



It's not about them without them: Kinship grandparents' perspectives on family empowerment in public child welfare

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ARTICLE INFO

Keywords:

Kinship grandparents
Family empowerment
Public child welfare

ABSTRACT

This paper presents the perspectives of a small sample of eight kinship caregivers, who are grandparents raising their grandchildren in a mid-Western state. The study explored the grandparents' experiences of family empowerment in public child welfare, using semi-structured qualitative interviews. The grandparents identify the services that they find useful, including both tangible resources and relational supports. They also highlight service gaps and unfulfilled needs, as well as aspects of their experience with public child welfare that they find concerning. The authors discuss the salience of including kinship grandparents' voices in shaping the services provided for them and offer recommendations for strategies that could empower the growing population, and improve the public child welfare system so that it is more responsive to its changing environment.

1. Introduction

Child protective services has undergone a number of shifts over the years, either as a result of deliberate attempts to reform the system, or simply in response to trends that have arisen, both within the field and within the environments that children and families live. One significant shift has been related to the guiding philosophy behind child protection as agencies seek to fulfill their mission to simultaneously keep children safe and empower families. Child protection has therefore differentially emphasized and prioritized child rights, separation of children from caregivers and families of origin, adoption, and permanence, versus family engagement, preservation and empowerment (Collins-Camargo, 2016; Mangold, 2001).

Despite ongoing debate and competing agendas for what changes should be implemented, there has been increasing empirical and practical support for services that are grounded in efforts to strengthen families and keep them intact (Cleek, Wofsy, Boyd-Franklin, Mundy, & Howell, 2012; Dawson & Berry, 2002). It is also generally agreed that building relationships with families, giving them choice and voice and keeping children within familiar and familial networks produce positive outcomes for both children and families (Graves & Shelton, 2007; Myers, 2008).

The family preservation movement and this focus on engaging and strengthening families can all be seen as part of a larger philosophy of practice emphasizing empowerment. Though empowerment is frequently discussed and lauded as an ideal for individuals and families, it

has been variably defined and operationalized as services, programs or orienting paradigms (Family Strengthening Policy Center, 2007; McCroskey, 2001; Page & Czuba, 1999). Much uncertainty prevails about what this all means and how it is concretely implemented and supported, particularly in a bureaucratic and problem-focused child welfare system.

While empowerment is generally aimed at enhancing the possibilities for people to control their own lives (Rappaport, 1981), McCallum and Prilleltensky (1996) suggests that within public child welfare or child protective services specifically, empowerment must be defined as being based on three essential values: self-determination, distributive justice, as well as collaboration and democratic participation. When child welfare systems have employed an empowerment framework or empowerment-oriented services, they have therefore implemented family-centered approaches, such as the Family Group Decision-making (FGDM) or Homebuilders models (Family Strengthening Policy Center, 2007; McCroskey, 2001). These models, and others like them have sought to reverse the trend of child welfare systems exerting power and control over families (McCallum & Prilleltensky, 1996), concentrating decision making authority in the hands of professionals, and 'saving' children from bad parenting (McCroskey, 2001). Instead, empowerment-oriented practice trends emphasize partnerships and collaboration between professionals and parents and focus on enhancing strengths, while seeking to elevate the family's voice. Furthermore, it is expected that empowerment-based approaches will pursue distributive justice in ensuring fair and equal allocation of both benefits and

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<https://doi.org/10.1016/j.childyouth.2019.104650>

Received 27 July 2019; Received in revised form 23 November 2019; Accepted 23 November 2019

Available online 28 November 2019

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burdens (or responsibilities) (Rawls, 1971) to those served by child welfare systems.

In addition to this practice trend, a related demographic shift has also been taking place in child protective services, not only in the United States, but also globally, in response challenges faced by modern societies. Child-specific placements, particularly those involving kinship families have been on the rise, with a simultaneous reduced reliance and emphasis on out-of-home foster placements. Alvarez (2017) points out that kinship care has indeed become more prevalent in the U.S., and is the preferred placement option for children, as noted by child welfare professionals. This trend has also been noted in other developed countries, as well as in the developing world, due to substance abuse, migration, poverty, armed conflict and displacement, HIV/AIDS, and other factors (EveryChild and HelpAge International, 2012).

1.1. Kinship prioritization and the emergence of grand-families

Concerns about the high number of children spending their entire lives in foster care in the U.S. were openly acknowledged beginning in the 1970s. Permanency planning was subsequently embraced and the passage of a number of policies paved the way for family preservation to be heralded as a way to prevent foster care (O'Neill Murray & Gesiriech, 2004). The Fostering Connections to Success and Increasing Adoptions Act of 2008 was instrumental in public child welfare's continuing shift towards prioritizing family preservation, engagement, and empowerment (Alvarez, 2017; Lowenbach & Wirth, 2012). The Act allowed for numerous changes within child welfare, including requiring that states make reasonable efforts to keep siblings together, as well as giving states the option to provide kinship guardianship assistance to individuals committed to caring permanently for a child who had been living with them for at least six months. Across the nation, child welfare systems began to acknowledge that kinship care arrangements had become the preferred placement for children removed from their biological parents (Flowers, 2019).

At the family level, the Act increased opportunities for relatives to step in when children were removed from parents, since they now got notice of these removals (U.S. Department of Health & Human Services, Children's Bureau, 2013). In addition, kinship families then became eligible for subsidized guardianship payments when children left foster care to live permanently with grandparents or other relative guardians, providing well-needed financial resources.

A substantial number of kinship placements are provided specifically by grandparents (Casey Family Programs, 2018; Vance, 2017). The prevalence and significance of this particular type of placement arrangement as a fast-growing trend, labeled as an "intensification of grandparenting" (Meyer & Kandic, 2017, p. 4) has contributed to the passing of The Grandparents Raising Grandchildren Act of, 2018. Current research indicates that approximately 2.5 million grandparents are now responsible for raising grandchildren, with these numbers continuing to rise (Boam, 2019; Act, 2018). These numbers include both informal care arrangements, as well as placement of grandchildren through the formal foster care system. While no distinction is made in these statistics, there is indication that the majority are informal arrangements at a rate of 20:1, with 20 children being informally cared for, as opposed to being placed through child protective services (Generations United, 2017). Nationally, about one-third of children in the formal foster care system in 2017 were in kinship placements, with numbers increasing by 16 percent between 2007 and 2017 (Williams & Sepulveda, 2019).

As previously discussed, a number of factors account for the rise in grandparent-led families, or so-called grand-families. Grand-families have become a life-saving phenomenon for children who cannot live with their biological parents, and are a critical resource within child welfare systems already stretched by insufficient placement options.

This trend of keeping children within familial networks is significant

for several reasons, especially in light of the practice movement previously described that seeks to preserve family ties and cultivate family power. Grand-families, and kinship placements in general offer many benefits in helping to reduce behavior problems and trauma, in providing stability and continuity for children, reducing the likelihood of separation from family, as well as helping to maintain family connections and cultural traditions (Epstein, 2017; Rubin et al., 2008).

But while increased use of kinship care benefits children and families, researchers and professionals also highlight the inherent difficulties experienced by kinship families, amid the dearth of research on the population, particularly studies with kinship families as participants (Cuddeback, 2004; Fuentes-Peláez, Balsells, Fernández, Vaquero, & Amorós, 2016; Hammond, Graham, Hernandez, & Hinkson, 2014). Extant literature therefore paints a nuanced picture of kinship care, even against its significance for child and family well-being. Researchers do acknowledge some supports for these families, though the burdens associated with these placements, particularly for caregivers, are more often highlighted (Hammond et al., 2014; Hayslip & Kaminski, 2005). It is important to acknowledge and articulate both the benefits and significance of these family types, as well as highlight the issues that create challenges for kinship parents and children alike.

1.2. The state of kinship families – supports and challenges

The main source of organized support for kinship families appears to be through kinship navigator programs. Similar to a case management model with traditional child welfare placements, kinship navigator programs are a way to support and empower kinship families by partnering them with a worker who facilitates connection to currently available resources in order to mitigate risk factors (Casey Family Programs, 2018; Vance, 2017). Such resources aim at improving permanency outcomes, enhancing the well-being of kinship families, improving relations and attitudes towards child welfare services, and helping to equip caregivers with the skills necessary to be better parents (Fuentes-Peláez et al., 2016; Hammond et al., 2014; Lin, 2014).

In a study of one kinship navigator program, caregivers reported that the program helped reduce confusion while being guided through the legal process to attain permanent custody of the child in their care (Rushovich, Murray, Woodruff, & Freeman, 2017). The program helped caregivers and their children form relationships with others, and widened their social support network, in addition to creating opportunities to engage with speakers who could provide supplemental support and resources. A number of caregivers reported feeling more motivated to seek out resources independently as a result (Rushovich et al., 2017). Similar results were found in Lin's study (2014), related to the benefits of home visiting and mentoring offered by another kinship support program.

Notwithstanding the efficacy of kinship navigator programs, the presence of such programs across states is limited, thus many families are unable to take advantage of them. Kinship caregivers and grandparents in particular often bear the challenges and burdens of caregiving with little or no support. It is not uncommon, for example, for grandparents to abruptly step into the role of caring for grandchildren with no preparation.

Grandparents may be unexpectedly faced with a number of challenges as a result of this transition, such as a decrease in ability to address their own physical and mental health needs and personal well-being (Carr & Zhan, 2012; Act, 2018), dealing with the behavioral needs of children living with neonatal abstinence syndrome (Fleming, 2019) and other conditions, navigating and utilizing complex support or resource systems (Lowenbach & Wirth, 2012), and managing the financial burdens associated with caring for children (Flowers, 2019). These problems become compounded when a grandparent or relative guardian is of older age and low socioeconomic status (Fuentes-Peláez et al., 2016). Additionally, various types of support available to kinship caregivers are often lacking and are dependent on the status of the

placement arrangement (e.g. formal or informal, certified or non-certified, private or voluntary), which in turn creates situationally-unique barriers when accessing resources (Fleming, 2019; Flowers, 2019; Lowenbach & Wirth, 2012).

Kinship caregivers therefore often experience uncertainty in relation to access to resources, and require support to increase feelings of competency, particularly with parenting in a new generation. With the current state of affairs in child welfare, much work remains to be done to fulfill the mandate of both legislation and practice movements aimed at promoting family preservation and empowerment for kinship families. As states respond to the needs of families, it is especially important that kinship families, given their rising numbers and significance, have a voice in shaping how the system designs services and supports to meet their needs. We assert that their voices are muted or missing from service delivery design and resource allocation decision making. Who are these kinship grandparents, and what are their stories? How have they been helped by the system and how should public child welfare administrators shape supports to strengthen their families? While existing literature summarized above point to general difficulties and challenges, a more detailed picture of their circumstances is necessary to appropriately empower them.

This study contributes to this knowledge gap by presenting the experiences of kinship families, as they describe both how they have been helped, and left wanting by the public child welfare system. The kinship caregivers, all grandparents, voice their perspectives on the realities of family empowerment within the system. The study also contributes to the discourse on kinship families, positioning caregivers as important stakeholders in advancing the public child welfare system's mission to keep children safe.

2. Methods

This article is part of a larger qualitative study on empowerment and organizational culture within public child welfare in the mid-Western region of the country. This portion of the study was focused on families involved with child protective services and sought to answer the research question: What do caregivers report to be their experience with family empowering interventions within their public child welfare county office?

2.1. Sample

The study includes a convenience sample of eight kinship caregivers, all grandparents, in a mid-Western state who participated in semi-structured interviews about their experiences within public child welfare services. The grandparents are part of a larger study on perspectives of child welfare organizational culture and empowering practices that included 30 case workers and supervisors, and a total of 13 caregivers. The principal researcher recruited study participants by contacting several county child protection offices and visitation centers to request permission to post flyers about the study on bulletin boards. Flyers and 'consent to contact' forms for persons interested in being interviewed for the study all had the principal researcher's contact information so that direct contact could be made. One of these counties, identified as County C, had a Kinship Coordinator on staff, who also verbally shared information about the study at a regularly scheduled meeting and during subsequent visits with kinship caregivers. Finally, the principal researcher, based on information from the Kinship Coordinator, attended both a Christmas dinner and a summer barbecue for kinship families in order to solicit interested participants and conduct interviews.

The researcher enrolled a total of 12 caregivers from County C and one caregiver from County D. Three caregivers from County C were excluded before interviews were conducted due to disqualifying conditions (less than six months' involvement with child welfare and no current kinship placement). Two other caregivers (one from County C,

and the sole participant from County D) were interviewed, but not included in this part of the study since they were biological mothers (one with physical custody, and the other without), whose experiences differ from those of kinship placements. All participants provided written consent to be interviewed and received a twenty dollar gift card to a local store. The study was approved by the relevant university's IRB.

The remaining eight caregivers in the sample were grandparents with physical and legal custody of the children placed in their homes, with the exception of one case where legal custody of a grandchild was still being pursued. All but two were grandparent couples, though in some cases, only one partner participated in the interview. Caregivers reported having between one child and up to four siblings in their care. They have a range of years of involvement with the child protective system, from eight months to 14 years. Only one of the families had child welfare involvement for less than a year, and so most of the families had longstanding involvement with the system.

2.2. Data collection instrument

An adapted semi-structured interview protocol guided data collection. The 14 questions on this protocol are comparable to statements on the Family Empowerment Scale (FES), a 34-item self-report quantitative measure for levels of empowerment, as well as the way empowerment is expressed (Koren, DeChillo, & Friesen, 1992). The FES focuses on feelings of competence, knowledge of, and confidence with navigating the service system, as well as community and political empowerment, reflecting three constructs (family, service system and community/political empowerment) (Koren et al., 1992).

Although the FES and modified versions have been used with parents and caregivers, and have been found to have good utility in measuring empowerment (Hayslip, Smith, Montoro-Rodriguez, Streider, & Merchant, 2017), they tend to be used in quantitative studies and have lacked the 'thick descriptions' synonymous with qualitative data. In this study, the FES statements were therefore converted into qualitative questions, and were consequently open-ended to elicit caregivers' detailed expression of thoughts and feelings about their experience with empowering interventions within public child welfare.

As an example, in adapting the FES for this study, instead of the statement from the scale which reads, "I make sure that professionals understand my opinions about my child's needs", caregivers were asked "How much do you feel like your voice is heard regarding your child's/family's case? Share an example or two." In addition, the statement "I make sure I stay in regular contact with professionals who are providing services to my child" was reformulated as "How would you evaluate the communication between individuals within children's services and your family?" The protocol for this study also included prompts for additional detailed information from the caregivers, particularly where close-ended questions were asked. Items from the FES which were not directly relevant to the study concepts and population were not considered for the final 14-question semi-structured qualitative interview protocol. The process of developing the qualitative interview protocol was overseen by the principal researcher's consulting team, which helped to ensure rigor in the study.

2.3. Data analysis

All interviews were audio recorded, with permission. Interviews averaged 20 min, and were perhaps shorter than anticipated, due to caregivers' need to attend to child care; in many cases, children were present, but otherwise occupied, during the interviews. Despite this, and the small sample size, which present certain limitations to the interpretation of data and to generalizability, the data collected are reliable and valid representations of the lived experiences and perspectives of the kinship caregivers who participated in the study. The researchers also found that extending the sample size and doing further analysis were unnecessary as the last few participants to enroll in the

study did not share sufficient new and different data to generate new categories or codes. At this point, data saturation (Saunders et al., 2018) on their experiences with the system had been achieved.

The larger study, from which this article is derived, which examined the perspectives of child welfare caseworkers and supervisors on family empowerment and organizational culture, in addition to caregiver perspectives, employed a grounded theory (Glaser & Strauss, 1967) approach to data analysis. This examination culminated in the development of a theoretical model of organizational readiness of change in public child welfare, though discussion of this is outside the scope of this paper. The data from this portion of the study on caregiver perspectives were analyzed by the co-authors, who independently followed the same iterative process in coding and interpreting the caregiver interviews, as detailed below, in order to enhance reliability and rigor at this stage of the research study.

In following a grounded theory approach, data were simultaneously gathered and analyzed, so that initial analysis began at completion of each interview when summaries and memos were written and preliminary descriptive codes were created (Miles & Huberman, 1994). All interviews were transcribed and uploaded to NVivo, a computer-assisted data analysis software package used to assist with data management. Each transcript was read multiple times in order to give attention to the overall 'story' each participant presented, and to note observations of consistencies, contradictions, and nuances in experiences and perspectives. Next, the authors met to discuss their independently-derived pattern and interpretive codes, as well as to resolve coding discrepancies. Whereas there were no major disagreements with the codes and interpretations, there were differences in the wording chosen for one particular pattern found in the data. This was thoroughly discussed until we came to a negotiated agreement (Campbell, Quincy, Osseman, & Pederson, 2013) as to the wording that most appropriately captured the pattern and interpretation of the respondents' answers. The process followed established a high level of inter-coder agreement, which strengthened the overall quality of the study.

Four major themes around which the data are organized were identified: kinship services and supports, gaps and unfulfilled needs, perceptions of, and experience with public child welfare, and experiences of kinship empowerment. Details on each household and a synopsis of their experience are provided prior to developing on each theme.

3. Results

3.1. Profiles of the kinship grandparents

The kinship grandparents in this sample are a fairly homogenous group of individuals and couples, despite custodial grandparents typically being more heterogeneous (Hayslip & Kaminski, 2005) in terms of their identities and circumstances. Since extant literature on kinship grandparents tends to focus on variables such as age, ethnicity and factors leading to the rise in caregiving, additional details are provided here to contextualize these families' experiences, needs and concerns (See Table 1). This sample of kinship grandparents comprises only Caucasians, with mostly multiple grandchildren in their care. All grandparents had custody of their grandchildren due to their children's and/or children's partners' struggles with addiction. As seen below, these kinship grandparents present a range of needs and issues related to caring for their grandchildren, including mental health and medical issues, where applicable. They discuss their overall experience with child protective services, reporting varying levels of satisfaction with services and supports from the child welfare system. The table also presents unique details not necessarily common to all kinship families that help to explain differences that impact their experience of kinship caregiving.

3.2. Kinship services and supports

The kinship grandparents in the study discussed the services and supports they had access to and were able to benefit from as a result of their families' involvement with child protective services. The caregivers seemed most grateful for having a 'medical card' for the children in their care. This provided access to mental health services, including counseling and medication, especially important for children who were struggling with past trauma, separation from parents and medical issues, like diabetes, or those related to neo-natal exposure to drugs and/or alcohol. As one grandparent shared,

the medical card is very helpful...[my grandchild] has ADHD...He goes to counseling due to his mom...and dad not being in his life. We also then have to go to a psychiatrist to get medicine...so I know this has been a big help for us...big, big help (CG6).

Other kinship grandparents echoed similar sentiments, including a grandmother who emphatically stated that she would not be able to care for her grandchildren without the medical insurance, due their expensive physical and mental health care needs. Grandparents also highlighted clothing vouchers as particularly useful for school-aged children. Some were also able to access TANF funds and food stamps, though all agreed, the funding was insufficient to meet their household needs.

While they initially focused on these tangible resources, kinship grandparents also mentioned less tangible resources, including events hosted specifically for kinship families. They reported that these provided a sense of community and brought together children facing similar circumstances of being in a non-traditional family unit. One grandmother who had a particularly difficult experience in her family assessed the kinship events for children in this way,

...the picnics and parties...I take her to every event. I figure the more I can have her around other kids that are going through the same thing she is going through, the easier it will be for her to understand I am not the only one that doesn't live with Mom and Dad (CG4).

Events like Christmas dinners and summer barbecues were for the entire family, and the county also ran a bi-monthly support group for caregivers, which included topics ranging from couponing to addiction. Kinship grandparents in the study shared that while these were useful in providing information and also served as an opportunity for them to vent and learn from others, more recently they had been poorly attended.

Finally, kinship grandparents discussed having access to the Kinship Coordinator as an extremely valuable supportive resource. They described the Kinship Coordinator from their county office as kind, knowledgeable and resourceful. Beyond the events, support groups and the newsletters that were sent to kinship families, they explained that the Coordinator also encouraged and facilitated connections between individuals who could be of support to each other.

A grandparent with an autistic young adult grandchild in her care shared, "She [Kinship Coordinator] gets other parents with autistic kids and she'll call me and say, 'Can I give them your number? Can you help them through this?'" (CG10). This grandparent also shared an example of learning about useful community resource (an autism camp) from the Kinship Coordinator, who was generally seen as helpful and readily available to listen to concerns, even if no specific help could be offered. "Sometimes that's all I need", was how one grandparent described this type of relational support.

3.3. Gaps and unfulfilled needs

Kinship grandparents also highlighted some areas of unfulfilled needs and service gaps. These included both relational supports and resources that would assist caregivers and children directly. One of the

Table 1
Demographic and contextual information on kinship grandparents.

Caregiver label	Demographic and contextual information
CG1 ¹	Grandmother with 4 grandchildren in her and her partner's care for the past 8 months Legal custody of 3; physical custody of 1 with limited decision-making power Dealing with kids' behavioral health and separation issues Previous negative relationship with CPS due to neglect allegations; felt treated like "the enemy"
CG2	Grandfather with 2 grandchildren in his and his partner's care for 3.5 years No identified mental health or medical issues Feels adequately prepared and informed, but asks many questions due to couple being "new parents again"; appreciates autonomy that comes with having legal custody
CG3	Grandmother with 1 grandchild in her and her partner's care for 6 years Unemployed within the last year; requested financial assistance but was denied Custody of grandchild since age 18 months; child has ongoing medical issues Sees foster care and kinship as a 2-tier system disadvantaging kinship
CG4	Single grandmother with 1 grandchild for 4 years Child suffers from neonatal exposure to substances, ADHD and birth defects Lacked information and assistance in gaining custody; suffers financially due to cost of court proceedings; cannot afford to retire Unhappy about disruptive court-ordered visits with biological parents but does not want to 'rock the boat' and risk losing the child; scared to ask for help
CG5	Grandfather with 2 grandchildren in his and his partner's care for 8 years No identified mental health or medical issues Previously licensed foster parent for non-kinship placements Knowledgeable about how the 'system' operates; able to manage associated frustration based on this knowledge
CG6a & b	Great grandparent couple with custody of 1 great grandchild for just under 2 years Child has ADHD and was exposed to trauma, needing constant human contact, even at bedtime; feels like 24-hour care; both feel weary; need emotional outlet and respite Close relative is a CPS caseworker; has 'insider' relationship with ready access to information and resources, but still feels stretched by caregiving challenges
CG7	Single grandmother with custody of 4 grandchildren ages 5 through 17, for 4 years Two male grandchildren diagnosed with ADHD; oldest granddaughter has diabetes Feels adequately supported; attends kinship support group and grandparents' group through a local church
CG10	Grandmother with custody of 3 grandchildren in her and her partner's care for 14 years, including an autistic 18 year old Positive experience with kinship services; uses support group to 'blow off steam' Personal history of heart attack and hospitalization; needed respite but used family member to help with child care

¹ CG is a reference to the caregiver; the number denotes a specific caregiver.

most significant gaps identified that impacted these grandparents differently was the lack of an assigned caseworker. Seven of the eight kinship grandparents in the study did not currently have a caseworker. The sole grandparent with a caseworker only had physical, but not legal custody of one of their grandchildren, hence the assignment of a caseworker. Though this is not necessarily atypical in formal kinship arrangements, it is significant for two major reasons.

First, the lack of an assigned caseworker translated to limited relational support. One grandparent expressed that in a bind, there was no one to turn to... "no one you can call and just share...there's not a social worker available you can call and say, 'Man, I'm having a really lousy day. I really need help in this area', you know" (CG3). For other grandparents, though they would enjoy this kind of support, not having a caseworker also meant they maintained legal custody and had complete decision-making power for their grandchild, without any county or state interference. They indicated that this autonomy was important to them. As one grandparent noted, "...we actually was able to just make decisions [on our own] and we don't have anybody else involved. So we're really blessed that we don't have to worry about that" (CG2). Similarly, another grandparent expressed that they were happy to not have shared decision making as "...they [the state] could have at any point decided we weren't...we have religious beliefs and all that we just did not want anyone else telling us how we could or couldn't raise her ...and what would happen with her" (CG3). Without the support of a caseworker, when these grandparents had questions or needs, they relied on the Kinship Coordinator.

Second, having no assigned caseworker also meant there may be limited or no assistance with navigating the public child welfare system. Though most grandparents did report that they received assistance with court proceedings to gain custody of their grandchildren, one grandparent in particular was very bitter about her experience having to do this on her own. Despite her case being unique, the situation is demonstrative of how some kinship grandparents could potentially 'fall through the cracks' and have to navigate a complex and

bureaucratic system on their own. The maternal grandmother described in detail fighting a court battle for custody with her grandchild's paternal grandmother, after her daughter and spouse were arrested for heroin use and endangering the child by passing out in the car with the baby strapped in her car seat.

I ended up taking out loans, taking out my pension, even my savings. It cost me in the end close to \$40,000...but I felt I had to do that to save her...and I never met anyone at any of these meetings [Kinship Support Groups] that had to do what I did. Children Services backed them the whole way...I didn't have a worker assigned to my case...I went there and told them what was going on and they told me to go get an attorney...she [a caseworker] did not walk me through the process. All she did was got me the temporary custody form filled out...talked my daughter into doing that, and then after that I basically was on my own...I wish there would have been an advocate there that could have helped me through the process and explain this is what you need to do. But I didn't have that (CG4).

This grandparent believed that kinship caregivers like herself who make sacrifices to raise their grandchildren should be assisted throughout the custody process and should have more services and supports made available to them. Other kinship grandparents agreed and suggested that they themselves could benefit from access to therapy, in order to appropriately deal with stress, which their own insurance plans rarely covered. They also identified regular or occasional respite from childcare as an unfulfilled need. These kinship grandparents shared that raising their grandchildren was rewarding, but acknowledged that their experience was also challenging, and additional support was warranted. One grandparent described an ongoing feeling of being tired and weary, while another was overwhelmed by having to return to the parenting role. "I'm just saying that you go from no responsibilities to all of a sudden, you're raising a child..." (CG4).

3.4. Perceptions of, and experience with public child welfare

Most of the kinship grandparents who participated in the study had an overall positive experience with public child welfare, even if the past had been dotted with some negative encounters. Only one grandparent had been the subject of an investigation by child protective services, which tends to sour agency-family relations. Grandparents therefore reported appreciation for the caseworkers, supervisors and kinship staff they had worked with, describing them as “all...wonderful” (CG7). They also singled out those in particular who were “willing to listen, no matter how big or small the issue...” (CG5), highlighting that “it’s nice to know there’s somebody out there [to help]” (CG1). One kinship grandparent, who had previously been a licensed foster parent shared that he recognized that child welfare was “a system” (CG5), like any other public sector agency, and was imperfect at best. This perception seemed to contextualize his and his wife’s outlook and help them put some of their frustration into perspective, as without that, “it’s going to make the process that much more miserable for you”. Being previously formally trained as a foster parent appeared to help this kinship grandparent with knowledge of the system and how it works.

Two kinship grandparents perceived the system as unfairly favoring paid non-kin foster parents and the children under their care. One grandparent noted a “sense that kinship children are treated different than foster care children [and] are at a disadvantage, [with] foster care and adoptive children get[ting] way more benefits than kinship...” (CG3), adding that “the system is not fair to people that are raising their grandkids”. She also suggested the system was “off kilter”, and that the rules about which families could receive services and supports needed to be amended. Similarly, another kinship grandparent perceived the system as unfairly punitive to kinship families, and shared that “...the joke around Children Services is we grandparents are considered free labor or cheap labor” (CG4). Given that non-relative foster placements are paid and kinship placements tend not to be paid, it may cost counties and states less to place children in kinship care. This could be perceived as unfair distribution of resources.

Kinship grandparents in the study also expressed some fear and reticence to raise concerns and request assistance with their grandchildren’s needs, or for their own needs. This seemed to indicate perception of a system that is punitive, with power to renege on physical and/or legal custody of their grandchildren. The fear of being seen as unsuitable caregivers and not being able to handle the challenge of raising grandchildren, or offending caseworkers and supervisors by highlighting problems kept some grandparents from fully exercising their voice. One grandparent explained why she would not reach out for assistance if she needed to.

I would be scared that they would come back and say, ‘Well, if you need help to take care of her then maybe we ought to think twice about you having her if you need help’...so I would be scared to ask, or I don’t want to make such a big stink that they come knocking on my door and like ‘You can’t take care of her then well, maybe somebody else will’ (CG4).

Comments such as these suggested the kinship grandparents perceived themselves as having a tenuous grasp of child custody, which was fragile in comparison to the power and authority embedded in public child welfare systems.

3.5. Experiences of kinship empowerment

Kinship grandparents’ responses regarding experiences of empowerment as a result of their involvement with the public child welfare system are nuanced and mixed. Similar to the quantitative Family Empowerment Scale, the open-ended interview questions used in this study did not directly refer to the term empowerment with the kinship grandparents. Instead, questions addressed established components of the concept of empowerment in their knowledge, self-assessment of

competence, ability to engage in systems advocacy and self-efficacy. As a result, the grandparents discussed decision making power about their grandchildren, their comfort level in sharing concerns, and perception of their ability to influence change, among other issues.

As intimated above, the data indicate that perceptions of personal or family empowerment for these kinship grandparents were closely tied to legal custody. When grandparents possessed legal custody of their grandchildren, they had the autonomy to make both routine and non-routine decisions affecting the children’s care and daily life. If the state maintained legal custody, the caseworker must first approve important decisions, even a seemingly innocuous task such as registering a child for school, because the state agency has “the last say so” (CG1). Possession of legal custody therefore appeared to impact grandparents’ ability to exercise choice, and may even impact whether a child feels like a “black sheep” (CG1), because their circumstances differ from other kids’. Based on discussions about autonomy and decision making capacity, having physical custody only did not appear to sufficiently influence feelings of empowerment, as legal custody carried more weight.

Feelings of empowerment were also associated with the grandparents’ access to information, as well as their perceived ability to have a voice in sharing concerns and feeling heard. A couple of grandparents specifically reported satisfaction with being adequately educated about their rights as parents. In relation to knowledge about rights and services, and feeling empowered to advocate for children’s needs, one kinship grandmother shared,

You see, before Children’s Services explaining things to me I didn’t think I could do anything. But now I know...I didn’t know about an IEP, I didn’t know I could get somebody to be with her [granddaughter] at school...a whole lot of information...and I could make it work (CG10).

Access to relevant information facilitated a sense of increased competence for this kinship grandparent. On the other hand, there were grandparents who indicated that they did not know what they were getting into, didn’t get adequate information and/or training and had to learn along the way how to navigate the system. For three kinship grandparents, theirs was a mixed experience, as they sometimes didn’t feel heard or were reluctant to voice concerns and question authority. As one grandfather explained of his wife’s experiences,

I think in most cases she feels at least heard...there were a few times where she still kind of shook her head and wondered if they really listened to what she had to say, but she’s kind of got the attitude that if they’re telling us we’re part of the team, then they’re going to hear our side of the story (CG5).

One grandmother with a decidedly negative experience during recent encounters, openly aired her frustrations, but felt “it doesn’t go anywhere...it just is what it is” (CG3).

Finally, the kinship grandparents also discussed their perception of their ability to positively influence their community and contribute to systemic change. Those who did attend support groups saw these as “a good place to share information” (CG4), providing a forum to encourage others, share and hear stories, and also use their own circumstances and acquired knowledge as educational tools for other kinship parents. In this way, they assisted in strengthening other caregivers’ awareness of resources and feelings of competence to manage their families and navigate the system.

Two grandparents shared examples of how they felt kinship parents could influence change in the system. One grandparent highlighted the importance of sharing their experiences with administrators and policymakers.

We had a meeting I think last month or the month before last with someone else from...I don’t know where they were from, but we had a meeting with them. A lot of the kinship parents...grandparents

were there. And yes, we voiced our opinion (CG10).

This grandparent and others had participated in a feedback forum coordinated by their county child welfare office and suggested that kinship grandparents' feedback was well received. She believed this could possibly lead to change.

Another kinship grandparent specifically mentioned his family's ability to influence systemic change at the local level, albeit in a small way. Whereas the county had a standard procedure for using clothing vouchers for kinship children, his wife advocated for an alternate procedure, based on her knowledge of community resources, suggesting this would be more cost effective. He conceded that perhaps this was not "a formal change" (CG5) to a policy, but it indicated how kinship grandparents could suggest changes that may be carried forward, where possible. This was the grandparent previously mentioned who had been a licensed foster parent, perhaps demonstrating again, the benefit of his training.

4. Discussion

The kinship grandparents in this study highlighted a number of issues that contribute to the challenge of raising children in today's societies. Many of these issues, including becoming 'new' parents again, experiencing financial stress, and dealing with the children's medical and mental health problems, are well documented in existing literature (Hayslip & Kaminski, 2005; Meyer & Kandic, 2017). The data from this study point to additional factors that impact kinship grandparents and their families, including custody status, the need to balance autonomy and supportive relationships with child welfare staff, and perceptions of unequal distribution of services and benefits in comparison to paid foster care placements. These issues should be taken into consideration as supportive services are designed and delivered.

It should also be noted that while extant literature highlights the challenges for grandparent households raising children other than their own, further attention should be given to those grandparents caring for multiple grandchildren or sibling groups. Most of the kinship grandparents in this study are caretakers for multiple grandchildren who vary widely in age, from babies to teenagers, and developmentally delayed young adults. Situations like this often add to the level of stress and the financial burdens already experienced. In addition, kinship grandparents acknowledge some difficulty in asking for the help they need in raising their grandchildren, as well as reticence to push for changes they would like to see in the system, and in their own circumstances. Fear and reticence stem from their desire to maintain legal custody of their grandchildren and autonomy in decision making.

The data suggest that supportive services for kinship families should therefore not only meet the level of need of families, but also be grounded in an ongoing relationship with child welfare staff. This relationship should emphasize trust and mutual respect, dismantling the traditionally punitive image associated with child protective services. Both tangible and relational supports are reportedly important for these families. While the kinship grandparents in this study enjoyed a harmonious and positive relationship with their county's Kinship Coordinator and some also had positive experiences with previously assigned caseworkers and supervisors, the fear of a worker removing a grandchild from their grandparent's home was still real for a few caregivers. Child welfare administrators may want to address these concerns in order to encourage kinship grandparents to seek help and to feel comfortable enough to pursue systemic change.

Kinship grandparents were not so excessively burdened by the issues they experienced that they were unable to identify areas of strength and empowerment. Despite the issues, and perhaps partly due to some of the challenges, grandparents reported feelings of competence as a kinship caregiver (personal/family empowerment), were able to support each other and articulate for global needs (community empowerment), and also engaged in efforts to make small changes within the

public child welfare system (systemic/political empowerment). Some grandparents shared their knowledge of resources with each other, provided supportive listening to peers who needed to vent about their experience, and spoke out to administrators about their needs. Apart from the relational support some acknowledged from their Kinship Coordinator, in particular, which led to feelings of satisfaction and an improved sense of competence, no specific strategies or interventions were identified as impacting empowerment. This is not atypical, but is potentially problematic if there is a lack of concrete strategies targeting empowerment.

Notably, within an already small sample of kinship grandparents, examples of empowerment were limited. As reflected in the literature, the concept of empowerment remains vague and variably defined (McCallum & Prilleltensky, 1996). This seems to be particularly relevant as it relates to empowerment as a process (as opposed to an outcome). Similarly, among kinship grandparents, empowerment was not discussed openly, nor were there many examples illustrating the process by which the grandparents had become empowered. Child welfare staff may therefore consider being more explicit in how they intend to pursue family empowerment, whether this is for families of origin, or kinship families, whose experiences and needs may be particularly unique.

The literature on the mechanisms of empowerment offers a viable pathway for public child welfare agencies to employ concrete strategies. Kinship family empowerment can be furthered through increased knowledge, agency, opportunity, capacity-building, resources and sustainability (Hennink, Kiiti, Pillinger, & Jayakaran, 2012). Ready access to education, training and information increases kinship caregivers' knowledge of the system, and this facilitates navigational skills and improved confidence, as was the case for the grandparent who had previously undergone foster parent training and licensing. Strategies that target an improved sense of agency strengthens decision making capacity and helps kinship grandparents to believe in their own ability to effect change. Based on the data from this study on the participants' desires to maintain custody and decision making authority for their grandchildren, we learn that kinship grandparents value their ability to act independently and make autonomous choices, and strategies to increase a sense of agency may support these preferences.

Public child welfare system can also provide opportunities for empowerment through an enabling and supportive environment. Organizational culture, institutional operations policies and staff training should ideally be aligned to create an environment where kinship placements are valued, prioritized and adequately resourced. This would include access to physical and financial resources, as well as skills training for kinship caregivers to themselves seek and develop additional resources. The concept of distributive justice becomes relevant here as some kinship grandparents believed there was unequal treatment and inadequate resources meted out to them in comparison to foster parents. A redistribution of resources should also include training and support, and not only financial benefits.

Within such an enabling environment, kinship groups can coalesce to help themselves and others, as well as continue to build their capacities and maintain long term sustainability. Their ability to keep their kinship families intact, offer ongoing mutual support to other families and engage with the system in meaningful and productive ways would be concrete examples of empowerment.

4.1. The future of kinship care program delivery

In a position paper from the 2016 Kinship Summit in Albany, New York, a number of policy recommendations were made to address select kinship care issues. These included expanding guardianship financial assistance, implementing and creating kinship systems of care and kinship navigator programs that are integrated with the community, and strengthening child welfare engagement with caregivers (New directions for kinship care policy and practice, 2017). A beginning, but

overarching step for these future changes could be the creation and implementation of a kinship system of care.

The kinship system of care organizes a comprehensive range of cost effective services and programs for kinship families into a unified whole. This coordinated network of support should be family-driven, community-based, and culturally relevant (Stroul, Blau, & Friedman, 2010), with kinship families having easy and ready access to requisite financial and social supports in order to meet their needs. A kinship system of care also implies cross-system collaboration so that public child welfare, social welfare agencies, school districts, mental health agencies, and legal services are in direct communication with each other and work together with families as a team to help families achieve their goals. This best practice program delivery model has potential for increasing kinship caregiver social and support networks, creating stronger and more confident relationships with child welfare services, and would also help to empower kinship families (New directions for kinship care policy and practice, 2017). It is expected that kinship navigator programs would be a part of this system of care and would be expanded to be more available to additional families.

There is hope for the future of kinship care and kinship navigator programs as federal funding has increased in recent years (Jordan, 2014). The federal government now provides a dedicated funding stream for kinship navigator programs under the Family First Prevention Services Act of 2018 (Casey Family Programs, 2018). This indicates some recognition of the value and importance of kinship care and may represent initial steps toward creating a kin-first culture in child welfare (Miller, 2017). With continued investment, and additional systemic changes, kinship care can be improved to better serve kinship caregivers and the children they have chosen to raise as their own.

4.2. Limitations

The study presents the perspectives of a small sample of eight grandparents who are raising their grandchildren as kinship providers with some involvement of the public child welfare system. Their experiences are similar in that they are raising children related to them by blood with some supports from the Kinship Coordination Unit of the same child protection county office in their state. However, their experiences differ in relation to child custody status, the length of their placement arrangement and their views of both obstacles faced and supports needed based on family circumstances and preferences. These factors all present as limitations to generalizing the findings to the larger group of grandparents and kinship caregivers raising children other than their own. Grandfamilies face unique circumstances that may not be relevant to other types of kinship caregivers, and caregivers' experiences may also vary according to informal or formal arrangements through public child welfare systems. Since these systems are also state-run, experiences across states and counties may differ in light of agency leadership, resources, and other variables.

5. Conclusion and implications for future research

The kinship grandparent voices in this study indicate their need for a balance between autonomy and supportive engagement with the public child welfare system. Their needs echo what McCallum and Prilleltensky (1996) describe as the essential values of empowerment-based strategies in child welfare: self-determination, distributive justice and collaboration or democratic participation. Kinship caregivers desire independence in decision making for their families, but would also benefit from equal distribution of resources and training in comparison to non-kinship family placements. Public child welfare systems are encouraged to work to incorporate the perspectives of this significant group of stakeholders, so that these families become further strengthened and empowered to address their own needs. Future research should further explore the differences between formal and informal kinship arrangements, as well as potential models to be used in

ensuring distributive justice and democratic participation for those involved with the formal public child welfare system. In addition, though this research captures the experiences of a small group of kinship caregivers in a single state, societal trends indicate that both formal and informal kinship caregiving is a significant issue around the world, in both developed and developing countries (Hsieh, Mercer, & Costa, 2017; Leinaweaver, 2014), warranting further comparative studies of its forms, contexts and impacts.

CRedit authorship contribution statement

Natalie Gentles-Gibbs: Conceptualization, Methodology, Investigation, Writing - original draft, Writing - review & editing.
Jordan Zema: Formal analysis, Writing - original draft, Writing - review & editing.

Declaration of Competing Interest

None.

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