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Parenting Experiences of Informal Kinship Caregivers: Similarities and Differences between Grandparents and Other Relatives

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Abstract: Informal kinship care, an arrangement that is made without the involvement of a child welfare agency or a court, makes up the majority of kinship arrangements in the United States. However, the current literature on informal kinship care is very limited. In response, this study explored informal kinship caregivers' parenting experiences, comparing those of grandparents and other relatives. Anonymous survey responses from 146 informal kinship caregivers (114 grandparents and 32 other relatives) were analyzed. This study found similarities and differences between grandparents and other relatives. Compared to other relatives, grandparents were significantly older and less likely to be married. Over 60% of the caregivers, both grandparents and other relatives, had an annual household income of USD 50,000 or less but did not receive any governmental benefits. Furthermore, other relatives accessed and utilized community resources at significantly lower rates. This study observed significant challenges of informal kinship families, including financial difficulties and child mental health/behavioral issues. At the same time, it noted their strengths and resilience, with most participants reporting a positive perception of their caregiving experience. Programs and services for informal kinship families should reflect their unique experiences, building upon their strengths and resilience.

Keywords: kinship care; relative care; informal kinship care; caregiving experience; grandparents; other relatives

Citation: Koh, E.; Daughtery, L.; Lee, Y.; Ozughen, J. Parenting Experiences of Informal Kinship Caregivers: Similarities and Differences between Grandparents and Other Relatives. *Societies* **2024**, *14*, 36. https://doi.org/10.3390/soc14030036

Academic Editor: Sandro Serpa

Received: 28 December 2023
Revised: 17 February 2024
Accepted: 17 February 2024
Published: 27 February 2024

1. Introduction

Kinship care can be defined as an arrangement where "children and youth live with relatives, such as aunts, uncles, grandparents, siblings, extended family, or fictive kin (those known to the family)" ([1]—Para. 1, [2]—Para. 4). This arrangement becomes necessary when parents are unable or unavailable to fulfill their caregiving responsibilities for various reasons, such as incarceration, substance use, mental illness, financial hardships, or domestic violence [3,4]. According to the data from the U.S. Census Bureau, over 2.5 million children in the U.S. are estimated to be raised in kinship care, and grandparents make up the largest group of kinship caregivers [5,6]. It was reported that over 2.3 million grandparents were primary caregivers of grandchildren in 2021 [6]. Available information on kinship care in the U.S. suggests that aunts and uncles make the second largest group of kinship caregivers, followed by siblings [7].

While there remains an ongoing discussion regarding typology [8,9], kinship care can generally be categorized as informal and formal. In informal kinship care, children live with grandparents or other kinship caregivers without the legal custody of a public child welfare agency [8,10]. Some researchers and professionals propose voluntary or diverted kinship care as a category separate from informal kinship care [11,12]. In contrast, others

place them under the category of informal kinship care [8,9]. In voluntary or diverted kinship care, a child welfare agency is involved in a child's placement in kinship care, but states do not have legal custody of children [8,10,13]. In formal kinship care, children are cared for in the public child welfare system or foster care, and the state has legal custody of children [8–10]. The majority of children in kinship care reside in informal care without the support and supervision of the child welfare system [5,11,14]. The precise size of the informal kinship population in the U.S. remains indeterminate, but it is estimated that for each child placed in kinship foster care, 19 reside in informal kinship care [6].

Kinship care is considered a favored option for out-of-home placement due to its enduring stability and minimization of disruptions [15,16]. It enhances the likelihood of preserving a child's sense of belonging within their biological family and maintaining pre-existing relationships in their immediate community and cultural contexts. This is why it is perceived as an appealing choice within the child welfare system. In addition to these advantages, it is noted that kinship care significantly correlates with positive outcomes for children's behavioral and mental health [16–18], which is often attributed to the emotional stability afforded by established kinship bonds.

Although kinship care has emerged as a preferred option for children needing out-of-home placement, kinship families face many challenges. Finances have been identified as a significant concern among salient needs articulated by kinship caregivers [19]. Legal protection is another area in which kinship caregivers experience challenges. Kinship caregivers frequently do not receive legal information, and this hinders their ability to secure legal protection and address custody issues for children in their care [20,21]. Moreover, the lack of clear and consistent federal and state policies governing child placement with kinship caregivers, which significantly influences kinship families' access to and use of services, as well as inadequate support mechanisms, often leaves kinship caregivers ill-equipped to fulfill all of their caregiving responsibilities [21–23]. In addition, kinship caregivers endure heightened levels of psychological stress [24], but governmental and community support systems designed to alleviate those stressors are frequently lacking [25,26].

While many studies consistently document the benefits and challenges of kinship care, the literature on informal kinship care is still very limited. In addition, the current knowledge of the experiences of kinship caregivers other than grandparents is even scarcer. In response, this study explored the experiences of informal kinship caregivers, investigating the similarities and differences between grandparents' and other kinship caregivers' experiences.

1.1. Informal Kinship Care

Limited existing literature on informal kinship care observes that structured support for informal kinship families is very limited, making them more vulnerable to personal and financial stressors and imperiling their overall well-being [27]. Prior studies reported that kinship caregivers typically experience more physical, mental, and emotional challenges compared to adults their age who do not have kinship caregiving responsibilities [28–31]. Informal kinship caregivers have higher levels of physical and mental health problems, including caregiving stress and psychological distress, compared to foster parents, whether they are kinship or non-kinship caregivers [18,32]. The experience of economic disadvantage and lack of resources in caring for related children are some of the primary factors explaining informal kinship caregivers' health issues [19,33–36]. Furthermore, many grandparents have to decrease their socializing activities with friends and family due to caregiving responsibilities [30,37]. The reduced levels of socialization are frequently associated with a higher incidence of chronic illness and disability, ultimately leading to heightened levels of social isolation [19,23,24,34,38]. Informal caregivers' poor health levels then negatively impact the emotional and behavioral health of children in their care [39,40].

Prior studies have reported on the economic hardships that informal kinship families experience [32,41]. It was estimated that close to 40% of kinship families lived below the federal poverty line in 2011 [42], and the limited financial resources often prevent them from

meeting the needs of children in their care [9,24,43]. The economic situation is particularly challenging for grandparents raising grandchildren. In a study by Baker and Muchtler [44], children living with their grandparents had a significantly higher likelihood of living in poverty. Similarly, young kinship caregivers, such as aunts, uncles, and siblings, experience interruption in their education and employment in order to care for related children, which may imperil their financial stability [45]. Despite the financial difficulties informal kinship caregivers experience, they receive limited financial and other supportive services [20,46]. Young kinship caregivers are even more likely to experience difficulty in accessing and using supportive services and programs compared to grandparents [45].

In informal kinship care, caregivers face complexities due to their relationship with biological parents and other family members [47,48]. Once regarded as a peer or a family member of comparable status, kinship caregivers undergo a significant transition in authority, awkwardly shouldering the responsibility for those under their care. These dynamics can strain familial relationships, increase caregiver stress, and create challenges related to family hierarchies and decision making, ultimately fostering a conflictual climate [34]. These challenges, in turn, may have a deleterious effect on the well-being of children and caregivers in informal kinship care.

1.2. Support for Informal Kinship Families

Informal kinship care in the U.S. often lacks significant government support and oversight by the child welfare system, compounding caregivers' challenges. This support encompasses legal and financial aid, emotional assistance, societal acceptance, and access to essential services. Existing research underscores the limited support available to informal kinship caregivers compared to formal counterparts, with challenges in accessing and using these resources [32,42,49,50]. Informal kinship caregivers encounter significant financial limitations due to their lack of certification as foster parents, making them ineligible for Title IV-E foster care payments. Alternatively, they may seek eligibility for the Temporary Assistance for Needy Families, specifically the Non-Parent Caregiver (NPC) Child-Only grant. This grant is designed to aid children living with non-parent caregivers and is essential in addressing the financial needs of kinship families [9,11,21]. However, a notable challenge informal kinship caregivers encounter is their limited awareness of the availability of this financial assistance, along with the complexity of the application process, resulting in its underutilization. Multiple studies have underscored the underutilization of the NPC Child-Only grant among kinship caregivers, with adverse consequences including increased financial strain for kinship families and potential impacts on the quality of care tendered to the children in their care [9,41,51].

To ameliorate this issue, programs and services have been developed and implemented. For example, many states in the U.S. have started to offer kinship navigator programs at the state, county, or community organization level since 2004, which intend to serve formal and/or informal kinship families [52,53]. Kinship navigator programs are federally funded efforts to provide a single point of contact for kinship caregivers, including informal kinship caregivers, who struggle with identifying and accessing resources. Although they vary widely in their delivery of services, most kinship navigator programs provide information, referral, and some measure of follow-up services to kinship caregivers [52,54,55]. Some of the programs have successfully partnered with other public, private, and community agencies to increase service delivery and offered financial and legal assistance, case management, support for children, support groups, counseling, and other community services [10,56,57]. Despite these programs, there are still significant challenges, particularly for informal kinship caregivers, including unfamiliarity with available programs and services or reluctance to access help [54].

As more efforts are being made to better serve kinship families, both formal and informal, it is important to understand their needs and experiences. However, the current literature on informal kinship families is very limited, which prevents the development and delivery of programs and services that adequately address their unique needs and

experiences. In addition, while kinship caregivers can be any relatives or those with a family relationship, the participants in prior studies were predominantly grandparents [32,45]. As a result, our understanding of informal kinship families where relatives other than grandparents (e.g., aunts, uncles, cousins, and siblings) take the primary responsibility of caring for related children is far from well established. In response to this gap in the current literature, this study explored the parenting experience of informal kinship caregivers with the use of anonymous survey methods. This study builds upon a prior study [58] and compares the experience of grandparents and other relatives using a larger sample of informal kinship caregivers.

2. Methods

2.1. Study Sample and Data-Collection Methods

The study sample was limited to informal kinship caregivers who were caring for related children without the involvement of the public child welfare system. Participants were recruited with the support of national and local organizations working with informal kinship families, such as Generations United, and organizations listed in the GrandFacts Fact Sheets [59]. These organizations distributed study information and flyers to informal kinship caregivers on their listserv, and interested caregivers were asked to contact the research team directly via email or phone call. The research team verified these caregivers' status as informal kinship caregivers with screening questions and provided detailed information on the study. Once kinship caregivers decided to participate in the study, they were asked to complete an anonymous survey either online or via mail. The survey was mailed to them, or a personalized link to the survey was emailed to them. Kinship caregivers who had completed the survey received a USD 40 gift card as an incentive. Participants' email, mailing addresses, and phone numbers that were utilized during data-collection processes were permanently deleted upon the conclusion of data collection, and the survey did not include any identifying information of caregiver participants.

The research team contacted approximately 200 organizations between March 2019 and July 2021, and 154 caregivers participated in the study. Out of these 154 caregivers, 8 were excluded from the final sample because their responses indicated that they were a parent, not a kinship caregiver, or they recorded no responses to most survey items. The sample of the current study includes the sample of a previous study (n = 41) [58] that focused on the Washington, D.C. metropolitan area. Initially, the research team planned to recruit study participants only in the X area but expanded the recruitment efforts due to a small number of informal kinship caregivers recruited from this area. The study was approved by the Institutional Review Board of the University the authors are affiliated with.

2.2. Survey Questionnaire

As noted earlier, this study builds upon a prior study [58]. It thus used the same survey questionnaire, and detailed information on the questionnaire can be found in the earlier study [58]. The survey questionnaire included items on demographic information of both caregivers and related children in their care, current kinship care arrangements, and caregivers' parenting experience. If participants were caring for multiple related children, they were asked to respond for the youngest child (i.e., focus child).

2.2.1. Demographic Information

The questionnaire collected participants' demographic information, such as age, gender, race, and marital status. It also asked how participants perceived their own physical and mental health. The questionnaire inquired about demographic information for children in their care (e.g., age, gender, race, and relationship with participants).

2.2.2. Current Kinship Care Arrangement

The questionnaire collected information on current kinship care arrangements, including reasons that participants became primary caregivers for the focus child, length of time

the child had been with them, and expected length of time they would care for the child. Participants were asked to list any governmental benefits they were receiving for current kinship care arrangements, as well as resources that were available and accessible within their communities. The questionnaire asked whether participants had the focus child's birth certificate, social security card, and legal custody.

2.2.3. Kinship Caregivers' Parenting Experience

The study explored participants' parenting experiences with the use of both standardized and unstandardized instruments. The study used the Parenting Stress Index-4-Short Form (PSI-4-SF) [60] to measure participant levels of parenting stress and the Parent Satisfaction Scale (PSS) [61] to assess participant levels of satisfaction with parenting experience. PSI-4-SF has three subscales, Parental Distress (PD), Parent–Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), and is reported to have adequate reliability and validity [60]. Each subscale has 12 items with 5 response options. In the study, Cronbach's alpha was 0.91, 0.90, and 0.92 for the PD, P-CDI, and DC subscales, respectively, and 0.96 for the entire PSI-4-SF scale. The PSS has five subscales, but the study used three subscales on parent–child relationship, parent performance, and general satisfaction. Each of the 3 subscales has 10 items with 5 response options. The PSS is known to have adequate reliability [61], and the current study reported Cronbach's alpha of 0.82, 0.85, and 0.67, respectively, for the three subscales. The Cronbach's alpha for all 30 items was 0.88 in the study.

The unstandardized instrument included a five-point Likert scale item that asked participants to rate their kinship caregiving experiences. It also had a few open-ended questions on (1) positive experiences they had as a kinship caregiver, (2) challenges and difficulties in caring for related children, and (3) programs and services they wish to have for their (kinship) families.

2.3. Data Analytic Methods

Descriptive and bivariate analyses were the main analytic methods used in the study, and these analyses were performed with IBM® SPSS® Statistics. Bivariate analyses were used to compare grandparents and other relatives in terms of their demographic characteristics and caregiving experiences. For open-ended questions, coding schemes initially developed for the prior study [58] were updated for the current study. Two researchers coded the participants' responses independently using these coding schemes. They compared the codes and discussed any disagreements until they reached a consensus.

3. Results

3.1. Participants' Demographic Characteristics

Table 1 provides a summary of participants' demographic characteristics. Findings are presented for the entire sample, as well as for grandparents and other relatives, respectively. Close to half of other relatives were aunts/uncles (n = 15, 46.9%), and great-grandparents made up another 22% (n = 7). Other relatives also included cousins, great aunts/uncles, siblings, and family friends. With a mean age of 58 years (SD = 10.6), the participants' ages ranged from 31 to 82. Grandparents were significantly older compared to other relatives (t (33.9) = 3.08, $p < 0.01$), with the mean age difference between the two groups being nine years. The participants were predominantly females, with nearly half being Black and single. Grandparents were less likely to be married than other relatives (χ^2 (2) = 4.72, $p < 0.1$). Over half of the participants were not currently working and had an annual household income of USD 50,000 or less. Grandparents and other relatives were not significantly different in their demographic characteristics, except for age and marital status.

Table 1. Participants' demographic characteristics (N = 146): frequency (% [a]).

Variable	Entire Study Sample (n = 146)	Grandparents (n = 114)	Other Relatives (n = 32)	
Age: mean (*SD*)	57.6 (10.56)	59.6 (7.47)	50.6 (15.82)	***
Gender				
Male	8 (5.6)	6 (5.4)	2 (6.5)	
Female	135 (94.4)	108 (94.6)	29 (93.5)	
Race				
White (non-Hispanic)	58 (41.1)	49 (44.5)	18 (58.1)	
Black	68 (48.2)	50 (45.5)	9 (29.0)	
Other	15 (10.6)	11 (10.0)	4 (12.9)	
Marital status				*
Married	35 (24.1)	23 (20.2)	12 (38.7)	
Single	59 (40.7)	49 (42.1)	11 (35.5)	
Other (widowed, divorced, or separated)	51 (35.2)	43 (37.7)	8 (25.8)	
Educational attainment				
<=High school diploma or GED	77 (53.8)	62 (55.4)	15 (48.4)	
>High school diploma or GED	66 (46.2)	50 (44.6)	16 (51.6)	
Current employment status				
Working full-time	44 (30.1)	37 (32.5)	7 (21.9)	
Working part-time	22 (15.1)	15 (13.2)	7 (21.9)	
Not working	80 (54.8)	62 (54.4)	18 (56.3)	
Annual household income				
<USD 15,000	25 (17.1)	17 (14.9)	8 (25.0)	
USD 15,000–USD 24,999	30 (20.5)	23 (20.2)	7 (21.9)	
USD 25,000–USD 49,999	42 (28.8)	33 (28.9)	9 (28.1)	
USD 50,000–USD 74,999	29 (19.9)	25 (21.9)	4 (12.5)	
>USD 75,000	20 (13.7)	16 (14.0)	4 (12.5)	
Physical health				
Excellent or very good	58 (40.0)	44 (38.6)	14 (45.2)	
Good	58 (40.0)	45 (39.5)	13 (41.9)	
Fair or poor	29 (20.0)	25 (21.9)	4 (12.9)	

Note. [a] The percentage is based on the cases without missing values. The number of cases with missing values ranges from 0 to 6, accounting for 0 to 4% of the study sample. The total percentage may not add up to 100% due to rounding. * $p < 0.1$. *** $p < 0.01$.

3.2. Current Kinship Care Arrangement

Findings on current kinship care arrangements are provided in Table 2. The participants were caring for approximately two related children on average (*SD* = 1.29), and the number of related children in care ranged from one to seven. The total number of children at home was larger for other relatives than for grandparents (t (144) = −1.76, $p < 0.1$): on average, they had one additional child at home. More than 60% of the participants reported not receiving any governmental benefits, and the percentage was comparable for both groups of caregivers. Compared to other relatives, grandparents were more likely to be aware of resources in the community, particularly kinship programs (χ^2 (1) = 10.63, $p < 0.01$). The percentage of caregivers who responded that there were no available resources in the community was significantly higher for other relatives than for grandparents (χ^2 (1) = 7.02, $p < 0.01$).

The focus child was 9 years old on average (*SD* = 4.78), and close to 60% of them were females. Parental substance use was the most frequently reported reason for current kinship arrangements for both grandparents and other relatives. However, some differences were observed between the two groups in the reasons that they became kinship caregivers (χ^2 (6) = 12.13, $p < 0.1$). For example, the "other" category was noted more often for other relatives than for grandparents, which included parent health issues, abandonment, child behavioral issues, and unspecified issues (e.g., "the child had to be cared for"). Participants had been the primary caregiver for the focus child for approximately 6 years on average (*SD* = 4.71 in years), and over a third of them expected to continue their role as a kinship

caregiver until the child's adulthood or indefinitely. Grandparents were more likely to have legal custody or guardianship of the focus child than other relatives (χ^2 (1) = 2.98, $p < 0.1$). Similarly, the percentage of those who had the focus child's birth certificate and social security card was significantly higher for grandparents than for other relatives (χ^2 (1) = 7.81, for birth certificate; χ^2 (1) = 9.95 for social security card; $p < 0.01$ for both).

Table 2. Current kinship care arrangement (N = 146): frequency (% [a]).

Variable	Entire Study Sample (n = 146)	Grandparents (n = 114)	Other Relatives (n = 32)	
Number of related children at home: mean (*SD*)	2.2 (1.29)	2.2 (1.28)	2.2 (1.33)	
Number of children at home: mean (*SD*)	2.6 (1.85)	2.4 (1.75)	3.1 (2.13)	*
Receipt of governmental benefits				
Yes	56 (38.6)	44 (38.9)	12 (37.5)	
No	89 (61.4)	69 (61.1)	20 (62.5)	
Available resources in community [b]				
Kinship program of community/government agencies	66 (45.2)	59 (54.6)	7 (21.9)	***
Other (e.g., church, schools, unspecified)	40 (27.4)	30 (27.8)	10 (31.3)	
None or do not know	55 (37.7)	36 (33.3)	19 (59.4)	**
Focus child age: mean (*SD*)	9.3 (4.78)	9.1 (4.74)	9.9 (4.94)	
Focus child gender				
Male	61 (41.8)	48 (42.1)	13 (40.6)	
Female	85 (58.2)	66 (57.9)	19 (59.4)	
Primary reason for kinship arrangements				*
Parent substance abuse	39 (27.5)	29 (26.1)	10 (32.3)	
Parent mental health	10 (7.0)	9 (8.1)	1 (3.2)	
Parent incarceration or death	15 (10.6)	14 (12.6)	1 (3.2)	
Financial hardship	9 (6.2)	9 (8.1)	0 (0.0)	
Child Protective Services (CPS) involvement	21 (14.4)	17 (15.3)	4 (12.9)	
Child maltreatment with no indication of CPS involvement	31 (21.2)	24 (21.6)	7 (22.6)	
Other	17 (11.6)	9 (8.1)	8 (25.8)	
Length of current kinship arrangements in months: mean (*SD*)	69.8 (56.55)	72.2 (56.90)	61.1 (55.30)	
Expected duration of kinship arrangements				
5 or fewer years	42 (29.8)	29 (26.6)	13 (40.6)	
6 or more years	37 (26.2)	33 (30.3)	4 (12.5)	
Until child's adulthood or indefinitely	50 (35.5)	39 (35.8)	11 (34.4)	
Uncertain	12 (8.5)	8 (7.3)	4 (12.5)	
Legal custody/guardianship				*
Yes	103 (71.5)	84 (75.0)	19 (59.4)	
No	41 (28.1)	28 (25.0)	13 (40.6)	
Birth certificate				***
Yes	121 (82.9)	100 (88.5)	21 (67.7)	
No	23 (15.8)	13 (11.5)	10 (32.3)	
Social security card				
Yes	115 (78.8)	96 (85.0)	19 (59.4)	***
No	30 (20.5)	17 (15.0)	13 (40.6)	

Note. [a] The percentage is based on the cases without missing values. The number of cases with missing values ranges from 0 to 6, accounting for 0 to 4% of the study sample. Also, the total percentage may not add up to 100% due to rounding; [b] Participants were asked to list all available resources. * $p < 0.1$. ** $p < 0.05$. *** $p < 0.01$.

3.3. Kinship Caregivers' Parenting Experience

Table 3 presents findings on the participants' parenting experience. For most participants, the caregiving experience was perceived as positive: close to half of them rated their experience very positive. In the study, the participants' total score on PSI-4-SF ranged from 36 to 165, with a mean of 81.5 (*SD* = 27.65). No significant difference was observed for grandparents and other relatives in the total PSI-4-SF scores (t (140) = 0.87, p = 0.39). In the study, 16% of participants had a total score that was equal to or greater than 110, which would imply high or clinically significant levels of stress [60]. The percentage of those whose score was 110 or higher was higher for grandparents than for other relatives (17.3% vs. 9.4%), but this difference was not statistically significant (χ^2 (1) = 1.18, p = 0.28).

The participants' mean scores on the PD, P-CDI, and DC subscales were 29.2 (*SD* = 10.77), 24.6 (*SD* = 9.80), and 28.1 (*SD* = 10.76), respectively, which were considered to be within a normal range. The scores were not significantly different between grandparents and other relatives. The percentage of participants whose scores would suggest high or clinically significant levels of stress was the largest on the PD subscale (n = 34, 23.9%). More grandparents reported high or clinically significant levels of stress compared to other relatives, but the difference was not statistically significant. For example, close to 20% of grandparents had scores of 34 or higher on the P-CDI subscale, which would indicate clinically significant levels of stress. On the other hand, the comparable percentage was only 9.4% for other relatives (χ^2 (1) = 1.49, p = 0.22).

The participants' total score on PSS was 95.8 on average (*SD* = 11.92), with a range of 62.3 to 118.9. The total score was not significantly different for grandparents and other relatives (t (104) = −0.89, p = 0.38). The two groups were similar in their scores on the two subscales of parent–child relationship and general satisfaction. However, grandparents reported significantly lower levels of satisfaction on the parent performance subscale (t (115) = −2.3, $p < 0.05$).

Participants were asked to share the positive aspects and challenges they had as kinship caregivers in response to open-ended questions. Another open-ended question inquired about the support they would like to receive. In the study, the bidirectional nature of participants' relationship with their related children (e.g., special bonding with the children and positive energy from the children) and the children's growth (e.g., physical, emotional, behavioral, and academic improvement) were the most commonly noted positive experiences. This was true for both grandparents and other relatives. However, the children's growth was much more frequently mentioned by relatives other than grandparents (50.0% vs. 33.0%; χ^2 (1) = 3.06, $p < 0.1$). The participants also noted the joy they experienced and the assurance they felt as they knew that the children were now safe and loved in their care.

Child mental health and/or behavioral issues were the most prominently noted challenges participants identified, and this was true for both groups of caregivers (χ^2 (1) = 0.16, p = 0.69). However, significant differences were observed between grandparents and other relatives with respect to a few areas of challenges. Grandparents noted finance and child medical issues more frequently than other relatives. For example, while close to half of grandparents identified finances as one of the significant challenges they had experienced, the comparable percentage was 28.5% for other relatives (χ^2 (1) = 3.10, $p < 0.1$). On the other hand, a significantly higher percentage of other relatives responded that no support was available from governments and/or communities compared to grandparents (18.8% vs. 6.3%; χ^2 (1) = 4.74, $p < 0.05$).

Grandparents and other relatives identified similar areas of need. In both groups, finance was the most commonly perceived area in need: 39.6% of grandparents and 32.3% of other relatives listed finance as the support they would like to receive (χ^2 (1) = 0.55, p = 0.46). Child mental health services were another area in which participants would like to have support, followed by childcare, extracurricular activities, and/or summer camps. Approximately a quarter of study participants listed mental health services as an area of need.

Table 3. Kinship caregivers' parenting experience (N = 146): frequency (% [a]).

Variable	Entire Study Sample (n = 146)	Grandparents (n = 114)	Other Relatives (n = 32)	
Overall kinship caregiving experience				
Very positive	70 (47.9)	55 (50.0)	15 (46.9)	
Positive	43 (29.5)	35 (31.8)	8 (25.0)	
Not positive	29 (19.9)	20 (18.2)	9 (28.1)	
Participants with PSI-4-SF scores that would suggest high/clinical levels of stress				
PD subscale scores	34 (23.9)	26 (23.6)	8 (25.0)	
P-CDI subscale scores	24 (16.4)	21 (18.4)	3 (9.4)	
DC subscale scores	29 (19.9)	25 (21.9)	4 (12.5)	
Total scores	22 (15.5)	19 (17.3)	3 (9.4)	
Scores on PSS scale: mean (*SD*) [b]				
Parent–child relationship subscale scores	33.3 (4.78)	33.2 (2.92)	33.4 (4.30)	
Parent performance subscale scores	30.2 (5.31)	29.6 (5.27)	32.2 (5.01)	**
General satisfaction scores	32.2 (4.75)	32.3 (4.88)	32.33 (4.29)	
Total scores	95.8 (11.92)	95.3 (12.17)	97.8 (10.98)	
Positive experience [c]				
Joy	32 (22.7)	27 (24.8)	5 (15.6)	
Bidirectional nature of relationship	46 (32.6)	36 (33.0)	10 (31.3)	
Child's growth	52 (36.9)	36 (33.0)	16 (50.0)	*
Assurance that child is safe and loved	38 (27.0)	29 (26.6)	9 (28.1)	
Challenging experience [c]				
Finance	60 (41.7)	51 (45.5)	9 (28.1)	*
Child medical issue	25 (17.4)	23 (20.5)	2 (6.3)	*
Child mental health/behavioral issue	63 (43.8)	48 (42.9)	15 (46.9)	
Child educational issue	16 (11.1)	13 (11.6)	3 (9.4)	
Caregiver-related issue (e.g., health, stress, self-actualization)	18 (12.5)	16 (14.3)	2 (6.3)	
Issues with biological parents	14 (9.7)	9 (8.0)	5 (15.6)	
No support from government and/or family	13 (9.0)	7 (6.3)	6 (18.8)	**
Other	15 (10.4)	11 (9.8)	4 (12.5)	
No reported challenge	16 (11.1)	11 (9.8)	5 (15.6)	
Support needed [c]				
Finance	52 (38.0)	42 (39.6)	10 (32.3)	
Respite	12 (8.8)	9 (8.5)	3 (9.7)	
Support group	21 (15.3)	16 (15.1)	5 (16.1)	
Education/training	12 (8.8)	11 (10.4)	1 (3.2)	
Child care/extracurricular activities/summer camps	28 (20.4)	20 (18.9)	8 (25.8)	
Mentoring for child	17 (12.4)	14 (13.2)	3 (9.7)	
Mental health services	32 (23.4)	24 (22.6)	8 (25.8)	
Tutoring	19 (13.9)	17 (16.0)	2 (6.5)	
Housing/food/clothing	18 (13.1)	16 (15.1)	2 (6.5)	

Note. [a] The percentage is based on the cases without missing values. The number of cases with missing values ranges from 0 to 9, accounting for 0 to 6% of the study sample. Also, the total percentage may not add up to 100% due to rounding; [b] The number of missing cases ranged from 10 to 40 for the scores on the 3 subscales and on the entire scale; [c] Participants were asked to respond to open-ended questions and were able to list multiple aspects for a given question. * $p < 0.1$. ** $p < 0.05$.

4. Discussion

The current study attempted to fill a gap in the current literature on kinship care, investigating informal kinship caregivers' parenting experiences. Furthermore, this study aimed to explore the diversity within kinship caregivers, focusing on the types of relationships (i.e., grandparents vs. other relatives). Before discussing the main findings, it is important

to acknowledge that participant recruitment posed a challenge in the current study. Despite the support of many local and national organizations that directly or indirectly work with kinship families, it was challenging to recruit informal kinship caregivers because there is no centralized system to identify and track them [11]. The COVID-19 pandemic further exacerbated these challenges as the organizations had limited access to and contact with informal kinship caregivers during the pandemic. The research team contacted about 200 organizations over a span of two and a half years, and the number of respondents who completed the survey was 154 in total. This highlights the challenges associated with conducting research involving informal kinship families, which may be one of the reasons for the scarcity of literature on children and caregivers in informal kinship care. Given that the majority of kinship care arrangements are informal, it is important to make intentional efforts to include this population in future studies so that they can be well represented within the body of kinship literature.

The findings on participant characteristics are comparable to what was observed in previous studies (e.g., [32,53,62,63]). The majority of the participants in the current study were female grandparents and appeared to experience financial challenges. The percentage of participants who rated their physical health as very good or excellent was slightly lower than that reported in a previous study [64]. Grandparents and other relatives were not significantly different in many demographic characteristics. However, significant differences were observed in their age and marital status. Not surprisingly, grandparents were older than other relatives by nine years on average. This is consistent with the findings of Lee et al.'s study [32], even though the participants in their study were younger overall than those in the current study. This age difference would explain the finding that the percentage of those who rated overall health as excellent or very good was smaller for grandparents than for other relatives, but this difference was not statistically significant. In addition to age, the two groups of caregivers were significantly different in their marital status. Other relatives were more likely to be married than grandparents, and it is notable that the percentage of those who were married was less than 25% for the entire study sample. The findings on participant characteristics illustrate many similarities between grandparents and other relatives. At the same time, the differences in their age and marital status may suggest that grandparents are likely to experience additional challenges, including poorer health and limited support systems.

The current study reported the primary reason for current kinship arrangements, although there could be multiple, simultaneous reasons [63,65]. In the study, parental substance abuse was the most commonly mentioned reason for the current kinship arrangement, accounting for slightly over a quarter of cases. This is similar to the findings of prior literature, where maternal or paternal substance use was the most commonly noted reason for kinship arrangements [63–65]. Child maltreatment with and without the involvement of Child Protective Services was another reason that was often cited in the study. In this study, the primary reasons for current kinship arrangements were significantly different for grandparents and other relatives. Parent incarceration and death were more commonly noted for grandparents than for other relatives. On the other hand, other relatives mentioned other reasons more frequently, which included child behavioral issues and unspecified reasons (e.g., "issues with biological mother" and "the child had to be cared for"), compared to grandparents. Future studies should further examine the circumstances that lead to kinship arrangements, particularly those with other relatives, given that grandparents are often pursued as the first choice when parents are unable or unavailable to care for a child [66]. The dynamics of extended family and their impact on a family's decision making should be considered, which will help us better understand the differences observed in reasons for current kinship arrangements for grandparents and other relatives.

This study found that kinship caregivers had been caring for related children for five to six years on average. While the difference was not statistically significant, grandparents had cared for related children longer than other relatives (72 months vs. 61 months). In the study, many participants planned to be the primary caregivers for related children until

the child's adulthood or indefinitely, and the percentage was similar for both grandparents and other relatives. However, some differences, while not statistically significant, were observed between the two groups of caregivers. Slightly over 40% of other relatives were planning to be the primary caregivers for related children for five or fewer years, but the comparable percentage was only 27% for grandparents. This may explain the significant differences observed in children's legal custody, where more grandparents reported having legal custody of children in their care than other relatives. Similarly, grandparents were more likely to have related children's birth certificates and social security cards than other relatives. Those who expect to care for related children for a shorter period of time may not see the need or benefit of obtaining legal custody of children in their care, as many kinship caregivers find the process expensive and difficult [10,49,63]. However, the lack of legal custody can present challenges for caregivers, including difficulty in children's enrollment in school or in access to health care services [32,63]. The findings of this study suggest that other relatives are more likely to experience these challenges.

Consistent with the findings of prior literature [5,32,36,49], informal kinship caregivers in this study reported limited services and programs for related children and themselves. This was more prominent for other relatives than for grandparents. Slightly over 60% of the study participants reported not receiving any governmental benefits, and this was similar for both grandparents and other relatives. In relation to community resources, a significantly larger percentage of other relatives were unaware of any resources in their communities than grandparents. Similarly, while over half of grandparents were able to identify kinship programs in their communities, the comparable percentage was only 22% for other relatives.

The challenges and the needed support identified by study participants further illustrate that more services and programs should be made available and accessible to informal kinship families. As is consistently documented in prior studies [30,62,63,67,68], informal kinship caregivers in this study reported financial challenges, and this was more prominent for grandparents than for other relatives. This finding is not surprising, as grandparents are often older and have poorer health than other relatives [32], which the current study also observed. This study also noted that other relatives were more likely to be married, which might be related to the participants' financial stability or instability. Currently, financial support is very limited for informal kinship caregivers. Furthermore, they often experience difficulties receiving eligible financial support due to the lack of knowledge and challenges of system navigation [5,49,63,69]. Recently, the U.S. Department of Health and Human Services released a final regulation that requires states to provide the same level of financial support for kinship foster parents as non-kinship foster parents [70]. This regulation is significant in that it recognizes the disparity that kinship foster parents experience within the child welfare system. At the same time, more efforts should be made to provide adequate financial support for informal kinship caregivers.

Another challenge participants frequently identified was related to children's mental health, and the frequency was similar for grandparents and other relatives. Close to a quarter of participants indicated the need for mental health services. Children in kinship care experience behavioral issues at higher rates than the general child population [19,71] due to the trauma they experienced with the separation from their biological parents [32,72]. It is thus important to ensure that children in informal kinship care receive adequate mental health services to cope with the trauma they have experienced. Many caregivers in this study identified children's medical issues as an area of challenge along with children's mental health issues, and this was more prominent for grandparents. It is not clear whether this difference is due to the different needs of children cared for by grandparents vs. other relatives or to the different capacities and resources available to grandparents vs. other relatives. Additional studies should further explore the challenges associated with children's medical issues.

The findings of this study illustrate the challenges associated not only with child-related issues but with parenting. In this study, 16% of the participants had a PSI-4-SF

score of 110 or higher, which would suggest high or clinically significant levels of parenting stress. While not statistically significant, the percentage of caregivers with a score of 110 or above was larger for grandparents than for other relatives. In addition, the two groups were significantly different in their scores on the parent performance subscale of PSS, which assesses their satisfaction with the quality of parenting skills [61]: other relatives experienced higher levels of satisfaction in the area of parent performance than grandparents. These findings suggest that grandparents may experience more challenges in caring for related children. The lower scores they reported in the area of parent performance may have contributed to the higher levels of stress. With generational differences, grandparents may feel less competent about their role as primary caregivers. Given that caregivers' enhanced knowledge of parenting is associated with lower parenting stress levels [73], it will be important to provide parenting training for informal kinship caregivers, particularly for grandparents.

The study's findings illustrate that supportive programs and services are still very limited for informal kinship families despite the significant challenges they experience. The finding that the majority of participants did not receive any governmental benefits illustrates the limited support available and accessible to informal kinship families compared to formal kinship families. This is very concerning given the financial hardships many kinship families experience [30,62,63,67,68]. While more efforts are being made to increase kinship caregivers' access to and use of governmental and community resources, including kinship navigator programs, more support should be made available for informal kinship families with particular attention to their unique needs. The study findings also suggest that other relatives may face additional barriers to accessing and using community resources. As reflected in current literature and media, this group of kinship caregivers has had limited visibility. Many of these other relatives may not even be aware that they are eligible for governmental and community resources. Governmental and community organizations should make concerted efforts to reach out to this group of other relatives and ensure that they can access and use adequate levels of supporting programs and services.

In addition, increasing attention to informal kinship caregivers' needs and experiences should be translated into substantial changes. For example, the Family First Prevention Services Act of 2018 and Consolidated Appropriations Act of 2021 intended to offer more support for kinship families by the federal government (e.g., provision of federal funds for the kinship navigator programs) [74]. However, it was found that many states were not utilizing these types of federal support [53,63]. More effort should be made to facilitate the implementation of federal legislation in support of kinship families at the state and local levels.

Along with the challenges informal kinship caregivers experienced, this study noted their strengths and resilience. The majority of kinship caregivers in the study perceived their caregiving experience as positive despite the difficulties they encountered. In the study, caregivers' mean score on the PSS was 96, out of a possible score between 30 and 120. This implies the participants' overall satisfaction with their parenting experiences. Furthermore, they were able to identify positive experiences in their caring for related children, which Capous-Desyllas et al. [3] described as "benefit-finding" (p. 289). For example, slightly over 30% of the participants noted the reciprocal relationship with related children, where they benefited from the presence and love of their related children. Many caregivers also responded that the children's growth and accomplishment were very rewarding to them, and this was more prominent for other relatives. The joy and assurance they felt in providing a safe and loving environment also illustrate their commitment to related children's well-being. These positive experiences are what help informal kinship caregivers cope with the stress and challenges they experience as the primary caregivers of related children [3,75], and this should be one of the focuses in the development and delivery of supportive programs and services for informal kinship caregivers [3,76].

4.1. Study Limitations

The limitations of the study should be taken into consideration in the interpretation of the study findings. The study used non-probability sampling methods, and the findings cannot be generalizable to a larger population of informal kinship caregivers. To recruit study participants, the research team utilized the network of community organizations that directly or indirectly worked with informal kinship families. As a result, the study participants were likely to be more aware of programs and services for informal kinship families. Another limitation of this study comes from the use of standardized instruments, such as PSI-4-SF and PSS, which were originally developed for parents. While kinship caregivers take the role of primary caregivers as parents, the validity of these instruments for kinship caregivers is largely unknown. The small sample size of other relatives is also a limitation of the study. With a small number of other relatives, the study was not able to examine the diversity of this group, which included aunts, uncles, cousins, and siblings. It is very plausible that this group's experience is diverse depending on their relationship with the child.

4.2. Conclusions

Despite this study's limitations, the current study makes a significant and unique contribution to the current literature, as there is a dearth of research that exclusively focuses on informal kinship caregivers and their parenting experiences. This study is also notable for its attempt to explore the diversity of kinship caregivers, comparing the experiences of grandparents and other relatives. Future studies should make intentional efforts to further examine the diverse experiences of kinship families and pay attention to the similarities and differences of different types of kinship families (e.g., formal vs. informal kinship care, grandparents vs. aunts/uncles vs. cousins). These intentional efforts will help us to better understand the experiences of kinship families, which in turn will lead to the development of programs and services that build upon their strengths and needs and improve outcomes for children.

Author Contributions: Conceptualization, E.K. and L.D.; Methodology, E.K. and L.D.; Software, E.K.; Validation, E.K., L.D. and Y.L.; Formal Analysis, E.K., L.D. and Y.L.; Investigation, E.K. and L.D.; Resources, E.K.; Data Curation, E.K.; Writing—Original Draft Preparation, E.K., L.D., Y.L. and J.O.; Writing—Review & Editing, E.K., L.D., Y.L. and J.O.; Visualization, E.K.; Supervision, E.K.; Project Administration, E.K.; Funding Acquisition, E.K. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by the Timberlake Endowment Fund for the Center for the Advancement of Children, Youth, and Families at The Catholic University of America, National Catholic School of Social Service.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board of The Catholic University of America (Protocol 19-004 on 23 January 2019).

Informed Consent Statement: Participant consent was waived as the study collected data using anonymous survey. The study information sheet that contained the detailed information of the study was provided so that participants could make an informed decision on whether to participate in the study or not.

Data Availability Statement: Data is not publicly available as participants did not consent to the use of data beyond the study.

Acknowledgments: The authors would like to thank organizations who supported participant recruitment, and kinship caregivers who completed the survey.

Conflicts of Interest: The authors declare no conflict of interest.

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