided informal kinship caregivers with equitable financial support. During the 1980s, state and county interpretations of the Adoption Assistance and Child Welfare Act of 1980 implied a preference be given to relatives when determining out-of-home placement. Furthermore, nearly all 50 states required child welfare agencies to seek relatives as the preferred placement option when biological parents cannot care for their children.

The Fostering Connections to Success and Increasing Adoptions Act of 1980 also aimed to improve connection and support for children in kinship care. This act allowed states to use federal funds to support kinship caregivers. In addition, states were given greater flexibility to provide stipend support to kinship caregivers (Denby, 2011; Sakai, Lin, & Flores, 2011; Strozier & Krisman, 2007). The ability for informal kinship caregivers to gain financial support confirms that informal kinship caregivers are vital resources to the community and the child welfare system.

Over the past decade, informal kinship care has become a vital element of federal, state, and local foster care policy and practice. The primary reason for the informal kinship placement option is to allow children to remain connected with relatives when
they cannot remain with their parents (Geen, 2004). As a result, informal kinship caregivers have become the preferred placement option. However, while the child welfare system continues to rely on informal kinship care, political debates continue to examine the effectiveness and access to equitable compensation and social support services for informal kinship caregivers.

Family preservation efforts to avert placement not only keep families together, but they also keep children out of foster care. When the child welfare system determined a child required out-of-home placement, kinship care become a more preferred placement option. Despite the child welfare system’s growing reliance on informal kinship caregivers, a gap in the literature suggests a need to examine the perceived rewards and challenges that informal kinship caregivers face when they decide to care for relatives’ children on a voluntary basis—without the involvement of the child welfare system. Therefore, this research will explore social, financial, and community resource utilization among informal kinship caregivers of children with an incarcerated mother.

**Child welfare system and kinship care as an evolving service-delivery option.**

Over the past decade, the child welfare system has had an increased reliance on informal kinship caregivers. According to the National Resource Center for Permanency and Family Connections (2008) factors that account for the increase in kinship care placements included an increase in the number of children entering foster care between the 1980s and the early 2000s and a declining availability of non-relative foster parents. In this analysis, the number of children entering the foster care system attributed to the increase, which included an increase in female incarcerations between 1985 and 2000. This period also reflects the crack cocaine epidemic, anti-drug initiatives, and a paradigm
shift in criminal justice sentencing. As a result, there was a foster care caseload increase of 22.5%. Similarly, a reduction of the Aid to Families with Dependent Children (AFDC) and Temporary Assistance for Needy Families (TANF) was another contributing factor, and they accounted for an 11% increase in the foster care caseload. Furthermore, during the same time period, the federal government reduced welfare benefits. As a result, the child welfare system’s societal attitudes about kinship as a resource for children shifted, and social workers started to look to kinship caregivers as a placement resource. Child welfare workers began focusing more on the strengths of family connectedness than the deficits and, as a result, began diverting children from state custody to informal kinship care arrangements. Moreover, informal kinship care became a component of the formal child welfare system’s array of services.

A second factor contributing to the formalization of kinship care is the increase in the number of parents who were unable to provide appropriate care for their children due to several social problems. These social problems included homelessness, drugs and alcohol abuse, mental health issues, and HIV/AIDS (Shakya, Usita, Eisenberg, Weston, & Liles, 2014). A qualitative study interviewing 26 grandparent caregivers, conducted by Letiecq et al. (2008), revealed reasons biological parents were unable to care for their children. More than half of the grandparents reported multiple problems leading to the biological parents’ abuse and/or neglect of their children. Ranking highest, 19 grandparents reported the biological parent had a substance abuse addiction or a combination of alcohol and substance abuse addiction. In addition, five grandparents also reported incarceration as a reason the biological parent was unable to provide care for the children.
In another qualitative interview of 207 informal kinship caregivers, eight themes emerged regarding reasons biological parents were unable to care for their children, leading to kinship care. While the themes may have overlapped, the three primary reasons included parental addiction or substance abuse (31%); abuse, neglect, or abandonment (32%); and incarceration (18%) (Gleeson et al., 2009). The literature substantiates emerging themes of parental neglect of their children.

Lastly, the child welfare system and the government had an impact on the formalization of kinship care. Both systems had a change of attitude about extended family members’ roles in caring for children, which caused a shift in the reliance on informal kinship care. In 1996, The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) added a policy provision statement supporting the use of kinship care in child welfare practices (Geen & Berrick, 2002). The child welfare system believed that using relative caregivers would preserve family connections and provide a safe environment for the child (Young & Smith, 2000). The Adoption and Safe Families Act (ASFA) of 1997 was a response to more than 540,000 children under supervision by child welfare agencies (Geen & Berrick, 2002). As evidenced by the data, the child welfare system shifted its attitude and approach on the reliance of kinship caregivers.

One goal of the ASFA legislation was to move children from foster care into kinship placement at a faster rate. The act also recognized the uniqueness of kinship care, further encouraging states to give preference to relative caregivers. In an effort to expedite children into placement from the foster care system, the states made reasonable efforts to unify children with their families (Letiecq et al., 2008). As a result, according to
the data from the United States Census Bureau (2012), 7 million children are living in households headed by grandparents.

Informal kinship care has become the first choice when the child welfare system is determining the continuance of services available to children requiring out-of-home care. According to the authors, most states instruct child welfare workers to actively identify and place children with kinship placements (Geen & Berrick, 2002). Given the emphasis on kinship care as the first option, researchers suggest this will be a continued practice by the child welfare system to keep children out of foster care. Approximately 4.5 million children younger than age 18 reside in grandparent-headed households, which is an increase of 30% since 1990 (Simpson & Lawrence-Web, 2009). In addition, Ehrle and Geen (2002) conducted a comparative study of informal and formal caregivers and found a significant positive correlation between the reliance of kinship caregivers and the number of children placed with relatives. With a subsample of 1,160 children younger than age 18, the researchers concluded that 80% were in informal kinship care. The increasing percentage of children placed with relatives demonstrates the importance of the growing reliance on kinship caregivers. Regardless of the reasons why informal kinship caregivers are parenting again, they are providing a critical safety net for children.

**Characteristics of informal kinship caregivers.** The literature suggests it is difficult to support informal kinship caregivers without exploring the parenting challenges that informal kinship caregivers face. Informal kinship caregivers are often poor, unemployed, and struggle with health issues (Denby, 2011; Nesmith & Ruhland, 2011). The ability for informal kinship caregivers to provide a safe and stable home
environment has a profound impact on the development of the child. Despite kinship caregivers’ challenges of obtaining resources, caregivers reflect an overall commitment to caring for these children (O’Brien, Masset, & Gleeson, 2001). Denby (2012) found that the caregiving relationship serves as a protective factor, often mitigating a host of risk factors for children in their care. Despite the caregiver’s sense of commitment, a caregivers stress, financial status, and health may affect the quality of care provided to the children. These findings, while preliminary, suggested the need for further research to examine the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources when caring for children with an incarcerated mother. These findings have important implications for recognizing and developing an awareness of the advocacy needed to improve caregivers’ availability to access social and financial resources.

Social, financial, and communal resources availability to informal kinship caregivers. There are several distinctions between informal kinship caregivers and kinship foster caregivers. One major difference between the two is the financial support afforded to each caregiver. Since the 1950s, informal kinship caregivers and foster kinship caregivers had similar access to financial assistance under the Aid to Families with Dependent Children (AFDC) program. However, in 1996, the Temporary Assistance for Needy Families (TANF) program replaced the AFDC program. The TANF program imposed new requirements that only offered informal kinship caregivers child-only benefits, thus reducing the amount of financial assistance afforded to them. Moreover, the Congressional Research Service stated that TANF child-only grants ranged from $68-$514 a month, while kinship foster care payments range from $250-$657 a month
(Letiecq et al., 2008; Murray, Macomber, & Geen, 2004), which shows the financial disparity between the two.

Another distinction between informal kinship caregivers and kinship foster caregivers is access to social service supports. When children are in the custody of the child welfare system and residing with a formal kinship foster caregiver, the child welfare agency (considered as the legal parent), is required by law to make sure the child has access to any social support services needed. Services available to the child and the caregiver are often a part of a treatment plan ordered by the courts. However, informal kinship caregivers only receive financial services through TANF and possibly Medicaid. Additional support services are often unavailable for informal kinship caregivers.

The last factor that has grown in importance, in light of recent research, relates to licensing informal kinship caregivers. The federal government requires informal kinship caregivers to become licensed kinship foster caregivers in order to access additional financial and social support resources. The criteria to meet the foster care licensing standards by the child welfare system are often difficult for informal kinship caregivers to obtain. The child welfare system was designed to train and license foster caregivers prior to children being placed in their care. However, there is an increasing concern in recent years, that informal kinship caregivers are caring for children and seeking licensure after placement. Child placement is occurring in a different order (Gibbs et al., 2004). In addition, some child welfare agencies offer provisional foster licenses that allow an informal kinship caregiver to complete the licensing process within a specific time after child placement. The caveat to this is that in the event the caregiver is unable to fulfil licensing requirements in the designated period, the child cannot remain in the home.
Because of some of the stringent foster care licensing requirements, informal kinship caregivers disengage from becoming involved in the child welfare system all together.

**Foster care licensing standards across states.** Researchers have recently sought to examine foster care licensing and the payment standards that exist for such licensing. Varying licensing requirements may be a determining factor as to why informal kinship caregivers do not become licensed. Becoming licensed would allow informal kinship caregivers access to additional financial and social support services. A study recently examined state statutes and regulations of all 50 states and the District of Columbia on foster care licensing standards. One major implication was the timing of licensing relatives versus non-relatives. There are 29 states and the District of Columbia that have provisional licensing standards. If informal kinship caregivers do not satisfy licensing provisions within a specific period, the child cannot stay in the home. Unfortunately, New York State does not have a provisional licensing requirement (Beltran & Epstein, 2013). Furthermore, non-relatives generally seek licensing first and placement second. Informal kinship caregivers, on the other hand, have limited time due to the unexpected responsibility of caring for a child.

Seeking licensure is often the second step in the process for informal kinship caregivers. Informal kinship caregivers provide about 25% of formal foster care (Beltran & Epstein, 2013). In addition, Bratteli et al. (2008) stated that in New York State, over 40,000 children were in formalized foster care, but only 6% were in formal kinship foster care, and the remainder (94%) were in informal kinship care with grandparents or other relative caregivers. Implications about recent licensing standards conclude that while informal kinships are the preferred option when placing children out of the home,
discrepancies in licensing practices continues to be a barrier for informal kinship caregivers to access financial and support services.

**Impact on children.** Children of incarcerated mothers are a vulnerable population. After years of working with, talking to, and studying children whose parents had been to prison, the San Francisco Partnership for Incarcerated Parents developed The Bill of Rights for Children of Incarcerated Parents (San Francisco Partnership for Incarcerated Parents, 2003). The list of eight rights are not legal nor mandated by law (Appendix A); however, the bill of rights are a set of goals that help assure children’s fundamental needs for safety, security, and belonging are being met. In 2007, there were 1.7 million children in America with a parent in prison (Roberts, 2002). Furthermore, disruption and instability of home and school placement has a profound impact on children. As a result, children are at risk for academic failure and the likelihood of living with one or several caregivers.

**Theoretical Rationale**

The social ecological model (SEM), derived from Urie Bronfenbrenner’s ecological systems theory (1979), provided the framework for this research. The term “ecology” refers to the interrelationships between organisms and their respective environments across various fields of study. The social ecological model provided a framework for understanding how social problems may produce and be sustained within and across various subsystems. Collectively, the social ecological model is person and environment focused (Lounsbury & Mitchell, 2009). The social ecological model provided a framework for recognizing the intertwined relationships that exist between individual and their environments within and across the various systems. The SEM
consists of five levels that include: individual, interpersonal (social networks),
community (formal and informal social networks), organizational (social institutions),
and political (public policy). The model addresses the complexities and interdependences
between socioeconomic, cultural, political, environmental, organizational, psychological,
and biological determinants of behavior (Stokols, 1996). The application of the social
ecological model examined the personal and environmental factors that influenced how
informal kinship caregivers accessed social, financial, and community resources when
caring for children with an incarcerated mother.

**Application of the social ecological model.** The SEM predicts multifaceted
environmental influences on an individual’s well-being. The five factors that shape the
child outcomes of the social ecological model include: (a) individual factors, (b)
interpersonal relationships, (c) organizational entities, (d) community factors, and (e)
systems and policy (McLeroy, Bibeau, Steckler, & Glanz, 1988). In the individual level
of SEM, the researcher includes the informal kinship caregiver’s health or mental state.
The interpersonal level includes the informal kinship caregiver’s relationships,
challenges, and interactions with others in the family. The third level of SEM, the
organizational level, looks at the impact, function, and structure that institutions have on
informal kinship caregivers. The fourth level, community, links informal kinship
caregivers to community resources. The fifth and final levels, policy, dictates how
informal kinship caregivers’ care for children based on the availability of resources
available to them. Therefore, outcomes were not just a result of the caregivers’ chosen
behaviors, but the impact of various interdependent environmental factors as well.
There are four core principles of the social ecological model. These core principles as illustrated in Figure 1.1 include: (a) multiple factors that influence behaviors, (b) environments that are multidimensional and complex, (c) human-environment interactions that are described at varying levels of organization, and (d) the interrelationships between people and their environment that are dynamic behaviors (Stokols, 1992).

Caregiver’s stress, financial status, and health may affect the quality of care provided to the children. Many studies have demonstrated that once informal kinship
caregivers take on the responsibility of raising children, caregivers experience a decline in the level of support they receive from various networks (Littlewood, Swanke, Strozier, & Kondrat, 2011). Furthermore, the emotional and financial status of caregivers has a profound impact on the development of the child. Denby (2011) noted that the caregiving relationship serves as a protective factor, often mitigating a host of risk factors for children in the caregiver’s care. All of these elements affect the role and outcomes of informal kinship caregivers, and may shape the well-being of the children in their care. Therefore, in an effort to properly care for children, future research should extend to examine the quality of support afforded to informal kinship caregivers.

To study informal kinship caregivers of children with an incarcerated mother, it is important to take into consideration the intersection of personal characteristics and a person’s life decisions, motivations, beliefs, and customs of informal kinship caregivers. Issues that affect informal kinship caregivers range from interpersonal characteristics to community factors to policy decisions. Therefore, the social ecological model conceptual framework guided this research study.

Within the context of this research study, applying the SEM provided an understanding of the interrelationship between informal kinship caregivers and multiple systems. For example, from a policy systems view, The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) required states to give preference to adult relatives over non-relative caregivers when determining child placement through the child welfare system (Geen, 2004). As a result, child welfare workers began relying on informal kinship families for child placement (Letiecq et al., 2008). Yet, fewer financial and social resources are offered to informal kinship families.
This research examined the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. These factors were examined using the social ecological model in order to identify influences at the individual, interpersonal, community, organizational, and policy levels. When addressing the dynamic interrelationship and influence between an individual and his or her environment, the social ecological model provided a framework of where and how to best intervene when analyzing informal kinship caregivers’ access to resources.

**Historical theoretical context.** The historical context of the social ecological model is rooted as far back as 1868 in the biology field. Derived from systems theory, the social ecological model developed out of the work of prominent researchers such as Urie Bronfenbrenner, Kenneth McLeroy, and Daniel Stokols. The evolution of the social ecological model began with early scholars such as Darwin (1859) and Clements (1905). These scholars were interested in explaining the process of natural selection and adaptation, referred to as the biology of ecology (Stokols, Lejano, & Hipp, 2013). During the 19th century, several sociologists took concepts and methods of bio-ecologists and applied them to human environments. Hence, in the 1920s, they derived the Chicago School of Human Ecology. As a result, the more integrative framework emerged called the social ecological model. The theoretical framework implies the understanding of the nature of physical and sociocultural transactions of individuals (Stokols, 1992). The ecological paradigm included developed disciplines as diverse as sociology, economics, and public health.
**Strengths of the social ecological model.** There are several strengths to the application of the social ecological model. One major strength of the approach is the ability to offer strategies of behavioral change and environmental enhancement. Several research studies proved the effectiveness of this model. For example, one study conducted in Rochester, New York, examined barriers to breastfeeding for deaf women concerning the social ecological model. As a result of the application of the social ecological model, several factors were identified across several system levels, supporting successful breastfeeding (Chin et al., 2013). Likewise, a literature review on family violence simultaneously identified social ecological methods and models, which allowed an integrated approach to prevent violence and called for inter-professional initiatives. The literature expressed the interconnectedness of violence among individuals, within relationships and families, and across communities and society, which underscored the need for collaboration across disciplines (Reilly & Gravdal, 2012). The present study contributes additional evidence that suggests the strengths of an integrated approach to behavioral change.

**Statement of Purpose**

Situated in the context of maternal incarceration, informal kinship caregivers of children with an incarcerated mother may inadvertently experience perceived limitations to social, financial, and community resources. Therefore, the purpose of this qualitative interpretative phenomenological study was to examine the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. Factors were
examined using the social ecological model in order to identify influences at the
individual, interpersonal, community, organizational, and policy levels.

The lack of population-based studies on informal kinship caregivers creates
barriers to obtaining research. Many relatives avoid contact with child welfare agencies
in fear of foster care placement of the children (Gibbs et al., 2004). Consistent with extant
literature, informal kinship caregivers fear the child welfare system has ultimate control
over who gets to provide care for the child. Such fears are emblematic of the ambivalent
treatment of informal kinship caregivers within the child welfare system (Letiecq et al.,
2008). Of the more than 2.7 million children in the United States living with kinship
caregivers, only 4% of children are in formal kinship foster care (Wallace & Lee, 2013).
Outside the child welfare system looms a much greater group of informal kinship
caregiving families who are not attached to any comprehensive service system (Goodman
et al., 2004). Concluding that while recent research has focused primarily on formal
kinship care, it may be even more important to focus research efforts on the small but
growing literature on informal kinship care. Therefore, this study focused on informal
kinship care.

Research Questions

Social, financial, and community resources are a part of a larger structure of
society. The complexity of accessing resources can sometimes hinder informal kinship
caregivers’ ability to utilize them. Several research questions emerged:

1. What factors influence an individual’s decision to become an informal kinship
caregiver of children with an incarcerated mother?
2. How are informal kinship caregiver’s of children with a incarcerated mother informed about social and financial resources?

3. How are informal kinship caregivers of children with incarcerated mothers informed about community resources?

4. How do personal factors influence an informal kinship caregiver’s decision to access social, financial, and community resources when caring for children of an incarcerated mother?

5. How do environmental factors influence an informal kinship caregiver’s decision to access social, financial, and community resources when caring for children of an incarcerated mother?

Significance of the Study

In recent years, there has been an increasing interest in kinship caregivers. There is a distinction between formal and informal kinship care used in the literature on kinship care (Gleeson, Wesley, Ellis, Seryak, Talley, & Robinson, 2009). Formal kinship caregivers are blood relatives who provide care for children who are in the custody of a public child welfare agency for reasons such as abuse or neglect. A child may enter either of these systems, depending on whether the child welfare system or the relative identified maltreatment. The connection between who identifies the abuse/neglect (the relative or the child welfare system) will substantially determine what services are available to the child as well as the caregiver.

Kinship care can be either formal or informal. Formal kinship care consists of children who have been reported to child protection services, removed from the care of the biological parent, and placed in the care of a relative by the child welfare system
Informal kinship care is caregiving arrangements where children live with relatives or close family members and are not under the auspices of the child welfare system or child protection service, nor are the children in state custody. Often informal kinship care occurs as an informal family arrangement or understanding (Strozier & Krisman, 2007). There are some similarities and distinctions between formal kinship care and informal kinship care arrangements.

Several studies conducted on kinship caregivers indicate similar reasons the biological parents were unable to care for their children, resulting in informal and formal kinship care arrangements. Some of the dominant reasons biological parents are unable to care for their children include parental homelessness, incarceration, alcohol or drug abuse, and/or mental health issues (U.S. Department of Health and Human Services, 2005; McLean & Thomas, 1996). More than 125,000 children live in out-of-home placement with kinship caregivers (Sakai et al., 2011). While formal and informal kinship caregivers share similar reasons for caring for children, varying levels of social and financial support exist for formal and informal kinship caregivers when caregivers decide to foster a continuum of family ties for children in their care.

Formal and informal kinship caregivers receive varying levels of governmental financial and social resources. Informal kinship caregivers voluntarily provide support for children with limited social and financial resources. In a comparative study of informal and formal caregivers of children under the age of 18, while 80% of the caregivers were informal, only 18% received foster care or Temporary Assistance to Needy Children (TANF) governmental assistance (Simpson & Lawrence-Webb, 2007). These statistics
help to conclude that informal kinship caregivers are not receiving equitable services in the areas of financial assistance.

It becomes evident that kinship caregivers continue to be a vital resource for providing care to children, particularly during maternal incarceration. However, informal kinship care is the most common form of relative care and it continues to grow at a higher rate for families at the lowest income level. Situated in the context of maternal incarceration, informal kinship caregivers of children with an incarcerated mother may inadvertently experience perceived limitations to social, financial, and community resources. Studies have recorded evidence that the demographic profile of informal kinship caregivers of children with an incarcerated mother are more likely to be among the poorer in society, perceive their support to be limited, and endure associative social stigma (Nesmith & Ruhland, 2011; O’Brien, 2012). While some women offenders may perceive kinship caregivers as heroic, there is a need for further research to ascertain the factors that influence informal kinship caregivers of children with an incarcerated mother to access social, financial, and community resources in order to provide care for children.

Adding to the existing body of knowledge, this research developed a critical understanding of the factors that influence how informal kinship caregivers access social, financial, and community resources when caring for children with an incarcerated mother. In addition, further research provided a framework to understand the interpretative phenomenon of informal kinship caregivers and the interdependencies of the larger social systems that are differentially situated.

Definitions of Terms
For the purpose of this study, the following definitions will be used to ensure uniformity and understanding throughout the research study.

*Kinship Care* is the full-time nurturing and protection of children, who must be separated from their parents, by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with a child (Child Welfare League of America, 1994).

*Informal Kinship Care* is the full-time arrangement for nurturing and protection of children where the children live with relatives or close family members and are not under the auspices of the child welfare system or child protection service, nor are the children in state custody. Often informal kinship care occurs as an informal family arrangement or understanding (Strozier & Krisman, 2007).

*Formal Kinship Care* is the full-time arrangement for the nurturing and protection of children where the children are removed from the care of the biological parents by child protection services, and they are placed with family by the child welfare system (Strozier & Krisman, 2007).

*Phenomenology* is the philosophical orientation grounded in a qualitative approach. Phenomenology focuses on an individual’s experiences from his or her personal perspective (Roberts, 2010).

*Social Ecological Model* is a model that addresses the complexities and interdependences between socioeconomic, cultural, political, environmental, organizational, psychological, and biological determinants of behavior (Stokols, 1996).
Skipped-Generation Care is the full-time arrangement for nurturing and protection of children where the grandparents are the heads of the households and the grandparents are responsible for raising a child (Shakya et al., 2012).

Social Support provides emotional, cognitive, and material assistance to formal and informal relationships of individuals and groups (Littlewood et al., 2011).

Chapter Summary

The purpose of this research was to examine the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources when caring for children with an incarcerated mother. Factors were examined using the social ecological model in order to identify influences at the individual, interpersonal, community, organizational, and policy levels. Littlewood et al. (2011) described that the ability to competently handle stressful situations requires one to receive proper emotional and cognitive supports. The aim of this study examined the relationships between informal kinship caregivers and the environment, as well as it identified the impact of resources available to informal kinship caregivers. Many studies have demonstrated that once informal kinship caregivers take on the responsibility of raising children, they experience a decline in the level of support they receive from informal networks (Littlewood et al., 2011).

The social ecological model is the basis for understanding informal kinship caregivers’ complex life situation and its impact on their access to resources. The theoretical framework of the social ecological model identified factors that influenced informal kinship caregivers’ access to resources at the individual, interpersonal, community, organizational, and policy levels. Understanding the service delivery and
utilization of resources from the viewpoint of informal kinship caregivers may provide a practical framework of where and how best to intervene and implement appropriate programs and services.

**Organization of the study.** Chapter 1 has presented the introduction, statement of the problem, research questions, theoretical rational, significance of the study, and definition of terms. Chapter 2 contains the review of related literature and research related to the problem investigated. The methodology and procedures used to gather data for the study are presented in Chapter 3. Chapter 4 presents a description of the data analyses and findings that emerged from the study, and Chapter 5 contains a summary of the study, which points out the limitations and recommendations for further study.
Chapter 2: Review of the Literature

Introduction and Purpose

Chapter 2 provides an extensive review of the literature and research related to kinship caregivers. Sections of this chapter include: (a) pathways to informal kinship care, (b) maternal incarceration and the impact on children, (c) characteristics of informal kinship caregivers, and (d) a methodological review.

Kinship care is a term that has been around for years. It refers to any situation where a relative or an adult (with an existing relationship with the child) cares for a child without the assistance of the child’s biological parents (Blair & Taylor, 2006). This literature review looks at informal and formal kinship care. When there has not been any involvement with the child welfare system, a relative caregiver is considered an informal kinship caregiver. A formal kinship caregiver, on the other hand, is a relative caregiver to a child who is involved in the child welfare system (Strozier & Krisman, 2007). While each state has its own definition of kinship care, there are state policies and laws that make it difficult for kinship caregivers to determine their eligibility for services.

Kinship care has evolved over the past decade. According to Ingram (1996), kinship care has historical roots in Europe and Africa. Extended family members with a bond to families played a role in raising children in cultures and communities around the world. It is noted in the literature that the phrase “kinship care” was coined by Stack (1974) while documenting kinship networks in an African American community (Blair & Taylor, 2006; Strozier, Elrod, Beiler, Smith, & Carter, 2004). While kinship caregiving
has been around for centuries, the formalized use of kinship care as a child welfare
service is relatively new. Prior to 1980 and the passage of the Adoption Assistance and
Child Welfare Act of 1980, it was rare for the child welfare system to consider kinship
caregivers as a placement option for a child in need of foster care (Geen, 2003). This act
implied a preference for relatives to care for a child as an alternative to foster care
placement. In recent years, the Adoption and Safe Families Act of 1997 was the first
federal legislation explicitly recommending that child welfare agencies explore kinship
placements (Strozier & Krisman, 2007). Moreover, several factors have led to the formal
use and recognition of kinship caregivers.

In the literature, there are comparisons made between informal kinship caregivers
and foster caregivers. There are, however, distinct differences, opportunities, and
challenges to both types of caregivers. A review of the literature suggests limited
distinctions between informal kinship caregivers and formal kinship caregivers
(Goodman, Potts, & Pasztor, 2007; Goodman et al., 2004; Littlewood et al., 2011). Much
of the literature around kinship care focuses on the burden that comes from raising a child
and the impact kinship care has on the child and the biological parents. In addition, the
literature suggests that many kinship caregivers live in grinding poverty and have a
reduced quality of life (Goodman et al., 2004; Strozier et al., 2004). Moreover, the
literature implies that kinship caregivers are under significant strain while raising kinship
children—often when kinship caregivers, themselves, are not healthy and are
economically disadvantaged (Bigbee, Musil, & Kenski, 2011; Hughes, Waite, LaPierre,
& Luo, 2007). While research on kinship care has been consistent, the literature
continues to show distinctions between the financial and social support services available
to informal and formal kinship caregivers. A gap in the literature confirms that further research is required to learn more about the economic, social, and physical impact informal kinship care has on caregivers; therefore, this was the focus of the research study.

The researcher took plausible efforts to search for literature specifically concerning informal kinship caregivers. A large volume of published studies described the role of kinship caregivers. However, it was difficult to find literature that focused specifically on informal kinship care. Therefore, the literature review focused on both informal and formal kinship caregivers published between 2002-2014 that examined the social and financial supports, service utilization, and the health and well-being of kinship caregivers.

First, the literature that was reviewed focused on the selection process of the articles used within the body of the paper and defined key terms used within the review. Next, the literature focused on several themes on kinship. These themes were: (a) reasons and pathways to kinship care, (b) demographics/characteristics of kinship caregivers, (c) kinship caregiver deliverers’ social and financial support utilization, and (d) policies that affect kinship caregivers. Based on the findings, the researcher identified gaps in the research and provided detailed methodological limitations and research implications for the study.

**Literature Search Process**

The researcher used Psych INFO, Social Science Abstracts, and Social Work Abstracts to locate relevant literature about service utilization and the well-being of kinship caregivers of children. The studies selected were limited to the English language
and the publication years of 2002 through 2014. Combinations of the following terminologies: kinship, relative care, informal caregivers, service utilization, or health and well-being, were used to identify appropriate studies. The systematic literature review included existing literature on the health and well-being of kinship caregivers and the availability of social and financial support services. This process resulted in 47 articles. After a review of the title and abstract for each article, the articles that were selected best matched the predetermined criteria pertaining to service utilization or the health and well-being of kinship caregivers. In an effort to identify additional literature on kinship caregiver, the researcher used the Google Scholar database.

The first stage of the inclusion/exclusion criteria consisted of articles that did not have a methodological base and focused on foster caregivers or formal kinship caregivers. However, it was difficult to find research literature specifically on informal kinship care. Of the 47 articles identified, 30 articles succinctly demonstrated the relevance to the research problem. Therefore, 30 research articles met the inclusion/exclusion criteria and were included in this literature review. The researcher organized the literature review across the following four areas: (a) pathways to informal kinship care, (b) maternal incarceration and the impact on children, (c) characteristics of informal kinship caregivers, and (d) a methodological review. The literature review provides an historical and contextual descriptive paradigm of kinship caregivers.

**Pathways to informal kinship care.** A large number of children live in kinship caregiving families. Bratteli et al. (2008) stated that the number of children living in informal and formal kinship placements is estimated to be 4.5 million, which is roughly 65% of all children in the country. Furthermore, more than 1.3 million children have no
contact with the child welfare system, which means the arrangements are informal (Ehrle & Geen, 2002). While a considerable amount of literature focuses on formal kinship care, there is limited information about the needs of informal kinship caregivers. Because an informal kinship caregiver has limited contact with the child welfare system, the caregiver may not have the legal status to obtain financial, medical, social, and other support services. However, research indicates that informal and formal kinship caregivers have similar needs (Goodman et al., 2007). Furthermore, informal and formal kinship caregivers have expressed similar reasons for providing care to relatives’ children.

There are many reasons kinship caregivers provide care for relatives’ children. Often, kinship caregiver arrangements tend to form because of a crisis facing the biological parents. Kinship caregivers are more likely to provide care to children because of the biological parent’s substance abuse, alcohol abuse, child neglect, mental instability, and/or incarceration (Gibbons & Jones, 2003; Goodman et al., 2004; Pasztor, 2010; Shakya et al., 2012). Letiecq et al. (2008) conducted a qualitative study of 26 grandparent caregivers residing in Montana. Of the sample population, there were 18 informal and eight formal grandparent caregivers represented in the study. Through one-on-one family life-history interviews, the study sought to determine how grandparents became caregivers of children as well as how they navigated the social systems. The results concluded that 19 study participants, formal and informal, were caring for children because of the biological parents’ crisis. Specifically, five grandparent caregivers reported parental incarceration, and 19 grandparent caregivers reported a combination of alcohol and substance abuse on the part of the biological parent(s) as the reason for
becoming the caregivers. This study indicated the pathways to kinship care are unique and different.

In another qualitative study, 207 informal kinship caregivers in Chicago expressed similar pathways to becoming kinship caregivers. Informal kinship caregivers who participated in the study answered a series of structured interview questions, explaining the reasons why the biological parents were unable to care for the child. Results indicated that 64 caregivers (31%) reported parental addiction or substance abuse; 66 caregivers (32%) identified parental neglect, abuse, or abandonment; and 38 caregivers (18%) identified parental incarceration (Gleeson et al., 2009). The pathways to kinship care are often sudden and, at times, unexpected.

In comparison, a mixed-method study, conducted in 2008, consisted of 13 grandparents residing in San Diego. The study intended to understand the concerns and pathways to caregiving among kinship grandparents along multiple levels of the social ecological model. In addition, the research methodology of the study included a series of focus groups and individual interviews. Sixty-seven grandparent caregivers completed a 10-page survey that gathered descriptive information. Survey results indicated that 71% of the grandparents were legal guardians of their grandchildren, and the reasons for providing care for their grandchildren included parental drug abuse, parental neglect, and/or the inability for the biological parent to care for the child (Shakya et al., 2012). Pathways to kinship care are similar throughout the literature.

Likewise, Harris (2013) conducted a qualitative methodology study to explore the experiences of two African American kinship caregiver grandmothers. Both respondents had been kinship caregivers for at least one year, were middle-aged, single, and both
respondents had limited formal education and financial resources. In a descriptive interview, both respondents accounted for how their grandchildren came to live with them. Respondents equally provided different, but common, responses to provide immediate care for the child due to the inability of the biological parent. Together, these studies were consistent with the research literature, which indicated that widespread substance use and parental incarceration further compromise family integrity. In addition, the kinship caregivers felt they had little time to prepare in order to provide full-time caregiving.

In the studies stated previously, Gleeson et al. (2009) acknowledged that informal kinship caregivers are often difficult to identify because of informal kinship caregivers lack of involvement in the child welfare system. Therefore, in an effort to increase the likelihood of understanding the needs of informal kinship caregivers, the sampling plan had a set criterion. The families selected to participate in the study could not have had any involvement with the Department of Children and Family Services (DCFS) at the time of the first interview. In addition, the child could not have had previous involvement in DCFS. Three-quarters (76%) of the caregivers were maternal relatives (grandparents, aunts, uncles, siblings, etc.). While sampling for this study was restricted to communities in the city of Chicago, it was representative of the hidden population of informal kinship caregivers. Consistent with the literature, the study participants were not involved with DCFS and lacked the support services available through a government system.

In comparison, Letiecq et al. (2008) and Shakya et al. (2012) engaged study samples of grandparents. Letiecq et al. conducted a qualitative study using family life-history interviews. The study used a purposive and snowballing sampling strategy to
recruit grandparent caregivers. As a result, the majority (18) were informal caregivers and eight were kinship foster parents. Therefore, the study concluded that findings were not generalizable to all kinship caregiving families. However, both informal and formal kinship caregivers expressed that a family crisis was the pathway to kinship care. The study was also able to show a distinction between social and financial support services afforded to informal kinship caregivers in comparison to kinship foster caregivers.

Although the pathways to providing kinship care varied, and participants were either informal kinship caregivers, formal kinship caregivers, and, at times both, several themes emerged. Kinship caregivers, whether formal or informal, experienced similar reasons why the biological parents were unable to care for their children. Because of crises, kinship caregivers often had minimal time to prepare for the child entering their home. Consistent with other studies, kinship caregivers typically did not expect, nor were they prepared to assume, the role of surrogate parent (Letiecq et al., 2008; Shakya et al., 2012). Understanding an individual’s decision to become a kinship caregiver is important when shaping policies, programs, and interventions. Based on the literature, kinship caregivers often have little time to prepare to care for the children. As a result, kinship caregivers’ knowledge of, or ability to, access financial and social supports may affect their well-being.

**Maternal incarceration and the impact on children.** A large number of women enter the criminal justice system with a history of substance abuse and, most often, they are the primary providers for their children prior to incarceration. The U.S. criminal justice system reported in 2010 that, on any given day, it had more than one million women under supervision. There were an estimated 205,000 women incarcerated, and
over 800,000 women were under parole or on probation (Bureau of Justice Statistics, 2010). Although women make up a minority of the United States prison population, the number of women in prison over the last three decades has increased at nearly double the rate of men. Several literature reviews examined the factors associated with maternal incarceration.

A study conducted by Allen et al. (2010) sought to bring attention to the impact of maternal incarceration. The sample consisted of 26 detained mothers of minor children who were at a county jail in Kentucky serving sentences for non-violent crimes. The racial breakdown consisted of 15 Caucasian, nine African American women, and two women of other races. Each woman had one to six children. Through a series of face-to-face, semi-structured qualitative interviews, information about the women’s parenting, criminal, and drug-abuse histories was gathered. Qualifying themes that emerged included drug use, parenting, involvement in the child welfare system, incarceration, homelessness, and mental health. Results of the study determined nearly half of the women had been charged with possession of crack paraphernalia. Of the 26 women in the study, 18 women’s drug of choice was crack cocaine. Thirteen women reported a previous mental-health diagnosis. Eight (8) of the women had their parental rights terminated for at least one child, while two women had children in foster care. Fifteen (15) women reported having children in kinship placement. The analysis of the study concluded that all of the women in the study devalued their roles as mothers. While the study did not have a wealth of quantifiable data, the women’s stories were powerful and complex regarding the intersection of poverty, abuse, incarceration, and the impact these factors had on their children. The study concluded with policy recommendations as well
as suggestions for child welfare workers, the criminal justice system, and community-based programs.

Several researchers examined the relationship between the criminal justice system the mothers were involved in and the victimization of those women. Severson, Berry, and Postmus (2007) conducted a mixed-methods study that explored the life trajectories of victimized women with a focus on their criminal behavior. The sample size included 423 women with 157 from prison, 157 from domestic violence and sexual assault programs, and 109 from the community at large. The sample consisted of 343 women with children; the remaining women did not have children. Data collection consisted of one-hour interviews over a period of 12 months. One of the three data-collection tools included the Child Maltreatment Interview Schedule (Briere, 1992). This tool measured sexual and physical assault that women had encountered during childhood and adolescence. The Abusive Behavior Inventory (ABI) (Shepard & Campbell, 1992) measured intimate partner violence. The third and final tool, Sexual Experiences Survey (Koss & Oros, 1982), measured sexual assault in adulthood by an intimate partner, family member, or stranger. A comparison between the women placed them into four categories to provide further analysis.

The categories included single mothers, mothers who were married, mothers who were unmarried with partners, and women without children. While 157 of the 423 women in the sample were incarcerated, more than two-thirds of the entire sample had been arrested at least once (285 never arrested and 183 never incarcerated). While motherhood is not related to committing drug-related crimes, the study results suggested that the more children a mother had, the more there was a likelihood that the mother had been arrested
for a drug crime. The study concluded that the more education a woman had, the less likelihood that she would be involved in the criminal justice system. While the focus of the study by Berry, Johnson, Severson, and Postmus (2008) was about the victimization of women, it acknowledged prevention and intervention strategies for women offenders. The studies provide evidence that motherhood and levels of education are strong predictors of illegal economic activities within this population. In addition, these studies validate the connection between adult experiences of poverty and victimization and the types of criminal activities in which poor mothers engage.

Shlafer, Poehlmann, and Donelan-McCall (2012) conducted a longitudinal study to examine the effects of maternal sentencing and earlier risks on adolescent outcomes at age 15. The study utilized data from a trial of the Nurse-Family Partnership in Elmira, New York. Of the original 400 participants recruited between 1978 and 1980, who were unmarried, of low-economic status, and less than 25 weeks pregnant, 330 mothers and 315 adolescents participated in the 15-year longitudinal follow-up study. Families were stratified and randomized into treatment groups. Treatment Groups 1 and 2 were comparison groups. Treatment Group 3 received nurse visitation during pregnancy, and Treatment Group 4 received nurse visitation during pregnancy and infancy. The study conducted interviews with mothers focusing on prenatal and demographic risk factors and maternal criminality. Adolescents completed a forced-choice questionnaire, which guided and assessed several aspects of adolescent antisocial risk and health-risk behaviors. Through a series of logistic-regression analyses, results of the study concluded that processes occurring prior to a mother’s incarceration have potentially powerful
effects on adolescent disorderly outcomes. Furthermore, the study suggested that maternal corruption has long-term consequences for adverse outcomes for children.

In a recent study conducted by Huynh-Hohnbaum, Bussell, and Lee (2015), data collected on 12,418 young adults examined the effects of parental incarceration on the likelihood that the children would complete high school. Although the study identified several factors that influence a child’s ability to complete high school, the likelihood of high school completion decreased significantly with maternal incarceration. For example, analysis of the data revealed that children were 16.7% less likely to obtain a high school diploma when they had an incarcerated mother. However, when children had an incarcerated father, children were only 8.1% less likely to obtain a high school diploma. The researchers related this correlation to the child experiencing greater distress due to the absent mother or the mother being the primary caregiver of the child prior to incarceration.

Likewise, another study conducted by Gjelsvik, Dumont, Nunn, and Rosen (2014) assessed the collateral damages associated with children’s exposure to incarceration of members of the household and their health-related quality of life (HRQOL). This study was conducted from 2009-2010 using a sample population of 8,910 individuals across 12 states. Strong evidence of the data suggests population health, social determinants of health, and long-term health effects are public health concerns for children exposed to incarcerated family members. Data from the study also found African American children (15%) were more likely to be exposed to an incarcerated family member than Hispanics (11%) and Whites (5%), have poor mental health, and have poor physical health. In addition, the data from the study also suggests that children exposed to incarcerated
family members were at a higher risk of poor HRQOL. Researchers further suggested the collateral consequences of exposure to incarceration for children have life-long adverse effects.

A review of the literature suggests maternal incarceration heightens risk factors for incarcerated mothers’ children. A mixed-methods study conducted by Tasca, Rodriguez, and Zatz (2011) examined youth involved in urban juvenile court and their residential stability before and after parental incarceration. Using a two-stage strategy, researchers examined a sample population of 356 youths who were referred to the Maricopa Juvenile Court in 1999 for a 12-month period and who had an incarcerated mother and father. In addition, they examined youth in the same situation but with no history of parental incarceration. Researchers compiled data from the Maricopa County Juvenile Court, the Maricopa County Superior Court, and the Arizona Department of Corrections. The researchers completed a crosscheck to ensure the reliability and validity of the data. Of the 356 youths, a small number (n = 60) had parents who were incarcerated. Characteristics of the sample included 11% of the youths had a father, and 6% had a mother with a history of incarceration. The study identified two types of family situations surrounding parental incarceration. The first included residential instability to provide proper care and supervision for the youths. The second situation included absenteeism from a youth’s life due to the mother’s circumstances, such as addiction, illness, death, or loss of custody because of child abuse. The relationship between youth rearrests and maternal incarceration was significant. Specifically, 63.6% of youths with an incarcerated mother were rearrested within 12 months, compared to youths who had a father incarcerated (42.1%). In addition, the re-arrest rate for a youth with an incarcerated
A parent was 2.25 times more likely than a youth without an incarcerated parent. Furthermore, from a qualitative analysis perspective, a father’s absence was not associated with a youth re-offending pattern. This is, in part, because fathers are often largely absent from a youth’s life and rarely the sole guardians. The study was rich with qualitative examples, which suggest that a mother’s incarceration and residential instability increases the likelihood of re-arrest for a child.

**Characteristics of kinship caregivers.** Several studies examined kinship caregiver characteristics. Researchers suggest most kinship caregivers are often older, single-parent households, with low socio-economic status, and the kinship caregiver possesses less education than the traditional non-relative foster parent(s) possess. Kinship caregivers also access fewer social and financial support services (Bachman & Chase-Lansdale, 2005; Denby, 2011; Yancura, 2013). Simpson and Lawrence-Webb (2009) conducted a study using qualitative research methods integrating the ecological and womanist perspective. The ecological and womanist perspective was used to examine, under a multiple lens, how caregivers used their resources. The womanist perspective places the value of life at the center of the analysis. The purposive sample of past members of a Family Connections program included seven African American grandmother caregivers. The source amount of monthly income varied from $525 to more than $1,000. The summary demographics of the participants included ages ranging from 52-74, five never completed high school, and government-assistance programs funded the participants’ monthly incomes.

**Health and well-being.** The role of kinship caregiving has an impact on the health and well-being of kinship caregivers, particular grandmothers. Gibbons and Jones (2003)
stated the facilitation arrangement of raising children without the assistance of the courts has increased among informal kinship grandparents. Therefore, a review of the literature examined the health and well-being of kinship grandparents.

Several studies examined the grandparent-caregiver role and the affect it had on their well-being. A study conducted by Musil et al. (2010) focused on the health and well-being of 485 Ohio grandmothers. This qualitative study recruited participants using Random Digit Dialing and snowballing, yielding a 73% overall response rate. The study described caregiving patterns over a 24-month time period drawing on the Resiliency Model of Family Stress, Adjustment, and Adaptation (Weber, 1996). This model conceptualizes the critical role of families and helps to examine dysfunction and resilience. It also includes cultural significances that shape family paradigms. There were three categories used to define the level of care provided by grandmothers, including: (a) primary caregiving grandmothers who were raising grandchildren without the children’s parents in the home (138 participants), (b) grandmothers in multigenerational homes (56 participants), and (c) non-caregiving grandmothers (132 participants). An analysis of the study concluded that 78% of the grandmothers in the sample were in a stable caregiving environment for 24 months. The analysis suggested consistency in child placement with grandmothers. In addition, the study revealed that grandmothers reported several types of health-related issues. These included strain, stress, and depressive symptoms. More importantly, grandmothers reported concerns about their family function. In addition, primary caregiving grandmothers had the worst physical health. The median age for primary caregiving grandmothers was 56. This study informs practitioners of the
intersection of health and well-being of kinship grandmothers and the impact caregiving burdens add to psychological distress.

Health disadvantages among grandmothers are not always a direct result of caring for relatives’ children. Hughes et al. (2007) conducted a national representative longitudinal study using the same categorization as Musil et al. (2010), using random digit-dialing recruitment. The studies yielded very different results. Hughes et al. (2007) questioned the impact of the health and wellness that grandchildren had on grandparent caregivers. A study was conducted from 1998-2002 with 12,872 grandparents, aged 50-80, which was drawn from the Health and Retirement Study (2007). The objective of the study focused on the mental, behavioral, and physical health needs among grandparents. Although the study did not include informal kinship grandparent caregivers, it was included in the literature review due to the large sample size and the three categories of care.

Grandparents raising grandchildren is a not a new phenomenon, however, research in the area is beginning to expand. The next study is similar to the one referenced in the previous study. Unlike the prior study, an analysis of the data suggests that less than 3% of grandparents lived with grandchildren in skipped-generation households. In the following two years of the study, skipped-generation households decreased to 1%. Findings suggest that caregiving for grandchildren did not affect the health of the grandparent. Moreover, while the sample size was large, it was not representative of grandparents younger than 50 years old. In addition, the study hypothesized that older grandparents’ health can be negatively affected when caregivers provide care to a grandchild. However, the findings from the study enhance our
understanding of the need for additional research to comprehend the health correlations between grandparent caregivers and children in their care.

Abrupt familial changes and added responsibilities for grandparent caregivers can raise concerns related to caregivers’ emotional well-being. Understanding grandparents’ perceptions of emotional distress and well-being increases awareness of the strengths and struggles of grandparent caregivers. Bundy-Fazioli, Fruhauf, and Miller (2013) conducted a qualitative research study using a combination of focus groups and individual interviews with 15 grandparent caregivers to understand their perceptions of well-being. Participants for this study were recruited from community-based support groups ranging from 49-78 of age. The sample group was predominately female with a racial make-up of White (14) and Latina (1) participants. The constructivist paradigm was the framework for the study. The three primary themes included: (a) setting limits with an adult child, (b) responding to the grandchild’s trauma, and (c) grandparents’ resiliency. The study revealed the grandparents’ ability to foster positive, emotional well-being in the face of adversity. This speaks to grandparents’ resilience. Grandparents described their transition into full-time care as an emotional challenge. The study uncovered the grandparents’ battle to set boundaries with the biological parent, which ultimately resulted in conflicts and strained relationships (stress and strain theory) with the adult child.

Limited access or availability of social support services for children may affect the health and well-being of kinship grandparents. Yancura (2013) recruited participants through kinship support groups and conducted a mixed-methods study. Survey demographics of the sample population included 200 grandparents. The survey identified the needs of grandchildren and examined the grandparents’ health and well-being. Based
on the data, much of the grandparents’ stress focused on the hopes and fears of the
grandchildren’s well-being. The results of the study suggest if additional supports were
available to assist the grandchild, the well-being of the caregiver would improve.

Sakai et al. (2011) conducted a three-year prospective cohort study. The data
source was from the National Survey of Child and Adolescent Well-Being (NSCAW)
(2005), a survey conducted by the U.S. Department of Health and Human Services. The
randomly selected sample consisted of 572 informal kinship care and 736 foster care
families. While the study focused on the health care outcomes of children, the study
provided socio-demographic characteristics of the caregivers. Informal kinship caregivers
were older and four times more likely to have low educational attainment when compared
to foster caregivers. In addition, informal kinship caregivers were three times more likely
to have annual household incomes of less than $20,000, and they were more likely to be
unemployed. The results of the study concluded that children in informal kinship care are
more likely to live in poverty and be cared for by caregivers who were elderly, single,
unemployed, and had low educational attainment. Accordingly, this large national sample
is representative of previous smaller sample findings. This study also suggests there are
additional needs for support services.

Research shows that kinship caregiving is an added support to a child for several
reasons. Researcher Sakai et al. (2011) suggested that when compared to children in
foster care, children in kinship care have a lower chance of developing behavioral
problems, and they are at a lower risk of developing poor social skills at the three-year
follow-up visit. Furthermore, the study concluded that kinship placement provided more
stability for the child when compared to foster caregivers. The study defined kinship care
as having some court involvement. The findings did not generalize kinship arrangements without child welfare services. It also recognized that informal kinship caregivers received less supervision by child welfare workers and fewer resources from the child welfare system. Although kinship caregivers add several benefits to caring for children, there is a need for additional social and support services to improve the well-being outcomes of children and the caregivers.

Kinship grandmothers express that raising their grandchildren provided emotional satisfaction, despite the impact it had on their health. Several studies examined the perception of caregivers’ health. The Gibbons and Jones (2003) mixed-methods study identified correlations between grandparents’ health and grandchildren in their care. The study recruited 65 participants. The demographic make-up of the group was 77% Caucasian and 14% African American. The average age was 56 (age range of 40-85). Sixty-five percent of the custody arrangements were formal, and 35% were informal caregiver arrangements. The analysis of the study concluded that when compared to national patterns, grandparents scored lower on the health survey subscales. The health survey subscales measured the physical, mental, emotional, social, and role functioning, as well as body pain and general health and vitality. Conversely, grandparents also reported that providing for their grandchildren improved their physical and emotional well-being.

**Social and financial service utilization among kinship caregivers.** Research suggests that child welfare agencies do not provide the same level of care to informal kinship caregivers compared to formal kinship caregivers. In fact, it is less costly for child welfare agencies to place children with relatives (Littlewood et al., 2011; Meezan &
McBeath, 2008). As discussed previously, most kinship caregivers are inadvertently socio-demographically, educationally, and financially at risk. This section of the literature review examines the relationship between kinship caregivers and social and financial support availability. Several studies attempted to capture and explain the unique and complex aspects of social and financial support (formal and informal relationships with individuals) of kinship caregivers. However, capturing the representative sample of informal kinship caregivers has proven to be difficult (Strozier & Krisman, 2007).

In an effort to capture kinship caregiver data, researchers developed and designed several surveys. Strozier et al. (2004) developed the Caregiver Efficacy Scale and the Kinship Demographic Survey (2004) to collect quantitative and qualitative data regarding the effectiveness of an eight-week computer training class for kinship caregivers. The Caregiver Efficacy Scale is a 20-item instrument that queries subjects about ease of use of a computer and the level of their computer skills to improve employability, improve social support, help the children, and develop the satisfaction with the use of the computer. The Kinship Demographic Survey (2004) collected basic demographic information about the caregiver as well as information specific to the kinship care arrangements. There were 46 kinship caregivers in the study, and age range was 30-79, with 28.6% between ages 50-59, and only 2.4% aged 30-39. In the study, 42.9% described their custody arrangement as informal (without the involvement of the courts). The empirical findings in this study provide a new understanding of social support benefits. Most importantly, because of kinships caregivers’ involvement in computer classes, the study yielded favorable evidence with respect to social support benefits, which was consistent with other research. One of the themes reflected in the data analysis
among kinship caregivers was improvement in social support. Caregivers in the study developed strong new friendships as they learned a new skill. Moreover, the social support of the group appeared to empower participants. One caveat, as with most research studies on kinship care, subjects tend to be selected from support groups, which makes capturing data among this population difficult (Bundy-Fazioli et al., 2013; Harris, 2013; Simpson & Lawrence-Webb, 2008). In their comprehensive examination of social and financial supports, there was evidence to show the benefits of social supports among kinship caregivers.

Strozier & Krisman (2007) later developed two additional research measurement tools. The Florida Kinship Center Demographic Survey and the Florida Kinship Center Needs Checklist were instruments created to study the utilization of a telephone support service for informal and formal kinship caregivers. The Florida Kinship Center Demographic Survey captured in-depth caregiver demographic data from Florida caregivers. The Florida Kinship Center Needs Checklist captured the needs of the caregivers who contacted Warm Line Services (Office of Early Learning, n.d.). Warm Line Services is a free state-wide Florida emotional, educational, informational, and referral telephone line. Callers were assessed based on nine needs existing within the literature, which included financial, childcare, medical care for children, medical care for caregiver, counseling for children, and other services.

Florida is the only state that pilot tested, used these instruments, and tested data. As other states incorporate Warm Line Services, the researchers anticipate states will utilize their instruments. Warm Line Services were available to both formal and informal kinship caregivers. The data methods were constructed with the anticipation of gathering
data about informal kinship caregivers given that these families were not a part of a formal child welfare system (Strozier & Krisman, 2007).

Between June 2003 and October 2005, 1,070 kinship caregivers, caring for 2,355 children, called the Warm Line. Of those caregivers, 745 were formal caregivers, and 598 were informal kinship caregivers. The demographics of the study differed slightly from other studies. Most studies indicate that kinship caregivers are typically African Americans, but 54% of the kinship caregivers in this study were Caucasian, and African Americans made up 37% of the study. Informal kinship caregivers expressed a need for childcare, medical care for child, support groups, and legal services. There were several new statewide Warm Line Services introduced around the country. The researchers anticipated the data collection instrument would further assist in analyzing data to ensure it captured the desired data set.

While researchers created both of the previous measurement instruments, neither study discussed methods of the data analysis’ trustworthiness. In addition, the studies did not discuss methods of constant comparison or provide opportunities for caregiver participants to review or comment on preliminary findings at various stages of the study. Therefore, the validity and reliability of the study has limitations. However, studies mentioned previously are in alignment with the concept of kinship care goals of implementing programs that assist in helping make connections between families and children. Generally, both studies showed the need for access to support services to improve family stability. Both studies also reported the effectiveness of the program from the caregivers’ perspective. Both studies also acknowledged that the control groups were
predominately either actively engaged informal kinship caregivers or formal kinship caregivers.

It is unclear whether policies intentionally or unintentionally hinder kinship caregivers. The study of Letiecq et al. (2008) examined the inequities between informal and formal caregiver arrangements. Specifically, the study analyzed financial compensation and service utilization between informal and formal kinship caregivers.

The study focused on the implementation of the Kinship Navigator system. The Kinship Navigator system was a telephone hotline that offered information and a supportive help desk to link kinship caregivers to available resources. Again, while kinship caregiver services are valuable, it is imperative to consider the study implications of Strozier & Krisman (2007) and the Warm Line. In order for the Kinship Navigator system to be effective, it must develop appropriate advertising strategies to encourage informal kinship caregivers to access the services.

In an effort to determine the effectiveness of social support groups among kinship caregivers, the Dunst Family Support Scale (FSS) has been used (Dunst, Trivette, & Jenkins, 1984). It is a brief 18-item self-report measure that allows caregivers to rate the helpfulness of various potential sources of social support (Strozier, 2012). The measurement tool, used in two studies conducted by Littlewood et al. (2011) and Strozier, (2012), measures social supports among kinship caregivers. The Dunst FSS demonstrates reliability and validity for program evaluations, which is a benefit.

The first study using the Dunst FSS was conducted by Littlewood et al. (2011). In the study, researchers used a sample of 255 kinship caregivers to conduct an analysis, and they identified four sub-scales within this population. The Dunst FSS measures the
effectiveness of support services and case management services of a kinship program. Caregivers completed the Dunst FSS at intake and at case closure. The research sought to determine if any underlying components existed among any of the variables measured by the Dunst FSS. While there were several limitations noted, the study confirmed the Dunst FSS was a valid and reliable instrument to measure social supports among kinship caregiver populations.

The second study, conducted by Strozier (2012), used the Dunst FSS (1984) to measure social support changes among engaged kinship caregivers and caregivers who did not attend support groups. There were 61 participants in the study; most were informal kinship caregivers. The main design of the Dunst Family Support Scale is for use with African American parents. It is important to point out that participants in the study were predominately White. However, many kinship caregiver studies have used this scale. A trained family-support worker administered The Dunst Family Support Scale measurement tool for participants in the program as a pre- and post-test measurement. Attendance was a predictor of the change in scores on pre- and post-test measures. Analysis of the data suggests that as caregivers attend support groups, they increase their social support. This is an important finding. Support groups are one of the least expensive and easiest supports to implement interventions for kinship caregivers. The study confirmed the benefits of support groups for kinship caregivers. Researchers were also cognizant of the need to promote social support groups to kinship caregivers. Each of the studies discussed used the Dunst FSS differently. While each study was unique to the data captured, data analysis conclusions confirmed that the scale was an effective measure of kinship caregivers.
There are a few state and local level outreach efforts to educate kinship caregivers about child welfare policies, procedures, and service availability. Kinship caregivers are often looking for information to access appropriate services. Letiecq et al. (2008) conducted a study guided by an ecological perspective on family policy involving 18 informal kinship caregivers and eight formal kinship caregivers in Montana. The purpose of the study was to examine how policies create different constraints and opportunities for informal and formal grand families. The sample consisted of one Native American and the remaining participants were White. Trained interviewers met at participants’ homes and conducted family-life interviews.

An analysis of the data suggests that kinship caregivers haphazardly learn about kinship caregiver policies and services. In addition, most informal kinship caregivers expressed frustration by the lack of information available. Moreover, the study revealed that of the 17 informal kinship grandparents who were eligible for Medicaid and financial assistance through TANF, 10 grandparents reported receiving no assistance. Furthermore, of the grandparents involved in the child welfare system as formal kinship caregivers, three of the eight caregivers did not receive any services, four reported receiving Medicaid, and only one received both medical and financial assistance through TANF. An analysis of the data also suggests that 13 of the grandparents anticipated that the grandchildren would be returning to their biological parents when the crisis was over and, therefore, they neglected to access social and financial support services. This analysis could speak to the underutilization of services among informal kinship caregivers.

**Financial support.** Structural barriers, as a result of polices and enforced by the child welfare system, often limit informal kinship caregivers from accessing financial
support. Social policies identify kinship caregivers as a valuable population, however, based on the research, there has been minimal financial assistance to support kinship caregivers who provide care for children (Goodman et al., 2007). Surprisingly, a debate between the role of the federal and state governments continues as to who should provide financial support to kinship caregivers. Title IV-E of the Social Security Act (SSA) (1979) only provides standards for federal payments for foster care and adoption assistance. Moreover, based on the Miller v. Yoakum (1976, 1979) lawsuit ruling, Title IV-E assistance granted kinship caregivers with equal pay as foster caregivers. However, there were stipulations to meet the comparable foster care licensing requirements for kinship caregivers (Blair & Taylor, 2006; Dorch, Mumpower, & Jochnowitz, 2008). In addition, the disparity of financial compensation among kinship caregivers continues (Beltran & Epstein, 2013; Bratteli et al., 2008; Dorch et al., 2008). Policymakers also questioned if relatives should be able to receive financial government assistance for providing care to their relative children (Bratteli et al., 2008; Letiecq et al., 2008).

Financial support services are essential to assist kinship caregivers. Differential licensing standards may keep informal kinship caregivers from becoming foster caregivers. The federal government allows states flexibility when creating foster care licensing standards. Beltran and Epstein (2008) researched the licensing standards of all 50 states in an effort to create a model-licensing standard. The model standard sought to remove avoidable barriers and assist with the licensing process for kinship caregivers to become foster caregivers. Unlicensed kinship caregivers typically do not receive monthly foster care payments to meet the needs of the children nor do they receive assistance to gain access to additional support services. An analysis of the study found problematic
licensing standards relating to age, educational attainment, and varying licensing standards among different states. Florida, New Hampshire, and Virginia law requires that the applicant for foster care has the ability to communicate in English. Similarly, North Carolina’s regulation for foster parent states that one must have a high school diploma or a GED.

Provisional foster care licenses allow a limited time for relatives to apply for foster care licensing. This process usually requires the completion of a basic safety inspection of the home and interviews with the members of the household. The feasibility of provisional licensing is seen as a difficult process, particularly when the literature suggests that kinship caregivers obtain care for the children as a result of a crisis (Gleeson et al., 2009). New York State does not provide provisional licensing. Rather than licensing the home provisionally, New York State simply calls it an emergency or temporary placement. These variations cause unnecessary barriers to informal kinship caregivers becoming licensed foster care providers, which would allow caregivers access to additional financial and social services. In relation to the study conducted by Bratteli et al. (2008), research indicates that the likelihood of kinship caregivers becoming foster caregivers is minimal.

Human service agencies often overlook service accessibility and financial needs of kinship caregivers. Blair and Taylor (2006) conducted a triangulated study to assess the needs of child-only recipient caregivers from a Department of Social Services database. There were roughly 770,000 child-only cases in 1999, and child-only cases continue to be the fastest growing population among the child welfare caseload. The methodology of the study focused on direct interviews, focus groups, survey information,
and demographic information. A non-responsive analysis conducted on 156 surveys returned major variances in demographics. In addition, there were five focus group sessions conducted with approximately six participants attending each focus group session.

Formulated questions helped to understand the kinship caregivers’ experiences. An analysis of the data suggests that more than three-fourths (77.7%) of the respondents felt prepared to take on the role as a kinship caregiver. In addition, 45.3% stated the role as caretaker resulted in a financial strain. Fewer than half (46.4%) felt that the Department of Social Services was easily accessible. Three themes developed from the focus groups included: (a) stress and struggles to provide for the family, (b) interactions between sample participants and the Department of Social Services caseworkers, and (c) hero participants who had decided to care for children during their time of need. The strongest conclusion of the study confirmed that child-only caregivers need high-quality case management services and additional financial support. Furthermore, the results of the study identified that social service agencies did not address the gaps in services. These gaps included child safety, physical safety of the home, educational supports, and mental and behavioral supports. In comparison to what is available, the study concluded that kinship caregivers require additional support and assistance.

Kinship caregivers do not typically receive the same financial support as foster caregivers. Financial assistance has been found to be significantly different among informal and formal kinship caregivers (Beltran & Epstein, 2013; Bratteli et al., 2008). The Bratteli et al. (2008) study sought to examine the different licensing payment policies for kinship caregivers. The literature analyzed the descriptive approach to foster kinship
care licensing and payment policies. The average financial support allocation for foster caregivers was $511 a month for each child. On the other hand, the average grant available for informal kinship caregivers from the TANF for one child was $249 (Beltran & Epstein, 2013). More importantly, the article examined the challenges and strengths of kinship caregivers and the likelihood of them becoming licensed foster caregivers. Kinship caregivers would have more access to financial resources and services if the option of becoming a licensed foster caregiver existed.

The study examined state foster care policies to determine the feasibility and likelihood that kinship caregivers could become licensed caregivers. The analysis of the kinship foster care system identified many issues. Considering all 50 states, less than 30% of all children were with foster kinship families. On a national level, 28.8% of formal foster caregivers were grandparents or kinship caregivers. In comparison, the percentage of formal kinship foster care provided by grandparents or other relatives was 5.79%, while over 94% are informal caregivers. New York State had over 400,000 children in foster care. One-fifth of those children resided with kinship caregivers. However, only 6% were formal kinship foster caregivers and the remaining were informal kinship caregivers. The findings in the study clearly accounted for the disparity in licensing standards. The reasons kinship caregivers do not access formal foster care programs and financial assistance may stem from their lack of information or the misconception of their qualifications for services.

Sheran and Swann (2007) used data from 1997, 1999, and 2002 from the National Survey of America’s Families (NSAF) to study kinship caregivers’ utilization of TANF. NSAF is a representative survey of over 44,000 households from 13 focal states and a
sample from the remainder of the country. The goal of the study was to understand the factors associated with TANF utilization and kinship families. The analysis sample contained 2094 children in private kinship care. The four groups of independent variables used to explore the dependent variable included: (a) child characteristics, (b) caregiver demographic characteristics, (c) caregiver economic demographics, and (d) caregiver coping characteristics. Descriptive statistics revealed that close to one-half of children in private arrangements are African American and one-third are White. This data is consistent with much of the literature. Significant findings that are also consistent with the literature revealed that more than one-third of the kinship caregivers report incomes 100% below of the poverty level (income-to-poverty ratio of less than 100%). Further study implications were that kinship caregivers do not access cash assistance because they simply do not know they are eligible for it.

The study estimated that one out of five informal kinship caregivers receive cash assistance. Considering that cash assistance is the largest single source of the TANF child-only grants, understanding why the take-up rate is so low is critical to ensuring families receive adequate care. Married caregivers and single males have a low participation in TANF. Families who have benefited from welfare assistance are more likely to take cash assistance than families who have never received any assistance. More importantly, families who only expect to care for children for a short time, because of a crisis, may be more reluctant or less likely to participant in TANF.

The complexity of accessing services can sometimes hinder a family’s ability to utilize them. Bratteli et al. (2008) studied the impacts of licensing and payment policy procedures on kinship caregivers. Their study found that a great number of kinship
caregivers neglected to access assistance because of they were unaware of eligibility
guidelines of various services. Service utilization, limitations, or access to services
became evident when examining the personal and environmental factors that influenced
how informal kinship caregivers accessed social, financial, and community resources
when caring for children with an incarcerated mother.

Methodological Review

Despite the widespread use of kinship care, relatively little research has been
undertaken to identify the characteristics and needs of informal kinship caregivers.
Research findings and conclusions tend to be limited by unrepresented samples and
methodological problems.

There were many methods used in the research studies. Some of the measurement
tools included the 36-item standardized questionnaire, the Medical Outcomes Trust SF-
36, the TM Health Survey, the Grandparent Assessment Tool, and the Child Behavior
Checklist. Moreover, most of the studies on health and wellness failed to determine if
kinship caregivers or grandparents (informal kinship caregivers) are involved in the child
welfare system.

There were 10 qualitative studies, eight quantitative studies, and the remaining 10
were mixed-methods studies. Of the 30 articles used in this literature review, the majority
employed cross-sectional data and small sample sizes with limited experimental
comparison group designs. A significant number of the studies used a single-group
survey design and measurement tools to address kinship caregiver needs.
Chapter Summary

This chapter described the methods used to conduct the literature review on informal kinship caregivers. Informal kinship care represents the largest number of kinship care arrangements. This chapter further identified the findings, which emerged from the literature review. The research showed several risk factors that affect kinship caregivers’ ability to provide adequate care and defined caregiver characteristics. Kinship caregivers tend to be older, single, unemployed, and in poor health. In addition, kinship caregivers receive fewer social service supports than foster caregivers. The inability to access social and financial support services may create a significant hardship for kinship caregivers. As pointed out in the introduction, many informal kinship caregivers may have limited social, financial, and community supports. The gaps in the literature implied additional research is needed to examine of the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources. Chapter 3 describes the procedures and methods used in this research.
Chapter 3: Research Design Methodology

Introduction

This chapter describes and discusses the extensive steps and methods used in this qualitative research. The first section provides a review of the research topic, theoretical framework, and reasons for selecting a qualitative interpretive phenomenological research as the method of inquiry. This information is followed by underlying biases, assumptions, and operational definitions. The second part describes, in detail, the participant’s recruitment process, the research setting, the criteria for sample selection, as well as the descriptive and demographic characteristics of the participants. The latter section presents the methods of data collection, with a focus on the protection of the human subjects and the interview guidelines. Last, the chapter provides a description of the sample design and procedures that preceded the data collection and analysis processes.

Informal kinship care. Informal kinship care is the most common form of relative care. When relatives provide informal kinship care, children are not under the auspices of the child welfare system or Child Protective Services, nor are the children in state custody. Informal kinship care continues to grow at a higher rate for families at the lowest income levels. In 1970, grandparents headed 2.2 million households. By 1998, grandparents headed 53%, or 4 million, households (Cox, 2007). Moreover, recent data reported that more than 400,000 children lived with informal kinship caregivers as an alternative to foster care (The Annie E. Casey Foundations, 2012). Informal kinship
caregivers can include older siblings, aunts, uncles, close family friends, or grandparents. Noting that while the number of informal kinship caregivers continues to increase, grandparents are the most likely candidates to provide informal kinship care.

The increasing rates of incarceration and recidivism of women is one reason for the increase in children being cared for by relatives. Incarcerated women are more likely to abuse substances, live in poverty, and be victims of physical or sexual abuse (Travis & Waul, 2004). As of 2006, there were an estimated 203,100 women incarcerated in jails and prisons in the United States. Furthermore, more than 65% of these women were mothers to minor children (Allen et al., 2010). Situated in the context of maternal incarceration, informal kinship caregivers of children with an incarcerated mother may inadvertently experience limitations to social, financial, and community resources. Therefore, there is a need to gain a deeper understanding of the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources when caring for children with an incarcerated mother.

The purpose of this study was two-fold. The first goal was to reduce the existing gap in the body of literature on the topic of informal kinship caregivers of children with an incarcerated mother. Within the context of the research, this study examined personal and environmental factors that influence how informal kinship caregivers of children of incarcerated mothers accessed social, financial, and community resources in order to provide care for the children. The second goal of the study was to enable informal kinship caregivers of children with an incarcerated mother to share their stories. Allowing participants to share their experience allowed the researcher to understand the
experiences of the participants from their situation, in the participants own words. The
following research questions were investigated through a qualitative interpretative
phenomenological approach, utilizing semi-structured interview methodology:

1. What factors influence an individual’s decision to become an informal kinship
caregiver of children with an incarcerated mother?
2. How are informal kinship caregiver’s of children with a incarcerated mother
informed about social and financial resources?
3. How are informal kinship caregivers of children with incarcerated mothers
informed about community resources?
4. How do personal factors influence an informal kinship caregiver’s decision to
access social, financial, and community resources when caring for children of
an incarcerated mother?
5. How do environmental factors influence an informal kinship caregiver’s
decision to access social, financial, and community resources when caring for
children of an incarcerated mother?

Theoretical Framework

There are relationships between informal kinship caregivers’ beliefs, attitudes,
and their environment when accessing social, financial, and community resources. The
social ecological model (SEM) provided a framework for recognizing the relationships
that exist between an individual and his or her environment within and across various
systems. The levels within the SEM include: (a) individual, (b) interpersonal (social
networks), (c) community (formal and informal social networks), (d) societal (social
institutions), and (e) political (public policy). The model addresses the complexities and
interdependences between the socioeconomic, cultural, political, environmental, organizational, psychological, and biological determinants of behavior (Stokols, 1996).

The application of the social ecological model identifies various differential constraints and opportunities for accessing social, financial, and community resources for informal kinship caregivers when situated within each of the social systems.

The SEM developed from the work of a number of prominent researchers. Urie Bronfenbrenner’s ecological systems theory (1979) focuses on the relationship between the individual and the environment. Kenneth McLeroy’s ecological model of health behaviors (1988) classified different levels of influence on health behavior, while Daniel Stokols’s social ecological model of health promotion (1992, 2003), identified the core assumptions that underpin the SEM (Bronfenbrenner, 1994). The work of these and other researchers has been used, modified, and evolved into the social ecological model (SEM).

**Research Design**

An interpretive phenomenological qualitative research methodology approach was used to answer the research questions. The goal of qualitative research provided a naturalistic inquiry of real-world settings (Roberts, 2010). According to Creswell (2013), qualitative research is a data collection strategy used to explore and understand individual, group, social, or human problems. Qualitative research also provides a platform to examine subjects in their natural settings, attempting to interpret the phenomena people bring with them (Creswell, 2013). Qualitative research inquiry uses an inductive style and provides a broader generalization of individual meaning. Furthermore, conducting research on informal kinship caregivers while applying the social ecological
model provided intricate details of the phenomena that may be difficult to convey using quantitative methods.

Phenomenology is the philosophical orientation that grounds the qualitative approach. Phenomenology focuses on an individual’s experiences from his or her personal perspective (Roberts, 2010). The application of interpretive phenomenological analysis explores the personal perspectives of research participants before moving to claims that are more general (Smith, Flowers, & Larkin, 2009). This analysis focused on both description and interpretation, but ultimately, more emphasis was on the interpretation.

Interpretive phenomenology makes assumptions about people’s experiences. These assumptions influenced the analysis of the data and the conclusions that were drawn. Inquiring about the lived experiences of participants provided another lens to view the experiences of caregivers and allowed for a broader perspective of those experiences. The interpretive phenomenological approach both described and analyzed the experiences of informal kinship caregivers of children with incarcerated mothers. There is something very important and powerful about hearing the voices of informal kinship caregivers and their perspectives on the factors that influence their ability to access social, financial, and community resources. Furthermore, hearing the lived experiences of informal kinship caregivers allowed the researcher to gain a deeper understanding of the needs of the participants. The data gathered from the interviews described the sample of informal kinship caregivers while the analysis interpreted their experiences.
The interpretive phenomenological study examined factors using the social ecological model in order to identify factors of influence at the individual, interpersonal, community, organizational, and policy levels. An analysis of the data gathered from the participants’ narratives interpreted the intersection of informal kinship caregivers’ personal and environmental factors and caregivers’ beliefs, attitudes, and knowledge when accessing social, financial, and community resources when caring for children with an incarcerated mother.

**Rationale of Methodology**

A qualitative approach allowed for greater exploratory research, but it also required a tolerance for ambiguity. The researcher began each interview by listening attentively while each participant provided a descriptive account of the perceptions of their daily life. This process allowed the researcher to gain insight into the firsthand viewpoints of informal kinship caregivers of children with an incarcerated mother, thereby creating a portrait of their experiences. Creswell (2013) contended that qualitative researchers must interact with those being studied to gain an understanding of how those people make sense of their lives and experiences. The most useful and accurate way to obtain information about a phenomenon is to ask people who have had the experience and to ask in a way that allows the individuals to share their story (Creswell, 2013). Therefore, the researcher conducted a qualitative interpretive phenomenological study.

**Research Context**

**Study site.** In preparation for the study, the researcher negotiated access to two recruitment sites at two non-profit organizations in Western New York. Both
organizations were established for over 30 years, providing either kinship care support
group meetings, information and referral assistance, or case management services that
addressed the needs of urban families, grandparents, and other caregivers. In addition,
each organization operated its programs in the urban community.

The first organization, R&R (R&R is a pseudonym), offers weekly group
meetings, telephone inquiries, one-on-one assistance, educational/support groups, and
peer-mentoring home visits to support and educate grandparents/kinship caregivers. In
addition, the organization provides essential support and information to grandparents and
other relatives who are the primary caregivers of children whose parents are unable to
assume responsibility for them.

The second human service organization, S&S (S&S is a pseudonym), operates a
program in Western New York. The human service organization is one of the largest non-
profit human service organizations in Western New York, employing more than 2,400
staff, operating out of 50 locations, and serving over 12,000 families annually. The
organization has successfully adapted to an ever-changing environment to meet the needs
to help to improve the lives of the most vulnerable children, youth, and families through a
nationally recognized, integrated system of care that provides comprehensive behavioral,
mental, and education services. These services include preventive services, community
education, early intervention, emergency services, runaway/homeless youth safety net
services, counseling and support programs, outpatient treatment, customized home and
community-based services, special education services, therapeutic foster care, and
adoption services. The St. John Fisher College Institutional Review Board approved the
study. The researcher also received Internal Board Approval (IBA) to conduct research at
S&S and received approval from R&R’s Program Director to proceed with research within that organization.

Within the S&S organization, recruitment selection focused on the grandparents’ support program, which provided services for caregivers. The program provides grandparents/kinship caregivers in the community with information, education, and support to strengthen their ability to care for their grandchildren. Furthermore, the program offers grandparents/kinship caregivers weekly group meetings on topics such as school system navigation for special education services and advocacy and guardianship documents to obtain a Child-Only Grant and Social Security Insurance SSI) (for the grandchild). Program activities reinforce positive relationships while strengthening interactions between grandparent/kinship caregivers and their grandchildren. The study recruited informal kinship caregivers from the grandparents’ support group. There were approximately 10 to 15 participants in the program.

**Research Participants**

This study used a purposeful and snowballing recruitment technique to recruit participants. In order to achieve the purposeful sample, the researcher used a snowball sampling, which is a method that occurs when previously identified members “identify members” of the same population (Creswell, 2013). The researcher asked the key informant to identify other caregivers in an informal kinship care arrangement. This process generated two additional participants.

The researcher recruited the participants from four kinship support group meetings during the course of the study. Each kinship support group meeting consisted of 8-12 caregivers. For the purpose of this study, informal kinship care is defined as
caregiving arrangements where children live with relatives or close family members, and they are not under the auspices of the child welfare system or Child Protective Services, nor are the children in state custody. Furthermore, the researcher only interviewed informal kinship caregivers of children with an incarcerated mother. As a delimitation, the researcher excluded kinship caregivers of children with an incarcerated father, as they were not classified for this study.

The study criteria sought participants who were or had been the primary informal relative caregiver of a child, between two years and 18 years old, with an incarcerated mother. In addition, the child could not be involved with child welfare services or be receiving foster care services. These particular criteria were developed for two reasons. First, research studies have focused on children and families who are part of the public or “formal” kinship care system. However, a large population of kinship caregivers exist outside of the formal system. Therefore, there was a need to understand the social and economic disparities that exist when caregivers are not receiving child protective or foster care support services. Second, all research participants had lived experiences in caring for children with an incarcerated mother. Each volunteer participant in the study facilitated a deeper insight into the experiences and phenomenon of this particular population in almost all basic aspects of life. Five informal kinship caregivers of children with an incarcerated mother participated in the study. The caregivers provided demographic information such as age, race/ethnicity, educational attainment, employment status, and the number of children in their care. All of the participants received a research study information packet consisting of the recruitment letter and a consent form. Interested
participants completed the consent form and volunteered to participate in the research study.

**Instruments Used in Data Collection**

To collect interpretative phenomenological research data for this study, the researcher was the primary instrument used to gather data. In addition, the researcher utilized two instruments. The supporting instrument was a questionnaire, the answers to which were recorded with the participants’ demographic information (Appendix B). The primary instrument was a questionnaire that was based on semi-structured, face-to-face interviews. The primary interview instrument elicited data related to the research questions and had seven open-ended questions.

Interviews provided an opportunity to capture a wealth of information from the research participants. Furthermore, a semi-structured narrative interview format allowed the researcher to govern the focus of the interview while allowing participants the freedom to expand on information critical to their perceptions (Kvale & Brinkmann, 2009). As a result, the researcher gained a deeper understanding of the factors and experiences of each caregiver. The researcher engaged the participant with a conversational tone, enabling crucial information to be gathered. Because of this approach, the researcher was able to convey the perceived meaning of the participants who had experienced the phenomenon being studied (Creswell, 2013). In addition, probing questions led by the researcher stimulated further descriptive data from each participant responses. These questions supported the study’s data collection and analysis design. To protect the identity of the participants, pseudonyms were used. Interview questions yielded as much information about the study phenomenon as possible and
addressed the aims and objectives of the research. The researcher started with questions
the participant could answer easily and then proceeded to more difficult or sensitive
topics. The length of each interview was 45-60 minutes. The interview questions are
included in Appendix C, and the open-ended comments/questions asked by the researcher
were:

1. It would help me to know a little bit about you and the children in your
   household. Can you tell me about who lives in your household?
2. Can you share with me the story of how you became a caregiver of a child
   with an incarcerated mother? Tell me your story.
3. How long has the child been in your (caregiver) care?
4. Have you ever turned to anyone outside of your family for help with caring
   for the child?
5. How has life changed for you since caring for the child?
6. Can you describe to me your feelings about caring for a child with an
   incarcerated mother?
7. If you could change one thing about your caregiving experience, what would
   it be?

The researcher followed the ethical guidelines of the IRB involved with data
collection. Prior to the interview, the researcher reminded the participants of the purpose
of the study, intent of the interview, confidentiality, and federal regulations governing the
research of human subjects. Following proper protocols, each participant recorded his or
her verbal and written authorization to record the entire interview using a digital
recording device.
**Data Analysis**

Data collection instruments for the interpretative phenomenological study were analyzed. Results from the semi-structured interviews were explored according to the general principles and procedures for qualitative data framework discussed by Kvale and Brinkmann (2008). The seven stages of the interview inquiry include:

1. Thermalizing (conception of the themes to be investigated)
2. Designing (investigating before interviewing)
3. Interviewing (conducting interviews)
4. Transcribing (preparing interview for analysis)
5. Verifying (ascertaining validity, reliability, and generalization)
6. Reporting (communicating the findings)

**Analysis procedures.** During the analysis process, semi-structured interviews were read through several times to obtain a sense of the whole while identifying the emergence of themes for saturation. This process involved organizing and reviewing the data and observational field notes to become familiar with the materials (Smith et al., 2009). Prior to submitting all of the interview files for transcription, using the TranscribeMe service, each participant was given a unique identifier, which allowed participants to remain anonymous. The researcher transcribed additional research communications such as field notes and demographic information.

The researcher conducted an interpretive phenomenological analysis. The researcher sought to identify the underlying meanings of the participants’ experiences. Handwritten notes were used to capture important themes or patterns while the researcher simultaneously listened to the audio recoded interview and read the transcribed interview.
This step allowed the researcher to make preliminary interpretations about the data, incorporating in vivo coding. Next, the researcher linked what participants said to emerging themes and the themes were connected based on similarities. Similar themes were then linked to quotes in the transcript. The researcher also analyzed the data using a priori coding developed from the five levels of the social ecological model. After discussing the initial themes with an expert in the field, the researcher reorganized and renamed the themes. The researcher incorporated member checking with the participants to summarize the themes and gain consensus or disagreement.

After each interview, field notes summarized the nature and scope of the interview and the effectiveness of the interview. The researcher ensured themes were related to research questions and reflective of the data. Lastly, the researcher examined any bias that could have shaped the interpretation of the data. The transcripts were coded using the existing list of themes and the codes and themes were revised as necessary. All participants agreed with the themes and summaries during the member-checking process. A final list of themes and sub-themes were created.

In an effort to enhance trustworthiness and after de-identifying the data, the researcher involved the use of two researchers to analyze the data and test the coding scheme. First, when analyzing the data, themes were coded according to the five levels of the social ecological model: individual, interpersonal, organizational, community, and societal, which was used in the research study. Next, the data underwent further coding into sub-categories to identify initial themes and sub-themes.

A category was considered saturated when no new information emerged during coding (Kvale & Brinkmann, 2008). Continuing an inductive process, the data were
analyzed for themes developed from the categories that had been identified. Final themes emerged. These themes were used to develop a narrative that reflected the researcher’s interpretation of the participants’ perceptions of their experiences relating to the social, financial, and community factors of influence. The themes are presented in Chapter 4 in a manner that reflects the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources. Demographic data collected from the participants is presented in Table 4.1.

**Credibility of the Study**

Several strategies were used to confirm the credibility of the research study. To establish the trustworthiness, the researcher looked for dependability, or authenticity, of the study (Creswell, 2013). To ensure the findings were grounded in the data, the researcher repeatedly read the transcripts and listened to the audio tape of the interviews. These steps helped the researcher achieve deep immersion in the data prior to developing the themes. Triangulation is when the researcher uses different or multiple data sources to verify the information collected for analysis (Creswell, 2013). Sources of triangulation such as field notes, demographic forms, experts, research participants, and interviews, were used to identify themes and confirm a consensus of the data.

**Summary**

The methodology for this study employed an interpretative phenomenological qualitative approach using the works of Creswell (2013) and Kvale, and Brinkman (2008) as primary guides to understand the phenomenology of informal kinship caregivers of children with an incarcerated mother. This methodology was appropriate for the research questions, particularly when identifying the various constraints and opportunities of
accessing social, financial, and community resources among informal kinship caregivers of children with an incarcerated mother. Purposive and snowballing sampling methods were used to recruit a maximum of five participants. The researcher conducted five semi-structured narrative interviews, recording the lived experiences of the informal kinship caregivers with children of an incarcerated mother. All interviews were labeled with unique identifiers to ensure participants’ anonymity prior to being transcribed by the TranscribeMe online transcription service. Once the interviews were transcribed, interview notes, demographic forms, and audio recordings were used to formulate patterns and themes around factors that influence how informal kinship caregivers access social, financial, or community resources when caring for children with an incarcerated mother. Results were recorded in narrative form, and the credibility and validity of the study were confirmed to ensure the results of the study were grounded in the data. Data analysis strategies provided a thorough framework for the research design and methodology of the study.
Chapter 4: Results

Introduction

Social, financial, and community resources are a part of a larger structure of society. The complexity of accessing resources can sometimes hinder informal kinship caregivers’ ability to utilize them. This qualitative interpretative phenomenological study examined the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources when caring for children with an incarcerated mother. These factors were examined using the social ecological model in order to identify influences at the individual, interpersonal, community, organizational, and policy levels.

Research Questions

In this chapter, the researcher addressed the following questions and reported the findings of the qualitative study from interviews with caregivers of children with an incarcerated mother. The study was organized around five questions:

1. What factors influence an individual's decision to become an informal kinship caregiver of children with an incarcerated mother?
2. How are informal kinship caregiver’s of children with a incarcerated mother informed about social and financial resources?
3. How are informal kinship caregivers of children with incarcerated mothers informed about community resources?
4. How do personal factors influence an informal kinship caregiver’s decision to access social, financial, and community resources when caring for children of an incarcerated mother?

5. How do environmental factors influence an informal kinship caregiver’s decision to access social, financial, and community resources when caring for children of an incarcerated mother?

Chapter 4 is organized into six sections. The introductory section provides a brief overview of the data analysis and findings. The next section goes on to include a brief, but layered contextual background synopsis of each of the participants in the research study. Next, an analysis of the data in response to the study’s five research questions is presented. In addition, each section of analysis begins with a research question. The final section presents the analysis of the findings across the five levels of the social ecological model from the interpretation of the researcher. The chapter concludes with a summary of research findings.

Data Analysis and Findings

The analysis was performed by coding the text from the semi-structured interviews that captured the lived experiences of five informal kinship caregiver. Data analysis and research participant confidentiality were important requirements of this research study. When appropriate, the researcher incorporated verbatim quotations to provide an illustration to deepen understanding and to enable the participants’ lived experience voice within the text. The quotes were edited for grammatical clarity. The pseudonym RP, which stands for research participant, and an assigned number, one
through five, identified each informal kinship caregiver participant to maintain participant anonymity.

**Research Participants**

It was necessary to examine the qualitative results of this research within the context of the participants’ shared and unique characteristics. Therefore, detailed aspects of participant demographics are presented.

**Participant descriptive data.** The sample population consisted of informal kinship caregivers of children with an incarcerated mother. By the end of the interview period, data was collected from five informal kinship caregivers: one man and four women. All participants provided full-time care to children, ages 2-18, who had an incarcerated mother or had a mother incarcerated between January 2014 and April 1, 2015. Three research participants were recruited from the S&S community-based organization, and two additional research participants were recruited through snowball recruiting efforts. A description of the sample population is presented in Table 4.1. A total of five African American informal kinship caregivers participated in the research study, 80% (N = 4) of the participant group were women, and 20% (N = 1) of the group included one man. The entire sample of informal kinship caregivers had an average age of 59.8 years, with a range in age from 41 to 69. Regarding marital status, 40% (N = 2) were single; 40% (N = 2) were widowed; and 20% (N = 1) was single. Sixty percent (N = 3) of the informal kinship caregivers reported being unable to work during the time of the interview. One informal kinship caregiver, 20% (N = 1), reported being retired, while the remaining informal kinship caregiver, 20% (N = 1), reported being employed. With regard to the highest level of education attained, 40% (N = 2) of the informal kinship
caregivers had obtained their high school diploma, 40% (N = 2) had some college/or technical schooling, and 20% (N = 1) had not graduated from high school. Four of the caregivers, 80% (N = 4), were grandmothers, and one caregiver, 20% (N = 1), was a father. Caregivers were raising an average of 2.8 relative children, with an age range from 6 months to 14 years old. One caregiver, in addition to raising four of her grandchildren, was the biological parent of seven of her own children.

Table 4.1

*Participant Demographics*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20% (N = 1)</td>
<td>80% (N = 4)</td>
</tr>
<tr>
<td>Age Range</td>
<td>41-69</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single – 40% (N = 2)</td>
<td>Widowed – 40% (N = 2)</td>
</tr>
<tr>
<td>Employment</td>
<td>Retired – 20% (N = 1)</td>
<td>Employed – 20% (N = 1)</td>
</tr>
<tr>
<td>Highest Level of Education</td>
<td>HS Diploma – 40% (N = 2)</td>
<td>Some College/Technical Schooling – 40% (N = 2)</td>
</tr>
<tr>
<td>Relative Status</td>
<td>Grandmother (Paternal) – 40% (N = 2)</td>
<td>Grandmother (Maternal) – 40% (N = 2)</td>
</tr>
<tr>
<td>Number of Relative Children</td>
<td>Mean – 7.2</td>
<td></td>
</tr>
</tbody>
</table>
Before providing the analysis of the data and the findings, the text provides a biographical overview of the participants.

**Synopsis of participants.** Research Participant #1 (RP1) is a widowed, African American, 65-year-old female with one adult male child. During the semi-interview, RP1 spoke softly, was polite, and she appeared physically mobile. On several occasions, RP1’s son requested she provide care for his infant son. RP1 hesitated and took into consideration her age and the safety of her grandson before making a decision to provide care. As a result, RP1 has provided care for her grandson since he was two months old. He is currently 11 years old. During the interview, RP1 would smile occasionally and affirm that raising her grandson has been the joy of her life. RP1’s adult son resided with her from time to time, sporadically helped her financially, and periodically helped her raise his son. She regularly attended a grandparent support group twice a week operated by an established community-based agency. She was actively involved in her church choir and usher board. Her church is also located near her home. During the interview session, RP1 disclosed she had one close friend that attends the same church. The researcher conducted the interview at RP1’s home. She lives in an urban community and resides in a duplex. Upon entering the apartment, the researcher observed the neat, clean, living and dining room areas with lots of family pictures nicely displayed around the rooms. At the close of the interview, RP1 took additional time to share family stories and photos of family members, smiling and laughing occasionally.

Research Participant #2 (RP2) is a widowed, African American, 65-year-old female with two adult children. During the interview, RP2 spoke with authority and displayed a “matter of fact” tone. RP2 displayed an energetic spirit. She shared her strong
moral and biblical values about faith and family. Although she did not attend church regularly, she maintained an internalized sense of spirituality. She suffered a heart attack, stroke, and had double bypass surgery. Despite her health issues, she believed that God had kept her on this earth for this very purpose—to raise her grandchildren. Her involvement in caring for children, in general, began as a foster care parent during the 1970s. She is currently an informal kinship caregiver to six grandchildren in ages ranging from 7 to 14. She has provided care for the children periodically since they were babies, but most recently, she has transitioned to full-time caregiver. She also communicated her commitment to make sure her grandchildren made it through life with her support and guidance. She resides in an urban community. She recognized that her neighborhood had some benefits. Throughout the interview, she described her neighborhood as a “place to get in trouble.” With the help of family and friends, she successful located services, such as food and household assistance, in the community. In addition, she did not attend a grandparent support group often, but she did recognize the group as her source of motivation and support when she needed a support network. She also believed that knowledge and wisdom comes with age and experience. The researcher conducted the interview at the community-agency site during the meeting time of the grandparent support group. During the interview, RP2 needed very few prompts, and she shared freely her views, thoughts, and very detailed experiences about the challenges and joys of being an informal kinship caregiver and her ability to accesses to resources.

Research Participant #3 (RP3) is a married, African American, 59-year-old female with seven children and four grandchildren in her home. During the beginning of the interview, she displayed an upbeat personality. However, as the interview progressed, her
tone shifted. At times, RP3 responded to the interview questions with an angry tone, and at other times, she paused as she reflected and shared her caregiving experiences. With 11 children total in the household, RP3 cared for her four grandchildren during three chronic episodes of her daughter’s incarceration. Most of the children in the household were under 18 years old, with the youngest child six months old. Aside from foster care, RP3 believed no alternative support was available. She often described her caregiving experiences as “very difficult, not easy, and getting to be too much.” She described her social and family support network as limited. She struggled financially. RP3 received financial support from the TANF program, which provided food and shelter assistance, while RP3 temporarily worked part time. She further shared that with all of the children in the house and the responsibilities the children came with it, minimal time existed to seek additional assistance or even take her grandchildren to visit their mother. While her once-incarcerated daughter had been released from prison for almost three months and the children were back with their mother, RP3 shared sentiments of regret, as she reflected on many of her caregiving experiences. There were moments during the interview where RP3 candidly stated how amazed she was that her family overcame many challenges. The researcher conducted the interview at RP3’s home. She resided on the outer limits of the city in a small quiet residential neighborhood. During the interview, one of her adult daughters entered the home. The researcher paused the interview to allow the participant to inform her daughter of the interview. The researcher resumed the interview at the request of the participant. Periodically, RP3 would yell out to her daughter requesting assistance as she tried recalling specific dates, times, and circumstances of her caregiving experience. Her final statement during the interview was,
“But, shoot, we made it through. Yeah, we made it through.” She was very direct and relaxed during the interview.

Research Participant #4 (RP4) is a single, African American, 69-year-old female with four adult children. RP4 is an elderly, heavy-built woman who appears to have limited walking ability. Although she cares for her grandson, she admits her health is not as good as it used to be. Where RP4 would financially qualify for a one-bedroom apartment as a single person, because of her health, fear of being alone, and the support she required with daily living tasks, her doctor’s request allowed her to occupy a two-bedroom apartment. She relied on close family and friends to assist her with daily living tasks. RP4 also often relied on her adult granddaughter to assist with caring for her grandchild. RP4 was an active program participant in the grandparent support program where she has been a participant since 1996. RP4 was able to recall how the program evolved over the years and expressed views on the program’s successes and challenges. RP4 was very resourceful and knowledgeable about how to access services and credited her grandparent support group members for all of their help. She informed the researcher of several local free-food panties and clothing locations in the community. In addition to the grandparent support group, RP4 was a member of a local church, attended senior programming at a local community center (where she took part in health and wellness activities), and she utilized medical motor services for transportation assistance within the community. During the interview, RP4 was unsure why her level of engagement had been sporadic during the times she provided care for her grandchild. The researcher conducted the interview at RP4’s home. She resided in a subsidized, newly built two-bedroom housing complex near the downtown area of the city. RP4 described her
neighborhood as a very “close-knit” community. RP4 was very welcoming and shared her caregiving experience in her living room. The small living room boasted of clutter-filled trinkets and pictures of family members. The interview began with RP4 stating, “This ain’t my first rodeo,” meaning RP4 had been an informal kinship caregiver before. RP4 provided the researcher with an article that featured RP4’s kinship caregiving story from 1996. At the close of the interview, RP4 commented on each of the family members’ photos posted on the walls and described in detail various program certificates and accolades she received over the years. RP4 appeared to smile often.

Research Participant #5 (RP5) is a married, 41-year-old African American male who provided care for two children whose mother was incarcerated. During the mother’s incarceration, RP5 and the mother were dating. He recently had four blood transfusions and is currently on dialysis, he is on a kidney transplant list, and he is on disability. His main source of financial support was social security disability (SSD). He was unable to work because of kidney failure and high blood pressure. He resided in an urban community and provided care as an informal kinship caregiver for two children for a period of eight months. While he was nervous, RP5 expressed the need to trust God and keep the children safe. He relied heavily on prayer, his church family, and the support of his mother to help provide care for the children. He spoke very highly of one community agency that provided early childhood intervention services for his son. This agency also provided additional support services that included transportation assistance to take the children to see their mother during her incarceration, clothing assistance for the children, and Christmas gift assistance. The interview took place at RP5’s home.
Findings

This section reports the findings of the study relating to the five research questions. Each section of the analysis begins with a research question.

Research question 1. What factors influence an individual’s decision to become an informal kinship caregiver of children with an incarcerated mother?

The analysis of the participant responses revealed two overarching themes. *Family Duty* and *Safety* were the factors that influenced the participants to become an informal kinship caregiver of children with an incarcerated mother.

*Family duty.* A review of the responses shows participants felt *obligated to their child or the child’s mother* to provide care.

The first result to emerge from the data were factors related to participants’ obligation to the adult children or, in the case of the father kinship caregiver, to the mother of the children. During the interview, without prompts, participants expressed a sense of obligation to care for the child. Several participants shared compelling experiences of events and incidents that led to the adult child requesting assistance. The participants were knowledgeable of the several reasons why the incarcerated mothers were unable to care for their children. These reasons included substance use, parental abandonment, or continuous involvement with the criminal justice system. However knowledgeable, the participants expressed an obligation to provide care. RP1 explained her experience in her own words.

Well, his mother and father were living together and she was on cocaine and she wanted him to have the baby. By them living together, she was not able to get the
child. So he asked me again, if I get the baby, he’ll be happy. So I kind of hesitated with that because I didn’t know what to think at my age. (RP1)

RP1 reflected on the reasons she hesitated to provide care. Similarly, RP3 talked during her interview about the number of children she was caring for when her daughter requested her assistance to provide care. RP3 shared her experience of caring for her seven biological children as well as her daughter’s four children during her daughter’s incarceration. RP3 shared, “My daughter asked me, would I get them when she got in trouble, and I told her yes.”

RP4 is a single, African American, 69-year female with four adult children. She began her interview informing the researcher of her experiences. She shared, “Basically, when his [grandson] mother found out that she was going to be going away [prison], she just asked me if I would get him [RP4’s grandson] and I told her yes” (RP4).

When the participants made their decisions, there was a sense of obligation to the adult child or girlfriend. Parental/partner obligation can develop from a number of factors. These factors include continuing parent-child or partner-to-partner relationships, sympathizing with the adult child’s or partner’s alcohol/drug addiction, or hope that the adult child partner will make positive choices. The participants’ intrinsic motivation and obligation to provide care supersedes the notion of the adult child/partner making wrong choices. Each of the participants, when asked to provide care, agreed to the calling.

The second theme pertaining to Research question 1 was what factors influence an individual’s decision to become an informal caregiver of children with an incarcerated mother is entitled, Safety. The second theme revealed two distinct categories. These categories included (a) physical protection, and (b) psychological protection.
Physical protection. The participants openly expressed their need to maintain family connections and to keep the children safe during the absence of the biological mother. The initial suggestive nature of caring for the children was often a request of the adult child/partner of the caregiver. However, the participants expressed a genuine interest to make sure the children were safe and protected. RP1 described her hesitation to provide care, but she later stated it was the best option since he was her only grandchild. She provided her experience below.

So he [adult child] asked me again, “If I get the baby, he’ll be happy.” So I kind of hesitated with that because I didn’t know what to think at my age. And then I started thinking, “This is my only grandchild.” I said, “It is best if I get him [grandson] because I don’t want to be been wondering if he is being cared for in the right manner [foster care parents].” (RP1)

RP2 decided to care for her six grandchildren because she came from a large family. She shared the experience of her grandchildren on the verge of foster care placement and her reasons for caring for all six of her grandchildren with the following words.

I would never split them up [six grandchildren], because my mother did not split us up. I came from a family of 21, and four sets of twins . . . so I might as well take care of all the grandkids . . . I will get them and take care of them because I want them all together . . . grow together. (RP2)

Likewise, RP3 stated that her main concern was ensuring her grandchildren remained together and away from the foster care system. She shared her experience in this manner.
What was going through my mind was how I was going to do this. I was determined not to let them [grandchildren] get into the system [foster care system]. That was my main aspect of trying to take care of them. My goal was to make sure they did not get into the system. Because my fear was once they got in the system, how hard it would be to get them back, and the problems that they may go through being in the system—dealing with foster parents, temporary positions that they might have them in, and moving them away from each other. Separation was my concern. I did not want my grandkids separated from each other. (RP3)

RP3 continued her interview and provided a personal account from her perspective in her own words of her child’s foster care experience.

Because a lot of caregivers do not use that money towards those children, and I'm a witness of that too. Because my daughter ended up in a foster home where the lady [foster mother] wasn’t really caring about her [RP3’s daughter] or her baby. . . . They [foster mother] get their money, and they do what they want to do. She [foster mother] would get receipts from other people saying she bought this and bought that, and she really did not. I was seeing how other things was working in other places, as well as what I was going through. That is how I knew I was not letting my grandkids get in a place like that. (RP3)

The last participant, RP4, shared that she provided care for her grandchild not only to keep him from entering into foster care but also to make sure the mother and child could maintain contact whenever possible. She reported her experience the following way.
I did not have no hard feelings or anything like that. I was sad that she [daughter] had to go away and stuff like that, but other than that, it was, I guess, a good experience . . . . It was good because we wanted to keep them [mother and grandchild] two together so he [grandchild] was involved . . . she [my oldest daughter], is at the top of the picture closest to the TV with all the kids on it. Those are her [my daughter] four that I also raised and kept them [grandchildren] from going into foster care back in ’96 when she went away, so there is not nothing new, just the second time around [chuckle]. (RP4)

The participants’ cultural and ideological beliefs of the foster care system influenced their decision to become an informal kinship caregiver. Some participants had first-hand experience with the foster care system, while others were guided based in their stereotypes, attitudes, and misconceptions of the system.

**Psychological protection.** The results of the study concluded that the young adults from urban, socioeconomically disadvantaged communities had a high prevalence of adverse childhood experiences. This significant finding suggests that childhood adversity has a strong association between depressive symptoms, antisocial behavior, and drug use during the early transition to adulthood. The participants in this research study expressed a desire to prevent the children in their care from experiencing similar outcomes. Most of the participants resided in vulnerable communities. Interestingly, the participants shared common challenges such a poverty, drugs/alcohol use, crime, and other adversities. RP2 described several psychological and emotional events that impacted her grandchildren.

I got them when their mama was dealing in drugs. She was dealing with guns and knives and drugs, and I didn't think that was right to be around the kids like that,
and every time—she lived three houses from me—every time I look, the police was coming with the handcuffs. So what she did, she gave them to her aunt. She took them from me and gave them to her aunt. And her aunt never raised her kids, so she didn’t know how to raise these. She was beating them with a wet towel in the bathtub, they was wet, and she put diapers on them—pull ups. And so they called me and say, “Grandma we’re tired of this.” The aunt said, “Well I can’t care for six kids. That isn’t me.” So then I went. They called me again, “Grandma, come get us . . . because they’d been mistreated. And I figured they better off with the grandmother, because I know them, I been with them all my life, and I know what they’re capable of doing. So I thought it was better for me to have them than anybody else, because she tried it with her aunt and it didn’t work out. Any time they get sick or something happen to them, she calls me. I am right there to support the kids . . . . They see many different drugs. They are seeing guns. And stuff like that. The mom she is about the fight. She love the fight. And I try to take them away from that environment. From the drinking, the smoking, and stuff, you do not need that. You are like, “Put Jesus in your life and you do well. You do good.” And I’m praying that none smoke and none drink like me. I keep it together. (RP2)

RP2 believed her role and response to these factors were critical to the emotional and physical well-being of her grandchildren. While she talked about the demands and challenges of ensuring the children were safe, she also expressed her role as caregiver to be very rewarding. RP3 reported the only option to keep her grandchildren safe was to keep them with her. She described the talk she had with her seven children and her four
grandchildren. RP3 stated, “Your mother is away for a while. You all have to be able to accept that and be happy that I got you together and safe. Because there is no telling where you might have ended up” (RP3).

From examining the findings, the participants had a deep commitment to maintain the physical and psychological protection of the children in their care. Furthermore, it is evident that the participants responsively share their internalized cultural or life experiences about the foster care system and their community.

**Research question 2.** How are informal kinship caregivers of children with an incarcerated mother informed about social and financial resources?

**Financial determination.** Analysis of the participant responses revealed one theme, financial determination. The results of the study indicated that participants were frequently challenged when attempting to secure financial resources that were needed to meet basic needs. In addition, the health status of the participants often informed or guided their decision to obtain financial assistance.

**Eligible status.** The research study found that most of the participants received financial resources because of governmental assistance entitlement programs. The participants qualified for financial assistance if they had a documented disability, were at risk of being placed in a nursing home, and/or if they met minimum income requirements. Three of the participants in the research study received social security benefits. Two participants provided two very different accounts of their engagement in obtaining their benefits from the local Department of Social Services. RP2 had a stroke and was eligible for social security disability. She stated, “I had a stroke in ’96, double bypass in ’78, had a heart attack.” Likewise, RP5 shared, “No, no, because I am on
disability right now.” Participants who qualified for SSI or SSD received monthly income; however, their poor health condition was a precipitating factor that influenced their involvement with Social Security.

The next two participants shared their experience regarding the ease of access once they were informed of their eligibility status for government entitlement programs. They provided very different accounts of their experiences. RP3 shared her experience as follows:

Well, whatever funds I had left to work with. Because I was working, and then I had social service helping out, but they didn’t give me the amount that I should have to add four more kids. I had a very hard time trying to convince them that I needed money to take care of them... (RP3)

RP3 spoke of her frustrations in obtaining access to additional services and her account of the casework’s unintentional lack of knowledge involving the eligibility criteria for a government funded entitlement program.

However, RP4 gave an account of her qualifications and experience:

Then I had the food stamps coming in; so it’s not like we were starving or anything like that. There’s always just ways to find how to do things and save... Yes, yes, definitely, yeah, they gave us—I get them [food stamps] for myself because I’m disabled. And they just added so many more, because he was in the household, but then I did get a few extra dollars for him [grandson] too. Twice a month, so—it wasn’t that bad. It’s not as bad as people make it out to be. I didn't think so, but like I said, when I go to them kind of places [local Department of Social Services], I’ve got books to read, I got my cell phone. Now
that they got these tablets out with these games it’s nothing now, because I can keep myself occupied, and I try to tune out all that negative noise and stuff that be down there and stuff—all that cussing and swearing—because [chuckles] you coming for help. You ain’t got no business cussing them people out to me. They’re just doing their job like everybody else . . . . I just can’t believe how silly people be acting sometimes . . . . Not long [waiting for benefits]. At the beginning, it might be a couple, two, or three months. I don’t even remember. But then after that, you’re okay. (RP4)

Financial support is indisputably a valuable service for informal kinship caregivers. The participants received various types of financial support. Despite how the participants were treated when applied for financial assistance, most often participants were relieved to meet the eligibility standards. Financial instability can cause an increase in economic hardship and emotional stress. The participants in the research study also experienced financial strain. In most cases, the participants were not eligible for financial government entitlement programs. RP2 shared her experience of being denied eligibility for a governmental TANF food stamp program while caring for her six grandchildren.

Like they [social service caseworkers] say, you make too much money, but I feel like I never make too much money, because I worked all my life. I worked 33 years, and when I got sick, I had no problem getting my disability, so maybe that's what's stopping me, because of the amount of money I get a month. I don’t worry about it. I did in the beginning, but then I found out I could do it on my own, because I feel that if a person didn’t work, they got all the gifts of life
handed out to them. For a person that worked, you don’t get that. You get short changed. So you have to do the best you can, you know? (RP2)

Based on RP3’s experiences, she provided her perceptions of the Department of Social Services system and described the service provided by one of the case workers. She commented:

The social service system don’t want to help you if you’re family. They feel like you can handle it. They all want to give you funds, but if you be outside a family—in a foster care or something—they hurry up and give them funding and money. And the amount that they give them always seems to be more than what they do if you’re related. I felt like, “Why is it like that? Why would they do that?” Just because these kids are related, doesn’t mean they should get less funding. To help take care of them, you still need the amount of money that you give a foster parent to take care of these kids, and probably even more because they had special needs. I had to take them to counselling and stuff like that. They have bed-wetting at night. It was just not a good scene. I had to keep washing clothes, going to the laundromat, and stuff. It was not an easy job. (RP3)

RP3 also shared her perceptions on why she would not become a foster care parent. She described her feelings in her own words:

No, it was the fear of me being stuck with the kids permanently because I was a foster parent. And my daughter wouldn’t have respected the fact of me helping her. She’d have been more like, “They're yours now. I’m free [chuckles]. I can do whatever I want to do now. You got that name and stuff and you can handle this.” No, I wasn't trying to do that. I just wanted to help . . . . But they needed to go places where you can pay to do things, and I didn’t have the money to do all of
that. And make sure that whenever they go on trips and stuff, they would be able to go away. It was a scuffle. Sometimes I had to ask my mother for some money to help me out and stuff with the kids. I know she couldn’t watch them. She couldn’t do nothing. (RP3)

Learning about and accessing financial support resources for informal kinship caregivers is a challenging experience. The formal methods of access to services were unreported by participants. However, health challenges or the use of a “trial and error” methods to determine eligibility for various governmental financial programs, connected most participants in the research study to financial resources. Interpretive phenomenon about financial resources presented complex and difficult challenges for informal kinship caregivers.

**Research question 3.** How are informal kinship caregivers of children with incarcerated mothers informed about community resources?

Analysis of participant responses revealed *social connectivity* to describe how informal kinship caregivers of children with incarcerated mothers were informed about community resources.

Most of the participants in the study expressed that the children in their care receive physical, emotional, or mental health services. The participants in the study described the social connections established through their children and their social engagements.

**Assistance through connection.** Participant’s knowledge of social supports were often limited to the previous service engagements. In addition, participant engagement with community resources were primary as a result of the children. Most of the children
were enrolled in a mental emotional health program while attending school. It was very unlikely that the participants had to research or seek out community support services for the children. RP1 shared that her grandson had two social support counselors that he received through his school. Likewise, RP2 shared that she received community support services as a result of an open, child-protective-services report prior to her transitioning into the role as a full-time informal kinship caregiver. RP2 gave an account of the community resources and supports she had access to:

They [Child Protective Services] gave me a little help with them, and I appreciate that because some of the appliances that I needed, like washer and dryer and clothes and stuff, they helped me with that. You know, then they would come in and bring a counselor in to be with the kids to teach them different things ahead of time before they started school . . . . I went to Family Services [child appointed court program], and they gave me help with the kids. They came in because I got two of them that is very hyperactive attention deficit hyperactivity disorder (ADHD). And they both think alike, but one [child] is 13 [years old] and one [child] is 9 [years old]. But they think alike, and they take the medication to calm them down and they have schooling right at home. Yeah, all the schooling at home, the 9 year old. They did all the schooling at home. Even, I tried to put in them in school, but it didn't work out so, they came to the house and I taught them. (RP2)

PR4 shared her experience of supportive services her grandson received from several early educational learning organizations. These organizations included
community-based non-profit organizations. The services included education, health and nutrition, and social engagement enrichments. RP4 shared her experiences:

Well, there was one community agency—then he went to the WIC program and he went through another program. Think that was through community agency and that lady also came out once a week, and she was more, I would say, maybe a therapist-type person. But she also worked with him with games and puzzles and stuff also like ABC . . . I know through ABC, we went to different outings. We went to a farm maybe a couple of times. We went to the museum. I do not think we went to the planetarium. I do not think we went to the zoo . . . even a couple of times when I went to the museum, I just let him run. “Just stay where Grandma can see you, and if I call you, answer,—stuff like that. But running behind little kids ain’t no joke [chuckles]. But I enjoyed it. (RP4)

Lastly, RP5 shared about the early intervention services his son received. He also shared his experience of requesting additional support from that program during the incarceration of the child’s mother. He shared his story in his own words:

Well, our son, he had—well, for early childhood intervention, because he had real trouble talking when he was like two? . . . Oh, community-based agency is wonderful. When other services—when I’m to learn to how the kids are, and their behaviors, and things that I just didn’t understand. Things that they just do, I’m like, “Why are you doing that?” But they come and they’ll talk to you and they’ll help you brainstorm different strategies, parenting skills, coping skills, and everything like that. And they were with me through everything that was going on as well. And wanted to—they made sure that I had transportation if my van broke
down, made sure I had a bus pass to go visit her (my girlfriend), and get the kids to their appointments. They even—at Christmas time, they—a thing with a secret Santa they did for the kids when money is tight. So, the kids had a wonderful Christmas. Clothes, yeah. Clothing. Because he is growing out of clothes so fast. And then he got this thing where he’s tearing up, cutting up clothes. So, they helped me out with that. They were really, really helpful . . . Well, we have—also, I talked to—I have a social worker. She was a worker. And was going through a case in Buffalo. But I kept contact with her and she helped with all. Especially with vouchers, and stuff like that, and their resources… (RP5)

The participants often gained access to community resources because of the children in their care who required mental, physical, or emotional assistance. Services and resources were most often established prior to caregiving arrangements or with limited involvement of the participant. This could speak to the magnitude of the behavioral and developmental service needs of the children in the care of elderly informal kinship caregivers. Furthermore, these connections to community resources through the children reduced some of the barriers to accessing services for participants.

**Social engagement.** Social engagement is a major factor of influence as a connection to community resources. Some participants established connections through community resources or social engagements. These included family and social networks, neighborhoods, or community-group memberships. It could be determined that the greater the social engagement, the greater the community resource access or connectively. The participants with the greatest social engagement were more likely, than those participants who were not engaged, to be informed about community resources.
RP1 shared that being engaged in her church allowed her to become informed about the grandparent support group.

Well, I didn't know about it [group]. I was at church and a few ladies that attend my church invited me to a bus trip to Washington, DC that the kinship group was going on. At first, I didn’t want to go, but I went to give me something to do. It was for grandparents, but I wasn’t a grandparent at the time but it was a support group to . . . I started going to the groups cause I liked the ladies, and the conversation, and it gave me something to do, and then I found out I was going to be a grandmother like that, so it all just kind of all worked out. So I just kept going. (RP1)

Likewise, RP2 shared that a friend informed her of the grandparent support group. In fact, caregivers from the grandparent support program provided her with support and encouragement. She shared her experience:

A friend told me about them because I really didn't know about family services . . . through my mother-in-law. She told me about it [grandparent program] and she said, “Come on, you'll like it.” I said, “Okay. I’m going to come with you.” Once I started, it look like I can’t stop, because I always got something new. You never get enough of learning. Motivation and stuff, they get you a role model you can go home and tell the kids, or you can do things with them that you do in class . . . we had a church at my sister-in-law’s house—they had me preaching [laughter]. ([RP2])
Lastly, RP4 boasted about the grandparent support program. She shared her reasons for being engaged in the program and her recruitment strategies to get more people to become aware of the benefits.

Anybody I run into, I tell them about the grandparent support group. I give them all the information, and I invite them to the group. That is the only way the word gets out. You know I wish we [grandparent support group] had money like we used to. We used to have program money for respite, and trips to Washington, DC to meet other kinship grandparents—but I don’t know what happened. (RP4)

The participants expressed that they were informed about community resources through friends and family members. The next section describes the phenomenon of the participants that had limited experiences engaging in community resources.

**Research question 4.** How do personal factors influence an informal kinship caregiver’s decision to access social, financial, and community resources when caring for the children of an incarcerated mother?

**Personal factors.** An analysis of participant responses revealed that *personal factors* influence an informal kinship caregiver’s decision to access social, financial, and community resources. Personal factors included certain characteristics of the caregivers, which had an impact on their ability to access resources. This section reviews data from the participant interviews and the demographic forms completed by informal kinship caregivers. Taken together, these results suggest that there is an association between the participant’s age, financial income, and physical health status and his or ability to access resources.
The participants shared a range of categories that influenced their decision to access social financial and community resources. The category of informal kinship caregiver characteristics include age, physical health status, and income level. During the research study, the participants referenced these characteristics, but they did not seem to identify any one common type as a concern when caring for the children in their care. While these characteristics may not be significant individually, together they increase the burden on the informal kinship caregivers. In fact, many of the participants in the research study acknowledged areas of age and physical health status, but they downplayed how these characteristics influenced their decision-making process.

**Caregiver characteristics.** Several participant characteristics, which influenced the caregivers’ decision to access social, financial, and community resources, were identified through the data analysis. These characteristics included the participants’ age, health status, and income.

*Age.* The ages of the participants influenced their ability to access social, financial, and community resources. It also limited their ability to interact in positive social activities with the children in their care. The age range of the participants in the study were 41 to 65 years old. Two participants referenced their age during their semi-structured interview. RP1 considered her age when she contemplated providing informal kinship care to her grandson. She stated, “So I kind of hesitated with that because I didn't know what to think at my age.” Her statement suggests that while she may have wanted to provide care, she considered the dynamics of her age before she decided to take on the responsibility. Likewise, RP3 shared her experience as she often thought about her age as
an informal kinship caregiver to six of her grandchildren. She shared a conversation between herself and her grandchildren.

And they [grandchildren] are like, “Grandma, you’re not young as you used to be.” But I could do it. I could do it. I could do it. But I’ve been blessed in so many ways, being 65 years old, I’m blessed in so many ways . . . because some people cannot do the things I do. Who would take care of six kids? That is a hard job.
(RP3)
RP3 understood that her age precluded her from engaging in some social activities with her grandchild. However, she maintained that she could still provide the kind of support her grandchildren required, even though it is a hard job.

**Physical health status.** There is an association between physical health status and social supports of informal kinship caregivers (Table 4.1). Three participants in the research study shared their experiences of how their health influenced their ability to provide the quality of care or engagement they desired. In addition, the participants’ health led to an increased need of social support networks to assist with daily living tasks and help caring for the children. The participants in the study often spoke highly of their support networks. They relied on close family members or friends to help provide social support to the children, to help complete household tasks, and to assist in daily living tasks. RP5 stated:

Well, actually my mom. I relied on her 100%. It was really rough, because most times they stayed over at her house, and then they spent nights over here. I would have never made it through without her. (RP5)
The participants often felt that their social support networks helped sustain their
motivation to continue to provide care despite their health challenges. There was a sense of intergenerational support that provided placement stability in the lives of the families that had to adjust and learn how to mitigate their health challenges. RP2 shared her experience:

She [adult foster daughter] is going to have a good life. She [adult foster daughter] is still going to school to get her GED, and as soon as she finish that each day, then she helps around the house. She do a lot of stuff for me and the kids. She take them to the playground, Sea Breeze, and stuff like that. And she just says, “Mama, you just rest, you just rest,” but I’m hardheaded. I am a hardhead. I take risks. I have to know what they are doing. I call them, “What you all doing now?” “Mama, why is you calling me? You know the kids are all right.” I said, “I’m just checking.” (RP2)

The participants tended to ignore their own physical health needs to meet the needs of the children in their care. However, with the support of social support networks, the participants were able to mitigate their physical health conditions. Social supports networks helped to create social and emotional support for the participants and the children. These networks included close family members, friends, or people in the community. Most participants in the study shared examples of their social support networks’ ability to engage children in social or recreational activities without the participant, in order circumnavigate their physical health limitations. For example, RP4 had health issues that limited her ability to engage in positive social and recreational activities with her grandchild. In her interview, she shared her story:
I do not think we went to the zoo. Some of those things—after I got my grandson—those places rather . . . . My older granddaughter would go because she was more able to walk more distances or whatever than I could. But I just did what I could when I could. Even a couple of times when I went to the Strong Museum. I just let him run. “Just stay where Grandma can see you, and if I call you, answer,”—stuff like that. But running behind little kids isn’t no joke [chuckles]. But I enjoyed it . . . . But I never went up there with him. It was basically my older granddaughters taking him or some of the other kids in the neighborhood. Now there’s, let me see, those kids, were going this way [direction of apartments in the complex] although they were all over. Let me see, in the second apartment there is a young man, he has to be 15 now, I think. We call him Bill, I do not know what his name is but he takes up a lot of time with my grandson, even now if he’s outside and he see my grandson. When my grandson comes outside, he want to, “Can I go to Bill house?” “Yeah, you can go to Bill’s house.” So I would call my granddaughter or text her say, “Chance wants to come over, is it okay?” She will text me back, “Yeah,” and stuff like that. So that is how we sort of do. (RP4)

The personal factors of informal kinship caregivers of children with an incarcerated mother had an influence on the caregiver’s decision to access social, financial, and community resources. Some of these personal factors included the caregiver’s age, financial status, and physical health status. Each of these characteristics had a direct impact on the other, concluding that some of these factors created many challenges for the participants.
Research question 5. How do environmental factors influence an informal kinship caregiver’s decision to access social, financial, and community resources when caring for children of an incarcerated mother?

Level of daily stress. Analysis of participant responses revealed that the theme level of daily stress influenced an informal kinship caregiver of children with an incarcerated mother decision to access social, financial, and community resources. Level of daily stress included anything that changed in the kinship caregivers’ environment. These factors included the quality of the social environment, unpredictable occurrences, and other people’s communication. The participants’ living environment created caregiving challenges. Environmental factors included two categories, quality of social environment and coping mechanisms.

Quality of social environment. The quality of the social environment influenced the participants’ decision to access social, financial, and community resources. The participants resided in low-income households with limited financial assistance. Most of the participants in the research study lived in an inner-city neighborhood. Moreover, residents in poverty-stricken neighborhoods may have high levels of unemployment, experience greater family disruption, have repeat recidivism, high distress, and poor health. Kubrin, Squires, and Stewart (2007) found the likelihood of recidivism for ex-offenders increased if they resided in a community characterized by poverty, inequality, and socioeconomic disadvantage. Conversely, living in a neighborhood with ample resources, services, and amenities could mitigated negative outcomes. Researchers further predict neighborhood context is likely to matter most for particular racial groups.
The quality of the environment is a critical important factor particularly for individuals residing in distressed communities. Within the context of this research study, all of the participants resided in an inner-city neighborhood. Furthermore, the interpretive themes from the research study suggest a disadvantage to social, financial, and community resources. In addition, several caregivers expressed that the factors in deciding to provide care for children with an incarcerated mother were “triggering events,” or a number of times, the mother was involved in the criminal justice system. Each participant described the events in his or her own words. RP4 provided an account of one of the triggering events of her daughter.

She [daughter] was only up in Albion [Correctional Facility], so it wasn’t too far away. One time, she was up at Bedford [Correctional Facility], and I think that was ’cause they had to get her into the system or something like that, but I never visited up there. I cannot remember any family members did, but I know we did go quite a lot up at Albion. (RP4)

RP2 gave an account of the cycle of criminal activity that took place in her community, which led her to become the informal kinship caregiver of her grandchildren. She [daughter] was dealing with guns and knives and drugs, and I didn’t think that was right to be around the kids like that, and every time—she live three houses from me—every time I look, the police was coming with the handcuffs. (RP2)

Environmental factors, such as poverty, socioeconomic status, and crime, can impact the recidivism rate among women offenders and add to the daily stress of informal
kinship caregivers. It is often unreasonable to expect individuals to change their behaviors when so many other challenges seem to conspire against them.

Environmental factors can perceptibly be steadily unfair. Ironically, evidence suggests that human service and educational professionals may actually contribute to the stigmatization and degrading process of informal kinship caregivers, resulting in an obvious source of oppression. When human service professionals relay information that cast stigma and judgment, it has a tendency to cause caregivers to develop an attitude of “I can do it by myself;,” which leads caregivers to not seek assistance, and ultimately, it continues a generational cycle of poverty. RP2 shared her experience.

I mean, putting the applications in, going to the welfare back and forth, and trying to get it. And they tell me, “No, no, no.” I tried it five times, already. People said go back, and maybe they will get tired of looking at you and give it to you. But it doesn’t work, looks don’t work . . . . Yeah, and then one worker told me, “You chose to take care of your grandchildren. That was your choice so you have to do what you have to do to.” (RP2)

Likewise, RP3 gave her account of how the communication style of the professional teacher, which was very demeaning.

Yeah. I talked to the teachers and let them know that I was watching him. And they would call me for every little thing, even when she got home, they still was calling me wanting me to come. I said, “No.” I said, “I did this up until my daughter came home. I’m not into this anymore. The mother’s home, and she can handle it.” Let her call her. They didn’t like the idea of me telling them to call her. They said, “Well, you’re the grandparent and you don’t care anymore?” I said,
“It’s not that I don’t care, it’s just that I did what I was supposed to do. My job is done now. I appreciate it if you’d stop calling. I’ve been through a lot.” (RP3)

The lack of communication and respect between professional staff and informal kinship caregivers creates barriers to determining if a caregiver should access services. While the caregivers’ experiences were bad, it did not prevent the participants from trying again. However, often times, participants were just overwhelmed with their responsibilities and neglected to continue to try and advocate for assistance. Two participants struggled to access social, financial, or community resources. For example, RP3 explained just how difficult it was trying to care for 11 children as well as gather documents to access governmental programs:

It was very depressing, because they [Department of Social Services] kept holding things up and asking for documents and stuff. And I had to go to the jail and get letters and get them to—what do you call that, when you have to get stuff stamped? Notarized? Yeah. So I had to have the notary at the jail to notarize stuff when she did it. It was a good thing that I knew a cop that was there that was licensed to do that kind of stuff. But it wasn’t easy and it was very, very long, and it was not good. (RP3)

RP3 further described how the lack of financial resources influenced her ability to provide quality care to her grandchildren:

It was sad because I could not bring them [grandchildren] to go see her [incarcerated mother]. With all those kids and responsibilities that I had, they never went to go see her. I never took them to see her all while she was locked up. And I felt bad about that, that I didn’t take them . . . . Sometimes I had to ask my
mother for some money to help me out and stuff with the kids. I know she could 
not watch them. She could not do nothing. (RP3)

Coping mechanisms. Interpretation of the data suggests that informal kinship 
caregivers faced many adversities, yet they developed strategies within the extended 
family, church, and community to survive against incredible odds and across multiple 
generations to nurture the children. For RP1, although resources were limited, her 
grandson was her pride and joy. She stated in her interview:

I was there sitting home and the walls closing in and when I got you, you became 
the joy of life. . . . I’ve been there for him [grandson] and actually talked with him 
[grandson] and really listened to him, and we talk and he tells me—mama I 
understands you—no problem I understand you got to do what you got to do—I 
love you. (RP1)

Similarly, RP2, looks to her grandchildren and her higher power for strength 
during adversity. She shares her story:

Honestly, I don’t know what I’m going to do with him. I don’t think I can make it 
without them, I telling you. I don’t think I can make it, because they make my 
day. They make my day, they really do. I mean, you have ups and downs, though, 
but mostly my grandkids you talk to them, they come in tears. I go in tears, when 
I talk about . . . . I keep it together. I keep it together. That’s hard. That’s hard, but 
sometime I want to throw my hand. But something in the back of me say, “No, 
no. Keep doing what you doing.” I don’t know, God give it to me. God give it to 
me. I pray, I pray all the time. (RP2)
RP3 had a difficult time maneuvering through various community-based and social service agencies for various reasons and expressed during her lack of a social and emotional support network. However, she talked briefly about where most of her support came from while she was providing care:

"Prayer [laughter], prayer. Just praying a lot, and asking the Lord to give me the strength to hold on, to be able to deal with all of this, because I said, “I know you don’t give nobody no more than what they can bear, and I really need you to stand by me with all of this.” (RP3)

Lastly, RP5 shared his coping strategies. He expressed the overwhelming need to constantly pray to maintain his sense of peace. Although he had an encouraging support network, he talked about the stigma of having a loved one incarcerated and the effect it had on his daily life. RP5, later spoke of his faith and his overwhelming desire to believe that each day would bring him inner peace and strength:

"Well, at first, it seemed like embarrassing to have to say that she [the children’s mother] was in jail, so I never said that. I said that she was away out of town, or she was dealing with some things that she has no control over. That was just my way of coping with it in the beginning. But after a while it’s like, Life happens . . . . Even just when sitting in silence, or dealing with the kids, or watching TV. Just praying, talking to God. That's how I made it through. It was rough. It was rough. (RP5)

However, the ability of informal kinship caregivers to endure adversities should not nullify the effects of the daily stress that caregivers endure despite of environmental factors."
Social ecological model. The interpretive data suggest six themes: (a) family duty, (b) safety, (c) financial determination, (d) social connectivity, (e) personal factors, and (f) levels of daily stress, that display the interdependence within the five levels of the social ecological model. Overall, these results indicate that the participants often faced tremendous challenges when accessing social, financial, and community resources. Taken together, placing all six themes in the spheres of the social ecological model, the results suggest there is an association between the interdependencies of the five levels.

Figure 4.1. Social ecological model with themes.
The initial object of the study was to examine the personal and environmental factors that influence how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. The interpretive data as illustrated in Figure 4.1 suggest that the participants did not take on the role as caregiver for financial gain. The correlation between the request for the participant to provide care for children and the caregivers is the knowledge of the reasons why the adult child was unable to provide care is interesting because family duty is situated on the individual and interpersonal level of the social ecological level. The findings supports previous research in the area, which link family bonds and kinship care. Kinship care, generally seen as a family resource in child rearing, provides many levels of support to family members in need. The reliance of kinship care ensures community and family bonds remain when biological parents are unable to provide for their children. These findings further support the idea of family systems theorists belief that families chose informal care as a long-standing method to cope with issues of poverty, political pressures, discrimination, and to manage life stressors (Coupet, 2010). Moreover, a relative caregiver of a child was often trusted into caring for a child due to maternal incarceration.

Another important finding was that caregivers limited to financial resources created daily stress on an individual, community, and organizational level. It is interesting to note that four of the five participants in this study received social security benefits because of expressed health concerns. In addition, most participants did not have expectations to work outside the home, which provided more time to care for children. However, participants’ eligibility for social security also meant living on a fixed income.
As a result, receiving social security could either exclude caregivers from additional financial government support or provide other opportunities to gain additional financial support.

Clearly, there is a relationship between the age of the participants and their access to financial support services. The older the caregiver, the less likely they have to advocate or work for income. However, most of the participants’ income was at or below the poverty level. Surprisingly, the findings of the phenomena of environmental factors of the social ecological model and the intersection of generational poverty and health-related issues support the significance of informal kinship caregivers, the children in their care, and the need for additional research.

To summarize, according to the social ecological model, the participants spoke about a number concerns when accessing social, financial, and community resources. These concerns, when coupled with the other levels of the social ecological model, predicted their current level. Two examples illustrate the relationships among the themes. RP4 spoke about her current levels of social, community, and family network support, which involved the grandparent support group and socializing at her church and with the senior support group. RP4 was knowledgeable and aware of the resources, she had advocacy skills, and she understood how to operate within the social service system. She spoke of the need to have patience when going to appointments at the department of social services. She was able to move fluidly through the levels of the social ecological model, while being impacted minimally by the policy level.

Illustrated in Table 4.3, RP3’s needs were not met to the extent of RP4’s. RP3’s level of social and community engagement was minimal, and her perceptions of support
did not exist. She did not speak of any social supports and relied on her mother minimally. RP3’s ability to move within the model were predicated upon her individual beliefs and attitudes, which limited her ability to access social, financial, and community resources (Table 4.2 and Table 4.3).

**Summary**

This chapter has given an account of the analyses of the findings of the personal and environmental factors that influence how informal kinship caregivers access social, financial, and community resources. The evidence from this study suggests applying the social ecological model provided an opportunity to understand other factors of influence that affect informal kinship caregivers’ ability to identify health, social, and financially informed decisions. As a result, professionals and policymakers have an opportunity to improve access to social, financial, and community resources for informal kinship caregivers.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Number of Children in Care</th>
<th>Financial Status</th>
<th>Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>RP1</td>
<td>65</td>
<td>1 – 11 years</td>
<td>Department of Social Services</td>
<td>Mental Health</td>
</tr>
<tr>
<td>RP2</td>
<td>65</td>
<td>6 – 6-17 years</td>
<td>Social Security Disability</td>
<td>Stroke in 1996; heart attack and double bypass in 1978</td>
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<td>RP3</td>
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<td>11 – all under 18 years</td>
<td>Department of Social Services/Temporary Employment (PT)</td>
<td>Unknown</td>
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<td>RP4</td>
<td>69</td>
<td>1 – 4 years</td>
<td>Social Security and Department of Social Services</td>
<td>Disabled</td>
</tr>
<tr>
<td>RP5</td>
<td>41</td>
<td>2 – 4 &amp; 5 years</td>
<td>Social Security Disability</td>
<td>On the kidney transplant list. Does dialysis at home</td>
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### Table 4.3

**Successful Community Support Connections**

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<thead>
<tr>
<th></th>
<th>PR1</th>
<th>PR2</th>
<th>PR3</th>
<th>PR4</th>
<th>PR5</th>
</tr>
</thead>
<tbody>
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<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Grandparent support group</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X – (over 5 years ago)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protective Services</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Family Services</td>
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<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Counseling (Child)</td>
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<td>X</td>
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<tr>
<td>Therapist</td>
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<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Social Worker (Child)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Early Intervention Services (EIS) (Child) – Hillside</td>
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<td></td>
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</tr>
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<td>Home Schooling Services – Rochester City School District</td>
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<td>Clothing agency – Faith-based community agency</td>
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<td>X</td>
<td>Thru EIS</td>
<td></td>
<td></td>
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<tr>
<td>Food agency – Faith-based community agency</td>
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<td>X</td>
<td>Thru EIS</td>
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<tr>
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<td>X</td>
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<td>Community Senior Program – Catholic Family Center</td>
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<td></td>
</tr>
<tr>
<td>Medical Motor Transportation Assistance</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Thru EIS</td>
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</table>
Chapter 5: Discussion

Introduction

The purpose of this study was to examine the personal and environmental factors that influenced how informal kinship caregivers accessed social, financial, and community resources when caring for children with an incarcerated mother. The five levels, which included individual, interpersonal, community, organizational, and policy of the social ecological model, were used to examine these factors. This chapter illuminates the connections between the analysis of the interpretation of the data and the literature review in Chapter 2.

Divided into four sections, the first section of this chapter provides an overview of the research and a brief summary of the findings that answered the research questions. The second section addresses the implications of the research study, and the third section addresses the limitations of the research study. The fourth section suggests recommendations, integrating a multigenerational approach to addressing the personal and environmental factors that influence resource utilization among informal kinship caregivers of children with an incarcerated mother. These recommendations seek to address the needs of the mother, the children, and the informal kinship caregiver.

Overview and Summary of the Research

Informal kinship caregiver characteristics, pathways to caregiving, and caregiver stress were consistent with the literature review in Chapter 2. Research data suggest more than one-third of kinship caregivers report income below 100% of poverty (Sheran &
Data from this research study revealed participants were older, dealt with health issues, and lived below the poverty level. A review of the literature also suggests that informal kinship caregivers, when compared to non-relative foster caregivers, were often older, single-parent households, with low economic status, and accessed fewer resources (Denby, 2011; Yancura, 2013). Given the characteristics of informal kinship caregivers, the participants in this study were more likely to have limited financial income and limited access to resources outside their community due to health and age-related issues. This study also suggests the participants in the study required additional support services. An interpretation of the data suggest personal and environmental factors influence how informal kinship caregivers access social, financial, and community resources.

In accordance with the present results, previous studies have demonstrated that similarities and differences between pathways to caregiving and preparation for care exist. Kinship caregivers are more likely to provide care to children because of the biological parents’ substance abuse, alcohol abuse, child neglect, mental instability, and/or incarceration (Gibbons & Jones, 2003; Goodman et al., 2004; Pasztor, 2010; Shakya et al., 2012). Consistent with the literature review, informal kinship caregivers expressed caring for children because of maternal incarceration.

Studies in the literature suggested that pathways to kinship caregiving were often immediate. Because of these crises, kinship caregivers often had minimal time to prepare for the child entering their home. Consistent with other research, kinship caregivers typically did not expect, nor were they prepared to assume the role of surrogate parent (Letiecq et al., 2008; Shakya et al., 2012). However, the findings of this current research
study did not support the previous research. This rather contradictory result may be due to the caregivers’ perceptions. Caregivers in this research study indicated and described multiple “triggering events” that led up to full-time informal care. This study suggests that caregivers could have identified early intervention strategies to improve access to social and financial supports during the triggering events. While caregivers recognized pathways as factors for providing care for children with an incarcerated mother, an interpretation of the data suggest intervention strategies could have helped prepare the caregivers for the role of full-time caregiver.

Lastly, an interpretation of the data suggest caregiver stress as an emergent theme in the research study. Caregiver’s physical and psychological stressors to maintain family obligations while protecting children from psychological and physical adversities during the absence of their mother were categories identified in this research study. Caregiver stress included age, health, and financial status of informal kinship caregivers, as well as the daily psychological stresses of the environment. Yancura (2013) conducted a mixed-methods study where participants were recruited through kinship support groups. The study examined the grandparents’ health and well-being. Based on Yancura (2013) study, much of the grandparents’ stress resolved around the hopes and fears of the grandchildren’s well-being. The results of Yancura's study (2013) suggested that if additional supports existed to assist the grandchildren, the well-being of the caregiver would improve. Moreover, caregiver characteristics and the physical and psychological stress factors may contribute to informal kinship caregiver’s delay in accessing social, financial, or community resources. Understanding these factors of influence may assist in
developing strategies to improve access to social, financial, and community resources for informal kinship caregivers.

The findings of this study reveal informative insight into the lived experiences of informal kinship caregivers of children with an incarcerated mother. To revisit the major research question and the social ecological model framework: What personal and environmental factors, when examined across the social ecological model, influence an informal kinship caregiver to access social, financial, and community resources, when caring for children with an incarcerated mother? The guiding framework of the social ecological model’s five levels were used to analyze the research findings’ context.

Interpretation of the data suggest attitudes and bias were predicting factors of influence for service utilization among the informal kinship caregivers. These predicting factors also affected movement across the five levels of the social ecological model: individual, interpersonal, community, institutional, and policy level. For example, in the research study, an interpretation of the data suggest the participants’ individual attitudes, perceived biases, and negative connotations associated with the child welfare system may have limited the trust and bidirectional communication between the informal kinship caregivers and the professionals in the child welfare system. For instance, informal kinship caregivers in the research study expressed fear of the foster care system as one reason for providing care to the children. Based on the literature review, many research studies provide adequate support for the caregivers’ judgments.

Research suggests that child welfare agencies do not provide the same level of care to informal kinship caregivers compared to formal kinship caregivers. In fact, it is less costly for child welfare agencies to place children with relatives (Littlewood et al.,
As discussed previously, most kinship caregivers are inadvertently socio-demographically, educationally, and financially at risk. In addition, the study of Letiecq et al. (2008) examined the inequities between informal and formal caregiver arrangements to determine whether policies intentionally or unintentionally hinder kinship caregivers. This study mentioned that policy makers must develop appropriate advertising strategies to encourage informal kinship caregivers to access services. While social policies identify informal kinship caregivers as a valuable population, public policy creates financial disparities between foster care licensing standards and payment. Beltran and Epstein (2008) identified problematic licensing standards across 50 states relating to age and educational attainment. These varying licensing standards create unnecessary stress for caregivers. More importantly, it limits caregivers’ accessibility to additional social and financial resources. Interpretations of the findings from this study suggest that perceived biases, as well as external circumstances, influence an informal kinship caregiver’s decision to access social, financial, and community resources for the children under their care who have an incarcerated mother.

Previous research suggests a correlation between maternal incarceration, heighten risk factors, and long-term implications for negative outcomes associated with their children. Researchers suggest children are at a higher risk for developing behavioral problems as result of adverse childhood experience when exposed to high levels of crime. These behavioral problems could include academic failure, chronic delinquency, and adult criminal behavior. In addition, children exposed to adverse childhood experiences are more likely to become involved in criminal and drug-related offenses later in life, opposed to children who have grown up in non-violent neighborhoods. Schilling,
Aseltine, and Gore (2007) conducted an adverse childhood experience study of 1,093 high school seniors. The results of the study showed associations between childhood maltreatment and later-life health and well-being. Based on the responses of informal kinship caregiver’s in this research study, the mothers’ engagement in criminal activity in the community accounted for several episodes of incarceration. In addition, most of the children noted in this research study residing with the informal kinship caregiver received social or behavioral support services. The evidence presented thus far supports the idea that maternal incarceration and involvement with the criminal justice heightens social and behavioral risk factors of children.

Similarly, a mixed-methods study conducted by Tasca et al. (2011) examined youth involved in an urban juvenile court and their residential stability before and after parental incarceration. The relationship between youth rearrests and maternal incarceration was significant. Specifically, 63.6% of the youths with an incarcerated mother were rearrested within 12 months, compared to youths who had a father incarcerated (42.1%). In addition, the re-arrest rate for a youth with an incarcerated parent was 2.25 times more likely than a youth without an incarcerated parent. The data suggest exploring maternal incarceration to form a more comprehensive view of the social and environmental factors that influence criminal activity within the community. This exploration may help identify the effects of environmental factors and strategies to address recidivism for mothers and generational criminalization.

**Implications of the Findings**

Informal kinship caregivers are a vital resource for providing care to children with an incarcerated mother. The dominant reasons for providing care included maternal drug
use, incarceration, and continuous involvement in the criminal justice system. While informal kinship caregivers provide care, Simpson and Lawrence-Webb (2007) found that only 18% of 80% of informal kinship caregivers receive foster care or TANF governmental assistance. While informal kinship caregivers are a vital resource for providing care, informal kinship caregivers receive limited financial and support services. An implication of these findings is that both financial and social support services should be taken into account when the child welfare system considers informal kinship caregivers as a vital resource for providing care. This combination of findings provides some support for the conceptual premise that there is a disconnect between the social and fiscal policies which impact informal kinship caregivers and the children in their care.

Health disparities contribute to multiple factors including inequities in education, poverty, inadequate access to health care, and individual/family behavioral difficulties. Studies suggest that individuals with less education are more likely to experience a number of health risks, such as obesity, substance abuse, teen-age pregnancy, poor dietary choices, and inadequate physical activity. Some of the issues emerging from this finding relate specifically to informal kinship caregivers and the children in their care. Informal kinship caregivers may compromise their own health care treatment because they do not want to interrupt their caregiving responsibilities. In addition, as illustrated in Table 4.3, this research study suggested that children displayed social and emotional health issues that affected the child’s behavior. This information can be used to develop targeted interventions aimed at reducing generational health disparities and empowering families to understand how environmental factors influence healthy choices.
There may also be a correlation between the stigma of caring for a child with an incarcerated mother and service utilization among informal kinship caregivers. There is, therefore, a definite need to reduce the stigma associated with women offenders and informal kinship caregivers of children with an incarcerated mother. A reasonable approach to tackle this issue could be to remove the stigma associated with incarceration across all levels across the social ecological model. At the interpersonal level, the identification of women offenders with children is a critical first step. Upon incarceration, informal kinship caregivers should receive consultation and a resource guide of support services to ease system navigation. At the community level, peer services for informal kinship caregivers can be developed to support positive social engagement and strengthen information sharing. At the organizational or institutional level, organizations can create informational literature outlining financial assistance program criteria. This could potentially clarify program eligibility and assist informal kinship caregivers with identifying the appropriate resources. At the policy level, inclusive policies could be developed that incorporate informal kinship caregivers from a positive perspective while focusing on the informal caregivers’ diverse strengths, needs, and concerns.

Limitations

The generalizability of these results is subject to certain limitations. For instance the recruitment of informal kinship caregivers. This task proved challenging because of the limited number of programs available in the community that provided a service for this specific population. In addition, there were a limited number of informal kinship caregivers who provided care to children with an incarcerated mother. Either most of the informal kinship caregivers at the recruitment site were no longer caregivers, or the
children had an incarcerated father. Even though a small sample is often sufficient for qualitative research, the participants in the sample were homogenous in age. A more comprehensive study would include varying age groups to understand the effects of the differences in experiences of service utilization between older and younger informal kinship caregivers of children with an incarcerated mother.

**Recommendations**

Specific strategies are required to address the personal and environmental factors that affect informal kinship caregivers, children in their care, and women involved in the criminal justice system. One suggested strategy utilizes a systems approach. Numerous human service and criminal justice organizations work with family members individually. However, a systems approach recognizes that the child is a subsystem of the family, the family is a subsystem of the community, and the community is a subsystem of society. Therefore, developing a strategy to work specifically to address the needs of the mother, caregiver, and the children, a multigenerational family approach, may prove to be effective.

A recent case reported by Berry et al. (2009) supports the hypothesis that motherhood and levels of education are strong predictors of illegal activities. Furthermore, the study validated the connection between adult experiences of poverty and victimization and the types of criminal activities in which poor mothers engaged. This case demonstrates the need for better strategies for gender-responsive prevention and intervention approaches to assisting women involved in the criminal justice system. There is also a critical need to develop housing, job training, and employment services with the understanding that woman offenders cannot be treated successfully in isolation.
from her children and family. Therefore, centralized and specialized services and support groups may (a) strengthen families emotionally and psychologically, (b) enhance community safety, and (c) promote individual responsibility, thus increasing the likelihood of educational and economic success and future of mothers and children, improvement in informal kinship caregivers’ health and well-being, and the mothers’ motivation to parent effectively. Centralized family-centered support services would also provide a safe environment to address issues of stigma and alleviate concerns associated with navigating social, financial, and community resources.

A principal concern interpreted through the data for informal kinship caregivers was trust. Although the implementation of another program will not solve the problem, it becomes imperative to implement programs that ensure the validity and efficacy of the families. There is, therefore, a definite need to provide integrated resources in an environment that fosters healing, stability, success, in an effort to forge positive futures and eliminate barriers to community resources. By gathering effective resources into one accessible and welcoming location, integrating social, financial, and community services, informal kinship caregivers, children, and mothers can gain access to health, wellness, and community information to build self-sufficiency. As a result, caregivers, children, and mothers will become empowered to advocate, educate, and remove social and structural barriers when engaged in multigenerational programs.

The study has gone some way towards enhancing our understanding of informal kinship caregivers of children with an incarcerated mother and the implications of service utilization across the social ecological model. There is no single story that describes what it is like for a child to grow up in poverty. The experience depends on diverse factors
including the quality of the parent-child relationship and the degree of household
stability. Like many urban areas, low-income communities face many hurdles for at-risk
children to overcome on the path to receiving a good education and creating better lives
for themselves. In addition, informal kinship caregivers and women offenders contend
with physical, financial, environmental, and psychological issues. Recent poverty, crime,
and education statistics paint a grim picture. In many cases, families have a myriad of
pre-existing problems such as poverty, family discord, substance abuse, or criminal
behavior. All these factors may contribute to the poor health status of caregivers,
children’s educational progress, and the recidivism rate of women offenders.

Although the current study is based on a small sample of participants, the findings
suggest that implementing a multi-generational approach strategy may be effective. As
mothers achieve academic and economic success over time, they may serve as role
models for their children. The use of a multi-generational approach as a strategy seeks to
serve children, informal kinship caregivers, mothers, and all family members in the
household. This multi-generational family approach would focus on addressing health
concerns, poverty, financial disparities, educational concerns, and family unification. The
multi-generational approach also would work holistically to alleviate various social and
economic conditions by addressing the needs of the entire family.

A multi-generational approach looks at providing services for several generations.
Furthermore, it is recognized that members of the family may be motivated individually
and collectively to reach their goals. Ultimately, the purpose of the multi-generational
strategy would be to help low-income families achieve greater education and economic
success over time. The combination of educational, occupational, and other service
projects would result in a range of outcomes that could progressively move the family toward a more stable and secure future.

There are several benefits of a multi-generational approach, particularly when families are confronted with the community crisis of poverty, criminal justice-involved mothers, informal kinship caregivers, and children. A multi-generational approach would present the potential to multiply the emotional and psychological return on investment for children, caregivers, and mothers. In addition, the multi-generational approach may be more effective, and potentially more efficient, than just serving children and parents in isolation from one another, which is typically how the programs operate. Lastly, the multi-generational approach highlights the importance of mutual motivation, when the mother, caregiver, and children (and everyone in the household) has access to opportunities.

The approaches that work best are those that involve early intervention, are sensitive to families’ cultures and values, and assist in relieving families’ ecological stresses. The multi-generational approach includes promoting family economic security by developing the human capital of the caregiver, the mother, and the children simultaneously. Further research is required to demonstrate that children perform better, behaviorally and academically, in families with stable employment and rising incomes.

Turning now to the social ecological model, the following section will discuss recommendations associated with the interpersonal, organizational, community and policy levels.

**Interpersonal and organizational level.** At the interpersonal and organizational level of the social ecological model, the identification of and positive engagement with
informal kinship caregivers of children with an incarcerated mother can help prevent stigma and disengagement of support services. It is important to recognize how to prevent stigma from producing and sustaining social problems. Stigma has been associated with depression, failure to access services, and violence. Defined by Goffman (1963), stigma is an undesired difference that reduces the individual’s perception from the whole person to a tainted or discounted individual, usually resulting in social exclusion. Stigma can manifest in many ways and influence a caregiver’s ability to access resources. Stigma can include public stigma (prejudice), self-stigma (internalized feelings about adult child is incarcerated), and stigma by association (caregiver of child with an incarcerated mother), and institutional stigma (political stigma by government and other institutions/laws policies). Moreover, the criminal justice, educational and human service professionals who have contact with informal kinship caregivers can play a role in reducing stigma and information dissemination. The most important recommendation would be to strengthen the knowledge, attitudes, and awareness of professionals and the community about the needs of this population. Dissemination of information about the needs of women offenders and informal kinship caregivers of children with an incarcerated mother can be a method to increase awareness.

**Community and organizational level.** Social marketing strategies and interventions for social engagement could prove to be effective recommendation. These strategies may increase access to information about resource availability for informal kinship caregivers. At the community level, information about social, financial, and community resources should be easily obtainable and visible throughout the community. Social marketing in areas, such as grocery stores, neighborhood churches, educational
institutions, and health care offices, can remove some of the barriers to resource utilization. In addition, criminal justice institutions should develop strategies to promptly identify and link informal kinship caregivers to support services in their community. This strategy may provide a method to reduce stigma and increase caregivers’ knowledge of social, financial, and community supports. Such methods could work to alleviate stigma and remove perceived service utilization barriers for this population.

There is increasing concern that informal kinship caregivers are disadvantaged because of habits, thoughts, or attitudes formed in an environment where social contact between the criminal justice system and the foster care system is discouraged. As a result, informal kinship caregivers might develop a preference to disengage from the use of child welfare, social, community, or financial services during problematic times. This becomes a problem if it prevents the informal kinship caregiver from asking or engaging in services or supports that could be critical to the overall health and wellness of the person or family members. For example, one factor of influence that resonated with four of the caregivers in the study was the fear of having the children enter the foster care system. The researcher identified “triggering patterns” during the interviews with four informal kinship caregivers. The caregivers were able to identify a series of events, over a period of time, when the mother of the child(ren) engaged in unhealthy and illegal behaviors. As a result, the mothers became involved in the criminal justice system. During these triggering patterns, the caregivers provided some type of care to the children. So far, however, there has been little discussion about how these patterns of care continue to bridge connections between the caregiver and support services.
Creating an intervention for informal kinship caregivers may be advantageous to the caregiver and children’s economic and social well-being. Interventions, such as engaging the caregiver in foster-care training opportunities or linking caregivers to programs to increase their awareness of policies and procedures of caregiving options, would be ideal during those “triggering pattern” periods. In addition, research studies indicate that family counseling, therapy, and supportive services could be instrumental for ex-offenders as a strategy to reduce recidivism. The rate of mental health problems, substance use disorders, and criminal activity are likely to decrease when families have access to support services (Ohio Institute on Correctional Best Practices, 2008).

Providing additional support services to reduce recidivism and assist women ex-offenders with employment, housing, and parenting upon release may have a direct effect on reducing recidivism. Furthermore, it may have a positive impact on the health and well-being of the caregiver and the children in their care.

Lastly, peer-led groups, from a strength-based perspective, may be a useful way to encourage and engage caregivers and women ex-offenders. This approach may empower women ex-offenders and informal kinship caregivers to take on meaningful roles that foster a more positive personal view, decreasing stigma, and increasing the likelihood of becoming an active member in the community.

**Policy level.** From a policy perspective, the research study has implications related to environmental and social developments. Policies should focus on educating the general public and human service professionals about regulations and enrollment criteria for federal- and state-funded programs and offender re-entry initiatives. These strategies
could help address some of the concerns voiced by the research participants. The participants in the study also expressed limited financial assistance.

Financial assistance is a major area of interest within the field of informal kinship caregivers. From a policy perspective, the federal government allows states flexibility when creating foster care licensing standards. Beltran and Epstein (2008) researched the licensing standards of all 50 states in an effort to create a model-licensing standard. Unlicensed kinship caregivers typically do not receive monthly foster care payments to meet the needs of the children nor do they receive assistance to gain access to additional support services. Provisional foster care licenses allow a limited time for a relative to apply for foster care licensing. This process usually requires the completion of a basic safety inspection of the home and the members of the household. The feasibility of provisional licensing is seen as a difficult process, particularly when the literature suggests that kinship caregivers often obtain care for the children as a result of a crisis (Gleeson et al., 2009).

New York State does not provide provisional licensing. Rather than licensing the home provisionally, New York State simply calls it an emergency or temporary placement. These variations cause unnecessary barriers to informal kinship caregivers becoming licensed foster care providers, which would allow them access to additional financial and social services. In relation to the study conducted by Bratteli et al. (2008), research indicated that the likelihood of kinship caregivers becoming foster caregivers is minimal. As a result, policies shape the ability for this population to receive economic and social support services.
Based on the social ecological model, policies play a critical role in addressing the needs of informal kinship caregivers, the children in their care, and women offenders. Furthermore, policies determine the resources to alleviate poverty, educational disparity, and structural criminal laws. Strategies that cross the various levels of the social ecological model can help conceptualize the personal and environmental factors that influence service utilization among informal kinship caregivers of children with an incarcerated mother. The use of the social ecological model identified opportunities for structural interventions on every level of the model. Moreover, an evaluation of new methods to interventions are critical to address the paradigm of informal kinship caregivers, children, and women offenders. It is clear that further attention is required to address the personal and environmental factors that influence informal kinship caregivers, children in their care, and women offenders.
References


Appendix A

Bill of Rights for Children of Incarcerated Parents

FROM RIGHTS TO REALITIES—
AN AGENDA FOR ACTION

1. I have the right to be kept safe and informed at the time of my parent’s arrest.
   - Develop arrest protocols that support and protect children.
   - Offer children and/or their caregivers basic information about the post-arrest process.

2. I have the right to be heard when decisions are made about me.
   - Train staff at institutions whose constituency includes children of incarcerated parents.
   - Assist children to recognize and address their children’s needs and concerns.
   - Tell the truth.
   - Listen.

3. I have the right to be considered when decisions are made about my parent.
   - Reform current sentencing law in terms of its impact on children and families.
   - Link arrest into an opportunity for family preservation.
   - Include a family impact statement in pre-sentence investigation reports.

4. I have the right to be well cared for in my parent’s absence.
   - Support children by supporting their caretakers.
   - Offer unsubsidized guardianship.

5. I have the right to speak with, see and touch my parent.
   - Provide access to visiting rooms that are child-centered, non-intimidating and conducive to bonding.
   - Consider proximity to family when sizing prisons and assigning prisoners.
   - Encourage child-visit departments to facilitate contact.

6. I have the right to support as I face my parent’s incarceration.
   - Train adults who work with young people to recognize the needs and concerns of children whose parents are incarcerated.
   - Provide access to specially trained therapists, counselors, and/or mentors.
   - Set five percent for families.

7. I have the right not to be judged, blamed or labeled because my parent is incarcerated.
   - Create opportunities for children of incarcerated parents to communicate with and support each other.
   - Create a truth fit to tell.
   - Consider differential response when a parent is arrested.

8. I have the right to a lifelong relationship with my parent.
   - We examine the Adoption and Safe Families Act.
   - Designate a family service coordinator at prisons and jails.
   - Support incarcerated parents upon reentry.
   - Focus on rehabilitation and alternatives to incarceration.

A BILL OF RIGHTS

1. I have the right to be kept safe and informed at the time of my parent’s arrest.
2. I have the right to be heard when decisions are made about me.
3. I have the right to be considered when decisions are made about my parent.
4. I have the right to be well cared for in my parent’s absence.
5. I have the right to speak with, see and touch my parent.
6. I have the right to support as I face my parent’s incarceration.
7. I have the right not to be judged, blamed or labeled because my parent is incarcerated.
8. I have the right to a lifelong relationship with my parent.

SAN FRANCISCO
CHILDREN OF
INCARCERATED
PARENTS PARTNERSHIP
Appendix B

Demographic Information Form

Name___________________________________________________
Date_______________                                                                Age________

Please circle the one option that best describes you:

1. Are you:
   Male                   Female

2. How do you describe yourself?
   American Indian or Alaska Native       Hawaiian or Other Pacific Islander
   Asian or Asian American                     Black or African American
   Hispanic or Latino                                Non-Hispanic White
   Other:________________________________________

3. Are you:
   Married            Divorced                 Widowed                Separated
   Never been married                          A member of an unmarried couple

4. Are you currently:
   Employed for wages                     Self-employed      Out of work for more than 1 year A
   A homemaker                               A student               Retired
   Unable to work                             Out of work for less than 1 year

5. What is the highest grade or year of school you completed?
   Never attended school or only attended kindergarten
   Grades 1 through 8 (Elementary)
   Grades 9 through 11 (Some high school)     Grade 12 or GED (High school graduate)
   College 1 year to 3 years                 Some college of technical school
   College 4 years (College graduate)               Graduate School(Advance Degree)

6. How many children live in your household who are...
   Less than 5 years old? ______   5 through 12 years old? ______
   13 through 17 years old? ______

7. Are you involved in any support services? Yes_______      No_____
   If Yes, what are they:_______________________________________________________________

Thank you
Appendix C

Interview Collection Tool

Interview Questions

**Opening Question:** (to be answered by all research participants)
I am interviewing relative caregivers of children that have a mother in either jail or prison. The child cannot be involved in the child welfare system, in foster care, or has an active child protective case. My main goal is to learn how you make certain decisions to get the resources to care for the child with an incarcerated mother and what those decisions look like. I am interested in the lives of you and the child with an incarcerated mother, the changes that you experienced in your life, your interactions, how you are doing today, and what your experiences are like as you provide daily care of a child with an incarcerated mother.

Before we start the interview, I want to give you a letter that explains the study, your rights as a participant, and what you might expect. Part of this explanation assures you that what you share with me is confidential. Your name and the name of your family members, as well as the name of anyone you mention, will not be made public. Should you choose to participate, I have a consent form that we will both sign and date. A copy of this consent form will be yours to keep.

Because what you have to share is important, I want to be sure to remember every detail. With your permission, I will record our conversation. [If permission is granted I will begin recording, if permission is not granted, I will continue the interview without recording]

**Introductory Questions:**

1. *It would help me to know a little bit about you and the children in your household. Can you tell me about who lives in your household?*
   
   **Probes:** How many children? Their relationship with the children? Ages of the children? How much responsibility to do take in raising/caring for those children?

2. *Can you share with me the story of how you became a caregiver of a child with an incarcerated mother (Tell me your story)?*
   
   **Probes:** Did you talk to anyone about the decision? Who did you not tell? Why? What where thoughts about you caring for the child? What did you think about as you made the decision? What were the circumstances that led you (caregiver) to take responsibility to raise the child? Were there any alternatives, other people besides you who might have taken the child?

   **Follow-up:** Who was involved in making the decision of who should care for the child?
3. **How long has the child been in your (caregiver) care?**
   
   **Probes:** Does anyone else that you just talked about help with the child?

4. Have you ever turned to anyone outside of your family for help with caring for the child?
   
   **Probes:** Which services were used including community based, organizations (social institutions)
   
   **Follow-up:** If formal services used: How did you find out about (type[s] of services used)?
   
   **Follow-up:** How did you decide to use (type[s] of services)?
   
   **Follow-up:** What was the experience like?
   
   **Probes:** How well coordinated were the services?

   **Follow-up:** If no formal services were used: Could you tell me a little bit about the reasons why you have not asked for help anyone outside of your family?

   **Probes:** Are you aware of any services that could help you provide care for the child?

5. **How has life changed for you since caring for the child?**
   
   **Probes:** Support systems

6. **Can you describe to me your feelings about caring for a child with an incarcerated mother?**
   
   **Probes:** Who else have you talked to about this?
   
   How did you feel after that?

7. **If you could change one thing about your caregiving experience, what would it be?**

Lastly, I will ask you several demographic questions [from Demographic Information Form].

We have talked about many things today. Before we finish is there anything else you’d like me to know about being a caregiver of a child with an incarcerated mother?
If I later have a question about something that we’ve talked about today or if I have an additional question about your experience may I contact you at a later date?

(If consented) How would you prefer to be contacted?

[Remind participant that you can be contacted at any time if they have questions]