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Understanding the Experiences of African-American Relatives who Serve as Care Providers to Custodial Children in Arkansas: An Intersectional Case Study

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Understanding the Experiences of African-American Relatives who
Serve as Care Providers to Custodial Children in Arkansas:
An Intersectional Case Study

Understanding the Experiences of African-American Relatives who
Serve as Care Providers to Custodial Children in Arkansas:
An Intersectional Case Study.

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Public Policy

By

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ABSTRACT

An increase in the provision of long-term care by relative caregivers to custodial children has brought attention to the physical, emotional, and social challenges of this complex caregiving experience. Prior studies have examined separate structural identities that focus on comparing the quality of life, educational status, social status, and income of grandparent custodial caregivers. To extend this research, it is important to explore the gaps in service provisions to relative caregivers; comparative viewpoints of relative caregivers and service providers regarding policies and practices; and heterogeneity among Black relative caregivers utilizing an intersectional framework. Face-to-face or telephone interviews were conducted with 30 Black relative caregivers and 10 service providers. The findings are organized under four topics: (a) reasons for assumption of care and types of relative caregiving arrangements, (b) relative caregiving experiences with custodial children and biological parents, (c) comparative relative caregiver and service provider experiences with policies and practices that are connected to public income assistance and child welfare, and (d) the interplay of race, class, and gender in shaping the experiences of Black caregivers. The findings suggest a need for action to be taken among government agencies, policymakers, teachers, counselors, health professionals, along with community members to engage the voices of relative caregivers while developing policy alternatives to assist them in the provision of care to custodial children.

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DEDICATION

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CHAPTER I

INTRODUCTION

In 1970, the U. S. Census Bureau reported 3.2 percent of children as living in a household with a grandparent caregiver (Bryson and Casper 1998). It was still most likely by 1990 that a child would be living with at least one biological parent as indicated by approximately 71.8 percent or more of the 63.6 million American children living with two parents who were either both natural parents, a birth-parent and a step-parent, or two adoptive parents (Harden 1997). Following this national trend in 1990, only 23.9 percent of all American children lived with one parent where the greatest share of these children lived with their mother, approximately 2.2 percent of all children lived in a no parent present kinship care household, and approximately 2.1 percent lived either in households with an unrelated caretaker or in unrelated non-households, including foster homes, institutions, or other group quarters (Harden 1997).

By the early 1990s, however, an increase in grandparent custodial caregiving became noticeable to researchers, public policymakers, and the media (Bryson and Casper 1999). Between 1983-85 and 1992-93 the number of children in the United States grew modestly from about 62,532,000 to 66,639,000, whereas the children in kinship care increased at a faster rate from about 1,282,000 to 1,390,000, an 8.4 percent increase (Harden 1997). Such an increase was influenced by the prevalence of kinship care among Black children which increased from 5.2 percent to 6.1 percent between 1983-85 and 1992-93 (Harden 1997). By 1991, the U. S. Census Bureau reported that 5 percent of white (2, 777 out of 51,944), 15 percent of Black (1,580 out of 10,571), and 12 percent of Hispanic (908 out of 7,525) children were among the 4.7 million children living with at least one grandparent (Furukawa 1994).

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) passed by the 104th Congress, required the U.S. Census Bureau to obtain more specific information about grandparents functioning as caregivers in households (Simmons and Dye 2003). This modified method of analysis used by the U.S. Census Bureau resulted in two categories, which were described as households where grandparents temporarily provided a home for the grandchild, and households where a grandparent provided long term shelter and care for the grandchild (Simmons and Dye 2003). By 2000, it was then estimated that among the 158.9 million people aged 30 and over, 5.8 million were co-resident grandparents living with grandchildren younger than 18 (Simmons and Dye 2003). The share of the co-resident grandparents that were also grandparent caregivers who had primary responsibility of co-resident grandchildren younger than 18 was 2.4 million, and 39 percent provided care for such grandchildren for approximately 5 years or more (Simmons and Dye 2003).

From 2010 to 2012, the number of grandparents responsible for the basic needs of one or more grandchild in their homes under the age of 18 remained at 2.7 million, with 1.7 million grandmothers and 1.0 million grandfathers (U.S. Census 2014). The number of grandparents below the poverty line, however, increased from 580,000 in 2010 to 603,118 in 2012 (U.S. Census 2014). The median income of a family with a grandparent householder responsible for the grandchildren under the age 18 increased slightly from 45,000 in 2010 to 46,081 in 2012 (U.S. Census 2014). In comparison, the median income among these families where a parent was not present also increased from 33,000 in 2010 to 35,296 in 2012 (U.S. Census 2014). There were 1.9 million married (including separated) grandparents caring for grandchildren in 2012 and 1.7 million of the 2.7 million grandparent were still in the labor force (U.S. Census 2014). In 2012, of

the grandparents responsible for caring for their grandchildren, 670,000 had a disability (U.S. Census 2014).

The source of stress for custodial caregivers, particularly grandmothers, is noted as deriving from the diminished energy and health status resulting from caregiver status (Solomon and Marx 2000; Smith and Hancock 2010). Such challenges that negatively impact physical and mental health at a higher rate include having to manage unplanned secondary parenthood, inadequate support, social stigma, isolation, disrupted financial planning goals and retirement plans, age-related conditions, anger towards the relative parents, and financial strain (Baird et al. 2000; Chenoweth 2000; Cox 2000, 3-19; Houtman 1999; Palmieri and Smith 2007). Johnson-Garner and Meyers (2003) interviewed caregivers including grandmothers, aunts, great aunts and an uncle, to explore why some children succeed with relative caregivers and others do not. It was found that structure, boundaries, well-defined roles, and support from extended family members contribute to the resiliency in children residing in relative caregiver status (Johnson-Garner and Meyers 2003). Importantly, unlike white caregivers, Black caregivers may have to learn how to reconcile being a caregiver to a custodial child with the life experiences related to their status as racial and ethnic minorities. Relative custodial caregiving can thus be a challenging arrangement that may be different and/or additionally difficult for Black caregivers.

ARKANSAS: ASSESSING THE NEEDS OF CUSTODIAL GRANDPARENTS

In 1982, Montemayor and Leigh (1982) reported that children living in two parent households declined from 87.5% in 1960 to 76.6% in 1980. Such changes in the family structure were attributable either to the increase in divorce during the 1960s and 1970s, or the choice of parents not to get married resulting in “single parent” and/or “parent-absent” households (Baker et

al. 2010; Connealy and DeRoos 2000; Henderson and Cook 2006; Houtman 1999; Montemayor and Leigh 1982). It was further noted that when both parents were absent most children were living with relatives, particularly grandparents (Montemayor and Leigh 1982). It is therefore not surprising that the limited scholarship in this understudied area has mainly focused on the experiences of relative custodial grandmothers to the omission of research including aunts and great aunts (Elster et al. 2003). Given the recent changes in the family structure, including aunts and great aunts increasingly providing care as relative custodial caregivers, and diverse cultural factors and values reflected in the roles of caregiving, it is necessary to conduct research to explore the phenomenon of the experiences of relative custodial status, including aunts and great aunts as well as grandmothers and grandfathers, and potential unmet policy needs (Elster et al. 2003; Sorokin et al. 2009).

In the 2009, there were over 75,000 children living in the State of Arkansas with grandparents and other relative caregivers, including 59,975 children living with grandparent householders and 15,402 living with other relative householders (US Census 2005-2009). The growth of the relative caregiving population did not go unnoticed by the Arkansas policymakers. During the 2009 Legislative Session, Representative Mike Burris (D-Malvern) set out to bring attention to the increase in the number of grandparents raising grandchildren (Arkansas General Assembly 2012). Since Representative Burris was term limited, an Interim Study Proposal was sponsored by Representative Johnnie Roebuck (D-Arkadelphia) (Arkansas General Assembly 2012). The Arkansas Senate Committee on Children and Youth was thereafter asked to conduct an interim study, involving experts, state agencies, and grandparents, on the issues of grandparents raising grandchildren and the feasibility of providing a subsidy to low to moderate income grandparents raising grandchildren (Arkansas General Assembly 2012). This study resulted in the

“Grandparent ISP Report” under “Interim Study Proposal (‘ISP’) 2009-186” dated June 20, 2011, and filed and finalized on December 20, 2010 (Arkansas General Assembly 2012).

One theme that emerged from ISP 2009-186 testimony from Arkansas grandmothers was the importance of placing children who are removed from their parental home with a grandparent who can provide the love and attention that a stranger cannot provide (Arkansas General Assembly 2010). Other recommendations included (1) helping relative caregivers obtain legal guardianship; (2) assessing current relative caregiver programs funded through Temporary Assistance for Needy Families (“TANF”); and (3) ensuring that relative caregivers are aware of available services via updated handbooks and feel welcome as they seek to acquire such services from local offices of the Arkansas Department of Human Services and Arkansas Department of Workforce Services (Arkansas General Assembly 2010). The House Committee on Aging, Children and Youth, Legislative and Military Affairs, and the Senate Interim Committee on Children and Youth were additionally asked to conduct a comprehensive study on the goals, policy initiatives, programs, procedures, and rules of the Department of Human Services that affect adult grandparents and other adult nonparental relatives of children removed from the custody of their parents and placed in the custody of the department (Arkansas General Assembly 2010).

The Division of Child and Family Services (“DCFS”), Division of County Operations, Division of Aging, Arkansas Voices and AARP were moreover charged with working together

to find opportunities to educate the public and other service professionals about the important role of relatives in raising children and the resources available, look for opportunities and grants, to hold public forums and conduct public campaigns, educate other service professionals (e.g., medical professionals) who come into contact with relatives raising children about the resources available to relatives so that they can refer them to services, establish more state funds for substance abuse treatment for parents, and

work to increase state funding for substance abuse treatment for parents (Arkansas General Assembly 2010, 52).

During the July 2012 Joint Committee Meeting, the Committee discussed the provisions of Act 282 of 2011, which authorized the Department of Workforce Services to conduct a study to determine “the best and most appropriate way to address the financial needs of grandparents raising grandchildren through the TANF program” (Arkansas General Assembly 2012,1). The study, which was conducted by the School of Social Work at the University of Arkansas at Little Rock, found that of the 60,000 children living with relative-headed households, 50,000 are living with grandparents and 33,618 of these children are living with grandparent custodial caregivers (Arkansas General Assembly 2012).

The Committee further acknowledged the collaboration between the Division of Child and Family Services (DCFS), Administrative Office of the Courts, Arkansas Voices for Children Left Behind, Arkansas Advocates, and Children’s Defense Fund to develop the Relatives’ Guide to the Arkansas Welfare System and make more user friendly forms that provide notice to 3rd degree relatives if a child comes into the care of DCFS (Arkansas General Assembly 2012). The DCFS additionally partnered with the Casey Family Programs to provide a Permanency Values Training Program for staff which stressed the importance of establishing life-long, legal, permanent connections for children who have been in foster care, preferably with relatives (Arkansas General Assembly 2012). In addition, a sponsored training session entitled PRIDE was made available to relatives wanting to be approved to be foster parents to discuss the “different effects of trauma that the relatives may have to deal with as a result of their grandchildren or other relatives being removed from the home” (Arkansas General Assembly 2012, 4).

The crux of the meeting was to determine whether the State of Arkansas can provide additional financial assistance to grandparent custodial caregivers, or provide avenues to direct grandparent custodial caregivers to services that they may be unaware of or not currently utilizing on a regular basis (Arkansas General Assembly 2012). Senator Missy Irvin (R-Mountain View) further noted the need that an additional agenda item for the meeting should be an Interim Study Proposal (ISP) to examine what the legislature could do and what other states are doing to assist grandparents (Arkansas General Assembly 2012). It was then that Representative Stephanie Malone (R-Fort Smith) noted the importance of holding local meetings across the State of Arkansas to get input regarding the effects of grandparent custodial caregiving to get both sides of the story (Arkansas General Assembly 2012).

PROBLEM STATEMENT

As relative custodial caregiving became commonplace in American families, most of the studies on relative caregivers also traditionally examined separate structural identities using quantitative and qualitative research methods that focus on comparing the quality of life, educational status, social status, and income of grandparent custodial caregivers (Ehrle, Geen, and Clark 2001; Grinstead, Leder, Jensen, and Bond 2003; Hayslip and Kaminski 2005; Rodr'I'guez, Smith, and Palmieri 2012; Scarcella, Ehrle, and Geen 2003). Additional research has noted that grandparent custodial caregivers suffer from health problems such as hypertension, arthritis, and diabetes (Solomon and Marx 1995; Kelley et al. 2013) or such mental health problems as psychological distress (Mills et al. 2005) and depression (Chenoweth 2000; Fuller-Thomson et al. 1997; Fuller-Thomson and Minkler 2000; Kolomer et al. 2002). Less is known, however, about the experiences of relative caregivers, including Black grandmothers, grandfathers, aunts, and great aunts rearing custodial children (grandchildren, nieces, nephews, great nieces, and great nephews)

and how these experiences are shaped by the interaction of race, class, and gender (Grinstead et al. 2003; Hayslip and Kaminski 2005; Johnson-Garner and Meyers 2003; Rodr'iguez, Smith, and Palmieri 2012). Even less is known about the nature and quality of the experiences that relative caregivers have with public income assistance and other child welfare policies and practices and how these experiences are also shaped by race, class, and gender.

RESEARCH QUESTIONS

This research will address the knowledge gaps by engaging the voices of Black grandmothers, grandfathers, aunts and great aunts serving as relative caregivers in the growing dialogue on relative care provision for children in the State of Arkansas. “Relative custodial caregivers” are defined as relatives who are primarily responsible for the basic needs of at least one grandchild, niece, nephew, great niece, or great nephew under the age of 18 who is living in his or her home on a regular basis or has lived on a regular basis in his or her home in the past 5 years.”

Specifically, I seek to address the following research questions: (1a) What are the experiences of Black relative caregivers with child-rearing custodial children? (1b) Do certain experiences surface more often because of race, class, or gender? (2a) What is the nature and the quality of the experiences that Black relative caregivers have with caregiving-related policies and practices that are connected to public income assistance and child welfare? (2b) Do certain needs or experiences with caregiving-related policies and practices surface more often because of race, class, or gender? And, (3) how do the perspectives of Black relative caregivers compare to the views of service providers regarding caregiving–related policies and practices that are connected to public income assistance and child welfare?

Intersectionality will provide a foundation for addressing these questions and an understanding of the experiences of differently located caregivers. According to intersectionality,

no person has a single, unique identity because race, class, and gender overlaps to shape their loyalties and allegiances in interrelated ways (Brown 2003; Carbado and Gulati 2003; Delgado and Stefancic 2012; Steinbugler et al. 2006; Higginbotham and Andersen 2012). Intersectionality acknowledges that racism is an everyday experience for people of color and the resulting deleterious race-related experiences are linked to work, family, money, and intimate relationships (Brown 2003; Carbado and Gulati 2003; Delgado and Stefancic 2012; Steinbugler et al. 2006). The fundamental themes that undergird the research, methods, and pedagogy of intersectionality include an acknowledgment that 1) gender, class, and racial stratification affect the quality of life and life chances of social groups, 2) the race problem in the United States is difficult to remedy due to the historical depiction of the power and privilege of white individuals, 3) race and gender are socially constructed categories, 4) members of marginalized groups have a competence in discussing racial stratification due to experiential knowledge, and 5) there is a specific need to advance the notions of social justice to deregulate the effects of sexism, racism, and classism (Brown 2003; Carbado and Gulati 2003; Delgado and Stefancic 2012; Steinbugler et al. 2006).

This study will use the intersectionality framework to explore the meaning of race in relation to gender and poverty as associated with racial stratification to determine the linkages to the relative caregiving experience (Brown 2003; Carbado and Gulati 2003; Delgado and Stefancic 2012; Steinbugler et al. 2006). Although the tenets of intersectionality could be criticized for not accounting for the change in law and norms that have occurred over time, this perspective, allows use to explore the overlapping structures of race, class, and gender in relation to the relative caregiving experience (Brown 2003; Carbado and Gulati 2003; Delgado and Stefancic 2012; Steinbugler et al. 2006).

A systemic intersectionality approach to understanding the experiences of relative caregivers and thereby such custodial children will be used in this study to explore multiple oppressions and stresses that are intertwined within the dynamic of disempowerment causing an association with membership in oppressed or disadvantaged social groups and experiences as relative caregivers (Abrams and Moio 2009). Intersectionality recognizes that race alone cannot account for the challenges of relative caregiver status. As a conceptual framework, intersectionality assumes that the intersecting hierarchies of race, class, and gender create a unique set of cumulative experiences and reflect a multiplicative nature of intersecting oppressions and opportunities (Steinbugler et al. 2006). Thus, a person may be simultaneously advantaged and disadvantaged by such particular identities, i.e. race, sex, and class (Steinbugler et al. 2006).

SIGNIFICANCE

More frequently, relative caregivers are raising their grandchildren, nieces, nephews, great-nieces, and/or great-nephews in their homes on a daily basis without their voices being heard to capture their experiences and validate their concerns. Although relative caregiving families are diverse, Blacks experience higher rates of relative caregiving status which makes it essential to acknowledge, assess, and respond to their needs as relative caregivers to biological custodial children. This qualitative study of Black relative custodial caregiving experiences is thus important for several reasons. First, a gap exists in the relative custodial caregiving literature where perspectives of grandmothers, grandfathers, aunts, and great aunts are not integrated to understand the implications of the relative custodial caregiving experience. Second, this study is needed to add to the knowledge of social scientists, mental health professionals, and policymakers in the State of Arkansas, informing them of the needs of Black women and men relative caregivers based on their interlocking experiences of race, class, and gender. This study was conducted utilizing respondents

from the State of Arkansas, specifically Pulaski County, where relative custodial caregiving is increasing in number.

DISSERTATION OVERVIEW

This chapter has reviewed the context of the problem, purpose, and justification for the study, focusing on an interim study conducted by the Arkansas Senate Committee on Children and Youth that was used to bring attention to the experiences of relative caregivers in the State of Arkansas. The aims of this study were expressed in terms of three research questions. Chapter 2 reviews the literature pertaining to relative caregivers, reviews the agencies that provide services to relative caregivers, and introduces intersectionality as the framework adopted for this study. Chapter 3 includes an explanation of the methods utilized to select the sample, describes the design adopted for the study, and discusses the qualitative strategy used to prepare the data for analysis. Chapter 4 presents the research findings, which include the experiences and needs of relative caregivers, the perspectives of relative caregivers in comparison to service providers regarding caregiving related policies and practices, and whether such experiences and needs surface more often because of race, class, or gender. Chapter 5 presents a summary of the responses and discussion of the findings, implications for policy and practice, and a proposal for future research initiatives.

CHAPTER II

LITERATURE REVIEW

The consequences of the changing familial structures due to increased incarceration and divorce rates, the proliferation of single-parent families, unwillingness to assume parenting roles, and patterns of economic stagnation have precipitated an increase in the dependency on relative caregivers (grandmothers, grandfathers, aunts or great aunts) to care for children in their homes on a daily basis (Baker et al. 2010; Connelly and DeRoos 2000; Fuller-Thomson and Minkler 2000; Musil et al. 2000; Henderson 2006; Houtman 1999). Researchers and policymakers alike have engaged in an effort to better understand these relative caregiving experiences to determine how policies and practices support relative caregivers and areas of potential unmet need (Rodriguez et al. 2012). The first section reviews the types of arrangements within which relative caregivers assume care of custodial children. The next sections describe the experiences of relative caregivers and sources for support utilized in coping with and managing their new parental roles. The economic positioning of relative caregivers is then explored by describing the policies and programs available to relative caregivers and exploring whether they adequately work to offset the high cost of assuming the additional responsibilities associated with custodial caregiving. The last section will discuss the interlocking experiences of race, class, and gender among relative caregivers and how such experiences affect their needs as relative caregivers.

TYPES OF ARRANGEMENTS: INFORMAL, VOLUNTARY, AND FORMAL KINSHIP CARE

When grandparents and other relatives find themselves serving as parents for biological children in their homes, it is referenced as “kinship care,” and includes living arrangements whereby the relative is taking primary responsibility for rearing the child on a daily basis (Leonard

2004). These arrangements are conceptualized as being informal and private between the parents and relative caregivers, a voluntary assumption of care by relative caregivers, and/or necessitating involvement from child welfare services (Albert 2000; Child Welfare Information Gateway 2010; Leonard 2004). According to Lipscomb (2005), informal kinship care is common in Black families where relative caregivers assume primary responsibility for children without filing for custodial rights due to the lack of resources, knowledge of the process, or presumption of a complicated and overwhelming process (Albert 2000). Since primary responsibility remains with the parents, an adverse impact could be experienced by such Black families when enrolling children in school, obtaining health insurance, authorizing medical care, and/or obtaining immunizations (Albert 2000; Child Welfare Information Gateway 2010; Lipscomb 2005).

Under an informal kinship arrangement in Arkansas, a relative caregiver would adhere to Education Code, Arkansas Code Annotated §6-18-208 which states that a child's admission to a public school is dependent upon the school district requesting the parent, guardian, or other responsible person to make the educational decisions regarding the enrollment of the child in school. Challenges for the relative caregiver could result from the definition of guardian under Wills, Estates, and Fiduciary Relationships Code, Arkansas Code Annotated §28-65-101 which defines a guardian "as one appointed by a court to have the care and custody of the person." However, the term "other responsible person" encompasses a broader reach, including relative caregivers who have "custody or charge of the child" (Arkansas Department of Education).

For medical consent, Public Health and Welfare Code, Arkansas Code Annotated §20-9-602 (5) states that "any person standing in loco parentis, whether formally serving or not, and any guardian, conservator, or custodian, may consent to any surgical or medical treatment or procedure not prohibited by law which may be suggested, recommended, prescribed, or directed by a licensed

physician.” Public Health and Welfare Code, Arkansas Code Annotated §20-9-602 (9) further states that “during the absence of a parent so authorized and empowered, any maternal grandparent and, if the father is so authorized and empowered, any paternal grandparent, may provide medical consent for his minor grandchild.” Public Health and Welfare Code, Arkansas Code Annotated § 20-9-602 (2) (A) additionally indicates that any parent, whether an adult or a minor, can consent “for his or her minor child or for his or her adult child of unsound mind whether the child is of the parent's blood, an adopted child, a stepchild, a foster child not in custody of the Department of Human Services, or a preadoptive child not in custody of the Department of Human Services.” Leniencies may therefore be allowed for relative caregivers interfacing with the educational and/or medical system in the State of Arkansas.

Voluntary kinship care encompasses situations where a child may live with relatives due to parental abuse or neglect, or residence in a substance abuse treatment facility; and, the child welfare system is involved in the case resulting from a court order or agency decision to make remedial attempts to the home environment in order to prevent court appointed removal of the child from the home (Child Welfare Information Gateway 2010). Physical custody will thus remain with the relative caregivers while legal custody will be maintained by the parents, or temporary legal custody will be given to the relative caregivers, providing them with more decision-making authority (Child Welfare Information Gateway 2010). Voluntary kinship care can therefore potentially provide more structure for the relative caregiver and access to more services, including therapy, counseling, and financial support (Child Welfare Information Gateway 2010; Wilkerson and Davis 2011). Lastly, kinship care can encompass a formal arrangement whereby physical custody is given to the grandparents or other relatives; however, the State or a judge maintains legal custody and child welfare continues to be involved in the legal decisions concerning the children

providing access to additional services as well (Albert 2000; Child Welfare Information Gateway 2010).

RELATIVE CAREGIVER EXPERIENCES

Historically, relative caregivers, especially in the Black family system, have provided kinship care to custodial children with the associated challenges and burdens being widely overlooked by policymakers (Lipscomb 2005; Minkler and Roe 1993). Roberto and Qualls (2003), for example, opine that the stigmatization associated with relative caregiving status in our culture causes them to be blamed for the mistakes of the biological parents instead of being rewarded with the needed services and benefits to provide adequate care for the custodial children. Such relative caregivers, however, still feel compelled to assume such roles in times of crisis to sustain family bonds and prevent the relinquishment of the children to unrelated individuals or social services (Bachman and Chase-Lansdale 2005; Houtman 1999; Roberto and Qualls 2003). The patterns that emerge with respect to relative caregivers assuming care may involve a negotiation with the parent of the biological child or other relative over time to have the child come to stay with the relative caregiver until parental circumstances improve to better meet the basic needs of the child (Minkler and Roe 1993). A second pattern involves a relative caregiver quickly assuming care of the custodial child without warning due to factors, including death, incarceration, abandonment, and/ or drug or substance abuse treatment (Baird et al. 2000; Fuller-Thomson and Minkler 2000; Minkler and Roe 1993). In assuming the caregiving role, grandparents, in particular, have to redefine their roles as enforcers of rules and disciplinarians (Houtman 1999; Lipscomb 2005). According to Minkler and Roe (1993), the story of relative caregivers encompasses a mixture of self-sacrifice, obstacles and hardships, and even feelings of resentment towards their biological children or other relatives (Houtman 1999).

Sands and Goldberg-Glen (2000) indicate that relative caregiver stress results from the unexpected assumption of care by a relative caregiver of a child after it is thought that the life tasks of raising one's children is over (Connealy and DeRoos 2000; Edwards and Daire 2006; Houtman 1999; Musil et al. 2000). The task of parenting children again thereby reflects the role ambiguity associated with being a "parenting" relative caregiver, while perceiving a lack of needed skills or feeling that attained parenting skills are "out-of-date," and dealing with the children's behavioral or emotional problems due to loss and neglect (Edwards and Daire 2006; Linsk et al. 2009). Strom and Strom (2000), for example, indicated that grandparents express concern about "losing touch" with their younger grandchildren in a technological society. Dolbin (2006) interviewed 40 custodial grandmothers to compare parenting their grandchildren to parenting their children and found that grandmothers indicated that it was easier parenting "back then," reflecting the influence of history and time on parenting a new generation of children (Houtman 1999; Dolbin 2006). Edwards and Daire (2006) moreover additionally note that such challenges are occurring as the grandparent and child are making attempts to cope with the loss of a parent, siblings, and potential adjustment to a new environmental context (Edwards and Daire 2006).

Linsk et al. (2009) interviewed 25 Black female relative caregivers who assumed care due to parental incarceration, other involvement in the criminal justice system, and substance abuse-related issues to examine the impact of factors including stress and depression. Stressors for the relative caregivers included issues related to finances, time allocation, care responsibilities, and concerns about the absent parent as well as factors affecting the children related to school concerns, child behavior, and emotional problems (Baker et al. 2010; Chenoweth 2000; Houtman 1999; Linsk et al. 2009; Rogers and Henkin 2000). Edwards and Daire (2006) suggest that factors including poverty, physical ailments, lack of transportation, less energy, lack of patience, and/or lack of the

current needed skills to assist with the homework of the custodial child may further hinder the relative caregiver from going to the school for meetings with teachers, school counselors, and actively involving themselves in the child's education (Edwards and Daire 2006).

Smith and Palmieri (2007) analyzed data from custodial grandmothers participating in a funded research study by the National Institute on Mental Health and from the 2001 National Health Interview Survey who completed the Strengths and Difficulties Questionnaire (SDQ) to measure reported emotional and behavioral difficulties by custodial grandmothers. Smith and Palmieri, (2007) concluded that custodial grandchildren had higher levels of behavioral and emotional disturbances than children in the overall U.S. population. Such experiences increase a relative caregiver's risk of depression and other mental health concerns precipitating the need for health and service providers to assess the experiences of relative caregivers with special needs children (Linsk et al. 2009; Musil et al. 2000).

Kelley, Whitley, and Campos (2011) indicate, however, that formal specialized support services and resources that are needed for children with behavioral problems may be inaccessible to some grandmothers because of informal kinship caregiving status, limited financial resources, or lack of adequate knowledge about the types of resources that are required to be of benefit to their custodial grandchildren (Musil et al. 2000). Chase-Goodman et al. (2007), for example, examined formal service utilization, informal support, and caregiver burden among custodial grandmothers and found that grandparents providing care to their custodial grandchildren without the child welfare system oversight had greater struggles with distressed children and underutilized available services in comparison to their counterparts under the auspices of the child welfare system. It would thus be of benefit to provide informal support interventions to grandmothers providing care

with and without the linkage to a systematic service system (Chase-Goodman et al. 2007; Musil et al. 2000).

In spite of this outlook, relative caregivers often suppress the emotional strain associated with their assumed roles and opt to manifest a call to duty when questioned about their status as a prosocial coping mechanism (Hayslip et al. 2006a, 21-36; Kopera-Frye and Wiscott 2000). Giarrusso et al. (2000), using data from a national sample of grandparents found, for example, that stronger feelings of family obligation resulted in less stress and more psychological rewards. Edward and Daire (2006) state that such psychological rewards include relative caregivers describing their experiences as being beneficial to the individual child and community as they are recognized as being needed, given a sense of purpose for living, provided with a second time to parent more effectively than the child's parent, able to establish a closer relationship with the custodial child, and keep their biological kin out of the foster care system, if possible (Edward and Daire 2006).

Baird et al. (2000) explored the challenges faced, the services needed, and the rewards gained by grandparents parenting one or more grandchild. Twenty-one male and female Black grandparents participated in focus group discussions that lasted approximately 90 minutes. The findings described a complete devotion to the grandchildren, challenges with learning how to parent a new generation, and a sense of loss of community support (Baird et al. 2000; Houtman 1999). The majority of the grandparents were also willing to seek help for the grandchildren (Baird et al. 2000). Dolbin (2006) suggests that a good strategy would be to implement parent education and training workshops that acknowledges the previous parenting experience of relative caregivers while addressing their unique challenges associated with parenting the second time around (Chenoweth 2000).

Gibson (2005) interviewed 17 grandmothers to examine parenting strategies used to confront challenges. The strategies that emerged, included maintaining effective communication, taking a strong role in the educational process, providing socioemotional support, involving extended family, involving grandchildren in selective community activities, acknowledging and working with the vulnerabilities, and recognizing children's feelings about the absence of the biological parent(s) (Gibson 2005). A fine line may exist, however, in the relative caregiver fostering a prosocial parental bond with the custodial child and keeping the door open for the child to be involved with a potentially unstable biological parent (Minkler and Roe 1993). For other relative caregivers, the decision is made for the benefit of the children to extinguish the contact with the biological parent (Cox 2000b, 3-19; Minkler and Roe 1993). Cox (2000a, 253-267) opines that relative caregivers should be viewed as heroes for accepting the challenges of caregiving instead of victims by their families and society. It would then be possible for the relative caregivers to become more empowered and receptive to enhancing their parenting and personal skills to better advocate on their own behalf and for other relative caregivers in the community (Cox 2000a, 253-267; Houtman 1999).

RELATIVE CAREGIVER SUPPORT SERVICES

Roberto and Qualls (2003) opines that a major concern of relative caregivers is that they feel they are facing challenges with custodial children alone. These feelings of isolation experienced by relative caregivers due to the separation from certain friends and co-workers as they assume parenting roles can, however, be replaced by a new network of friends and confidantes emerging through support groups and related activities associated with new parenting roles (Baird et al. 2000; Chenoweth 2000; Cohen and Pyle 2000; Fuller-Thomson and Minkler 2000; Houtman 1999; Minkler and Roe 1993). Support groups can offer comfort and build skills to positively impact the

health and well-being of relative caregivers and in turn minimize depression, health problems and susceptibility to illness (Cohen and Pyle 2000; Fuller-Thomson and Minkler 2000; Houtman 1999; Minkler and Roe 1993; Roberto and Qualls 2003).

Informal and formal support groups can both function to provide mutual aid, emotional support as well as information to relative caregivers (Fuller-Thomson and Minkler 2000; Houtman 1999; Minkler and Roe 1993; Musil et al. 2000). Such groups are run by churches, hospitals, and organizations and located through a referral source such as a family member, friend, or mass media (Minkler and Roe 1993). The role of the church, in particular, can provide a vital unit of support in the lives of relative caregivers through an established friendship network, advice from clergy, provision of food, setting up and participation in programs, and planning and going on outings for custodial children (Crowther et al. 2006; Minkler and Roe 1993). However, as these support groups increase coping ability, these networks do not often compensate for the lack of societal support, or counterbalance feelings of being devalued at the community level (Minkler and Roe 1993).

Socioeconomic status further complicates the use of having fun through prosocial activities as a coping strategy (Minkler and Roe 1993). Relative caregivers who lack adequate resources must seek alternative solutions to make the situation as enjoyable as possible for the custodial children such as spending time together at the park, libraries, or playing outside in the neighborhood (Minkler and Roe 1993). It is further opined by Minkler and Roe (1993) that relative caregivers use a coping by comparison strategy to lessen the impact of day-to-day stresses and minimize the fears associated with their circumstances. However, as previously mentioned, personal coping strategies cannot take the place of the need to address the root causes that have contributed to the rise in relative caregiving and provide more financial assistance to relative caregivers in the meantime (Minkler and Roe 1993).

RELATIVE CAREGIVERS: INTERFACING WITH SERVICE PROVIDERS

For some women, support from extended family members may include financial assistance (Conway and Stricker 2003; Houtman 1999; Minkler and Roe 1993). For other women, a combination of a lack of income, familial financial support, or other resources increases the need for government assistance which is exemplified by the intricate connection between poverty and the status of today's relative caregivers (Baker et al. 2010; Conway and Stricker 2003; Houtman 1999; Leonard 2004; Musil et al. 2000). The Annie Casey Foundation's 2012 Stepping Up for Kids Policy Report notes that many relative caregivers are more likely to be poor or low income and/or older depending on a fixed retirement income to pay for the added cost of raising a biological child, including affordable child-care options (Cox 2000b, 3-19; Fuller-Thomson and Minkler 2000; Meyer 1999). Cox (2010) describes financial strain as one of the frequent concerns among relative caregivers resulting from providing care from pensions and savings or the loss of prior employment to assume care of the child (Houtman 1999; Minkler and Roe 1993; Musil et al. 2000). Associated relative caregiving challenges can thus push a once financially stable relative caregiver into poverty (Cox 2010; Musil et al. 2000). Kinship care has thus transcended from a private practice to one that has become more public and institutionalized in society (Leonard 2004).

Kopera-Frye et al. (2003) wanted to better understand the needs and challenges of custodial grandparents. Fourteen participants were interviewed and asked a number of questions for approximately two hours and data was thereafter coded to highlight the caregiving experiences of the grandparent caregivers (Kopera-Frye et al. 2003). The results indicated that most relative caregivers experienced more needs than resources, including the receipt of minimal funds from state and local agencies, and emotional problems including stress, depression and anxiety (Fuller-Thomson and Minkler 2000; Hayslip et al. 2006a, 21-36; Kopera-Frye et al. 2003; Musil et al.

2000). The most important issues discussed by the custodial grandparents were financial issues, legal issues, and the physical and mental health care needs of their grandchildren (Houtman 1999; Kopera-Frye et al. 2003; Musil et al. 2000). Like Kopera et al. (2003), Baird et al. (2000) found that the assumption of care of a custodial grandchild resulted in financial difficulty (Houtman 1999). King et al. (2006) additionally found that some grandparents feel alienated from the very agencies that were created to provide them with assistance. Further, King et al. (2006) highlights the need for agencies to make personal contact with grandparents to assess their needs thereby giving a voice to those who feel invisible.

TANF

Federal and state policies acknowledge kinship care by providing formal support through public income assistance and child welfare (Hwa-Ok 2005). The 1950 amendment to the Social Security Act allowed eligible relatives to receive payments for themselves and their custodial children under the Aid to Families with Dependent Children (“AFDC”) program (Geen 2004). The Temporary Assistance for Needy Families (“TANF”) program was created by the Personal Responsibility and Work Reconciliation Act (“PRWORA”) in 1996 out of the preexisting Aid to Families with Dependent Children (“AFDC”) program, which was created in 1935 as part of the Social Security Act (Moffitt 2003). The four purposes of the TANF program are to: 1) Provide assistance to needy families so that children can be cared for in their own homes; 2) Reduce the dependency of needy parents by promoting job preparation, work and marriage; 3) Prevent and reduce the incidence of out-of-wedlock pregnancies; and 4) Encourage the formation and maintenance of two-parent families (Administration for Children and Families).

TANF provides cash assistance and supportive services to families, including grandparent and other relative caregiver households, with children under the age of 18 who meet specific criteria

and income guidelines (Administration for Children and Families). Income that may be considered as wages include unemployment benefits, Social Security benefits, and child support (Administration for Children and Families). TANF child-only grants, however, are provided to any relative caring for a custodial child, usually regardless of the relative's income, if he or she meets the state's TANF definition of a relative caregiver (Geen 2004). Yet child-only grants are noted as being quite small and insufficient to meet the family's needs (Grandfamilies State Law and Policy Resource Center; Henderson and Cook 2006).

Although many relative caregivers are eligible for such benefits, it is concerning that fewer than 12 percent of relative caregivers receive assistance from TANF (Stepping Up for Kids Policy Report 2012). Stigmas and lack of knowledge about the application process, including needed documentation, appear to prevent relative caregivers from applying for TANF assistance (Geen 2004; Stepping Up for Kids Policy Report 2012). For example, even though food insecurity is a reported challenge for such families, relative caregivers often fail to apply to receive TANF benefits which prevents access to food stamps through the Supplemental Nutrition Assistance Program (SNAP-formerly Food Stamps) (Ehrle and Geen 2002; Geen 2004; Stepping Up for Kids Policy Report 2012). The lack of an established legal status may further prevent relative caregivers from being qualified to receive Medicaid or Children's Health Insurance Program (CHIP) coverage, housing assistance, child-care assistance, or Social Security: Supplemental Security Income (SSI) (Ehrle and Geen 2002; Geen 2004; Stepping Up for Kids Policy Report 2012). The underutilization of Medicaid likewise may prevent qualifying children from receiving services for physical and mental health challenges (Ehrle and Geen 2002).

ARKIDS FIRST!

Mullen (2000), for example, describes one of the major concerns of grandparents as obtaining medical coverage for custodial children, including inpatient and outpatient hospital services, laboratory and x-ray services, and physician and nursing services. Arkansas, however, has taken steps to counteract the lack of medical insurance coverage for children through the creation of ARKids in 1997 which provides children across the state with enhanced access to healthcare through the provision of two coverage options: 1) ARKids A is Medicaid for children and offers low-income families a comprehensive package of benefits, and 2) ARKids B provides coverage for families with higher incomes (ARKids First). Benefits include dental, emergency services, immunizations, outpatient mental and behavioral health, physician services, rural health clinician services, vision, therapy services, and psychological services (ARKids First). Enrollment in ARKids includes choosing a primary care physician through ConnectCare (ARKids First).

SUPPLEMENTAL SOCIAL SECURITY INCOME

Supplemental Social Security Income (“SSI”), administered through the Social Security system, is also helpful and available to custodial children who are physically or emotionally disabled and qualify the children to receive monthly income and/or health through Medicaid (Office of Social Security). If the child meets specific qualifications, Social Security Survivor benefits are also available if the custodial child’s parent worked long enough prior to death to qualify for such benefits (Cox 2010; Office of Social Security).

HOUSING

As noted by Cox (2010), finding adequate housing is frequently challenging for relative caregivers who rent rather than own a home. The U.S. Department of Housing and Urban Development's (HUD) housing choice voucher program is a major federal government program that assists very low-income families, the elderly, and the disabled in locating affordable single family-homes, townhouses and apartments in the private market (HUD). The housing choice vouchers are administered through public housing agencies (PHAs) that receive federal funds to administer the voucher program (HUD). Owners who choose to rent under the program must provide suitable housing that meets minimum standards of health and safety guidelines as authorized by the PHA (HUD). The PHA directly pays the landlord a housing subsidy on behalf of the participating family, and then, the family pays the difference between the rent charged by the landlord and the amount subsidized by the program (HUD). Eligibility requirements are based on income, assets, and family size (HUD). Upon approval, the relative caregiver's name will be put on a waiting list, if assistance is not immediately available, until contacted and issued a housing voucher (HUD).

CHILD-CARE ASSISTANCE

Child-Care Assistance is a program available for low-income families that is made possible by the Child Care Development Fund (CCDF) under the administration of the U.S. Department of Health and Human Services (Arkansas Department of Health and Human Services). The Department of Human Services and the Division of Child Care and Early Childhood Education are responsible managing agencies in the State of Arkansas (Arkansas Department of Health and Human Services). Eligibility includes a determination of whether the caregiver 1) needs child-care

to work, attend school, or receive training; 2) their income is not higher than a certain level set by their state; and 3) the child receiving care is under the age of 13. Qualified caregivers receive a “voucher” or certificate to assist in paying a portion of the child-care cost and information on finding quality child-care within the state (U.S. Department of Health and Human Services; Arkansas Department of Human Services).

CHILD WELFARE

If it is necessary for children to be removed from their parents’ homes resulting from abuse or neglect, attempts are made to locate relative caregivers to minimize the trauma that may accompany being separated from parents. Such relatives are given preferential opportunities to become a licensed foster care home for the children, which qualifies them for foster parent board payments and related services (Arkansas Foster Family Services; Geen 2004). In 1979, *Miller v. Youakim* “ruled that relative foster parents caring for children who are eligible for federally reimbursed foster care payments are entitled to the same federal benefits as non-relative foster parents if they meet the same licensing standards” (Geen 2004). The Adoption Assistance and Child Welfare Act of 1980 established the basis of federal foster care policy and gave preference for relative caregiver foster parents during a time when it was rare for relatives to act as foster parents (Geen 2004). The 1996 Personal Responsibility and Work Opportunity Reconciliation Act further required states to "consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards" (Geen 2004). Adoption assistance payments are also available to caregivers who are adopting from the child welfare system and meet certain criteria (Grandfamilies State Law and Policy Resource Center).

Often government support or the lack thereof generates an impassioned response from relative caregivers due to the stigmatized child welfare and/or foster care system being their major sources of financial support (Minkler and Roe 1993). Relative caregivers must choose whether to allow the child to be placed in their care by a court order which would make them eligible for foster care board payments and the attached child welfare support services, including counseling, therapy, and clothing allowances, or refuse to adhere to the designated stipulations, including training and a home study (Minkler and Roe 1993). Relative caregiving status is thus even more burdensome for those eligible relative caregivers who refuse to go through the foster care system and ineligible relative caregivers engaging in informal care arrangements (Minkler and Roe 1993). For those who must choose to navigate through the child welfare bureaucracy outside of the context of the child welfare system due to necessity, they often develop feelings of being undervalued where their contributions and sacrifices are dismissed at the community level, which include giving up travel and leisure time and jobs to care for unexpected children, and incurring debt burdens that make it challenging to meet the basic needs of the newly formed familial structure (Houtman 1999; Minkler and Roe 1993).

LEGAL SERVICES

Public benefits including cash assistance or free/low-cost medical care often do not require relative caregivers to have custody or guardianship (Child Information Gateway 2010; Mullen 2000; Perez-Porter and Flint 2000). “Consent” laws, however, in some states may require legal custody or guardianship to allow caregivers to enroll the child in school or seek medical assistance (Child Welfare Information Gateway 2010). Lack of knowledge about low-cost legal services may thus prevent some relative caregivers from seeking experienced, qualified and affordable lawyers to guide them through the custody or guardianship procedure to counteract these barriers resulting

from relative caregiver status (Ehrle and Geen 2002; Geen 2004; Perez-Porter and Flint 2000; Stepping Up for Kids Policy Report 2012). In Arkansas, however, advocates for legal aid have addressed such relative caregiver concerns by offering access to an online legal library that offers fact sheets, sample forms, instructional videos, and interactive forms (Arkansas Access to Justice).

The legal relationship status for relative caregivers existing inside or outside of the foster care system, include adoption, guardianship, and Powers of Attorney (Grandfamilies State Law and Policy Resource; Perez-Porter and Flint 2000). Adoption severs the birth parents' rights and responsibilities enabling the relative caregiver to become the parent in the eyes of the law (Grandfamilies State Law and Policy Resource; Perez-Porter and Flint 2000). It makes access to services on behalf of the child easier and prevents the parents from reappearing to reclaim their parental rights and responsibilities (Grandfamilies State Law and Policy Resource; Perez-Porter and Flint 2000).

Unlike adoption, guardianship does not sever the rights and responsibilities of the birth parents allowing them to retain visitation rights, consent to adoption and/or name change, continue in their duty to financially support the child, and go back to court and ask for the guardianship to be terminated (Grandfamilies State Law and Policy Resource; Perez-Porter and Flint 2000).

Temporary guardianships, for example, enable Arkansas relative caregivers to become a provisional guardian for a specific purpose and limited time when the parent is incarcerated, away from home for work, or deployed overseas in the military for a short tour (Grandfamilies State Law and Policy Resource; Perez-Porter and Flint 2000). A limited guardianship in the alternative can just provide enumerated powers for limited use, such as enrolling the child in school (Grandfamilies State Law and Policy Resource; Perez-Porter and Flint 2000). Although the Power of Attorney is for a limited time and revocable, it does give the relative caregiver legal authority to make decisions, including

medical or school, without having to go to court (Arkansas Voices). The parent-child relationship is thereby not severed and enables the continuation of court-ordered visitation and is enforced in the same manner as legal custody authorized by the court (Arkansas Voices).

RELATIVE CAREGIVERS AND COMMUNITY RESOURCES

Geen (2004) suggests that caregivers existing outside of the child welfare system have increased levels of poverty with comparatively low levels of public assistance and information support services (Baker et al. 2010; Ehrle and Geen 2002; Stepping Up for Kids Policy Report 2012). Geen (2004) states in accordance that support groups can help bridge the information gap between service providers and relative caregivers (Cohen and Pyle 2000; Houtman 1999). Lipscomb (2005) indicates that relative caregivers need information on child development milestones, enhancing parenting skills, and parenting difficult children in the form of pamphlets and informational videos. Support groups can further assist in providing relative caregivers with programmatic services, including short-term respite services, one-on-one or group counseling, stress reduction techniques, and peer support (Cohen and Pyle 2000; Hayslip et al. 2006a,b; Houtman 1999; Lipscomb 2005). Provisional information can also be offered in the support group context, including expert advice on legal, financial, medical, housing, and education questions (Lipscomb 2005).

Edwards and Daire (2006) suggest that schools should be more utilized as an adequate resource to help manage the needs of relative caregivers and the custodial children resulting from their central location and integral positioning of the schools in the community (Silverstein and Vehvilainen 2000). The schools further have professionals with the requisite knowledge and skills to implement interventions in conjunction with the relative caregivers (Edwards and Daire 2006; Silverstein and Vehvilainen 2000). Schools can thus be more efficiently utilized at the community

level to provide support groups to build on existing needs of relative caregivers, including after-school care, support group meetings, tutoring for the custodial children, and peer and adult mentors (Edwards and Daire 2006; Silverstein and Vehvilainen 2000). In addition to offering support services, schools can more efficiently connect relative caregivers with community agency and resource information, including therapeutic services, counseling, financial assistance, and social services (Edwards and Daire 2006; Silverstein and Vehvilainen 2000). Schools can further serve as a resource for relative caregivers in locating prosocial community activities, such as sports and music programs, and summer programmatic activities (Edwards and Daire 2006; Silverstein and Vehvilainen 2000).

In addition to providing information and assistance in the coordination of services for the custodial children, Edwards and Daire (2006) state that the psychologists, school counselors, and other school professionals should embrace equipping themselves with knowledge regarding the associated financial and emotional stress associated with relative caregiving to be empathetic when communicating with relative caregivers (Silverstein and Vehvilainen 2000). Such interactions could then work to empower relative caregivers as allies to nurture their role as an educational advocate for the benefit of the custodial children in their care and maybe even lobby for increased services (Edwards and Daire 2006; Houtman 1999; Lipscomb 2005; Silverstein and Vehvilainen 2000; Weaver 2013).

Silverstein and Vehvilainen (2000) examined the characteristics and needs of grandparents raising school-age grandchildren in Massachusetts. Using a snowball sampling technique, 177 grandparents were recruited to be interviewed an average of 38 minutes. As noted by Silverstein and Vehvilainen (2000), although most of the grandparents took an active role in the education of their grandchildren, some expressed more reluctance than others to question the authority of the

teachers. Silverstein and Vehvilainen (2000) underscore the need for schools to actively encourage grandparent involvement in the education system for the benefit of the schools, communities, and grandchildren. Silverstein and Vehvilainen (2000) suggests that the intergenerational issues encompassed in relative caregiving warrants the collaboration between state agencies, the aging network, and the child welfare network (Houtman 1999). Specifically, Roe (2000) stated that collaborative community based interventions, including support groups, resource centers, seed grants for local and statewide programs, media outlets, and usage of new technologies can work to advocate for the establishment of local investment, institutional response and supportive public policies (Houtman 1999).

King et al. (2006) describe the diverse needs of grandparents for both informal and formal support based on the following factors: 1) being married versus single; 2) being older versus younger; 3) being employed versus retired; and 4) and having infants or children versus teenage grandchildren. Grandparents can further be grouped into two subpopulations: 1) those needing instrumental support-information and services to meet basic everyday living necessities (e.g. financial assistance and medical care) and 2) those wanting emotional support (e.g., support groups, mentoring, counseling for themselves or their grandchildren) (King et al. 2006).

RELATIVE CAREGIVERS: RACE, CLASS, AND GENDER

An intersectional framework does not assume that the needs and experiences of relative caregivers can be explained by one social category, i.e. race, class, or gender (Hankivsky et al. 2012). Intersectionality conceptualizes the collective impact of race, class, and gender on creating varied social locations in accordance with the 1) inequities across social locations, 2) shifting of power and marginalization associated with race and class that may work to insulate certain relative caregivers from particular experiences and shape the varying needs of others, and 3) fluid privileges

and disadvantages associated with class and gender that can be conditioned upon social positioning and location of relative caregivers (Hankivsky et al. 2012). The intersectional approach further 1) assigns value to the gathering of diverse relative caregiver perspectives, 2) emphasizes the need for the reallocation of resources and relationships to address the root causes of inequality among relative caregivers, and 3) promotes a need for public policies to equalize outcomes for more and less advantaged groups of relative caregivers (Hankivsky et al. 2012).

In order to assess the impact of intersectionality in this study, an “intracategorical” approach was used to examine the experiences of Black relative caregivers (Jones et al. 2012). The information gathering technique asked questions about the experiences and needs of male and female Black relative caregivers from the perspectives for relative caregivers as well as service providers. The aim of this study was to describe how practices and policies shape the lives of relative caregivers as compared to those who are not similarly situated in accordance with class and gender (Association for Women’s Rights in Development 2009).

Goodman and Rao (2007) state that relative custodial children belong to diverse racial and ethnic groups, socioeconomic levels, and geographic regions, suggesting that the pathways to providing care are shaped by family composition, and cultural values and role expectations regarding parenting. The minimization of race, gender, and class disparities as distinct factors could result in an understanding of how some relative caregivers succeed without excess stress, and others experience detrimental physical and mental health outcomes (Lipscomb 2005). As Hill-Collins (2000, p. 195) states:

Black motherhood is fundamentally a contradictory institution. African American communities value motherhood, but Black mothers’ ability to cope with race, class, and gender oppression should not be confused with transcending those conditions. Black motherhood can be rewarding, but it can also extract high personal costs. The range of

Black women's reactions to motherhood and the ambivalence that many Black women feel about mothering reflect motherhood's contradictory nature.

The majority of the stories in this study are transcribed from the voices of Black "other mothers" who have given up some of their own dreams for the benefit of nurturing the potential of custodial children (Minkler and Roe 1993). This study will add to the understanding of the varied in group experiences across race, class, and gender of Black male and female relative caregivers while recognizing that all members of a certain group do not exist in one social location (Hill-Collins 2012). This section will first examine the female relative caregiver in a broad social context that reveals the reality of the female's role in child rearing in a financially disadvantaged and advantaged place in the social realm and the labor force where some have to combine work with caregiving, or prematurely terminate employment to become full-time caregivers (Minkler and Roe 1993). The roles of the relative caregiver grandmothers will next be compared to the roles of the relative caregiver grandfathers who in this study are married, providing, and navigating through their traditional roles while developing caring and close relationships with the custodial children (Stelle et al. 2010; Weaver 2013).

An understanding of the dimensions of race and gender is necessary to comprehend the challenges that people face and the manifestations of needed resources ((Hill-Collins 2012). Removing any one piece from our analysis of the social context of relative caregivers works to diminish our understanding of the true nature of the relative caregiving experience (Hill-Collins 2012). Higginbotham and Andersen (2012) define race as "a group that is treated as distinct in society because of certain perceived characteristics that have been defined as signifying superiority or inferiority" (3). Gender is defined as a "culturally and socially structured relationship between men and women" (Hill-Collins 2012, 213).

Compared to white women, Black women are noted as being more likely to engage in surrogate caregiving due to communal single parent and teenage parenting status, low incomes, and a belief in the value of an interdependence that will strengthen the family and provide an informal system of care (Goodman and Rao 2007; Kelch-Oliver 2011). Davis-Sowers (2012) explored factors that influence the decision-making processes of Black aunts to become relative caregivers. These factors include perceptions of a crisis, fulfillment of family obligations, and gendered expectations of Black women to be “kinship keepers” in the familial context (Davis-Sowers 2012; Kopera-Frye and Wiscott 2000). Decisions to become relative caregivers thus appear to be influenced by Black cultural traditions that are influenced by family expectations, and past and current racism (Davis-Sowers 2012). In comparison with their Black counterparts, white grandmothers are less likely to raise grandchildren; however, this population has been noted as having its share of burdens due to the custodial role being less normative than for minority grandparents (Chase-Goodman and Silverstein 2006). Although, an increased socioeconomic status of white grandmothers may provide custodial grandchildren with more access to recreational and companionable activities in comparison to the religious activities that are shared by Black grandmothers with custodial grandchildren (Chase-Goodman and Silverstein 2006).

Sometimes referenced as the “guardians of generations,” Black grandmothers have further been documented as having higher depression rates than their non-caregiving Black peers resulting from the sporadic assumption of care of a child that complicates their energy levels, physical and emotional well-being as well as their financial stability, which is exasperated for a single Black female (Chase-Goodman et al. 2006; Goodman and Rao 2007; Houtman 1999; Kelch-Oliver 2011; Musil et al. 2000). For impoverished single women with poor access to support services, the difficulties associated with caregiving can be further compounded by the lack of food, prosocial

activities for custodial children as well as a lack of chaperonage of the children for extended amounts of time during the day and/or evening.

The interaction of gender and race additionally impacts the roles of male and female spouses whereby the female spouse is often engaged in the day-to-day provision of care, and the male spouse provides assistance through such tasks as errands, repairs, finance management, taking the custodial children on outings, or provisional babysitting of the custodial children (Hayslip et al. 2006a, 21-36; Kolomer and McCallion 2005; Minkler and Roe 1993). The advantages are often described as counterbalancing the challenges resulting from feelings of making a difference in the life of the child to improving communication through the discussion of how to care for the child and providing the needed emotional support to each other as they navigate through the complexities of their assumed parenting role (Minkler and Roe 1993).

Pruchno and McKenney (2006) found that work and family roles often weight more heavily on the lives of women in comparison to men. Using interviews from 506 grandmothers, Pruchno and McKenney (2006) explored the causes for grandmothers missing work for reasons related to child-care. Pruchno and McKenney (2006) found that grandmothers who are more likely to miss work because of child-care responsibilities are more likely to be divorced in comparison to grandmothers with more education. Pruchno and McKenney (2006) further opine that divorced grandmothers may lack a support system within the household that would enable them to effectively balance working and caring for the custodial child without missing days of work.

Higginbotham and Andersen (2012, 213) define social class as encompassing the “economic circumstances of people and their position in the labor market that will result in different wages and salaries, ... neighborhoods, schools, and jobs” (Hill-Collins 2012). Hayslip et al. (2006a, 21-36) indicate that custodial grandparents are often living in poverty, lack adequate benefits, and have

lower levels of education which impact their earning capacity while raising a child. Minkler and Fuller-Thomson (2005) examined the prevalence, sociodemographic characteristics, and service utilization patterns of Black grandparents raising grandchildren in comparison to their noncaregiving peers. Caregiving grandparents were found to be disproportionately female, younger, and less educated and more likely to be living in poverty and receiving public assistance in comparison to grandfather caregivers or other noncaregiving peers over the age of 45 (Minkler and Fuller-Thomson 2005).

Although the effects of relative custodial caregiving on grandmothers have been studied (Hayslip and Kaminski 2005; Minkler and Fuller-Thomson 2005; Simmons and Dye 2003), policy-related research must include the perspectives of grandmothers, grandfathers, aunts, and great aunts into the growing dialogue on relative caregiving custodial experiences. This study seeks to explore the in-group relative caregiving experiences of Black relative custodial caregivers, i.e. grandmothers, grandfathers, aunts, and great aunts, in the State of Arkansas. This study will further examine the extent that race, gender, and class has on relative custodial caregiving experiences through the utilization of the grounded theoretical approach (Davis-Sowers 2012; Milardo 2010). Careful interpretation was used to explain the findings that emerged from the in-depth interviews with relative caregivers across the State of Arkansas under each of the following four topics: (a) reasons for assumption of care and types of relative caregiving arrangements, (b) relative caregiving experiences with custodial children and biological parents, (c) comparative relative caregiver and service provider experiences with policies and practices that are connected to public income assistance and child welfare, and (d) the interplay of race, class, and gender in shaping the experiences of Black relative caregivers.

CHAPTER III

RESEARCH METHODOLOGY AND DATA COLLECTION

An earlier focus on custodial grandmothers has precluded a comprehensive consideration of the experiences and policy needs of additional relative caregivers, including grandfathers, aunts and great aunts. To address this knowledge gap, this study adopts the intersectional framework to engage the voices of Black custodial caregivers, including grandmothers, grandfathers, aunts, and great aunts, to explore their experiences with policies and practices in the State of Arkansas in comparison to those of service providers. The research questions guiding this study are: (1a) What are the experiences of Black relative caregivers with child-rearing custodial children? (1b) Do certain experiences surface more often because of race, class, or gender? (2a) What is the nature and the quality of the experiences that Black relative caregivers have with caregiving-related policies and practices that are connected to public income assistance and child welfare? (2b) Do certain needs or experiences with caregiving-related policies and practices surface more often because of race, class, or gender? And, (3) how do the perspectives of Black relative caregivers compare to the views of service providers regarding caregiving-related policies and practices that are connected to public income assistance and child welfare?

A “relative caregiver” is defined as a grandmother, grandfather, aunt, or great aunt who for at least one year in the last 5 years has had the experience of being the primary caregiver to a biological custodial child 18 years of age or younger in his or her home on a regular basis. A “biological custodial child” is defined as a child 18 years of age or younger who lives in the home of a relative caregiver on a regular basis for at least one year in the last 5 years. A “service provider” is defined as a policymaker who has a job that entails working on a bi-weekly basis to address relative caregiving issues, including providing case management services, information and

referrals services, support groups, relative caregiver education, and/or other related supports.

“Relative caregiver policies” refer to the action of the government to distribute federal dollars to states to fund programs and projects through grants to non-profits and agencies in an attempt to promote the well-being of children, including providing a safe and stable family environment that lacks abuse, neglect and maltreatment. “Relative caregiver practices” refers to the guiding core professional values and behavior of frontline child welfare workers as they interact on a day-to-day basis with children and families. “Child welfare agencies” refer to the Division of Children and Family Services, Arkansas Department of Human Services, Juvenile Division of the Circuit Court, Arkansas State Police Crimes Against Children Division working together to provide social services to relative caregivers, and such children. “Public income assistance” is defined as income for relative caregivers and children provided or administered by the Arkansas Department of Human Services, including food stamps, utility payments, medical care, dental care, child-care, and/or counseling.

This chapter will discuss the usefulness of the qualitative research method to explore the relative caregiving experiences of grandmothers, grandfathers, aunts, and great aunts. It will further describe the selection and recruitment of respondents as well as the risks and benefits for research participation in this study. This chapter will conclude by describing the data analytic strategy, limitations of the research design, and recommendations for future research.

The purpose of this qualitative study is to explore the experiences of relatives who serve as the main care providers for grandchildren, nieces, nephews, great-nieces and/or great-nephews. Denzin and Lincoln (2013) define qualitative research as a tradition in social science that makes sense or interprets phenomena in terms of the meanings that people bring to their world.

Qualitative methods enable the researcher to seek depth through gathering intimate information about a smaller group of respondents rather than breadth from a large representative sample of the entire targeted population (Ambert et al. 1995). This study uses the qualitative approach to explore how and why relative caregivers think and make meaning out of their lived experiences as opposed to focusing on large scale generalizations of what relative caregivers do or believe (Ambert et al. 1995). The goal of this qualitative study is to enable the researcher to discuss individual relative caregiver experiences to examine the interface between caregiving and public policy in the State of Arkansas (Mahoney and Goertz 2006; Montgomery 2007). Arkansas is chosen as the policy context to assure uniformity of policies addressing relative caregiving.

RESPONDENT SELECTION AND RECRUITMENT

Erickson (1986) documents five major types of evidentiary adequacy needed in collecting data in qualitative research: (a) adequate amounts of evidence, (b) adequate variety in kinds of evidence, (c) interpretive status of evidence, (d) adequate disconfirming evidence, and (e) adequate discrepant case analysis. In this study, the richest data possible were collected through semi-structured interviews to allow relative caregivers and service providers to speak of their experiences with relative caregiving and thereby giving them a voice in the research process. The tools in the data collection process included in-depth interviews, field notes, quotes and descriptions to support conclusions, participant checks, and a semi-structured interview guide to provide adequate and varied multiple data (Erikson 1986; Ambert et al. 1995; Morrow 2005).

The screening process for Black relative caregivers included being the primary caregivers for at least one year in the last 5 years to biological custodial children 18 years of age or younger in their homes on a regular basis. The screening process for service providers included working on a

weekly basis to address relative caregiving issues, including providing case management services, information and referrals services, support groups, relative caregiver education, etc. In the recruitment of relative caregivers and service providers, an initial contact was made with service providers to help generate a list of relative caregivers to biological custodial children in the State of Arkansas, including Arkansas Legal Aid, Temporary Assistance for Needy Families (“TANF”), Arkansas American Association for Retired Persons, and Arkansas Voices for Children Left Behind, Inc.

Initial contacts revealed that no comprehensive list is available of relative caregivers to biological custodial children in the State of Arkansas and that many of the members of the targeted population may be apprehensive to become research participants due to the complexity of their custodial status as relative caregivers. Respondents were therefore mostly selected through the utilization of snowball sampling, wherein each person interviewed was queried as to whether he or she knew of other qualified respondents, who were subsequently contacted. Flyers (Appendix A) were also placed in senior activity centers and a Facebook announcement was designed to recruit respondents and referrals of other relative caregivers who raised biological custodial children. To recruit service providers as respondents, personal telephone calls and/or emails were made/sent to support service groups and agencies in the State of Arkansas. A follow-up call and/or e-mail was made/sent to each scheduled participant 24-48 hours prior to the interview.

The announcement and intent of the research were further communicated to state service providers and relative caregivers to biological custodial children through an informed consent script prior to the commencement of the interview (Appendices B and C). Face-to-face interviews were conducted in a neutral, relaxed, and intimate setting that was quiet with minimal distractions to

ensure the maintenance of promised confidentiality to the extent allowed by law and university policy. All participants were also reminded of my obligation as the primary researcher to respect their confidentiality to the extent allowed by law and university policy, and not to use identifying information before or after the interview. Each participant was asked to provide a signature or verbally authorize informed consent prior to the interview (Appendices B and C). The informed consent form/script was provided/read to participants. The form/script included the steps to preserve confidentiality to the extent allowed by law and university policy, and the right to end any interview or withdraw from interviews at any time without any problems and possible risks.

Respondents were asked a set of guided interview questions (Appendices B and C). Subsequent questions depended on the answers to the initial questions. Probing questions were additionally used to derive richer data when answers were short or vague (Appendices B and C). Tables 1 through 4 show the demographics of the forty participants (30 relative caregivers and 10 service providers) with whom 90-minute face-to-face and/or phone interviews were conducted. Unless information was needed to correct an error or respondents agreed to further contact, the respondents were interviewed only once.

Table 1:
Characteristics of Service Providers¹

Service Provider Characteristics	Total (n=10)	Gender	
		Male	Female
Race			
African American	4 (40%)	3 (75%)	1 (25%)
Hispanic-White	1 (10%)	×	1 (100%)
White	5 (50%)	1 (20%)	4 (80%)
Employment Status in Years			
0-5	4 (40%)	2 (50%)	2 (50%)
6-17	3 (30%)	1 (33%)	2 (67%)
18-29	2 (20%)	1 (50%)	1 (50%)
30-49+	1 (10%)	×	1 (100%)
Education Status			
Undergraduate College Degree	2 (20%)	2 (100%)	×
Graduate or Professional Degree	8 (80%)	2 (25%)	6 (75%)

¹ Due to rounding, Service Provider Characteristic percentages do not add up to 100%.

**Table 2:
Characteristics of Relative Caregiver by Household Structure ²**

Relative Caregiver Household Structure	Households Total (n=30)	Residence				
		Forest City	Jonesboro	Little Rock	Maumelle	Sherrwood
Grandmothers and Grandfathers	12 (40%)	X	X	11 (92%)	X	1 (8%)
Great Grandmother and Great Grandfather	2 (7%)	X	X	2 (100%)	X	X
Grandmother Alone	11 (37%)	1 (9%)	1 (9%)	8 (73%)	1 (9%)	X
Aunt	3 (10%)	X	X	1 (33%)	2 (67%)	X
Great Aunt	2 (7%)	X	X	2 (100%)	X	X

**Table 3:
Characteristics of Relative Caregivers by Relative Caregiver Status: Employment and Education Status³**

Characteristics	Total (n=30)	Relative Caregiver Status					
		Grandmother	Grandfather	Great Grandmother	Great Grandfather	Aunt	Great Aunt
Employment Status							
Full-Time	16 (53%)	8 (50%)	2 (13%)	1 (6%)	X	3 (19%)	2 (13%)
Retired	11 (37%)	7 (64%)	3 (27%)	X	1 (9%)	X	X
Unemployed Not Seeking Employment	3 (10%)	3 (100%)	X	X	X	X	X
Education Status							
High School	12 (40%)	7 (58%)	2 (17%)	1 (8%)	1 (8%)	1 (8%)	X
Vocational or Technical School	1 (3%)	1 (100%)	X	X	X	X	X
Some College	5 (17%)	4 (80%)	X	X	X	X	1 (20%)
Undergraduate College Degree	6 (20%)	3 (50%)	2 (33%)	X	X	1 (17%)	X
Some Graduate or Professional Degree	X	X	X	X	X	X	X
Graduate or Professional Degree	6 (20%)	3 (50%)	1 (17%)	X	X	1 (17%)	1 (17%)

² Due to rounding, Characteristics of Relative Caregiver by Household Structure percentages do not add up to 100%.

³ Due to rounding, Characteristics of Relative Caregivers by Relative Caregiver Status percentages do not add up to 100%.

Table 4:
Characteristics of Relative Caregivers by Relative Caregiver Status: Household Size, Marital Status, and Biological and Biological Custodial Children by Number⁴

Characteristics	Total (n=30)	Relative Caregiver Status					
		Grandmother	Grandfather	Great Grandmother	Great Grandfather	Aunt	Great Aunt
Household Size							
1	X	X	X	X	X	X	X
2	6 (20%)	5 (83%)	X	X	X	1 (17%)	X
3	6 (20%)	2 (33%)	X	1 (17%)	1 (17%)	1 (17%)	1 (17%)
4	8 (27%)	5 (63%)	2 (25%)	X	X	1 (13%)	X
5	5 (17%)	3 (60%)	2 (40%)	X	X	X	X
6	3 (10%)	2 (67%)	1 (33%)	X	X	X	X
7	2 (7%)	1 (50%)	X	X	X	X	1 (50%)
Marital Status							
Married	16 (53%)	8 (50%)	5 (31%)	1 (6%)	1 (6%)	1 (6%)	X
Never Married	3 (10%)	X	X	X	X	1 (33%)	2 (67%)
Separated	1 (3%)	1 (100%)	X	X	X	X	X
Divorced	6 (20%)	5 (83%)	X	X	X	X	1 (17%)
Widowed	4 (13%)	4 (100%)	X	X	X	X	X
Number of Biological Children							
0	2 (7%)	X	X	X	1 (50%)	1 (50%)	X
1	3 (10%)	1 (33%)	X	X	X	X	2 (67%)
2	9 (30%)	4 (44%)	3 (33%)	X	X	2 (33%)	X
3	11 (37%)	8 (72%)	2 (18%)	1 (9%)	X	X	X
4	4 (13%)	4 (100%)	X	X	X	X	X
5	X	X	X	X	X	X	X
6	X	X	X	X	X	X	X
7	1 (3%)	1 (100%)	X	X	X	X	X
Number of Non-Biological Children							
1	15 (50%)	9 (60%)	1 (7%)	1 (7%)	1 (7%)	2 (13%)	1 (7%)
2	3 (10%)	1 (33%)	1 (33%)	X	X	1 (33%)	X
3	6 (20%)	4 (67%)	2 (33%)	X	X	X	X
4	6 (20%)	4 (67%)	1 (17%)	X	X	X	1 (17%)

⁴ Due to rounding, Characteristics of Relative Caregivers by Relative Caregiver Status percentages do not add up to 100%.

The interviews with custodial caregivers focused on (1) the experiences of grandmothers, grandfathers, aunts, and great aunts in raising a biological custodial child; (2) the nature and the quality of the experiences that relative caregivers had with caregiving-related programs and service providers; and (3) their needs as relative caregivers. The interviews with Arkansas service providers focused on (a) their views of the roles of relative caregivers; (b) their assessment of policy effects on the lives of such relative caregivers, and (c) if resource provisions are adequate in relation to the needs of relative caregivers. After the interview, a final copy of the research report was made available to each respondent upon request. Field notes were written as soon as possible after each interview to describe the non-verbal communication of the respondents to capture the insights and nuances as perceived by the researcher. Throughout the process, the researcher engaged in debriefing sessions with the Dissertation Chair, Dr. Anna Zajicek, and took memo notes based on the feedback, suggestions, or insight given by Dr. Zajicek. The reviews of the field notes, transcripts, and memo notes were later used to better inform interviews as necessary with relative caregivers and service providers.

All interviews were digitally saved, and then, transcribed. Digital files were saved with the pseudonyms selected by respondents to protect their confidentiality. The digital files were also kept on a password protected computer and were destroyed by the researcher six weeks after the project was completed. The transcription of the audio recordings will be kept confidential to the extent allowed by law and university policy for 3 years.

RISKS AND BENEFITS

The potential minimal risks included relative caregivers finding it difficult to share their experiences with the interviewer, or worrying how their answers may affect service delivery or relative caregiver perceptions as interpreted by the interviewer. To minimize these possibilities,

participants were reminded during the initial phone conversation and interviews of their right to opt out from responding to any questions, nor would their individual responses be shared with service providers. The participants were also reminded of the primary researcher's obligation to respect their confidentiality to the extent allowed by law and university policy, and not to use identifying information before or after the interview. The risks for the service providers were similar to those of the relative caregivers, and the same risk reduction procedures were implemented.

Other than the contribution of new knowledge, there was a \$10.00 allotment for each face-to-face interview to cover coffee, and/or refreshments in an intimate setting that had minimal distractions. Benefits also included the potential to influence relative caregiver policy, practice, training, and education efforts for the State of Arkansas. The benefits to the service providers included a \$10.00 allotment to cover coffee and/or refreshments and the opportunity to spend time discussing their practice and ideas about current relative caregiving policies and needs.

DATA ANALYSIS

Krefting (1991) suggests that the rigor of the qualitative research methodology can be achieved through alternative models to assess the value of the findings. The assessment of the qualitative research data in this study employed four criteria (a) true value, (b) applicability, (c) consistency, and (d) neutrality (Krefting 1991). The first criterion of true value or credibility was attained through the discovery of the human experiences of relative caregivers in the State of Arkansas as they are lived and described by respondents (Krefting 1991). The job of the researcher was to represent the multiple realities of relative caregivers in the findings as adequately as possible by having such caregivers review included quotations that have been transcribed from the audio

taped interview into written text, resulting in these individuals who are familiar with the phenomena having the ability to recognize such descriptions (Krefting 1991).

The second criterion of applicability was met by gathering adequate descriptive data, allowing for comparison of respondents' local interpretation of relative caregiving experiences with differences across counties (Krefting 1991). Consistency, the third criterion, was addressed by providing a detailed description of the interview settings, changes in such settings, and the process by which the researcher gathered information from the respondents (Krefting 1991). The fourth criterion is neutrality and referred to the need of multiple readers to review the transcripts of relative caregivers to preclude the primary researcher from imposing biases on the findings (Krefting 1991).

This study used an integrative approach to coding, including "a priori," "open," "axial," and "selective" codes to identify emerging findings (Bradley, Curry, and Devers 2007). The primary researcher first developed a provisional starting list of "a priori" codes from the intersectional framework, existing research, and research questions that related to relative caregiving before beginning the data collection process (e.g. "financial constraints," "emotional stress," "support network," "education concerns for the child," etc.). The primary researcher then assessed the data to develop "open codes" to further summarize the viewpoints emerging from the words of the participants (e.g. "lack of food," "lack of clothing," "change in retirement plans," "loss of job," etc.). To identify relationships among the open codes, the primary research next used an "axial" coding schema (e.g. the initial category of "financial constraints" was subdivided into "living expenses," "change in family income status," etc.) (Miles and Huberman 1994). The data were then reorganized into more "selective" codes to identify relationships among the codes (e.g. "child rearing experiences"). The columns on a spreadsheet were designed to contain a short descriptive

label for such codes, and then the labels were applied to several transcripts for comparison and revised for fit by the primary researcher as needed (Miles and Huberman 1994).

Multiple readers were used during this process to strengthen the rigor of the coding schema without the use of data analysis software. Identifying information from each transcript was removed before the transcripts were disseminated to the multiple readers via Dropbox. Amanda Crandall, University of Arkansas graduate student, read over the initial “a priori” coding labels assigned by the primary researcher, Carmen Hardin, and applied such “a priori” coding labels to assigned transcripts. Both Carmen Hardin and Amanda Crandall then discussed and eliminated codes as needed to focus our assessment of the data under the supervision of the Dissertation Chair, Dr. Zajicek. It was then that Carmen Hardin and Amanda Crandall (a) read several additional transcripts of the written text derived from the digital interviews transcribed by Carmen Hardin for emerging findings, (b) re-read such transcripts several times and color coded the appropriate statements, and (c) grouped or clustered these codes under the four topics under the supervision of the Dissertation Chair, Dr. Zajicek.

The primary researcher, Carmen Hardin, then generated a summary discussing the similarities and differences in the findings under each topic used to attribute meaning to the text (Ambert et al. 1995; Miles and Huberman 1994; Krefting 1991). The readers later resolved differences by having an in-depth discussion to negotiate a consensus on the final codes to be applied to the entire data set (Bradley, Curry, and Devers 2007). The findings that emerged from the data were organized under four topics: (a) reasons for assumption of care and types of relative caregiving arrangements, (b) relative caregiving experiences with custodial children and biological parents, (c) comparative relative caregiver and service provider experiences with policies and

practices that are connected to public income assistance and child welfare, and (d) the interplay of race, class, and gender in shaping the experiences of Black relative caregivers.

LIMITATIONS

This study is a qualitative research investigation of the general experiences of Black grandmother, grandfather, aunt, and great aunt relative caregivers raising biological custodial children and their experiences specifically with relative caregiving policies and practices. The framework of this study included one-on-one interviews to make contact with a hard to reach relative caregiving population; however, one-on-one interviews did not allow the researcher to explore the relative caregiving characteristics of a larger population. It would be necessary for future research to include surveys as a precursor to the one-on-one interviews to reach a wider variety of participants, and then choose a smaller segment of the population for a more in-depth discussion. Future work in this area should thus increase the number, and gender, class, race/ethnicity and geographic representation of the participants to reach more of a saturation point and to further understand the richness and complexity of the relative caregiving experience.

CHAPTER IV

STUDY FINDINGS

Research on relative caregiving status has focused on separate structural identities to compare the quality of life, educational status, social status, income, physical health, and mental health of relative caregivers (Dolbin 2006; Gleeson et al. 2009; Leonard 2004; Linsk et al. 2009). However, less is known about the experiences of Black grandmothers, grandfathers, aunts, and great aunts rearing custodial children and how these experiences are shaped by the interaction of race, class, and gender. Based on the data analysis conducted in this study, the following chapters will review the findings grouped under the following four topics (a) reasons for assumption of care and types of relative caregiving arrangements, (b) relative caregiving experiences with custodial children and biological parents, (c) comparative relative caregiver and service provider experiences with policies and practices that are connected to public income assistance and child welfare, and (d) the interplay of race, class, and gender in shaping the experiences of Black relative caregivers.

RELATIVE CAREGIVING NEEDS AND EXPERIENCES

Chapter 4 specifically focuses on 1) the reasons why relative caregivers assume care of biological custodial children, whether such assumption of care is conceptualized as being abrupt or gradual, and how relative caregivers utilize guardianships to establish legal relationships with biological custodial children to better manage the health and education affairs of such children; 2) the relationships of relative caregivers with biological custodial children from when the relative caregivers first gained custody, how such relationships evolve over time, and the relationship of relative caregivers with the biological parents of the biological custodial children; 3) the challenging experiences of relative caregivers; 4) the comparative relative caregiver and service provider experiences with policies and practices that are connected to public income assistance and

child welfare; and 5) the interplay of race, class, and gender experiences of Black relative caregivers.

1. REASONS FOR ASSUMPTION OF CARE

In each interview with the relative caregivers and service providers in this study, they were first asked about the reason for the biological children coming to live with the relative caregivers. Research indicates that relative caregivers gradually assume care for biological custodial children in their homes due to increased incarceration, drug use, divorce rates, the proliferation of single-parent families, unwillingness to assume parenting roles, and patterns of economic stagnation (Baker et al. 2010; Connelly and DeRoos 2000; Fuller-Thomson and Minkler 2000; Henderson 2006; Houtman 1999; Musil et al. 2000). This study found that relative caregivers assume responsibility of their biological custodial children mainly due to drug use, incarceration, death of their biological child, and/or lack of parental responsibility.

- **Drug Use and Incarceration**

For Bruno, a service provider and relative caregiver, she discussed her experience as a relative caregiver to her husband's grandchildren, resulting from the drug use of her stepson:

In my case, the child was raising himself, and we did not realize this until he was going to start high school and realized that the grades were not good...he had no structure... or order... in his life... Unfortunately, it was brought about by a situation that was caused by ...their parent (being) caught up in a drug related cycle and addiction... to the point that the child (son) or the children (son and daughter) were ...we thought at risk of being neglected and needed some support so when the second grandchild was finishing up 8th grade... we realized that it was imperative that he be removed from his environment with his father and luckily his father gave custody to his own father and went through the court system to do that...

This story is consistent with what Minkler and Roe (1993) describe as emerging from relative caregivers negotiating with the biological parent or social services to have the child come to stay

with the relative caregiver until biological parental circumstances improve to meet the basic needs of the child. Similarly, Ms. A, a relative caregiver, voiced her concern that her niece and nephew were being neglected because of her sister's drug addiction and worried that her newborn nephew would go into therapeutic foster care if extended family members did not step up to take him into their custody.

DD, a support group leader stated that in her experience, "some grandparents wake up one day and have to step forward if they choose to" because "somebody gets arrested or somebody is so heavily involved in drugs or just has disappeared." DD explains:

I had one (client in a formal support group) that nobody told the grandmother that the mother had been arrested in another vicinity and she did not know where she was... Well, finally the grandmother and I started calling around and she was in a jail in another county. But, that is not the easiest information to find out either.

For Linda, she assumed care of her grandchildren due to her daughter's involvement in criminal activity which later prompted her to seek assistance from a therapist to help her cope with her daughter's problem behavior. Linda admitted that she "went to jail one time," but she was disappointed with her daughter for being "in and out of jail for 8 years." According to Linda, "she reached a point" when she decided that she and her daughter's children had to learn how to "move on" with their lives.

- **Death**

Amy described how the death of her daughter required her to assume care of her grandchildren that resulted in her having to retire early as a full-time teacher to become a full time mother and grandmother to a 6 month old baby and two little boys ages 5 and 6. In Dionne's situation, she had not only to prepare to assume the parenting role of her grandchildren but also

manage her emotions when thinking about the perceived consequences of having had to depend on her teenage grandson to assist her in caring for her daughter as time progressed towards her daughter's passing. Dionne states:

...In some of the last days... she would get kind of heavy and I could not just... sometimes me and her would just be laying on top of each other on the floor and my grandson would come and say grandma... where are you ... And, I would say that I am up here... And, he would help me with her... He would say... Okay grandma... I got this... I got this... He would help get her up off of me... And, we would both help her get in the bed... And, so, he would see a lot of it... And, close to the end she would start having seizures and stuff and that is when she lost her voice... She could not tell me that she was hurting... So, then, the doctor recommended that I would put her in hospice...

- **Lack of Parental Responsibility**

Relative caregivers also assume care of biological children due to circumstances linked to parents not taking responsibility for the care of their children. Tina surmised that “some mothers just do not step up to raise their kids.” Linda's daughter, for example, “was not trying to be a mother, and there was no way that she could make her be a mother.” This was also the case for Sandy and her husband, Jim, who care for their grandchildren. Sandy states:

Well, you know if their mom would get herself together... she had her own apartment and then she moved back home... But, the kids never left... They would be like I will go over there for an hour... But, come and pick us up... And, I think that their mom should take more responsibility... I think that she has gotten so relaxed and us taking care of everything she needs... that she feels like if she can't do it she is not going to worry about it... I am not saying that she don't worry about it... It is just that she does not make an effort in showing that I am worrying about it... And then, that makes the kids mad...

For Keisha, she endured associated challenges with trying to communicate to her niece to “get her stuff together” and take responsibility, so she could regain custody of her son because Keisha wanted her “life back.” Diana and her husband, Blue, also indicated that they stepped in

to “take charge” and raise their great grandson because their granddaughter was not consistently assuming the needed responsibility to effectively parent their great grandson. Diana states:

This is my granddaughter’s child... And, I am on another generation of raising children because I helped raise her... my granddaughter... She is my second son’s child... So, I thought that I was finished with all of that... My granddaughter just does not have her life... still does not have her life together... And as a mother and as a grandmother and grandfather, we do what we have to do... And, it takes a lot of prayer... it takes a lot of help from other people... asking people to help you... and to pray for you ... and to watch out for him...

Ms. Evans discusses how she is raising her grandson because her son passed, but also because her grandson’s mother really does not want to assume a parenting role. Ms. Evans believed that it was therefore her duty to step in and assume a parenting role of her grandson. Ms. Evans states:

Actually, she had put my grandson up for adoption... She had the baby... and she went to the hospital... on a Sunday because I had gone to church... my son called me and said mama... the mother is at the hospital and had the baby... After church, I said come on you want to go and see the baby... So, we go up there... we get there and she has checked out the hospital... So, we go in and tell them that we want to see the baby... And, we go up there to see the baby... And, when we get there, I noticed that people were kind of acting funny... I told him that we want to see my son’s baby... And, they said.... do you all have a bracelet... I said no... The nurse said well the mother is gone ... And, the way the woman was talking we were like the mother is gone but the baby is still there... I was thinking... They did not tell me anything was wrong with the baby... I said is something wrong with the baby... She said no...

I said the baby is still here at the hospital... She said yes... I said why is the baby still at the hospital... and she said we will have somebody come out and talk to you... So, the nurse comes out and says... the mother put the baby up for adoption... she did not tell y’all... We said no... She said... yeah... she put the baby up for adoption... and that is why the baby is still here at the hospital... I said well he is the father... She said well... She did not put the father down on the birth certificate... So, she said... well you all are going to have to get a lawyer... So, when I got back home... I went to see a lawyer and he told me to go to the Health Department... and go to child welfare and get this form... I went to go and the form and she did not even know what it was... She said that I have never heard of that form, but we will find out what it is and we will call you... and they did...

And, I filled out the form and I sent the form in... Well, in the meantime, my son is talking to the mother ... And, she had like 10 days to change her mind... And, she told him that if he comes back to Fort Smith... because he had moved back to where I live... she would get the baby back... She said if you come back to where I live... we will get the baby back... So, she did... So, he went back to where she lived and she got the baby back... Well, one thing just

kind of led to another and ... My grandson was born before Christmas and he called me on Valentine's Day and said that I have had the baby all of February and the mother has not seen him one time...

And, in March, my son got sick... Anyway, when she came to the funeral... I came home from the repast and everything... My step grandson was holding this little baby... And, I thought that looks just like my deceased son's baby... But, my step grandson had a little baby too so I thought maybe it was his baby... And, I said that looks like my deceased son's baby... He said this is your deceased son's baby... she left the baby here at the house... I asked my husband at the time... the mother left the baby.... My husband said yeah... yeah... I told her to go ahead and leave him down here... And, she left him...

But, it has been like that off and on... Since he was born, I have kept him for periods of time... 2 months... 3 months... I remember when he was one the mother came down and they went to Walmart and took pictures because he was one... When I really got him for good... My step granddaughter ... she had taken her daughter to the hospital... And, the mother was down there with the little girl...so she has to take her back and forth to the hospital because she only has one arm... other than that she is pretty much health as an ox... she does everything those boys do... But, anyway, my step granddaughter saw her down there with the little girl and little boy who I am keeping now... And, they talked to her... And, she said that she was going to bring the boy back to me... Now, I am teaching school... I am used to challenges, but this one was going home with me... So, she did ... She brought the boy back, and I have had him ever since...

What emerges from this study in comparison to prior research is more of a focus on the death of a biological child and lack of parental responsibility as reasons for relative caregivers assuming care of biological custodial children (Baker et al. 2010; Connelly and DeRoos 2000; Fuller-Thomson and Minkler 2000; Henderson 2006; Houtman 1999; Musil et al. 2000). The relative caregivers' accounts in my research are consistent with Minkler and Roe's (1993) argument that the experiences of relative caregivers encompass a mixture of self-sacrifice, obstacles and hardships, and even feelings of resentment towards their biological children or other relatives. The experiences of my respondents are consistent with Sands and Goldberg-Glen's (2000) arguments as well, suggesting that mental health issues such as anger and depression can result from the unexpected assumption of care by the relative caregiver of a child after it is thought that the life

tasks of raising one's children is over.

1.1 TYPES OF CAREGIVING RELATIONSHIPS

After hearing the stories of service providers and relative caregivers regarding how relative caregivers assume care of the biological custodial children, relative caregivers and service providers were asked to describe whether the relative caregivers abruptly or gradually assumed care of the children and whether such resulting care arrangements were informal or formalized through the legal process.

- **GRADUAL OR ABRUPT CARE ARRANGEMENT**

Service providers first delineated that often relative caregivers may be involved in the lives of their grandchildren prior to the assumption of custody, but still had not truly planned to assume the long term care of the biological children. Nicole, service provider, explained that relative caregivers in her experience assume care, resulting from a “sudden or emergent need” prompting them to file for guardianship because their biological children are in prison and the referenced biological children as well as parents want to resume caring for their children once their time has been served. Nicole stated that additional reasons causing relative caregivers to take on responsibility “for as long as it is needed” included “a lot of substance abuse or mental health problems.” Rod, service provider, describes his observations:

Where there is some sort of substance abuse or chemical dependency issues... it seems like it is kind of a back and forth for awhile... the chemically dependent mother or father... will be leaving the child with aunts, moms, grandma... whoever... for a time... then come back and pick the child up for a little bit... and then have them for a few weeks and then decides that it is not okay... or grandma will go visit and see that the living conditions are bad and have the child back. So, I think in substance abuse cases it seems that there is a lot of back and forth for awhile... till it is finally clear that the relative is going to care for them... And, some of those issues with work ... it is usually fairly clear cut and the biological mother or father will ask or entrust the care of the child to grandmother or relative...

Yet most of the relative caregivers in this study told stories of how they gradually assumed care of the custodial children in their care from birth resulting from the previous provisions of caregiving assistance offered to their children. Carl states:

Basically, it was a continuation of what we had established prior to my daughter's death... And, they were already pretty much a part of our family before it became a permanent thing... They were in the house a great amount of time... Everything just came to a point of permanence after we received total custody of them... It was not something that happened all of a sudden...

Tiara, however, is among the few relative caregivers who did experience a dramatic and abrupt transition in the assumption of care of her great nieces and nephews. Tiara told the story of how she began assuming care for her great nieces and nephews after she had a “gut feeling” that the children were sleeping in a car in the area. Susan additionally described how the mother of her granddaughter was “going through some issues where she was not stable” and her son became overwhelmed with caring for her granddaughter in a distant city, resulting in her granddaughter abruptly coming to live with her and her husband. Susan states:

Where he (the son) was living, he did not know anyone... He went there for a job opportunity... and did not know anyone when he got there... So, when her mother became unstable, he took the child in with him... And, that lasted for about 3 weeks... And, after he realized that the responsibilities that came along with it without having any outside support ... it was a little bit overwhelming for him... And, because it was so overwhelming for him... I told him that if it ever gets to be too much... you know... that I would be glad to have her to come and live with us...until he feels like he is ready for her again or the mother becomes more stable.

This is consistent with Bachman and Chase-Lansdale (2005) who state that relative caregivers are compelled to assume the primary care and responsibility of custodial children in times of crisis to sustain family bonds and prevent the relinquishment of such children to unrelated individuals or social services. After no other family member stepped up, Keisha, for example, experienced a dramatic transition when her great nephew was placed in her home resulting from a

case with Child Protective Services. Keisha's experiences are also similar to what Minkler and Roe (1993) note in relation to abandonment as a factor causing a quick assumption of care of a child without warning. Hector and Derrick, service providers, explain the placement process:

There is a policy in place... a law... that will allow us to run the background checks that are necessary such as the FBI... central registry checks and child maltreatment checks... [So,] we can immediately go out and do a walk-through of their (potential caregivers) home to make sure that they have adequate space... to provide for the children... and they can almost immediately... abruptly ... start caring for those children... [the] same time that we find necessary to remove them (the children) from their biological caregiver... or custodial family...

It can happen as within 24 hours... So, that is the abrupt time... those biological caregivers maybe involved by way of ... just because they have made themselves known to us over a period of time while we had the children in our care... And, through a process of us becoming more familiar with them then also making recommendations to the court... and also to the attorney ad litem ... that either they may become that type of caregiver for them and be presented as a viable option to start caring for the children ... And, sometimes it can just start out with them just being a visible resource...

Keisha describes the challenges associated with abruptly assuming care of a custodial child:

As far as relative caregivers, I know that it is hard in the very beginning... because a child is just dropped in your lap and you are not really prepared... like I got my great nephew... went to court on a Thursday... got him on a Friday... So, he was pretty much dropped in my lap... brought with a bag of clothes that I would not dare take him out in... And, it is just like okay... here you go... Oh, Lord... I have to go buy car seats, clothes... thankfully my son and my great nephew wear almost about the same size... So before my great nephew came in to foster care, I was giving him all of my son's old clothes anyway... So, luckily, I had a bag of clothes that he could go through that my son had outgrown that he can wear... So, that was a blessing... As far as financial, there is nothing... They give you nothing until you complete the training... I completed my training... and became a regular foster home... And, it was a financial strain between the time that I got him and completed my training and approved as a regular foster home... I was not prepared to get my relative ... I was just like okay... Okay Lord... you really want me to do this... I do not know what I am going to do... I am not prepared financially to take on another child... As far as family support, nobody in my niece's family would help besides my mom and younger sister... her own mother has not helped me... It is more of that everybody wants to have an input on what happens... But, nobody wants to step up to the plate... She had all of these relatives at court... And, everybody is making excuses... Well, I only have a two- bedroom apartment... And, I was sitting there like... I have an extra bedroom... And, I cannot let the baby stay in foster

care... I don't want him to be with somebody he doesn't know... I am sitting in court like oh Lord... And, it ended up being that it was advocated for me to have a home study done and eventually I agreed to take him... I am just kind of thrown out there... well... there we go... I don't have a choice... I just can't leave him sitting... So, I stepped up and said... I will take him...

Experiences described by Keisha are consistent with Cox's (2010) observation that financial strain associated with relative caregiving can cause a once financially stable relative caregiver not to be able to meet the basic needs of the family. Keisha's situation is also similar to Wilkerson and Davis' (2011) point stating that kinship care under the auspices of child welfare can provide more access to services, including therapy and counseling, financial support, Temporary Assistance to Needy Families, and Food Stamps.

- **GUARDIANSHIPS**

Although prior research and several service providers indicated that relative caregivers may lack sufficient knowledge or finances to seek out legal services to obtain guardianships, this study's findings conclude in the alternative that relative caregivers are often willing to seek out legal services to guide them through obtaining legal relationships with the biological children (Ehrle and Geen 2002; Geen 2004; Perez-Porter and Flint 2000; Stepping Up for Kids Policy Report 2012). Sadie, service provider, describes the importance of relative caregivers obtaining a guardianship after the gradual or abrupt assumption of care outside of the child welfare system in order to properly respond to the educational and physical needs of the biological children in their care:

The majority of them (relative caregivers) probably don't do it legally... probably most of them... by default... I would say because parents are incarcerated... When parents are incarcerated for example, they call their parents to take care of their kids... So, their grandparents or relatives step up to the plate to take care of their kids... [But,] most of them do not have the funds to go to court and get a custody or guardianship... which really is needed so that they can properly get kids enrolled... seek medical care and other things for those children...

And, with guardianships, [they do not realize that] you do not have a lot of court oversight... there is a report that is given to the court to tell about how things are going... But, you file to terminate the conditions that you had for the guardianship [when they] are no longer needed... It can be a pro se filing and you really don't have to go to court... So, you just file it with the court... So, it can be terminated... And so, that is the beauty of a guardianship... And, you have at least the ability of that person to act on behalf of the child and get the things that the child needs... Have the appropriate stuff for the child and get the services for the child. ... It is actually not as complicated as a lot of people think that it is ... You can change custody the same way... You can do a modification of custody... I think people are just kind of fearful of the system.

Sadie as well as AJ further expressed additional concerns that some of the relative caregivers may be fearful of the system and choose not to go to court to establish a formal legal connection to the biological child in their care whether the assumption of care was emergent or abrupt. For example, AJ states:

... Oftentimes for that person (the relative caregiver) to be considered to be the guardian... they (the relative caregivers) have to go and appear before a judge... and the judge has to decide within his or her estimation... It is intimidating to go to court and represent yourself... the judge is going to do whatever is in the best interest of the child... and, if there is someone who is willing to step up and do something to help... I think the judge... even if they do not have a whole lot of resources... that they are willing to do something ... And, if they can get access to benefits to take care of the child... the judge is going to grant the guardianship... But, I mean if their living situation is unstable there may be an issue... But, if ... typically... it seems like folks reaching out to get legal help have a much more stable situation than the biological parents have and that is the whole reason they are getting involved... it will work out

During the adoption process of Sylvia's granddaughter, she did describe some fear that she experienced when talking to an attorney. However, it was also discussed that some of that fear may have been attributed to having to terminate her daughter's rights to her child. Linda describes the reason for other relative caregiver fears when she states:

A lot of grandparents are hiding these grandkids... because they are scared that they are going to take them away from them... some of them will not even tell and make by on the food they get... because they are scared that they are going to come in and take them to child welfare ... I know a lady right now that has two of her grandsons that go to school with

my grandson... and she is elderly... they go to counseling... But, she is scared that they are going to take those boys...

Yet the majority of relative caregivers in this study were willing to go to court or take needed steps to establish a formal legal relationship for the benefit of the biological custodial children in their care, except in a situation where such mechanisms would be too much of a financial burden or for the child to maintain certain social benefits. For Sandy and her husband Jim, they knew from the time that their three grandchildren were born that they would have to be the “ones to do everything” for their grandchildren. Sandy and Jim, therefore, after the birth of each of the three biological custodial children immediately declared themselves as the legal guardians.

These relative caregiving experiences differ from what Lipscomb (2005) describes. Lipscomb states informal kinship care is common in Black families where relative caregivers assume primary responsibility for children without filing for custodial rights due to the lack of resources, knowledge of the process, or presumption of a complicated and overwhelming process. These experiences are also inconsistent with Ehrle and Geen (2002) and Geen (2004) who reveal that lack of knowledge about low-cost legal services may prevent some relative caregivers from seeking experienced qualified and affordable lawyers to guide them through the custody or guardianship procedure and counteract barriers resulting from relative caregiver status (Stepping Up for Kids Policy Report 2012).

Relative caregivers in this study found friends or managed to pay for legal services to assume legal connections to the custodial children. Carl and Amy describe their experience in court resulting from a challenge by their grandchildren’s biological father to assume custody after the passing of their daughter. Carl and Amy were represented by one of Amy’s former students. Carl and Amy state:

The judge saw everything in the right perspective... And, he ruled in our favor without any drawback... Even though they were trying to contest it and seek the custody for whatever reason... But, the judge looked all through that and concluded... and his very words were... No court in its worst day would grant you the custody of these children... The judge just came out and said... you are not the parents of these children... And, he pointed to us and said these are the parents ... these are the ones that have been involved in their lives and taken them into their home and different functions... You were nowhere in that... so these are the parents of these children and everything... Everything just went smoothly without any objection...Even though they tried to win approval from the judge... But, the judge was very inattentive... he was looking out of the window... And, the father tried to act as his own lawyer... And, everything just went overwhelmingly in our favor... And, we got custody and we got financial support ... Not from him...And, one of the things that the judge ordered him based on what he said that he had for a job ...ordered him to pay so much a month... based on his job situation...Not one penny... have we received...And, the judge forbid any visitation unsupervised... He did not forbid him visitation, but they were not supposed to be without supervision... So, he could not just come and take the kids... One of us had to be present during the visitation... (Carl)

We knew... as I told that judge... that we would be the better parent to the children if I was willing to retire from my teaching position way ahead of retirement age... and come home and take care of these children... properly... Whereas, the father was not in a position to do that at all... financially... emotionally... And, they did not even know him... The judge said that the father was not capable of taking care of those boys... And, we did not receive one penny... and we did not pursue it ... We did not want the involvement... We were not going to chase after him...Before the court hearing, we had to put a restraining order at the school to make sure that he did not come there... He probably would not have known which school they were in... (Amy)

Mrs. R states that she remembers paying about \$900.00 in the midst of the guardianship process for her grandson and that she would have tried her best to come up with \$4,000.00, if needed, but she was fortunate that “it did not cost that much to get control” of her grandson. Stanley recalled it costing approximately \$500.00 to adopt his granddaughter. For Vanessa, her primary concern with going to court was definitely the perceived cost which circumvented itself upon her son recently becoming an attorney. In spite of the prior perceived financial burden, Vanessa found ways and connections to maintain some type of legitimate connection for the benefit of her biological custodial niece. Vanessa states:

I have been in her (the niece) life since she was born and she spent every summer here with me since she was 5. It was understood should anything happen that she would come to live with me... anything happen with my dad and my stepmom because they adopted her... And, my dad passed away when she was two, and then, my step mom got real sick in May of 2013...

Because I was looking into getting custody of her and going to court, the attorneys were like I need 3,000.00 up front... I need 5,000 up front... this was not like it was a big divorce or something like that... It was just something to give me authority to be able to do whatever... And, it was not like something being contested or anything... It was just that... so that everything would be legal and recognized in the State of Arkansas... So, right now, I just have a notarized piece of paper from Texas that says that I have the authority to enroll her in school, take her to a doctor's appointment to get her treated ...

Here in Arkansas, because it was notarized in the State of Texas, social security recognized that to be a good enough document and so does the school... I also got... to show that my step mom was her guardian... I have the adoption papers where she and my dad adopted her ... and to tie in that he is my dad... and had his obituary... because there is no other document at this point... to tie in him and myself ... and everything was okay... So, if my stepmom passes on, I think that I will be okay because social security has recognized it and so have the schools...and so has the doctor's office... Because everywhere... where I have had to get her established... everybody has it and it has not been a problem...

Well, the only problem that I would run in to is because the State of Arkansas... if something happened... child welfare could say that I am not her legal guardian...because legally in the State of Arkansas ... I have not been established as her legal guardian... so that would be a problem... Otherwise, it is not an issue... But, if it should come down to a child protective service case... that would be a problem...

Because of my income... but I did go on the website (legal aid)... But, based on my income for legal aid... I would not be eligible... I do know that since she has been in the State of Arkansas for six consecutive months she is considered an Arkansas resident and that would rule out some of the other problems about getting guardianship of her... But, I would still have to hire... Well, I would not have to hire now because my son is an attorney in the State of Arkansas now ... I could still do that... But, since I have not had a reason to... everything that I needed to... establish for her has been established... (Vanessa)

Green described how her community connections at the school and in the doctor's office may have aided in her lack of problems with not having a legal relationship with her grandson. For GiGi, when work obligations took GiGi's daughter to another state, GiGi's grandson wanted to remain in the state with her and her husband for a limited time period. GiGi states:

When she (the daughter) left, I had his (the grandson's) birth certificate, and I had his shot record... And, with his dad being here as well, as far as any legalities... it never really came to that point because he was enrolled in school as being a resident in my home... And, my husband being the head of the household... So, we did not really run into any problems... And, when I carried him to the doctor because he ran into a door at school and busted his head, and I ended up taking him to the emergency room because the school... for whatever reason... they did not seek any medical care for him at the school... But, when I got home and saw the knot on his head and he said it was still hurting... His dad was still at work, so I just carried him on to the doctor ...and she told me to take him to the ER because he needed X-rays done... But, they did not give me any problems with that...And, they had already had a relationship with me as his primary care doctor and they were the ones that referred him to the ER and my name was on there as a responsible person for anything with him...

Joyce Smith was in agreement with Bruno, service provider, and others who indicated that a legal relationship is needed for long term care of biological custodial children because it makes it “a lot easier when getting things done” for biological custodial children, such as enrolling them in school, taking them to the doctor, and signing them up for benefits because relative caregivers then have the rights under the law. This is consistent with Lipscomb (2005) who reveals that informal kinship care may encompass parents maintaining legal responsibility for their children, where relative caregivers could encounter challenges including, enrolling children in school, obtaining health insurance, authorizing medical care, and/or obtaining immunizations (Child Welfare Information Gateway 2010).

Joyce Smith, Stanley, and Sylvia further described the challenges associated with encouraging a biological parent to consider terminating his or her parental rights for the benefit of the children. Stanley indicated that he would not have wanted his step-daughter to have to give up her rights, but adoption was the only way that he felt that his custodial granddaughter could receive his veteran benefits. Sylvia further stated that she indicated to her daughter that she would “still be viewed as the mom” which made her daughter “not as sad.” Sylvia also stated, however, that

sometimes she has to put her “foot down” if something happens that she does not agree with, but surprisingly neither her daughter nor her granddaughter get upset. Joyce Smith states:

When he was a baby, he was here for an extended period of time... from 3 months to 18 months... And, she (the daughter) was dealing with some issues... And, so, I felt that it was best for me to take full custody of him... and let her get herself together. ... I actually went through a lawyer to get temporary guardianship... I had a very good friend that was an attorney, and he suggested that I do that to make sure that if anything happened... that legally... just say if he (the grandson) got hurt or something and had to go to the hospital... and you (the grandmother) have to sign forms... and you know... a legal guardian has to do that... He did not charge me because he was a friend... So, really I don't know what that would have cost, but he did that out of friendship...

Well, you know that the mom and dad were not married... he (the dad) was a little hesitant because I had to have his signature... He had to give an okay because his name is on his birth certificate... And, so, after I talked to him about the fact that it would just keep us from dealing ... you know a lot of issues you don't think about... you think everything will be okay... nothing is happening because you are just going through your everyday life... But, it was just school and health that were the two major things...And, the fact that if something were to happen to me... his mom is not around right now... And, it is me... And, if something happened to me... then what... Whenever I needed to do anything like going to the doctor or getting his immunization shots... stuff like that... it just kept me from having to deal with a lot of unnecessary burden... And, I did not do it for my benefit... I really did it for his benefit...

Then, we just went back through the attorney and wrote up papers saying that I was now giving her (the daughter) ... I was releasing my temporary guardianship... And, giving her total custody of him...It was just paperwork...And, by the attorney, and I guess that I am one of the lucky people, because I really don't know what other people have to go through as it relates to that... My friend just dealt with me and he has been an attorney for a long time and knew exactly what to do... he just took care of everything... (Joyce Smith)

Ms. A and Susan describe it as a duty for relative caregivers to go to court and do whatever needs to be done for the benefit of the children albeit they understand their privileged status due to prior work experience with the judicial system. Susan states:

I would say that if you love your granddaughter and your granddaughter or grandson is depending on the grandparent for guidance and direction... I would say that the grandparent needs to know that in order for that child to be healthy mentally and physically and socially that they need to take whatever steps are necessary for that child to have all of the basic needs of life covered for them... whether that is going through a court... whatever

they need to do to make sure that child is taken care of... That is their responsibility... And, I know that either my son is going to have to take the necessary steps that he needs to do or I am going to have to do it... And, this has to happen within the next 6 months...

2. RELATIVE CAREGIVING EXPERIENCES WITH CUSTODIAL CHILDREN AND BIOLOGICAL PARENTS

This section provides an overview of the relationships of relative caregivers with biological custodial children from when they first gained custody and how such relationships evolve over time. It also explores the relationship of relative caregivers with the biological parents of the custodial children. This chapter further emphasizes that most relative caregivers positively associate with at least one biological parent of the biological custodial children.

- **WHAT OUR RELATIONSHIP WAS LIKE WHEN I FIRST GAINED CUSTODY AND NOW**

As indicated by prior research, relative caregivers in this study associate their relative caregiving experiences with psychological rewards, including being recognized as being needed and giving them a sense of purpose (Edward and Daire 2006). As Blue indicates in his story, many relative caregivers are “up to the challenge” of establishing bonds with the biological custodial child whether the assumption of care resulted from a formal or informal care arrangement. Despite the financial struggles that come with being a biological relative caregiver, Angelique, for example, is a good representative of the relative caregiver sentiment when she states that the time that she has spent with her grandchildren has been great, indicating that “she loves them all and enjoys going outside to play and enjoy her grandkids while she is here on earth.” Mrs. R. further indicated that she fell in love with her grandson after she had to provide care to him on a daily basis and wanted to make him feel wanted in spite of “his mother not being around.” Blue additionally stated that he

did not mind being a part of his step grandson's life because he did not have kids of his own, and he enjoyed his step-grandson's company while his grandmother was at work.

Sylvia explained that the relationship that she has with her granddaughter is indicative of the results that she is a happy child. Tiara expressed "great happiness" as well with the closeness of her relationship with her great nieces and nephews as exemplified by them going from calling her auntie to mama and grandma. Susan further reflected on the memories of motherhood that have surfaced since her granddaughter is in her and her husband's care and the atmosphere of love and "life" that her granddaughter brings into their lives which minimizes the hassles and daily adjustments. Carl also described the consolation that he has knowing that he had a part in the upbringing of his biological custodial grandchildren and not the burdens of "wondering where they are and how they are doing." Joyce Smith states:

I cannot get rid of him... a bond... I just look at what a great kid that he is... He has always been very smart... I just feel that the reward is that he will grow up to be a productive citizen... I just think that if I was not there to step in what would have happened... It really makes me sad when I think about other people... who their child either had to go into foster care or had to go with some relative who did not want the child so you think about what could have happened... if that child had had someone who really loved and cared and had his best interest at heart... The reward is that I have a fine grandson that I know will continue to just be good and be a great adult and will hopefully go on to be someone who can help make a difference... you cannot save the whole world... but sometimes it is just within your means that you save the person that is right there with you like your grandchild or a cousin or a nephew... and you make a difference in their life and that makes a difference in the world...I don't see that I have a child who is going to get in trouble ... I think because of how he has been raised and because of my influence... He is going to be a really good addition to the world...And, we started him in Montessori... and I look back now... and that was such a great investment... Because it set the stage in the foundation for him, so now that he is continuing in private school... you know... he is the kind of a kid that you know his teachers always talk about... how respectful he is... Even other kids' parents ... they love him to be around their kids because they are like... you know he says yes mam and no mam... and he says thank you... he is just so mannerable... and we were like y'all need to act more like him...(laughter) And, you know, that does not come just from me ... but his foundation from the Montessori school... it takes a village to raise a child... it really does... because it is not just me who has helped him become the person that he is or will become ... but, it has been the whole village... the school, myself, and my family...The

reward has been great...

These experiences are consistent with Edward and Daire (2006) who reveal that relative caregivers often describe their experiences as being beneficial to the individual child and community as they are recognized as being needed, given a sense of purpose for living, provided with a second time to parent more effectively than the child's parent, able to establish a closer relationship with the custodial child, and keep their biological kin out of the foster care system, if possible.

- **WHAT MY RELATIONSHIP IS LIKE WITH THE BIOLOGICAL CUSTODIAL CHILDREN IN HIGH SCHOOL AND BEYOND**

The narratives of a service provider as well as relative caregivers included here describe the experiences associated with custodial children aging in relative caregiver status and the provision of guidance that is needed as they enter high school and prepare for the future. Bruno, service provider, expressed concern about the lack of options for some biological custodial children as they grow older. In spite of his challenging childhood experiences, however, Bruno's biological custodial step-grandson found success, structure and solace through military service and marriage.

Joanie represents the biological caregivers in entirety when she indicated that "we as relative caregivers encourage education in all pursuits and finishing high school and maybe even college." This is inconsistent with Edwards and Daire (2006) who suggest that relative caregivers may have less energy, patience, or lack the current needed skills to assist with the homework of the custodial child and socio-emotional development. It was also noted that factors including poverty, physical ailments, and lack of transportation further hinder the relative caregivers from going to the school

for meetings with teachers, school counselors, and actively involving themselves in the child's education (Edwards and Daire 2006).

Mrs. R, for example, was determined that her grandson's special needs would not be a hindrance to him completing high school or pursuing a college education through her willingness to be actively involved in the school from Kindergarten until graduation, which contributed greatly to his pursuits of a higher education. For Ms. A, the option for her niece and nephew was to view music as a pathway to attaining structure and involvement in positive extracurricular activities throughout high school. In Joanie's case, her oldest grandson graduated from high school and will continue on to college. Joanie and her husband Hal moreover feel that they have positively contributed to his ability to pursue his future goals of higher education.

In addition, Amy, Dionne, Mrs. R, and Ms. A all made the choice to not adopt the biological custodial children in their care in order for them to receive more financial support for college by becoming their own agents at the age of majority. This strategy, however, did not thwart the guidance that was provided by Amy, Dionne, Mrs. R, and Ms. A to the biological custodial children as they navigated through preparing for the ACT and seeking out scholarship money. Mrs. R. states:

There was nowhere that I knew to go to find out that information... We found out about it through our search... I am a people person, and I just talk to people ... When I would go to ... take him for appointments... And, in the waiting room, we would be exchanging information... But, there was no specific place to get the information that you need ... But, when I was given the idea that we could get some help from the Rehabilitative Services, we started talking to them and they told us when to apply and that sort of thing...

Vanessa indicated that it may be on her, student loans, and maybe scholarships to provide for the educational pursuits of her niece. Green expresses below her concern for not being able to finance her grandson's future higher education goals:

One of the discussions that I have with him a lot is that you know... I know when it gets to the point of him wanting to go to college... I would not be able to afford to send him to college... to pay for it... So, that is why I tell him to use his gifts and abilities and his mind in order to achieve academic scholarships or whatever gift that he had for extracurricular activities... so that he can get those scholarships... so he will be able to go to college... if that is what he wants to do... and he may not want to go to college but that is an option and that is what I am pushing him towards...

- **WAYS I AM ACCEPTED BY THE CHILD AS A BIOLOGICAL CUSTODIAL CHILD RELATIVE CAREGIVER**

As indicated throughout sections one and two of Chapter IV, the relative caregivers are very active in the lives of the biological custodial children in their care for the benefit of the children. Linda explains that her grandchildren have accepted her “just fine” and it gives her solace to know that they want her to be a part of their daily lives as a “mother figure.” Carl indicated that acceptance by his grandchildren was important because they “were the only relatives that they [the grandchildren] knew,” so it was important for their grandchildren to become “just another set of [their] children.” Dionne described how her grandchildren’s acceptance of her is revealed through them wanting to go places with her such as the grocery store and park as well as help her with cleaning up around the house, and she would not take “nothing for any one of them.”

- **THE RELATIVE CAREGIVER BIOLOGICAL PARENT RELATIONSHIP**

The majority of the relative caregivers experienced positive relationships with at least one biological parent of the biological custodial child in his or her care. Mr. and Mrs. Jones describe below the conversation that they had with the biological parents of their granddaughter prior to her granddaughter moving into their home:

We had a discussion as to how we were going to handle my granddaughter moving in with us... We sat down with my granddaughter and told her that these are still your parents and they are still going to be active in your life...But, we have our rules at our house...And, she understands that... And, her dad told her too that you are going to get to pouting some days that she will disagree with what we say... But, you cannot be running back and forth like that... And, she knows that...And, like I said... she is volunteering...right now... And, we discussed it with her parents... as well...At first she was against it, but then, after she attended that first day... she seemed like she likes it... And, she feels that she wants to be a nurse one day... So, that is what I thought about... putting her in that environment to actually see... I know that she may change her mind through the years... But, at least she will get an opportunity...I always knew that there was a program in hospitals... and I knew that is something that I would want her to do... It is not always about getting paid all of the time... She has her whole life to work so a kid needs to be a kid to me... And, when it is time to work, then it is time to work...I want to prepare her now... (Mrs. Jones)

We talk ... and there is a relationship... I don't feel that there is any animosity or difficulties there ... And, even with the second child... they have the same mom ...we will go and pick her up... It is not her desire to stay with us... They love their mom... We go and pick them up and bring them to church... We take them back home ... We help provide clothing and food... whatever...they stand in the need of... we try to support the things that they do at school...To me, it is a great relationship. (Mr. Jones)

Susan expresses that her granddaughter's biological mother seems to be grateful for the care that she is giving to her daughter. The parent that Vanessa actually interacts with is the adopted mother of her niece which is also Vanessa's stepmom. Vanessa stated that she gets along well with her stepmom as her niece's adopted mother because her stepmom realizes that Vanessa can provide more structure for her niece. Mrs. Evans explained how her relationship with the biological mother is undergirded by the fact that the mother does not really want children yet she is still willing to fill in the gap and assume temporary care of her grandson as needed. San tells the story below of how she and her daughter worked together after her granddaughter came to live with her due to a tenuous relationship between the mom and granddaughter that began once the mom remarried:

Well, it really worked out pretty good because I told her this is your child even though I am custodial and she is with me... There are certain things that you are going to do... So, she did all of the parent conferences... the clothes that they wore she bought... she went shopping... She bought all of the clothes, so I did not have to do any of that ... go to the parent conferences... If she got into a problem at school, you go and you deal with the

problem... So, she did a lot of the parent conferences in school and making sure the clothes... and shop for the clothes and all that...Because I say young people wear stuff different now ... so you buy her clothes... I still cook so I will make sure that she has food in her mouth...

I think she was angry with her mom... And, I became her mom figure... And, now she will say that is grandma, but that is also mom... Because she still has some of the anger ... even though as she has gotten older...Because she felt like her mom let the man take their place...

Interviewed service providers, however, do highlight the fine line that may exist for some relative caregivers resulting from the desire for the biological custodial child to have some prosocial biological parental involvement while not allowing lines to be crossed precipitating the child's association with a potentially unstable environment (Minkler and Roe 1993). Nicole, service provider, indicates that the negativity in the relative caregiver/biological parent relationship may result from the initial instability and insecurity of the relationships:

Sometimes its ... hey this was supposed to be temporary but it is going on or we finally got these kids some stability and now I am afraid that the parents are going to come back earlier than planned and disrupt it... So, I think it is just an issue with the duration either longer or shorter than they are prepared for...But, I know that sometimes they have the fear that ... you know ... the person will decide that they want to disrupt the arrangement before those problems are resolved and in the long term... That can be worse...

Tiara was one of the few relative caregivers that chose to avoid a confrontation with the biological parent to prevent the children from perceiving such tension. Most others, including Green, were more willing to engage in direct conflict with the biological parents in spite of the action that may be taken by the biological parents:

I don't want her [my daughter] to be angry at me, but you know... My concern is what is best for him... than what she wants to do... If he does not feel like he does not want to go back in the home with his mom, then I prefer that he stays where he is comfortable... I really feel that if it gets to that point where he really does not want to go with her... and he wants to stay with me... and if she tries to fight me... I will have to do what I have to do...

For the majority of these relative caregivers, it appears that the manifestation of surfaced tension between relative caregivers and biological parents results from the disappointment with the actions and values of the biological parents. Carl indicated that everything is not okay between him and the biological father of his grandchildren and views the biological father only as a “sperm donor.” Mrs. R. indicated that the biological mother of her grandson was not predictable and it was therefore her job to keep her grandson safe even if it meant offending her biological daughter. Ms. A explains her willingness to confront the biological mother of her niece and nephew for the benefit of the children:

This whole ordeal with me having two of her kids created a lot of tension in our relationship... And, like I have tried to explain to her... you are an adult... you can make decisions to do things yourself that kids cannot make... So, they need someone who is going to be there to look out for their best interest and not yours... Not saying that your interest is not important... But, your interest in my opinion ... at that juncture in your life... superseded anything that you needed, wanted, or desired...

Relative caregivers have to have the courage to testify against the parents even though they do not want to make them mad... I made my sister real mad... And, I had to tell her a couple of times... I am not really concerned about you being mad... But, I was in a I up position from her and that is a situation that a lot of parents don't have... in that I was intimately familiar with the system... and so she could not ... I would say to her ... you want to go down that road... go right ahead... see you in court... we have not been to court yet... Because I knew that their lives were at stake... You are an adult... And, part of it may be because of my mental health background... working with mental health... I have done a lot of this with other families too... But, as an adult, you have already made choices for your life ... and, you made a lot of bad choices... and then ...with your children... you are continuing that pattern of making bad choices... that is not fair to them because they deserve to have a good honest shot at life... And, they are not going to get that with you ... if you are strung out on drugs... if you are always gone somewhere and just dropping them off any and everywhere ... which is what happened with her oldest daughter... (Ms. A)

These experiences are consistent with Minkler and Roe's (1993) observation that there is a fine line when attempting to foster a parental bond with the biological custodial child by keeping the door open for the child to be involved with a biological parent and making the decision to

extinguish the contact with the biological parent. Diana and Dionne explained that sometimes a relationship may be impossible because neither the child nor the relative caregiver may know the identity of one of the biological parents. Dionne states:

And, my granddaughter is now beginning to act out a little more... And, I do not know who her father is... Each kid is different... Because, my granddaughter was ... in other words ... her mama was raped and got my granddaughter... And, so, she is beginning to ask questions... about who her daddy is and that... I just tell her that I really don't know... And, I really don't know... Even if I did know, I don't think that it would be good for her to know...

I have told her that she was not expected to be here... And, I told her what happened and stuff... And, she said that her daddy was terrible for doing that... And, she would like to see him just to tell him off... And, I say to her that we do not know what kind of person that he is... So, it is best to let him go on with his life...

GiGi describes her story of how when parental obligations moved her daughter to another state there was some tension in the relationship that was instigated by the grief her grandson was feeling after the daughter divorced the biological dad of her grandson prior to the move and the emotions involved in deciding what was in the best interest of the child. GiGi explains:

My daughter was kind of sort of in agreement to him staying... ... every night he (my grandson) would always pray that same prayer ... God please let my mama and daddy go back together so that we can be a happy family again... And, going through that transition with him... It just really broke my heart to see him hurting like that... And then, sometimes I felt like my daughter was not as sympathetic about it as I felt that she should be... So, she and I would kind of clash with that part of it...

The second year she was ready for him to come... The only reason that she let him stay because my husband was ill at the time... and then with my husband also asking her to let him stay here... She felt like it would be an injustice to her dad to take his grandson away at that point... And, when she did take him away because my husband had gotten to the point where his health was further and further deteriorating and she knew that I was not going to be able to take care of my grandson and see about my husband as well ... We had to let him go ahead and go because I was not going to be able to maintain... Even though my grandson's daddy was still here, but his daddy was working during the day... So, it still was going to be a time span where everybody was either going to be at work or not available...

3. GENERAL CHALLENGING CAREGIVING EXPERIENCES

The analysis of the relative caregivers' interviews reveals a number of challenges, including lifestyle changes, parenting for the second time, parenting children with special needs, and financial challenges. The findings are consistent with the study of Linsk et al. (2009) who indicate that stressors for the relative caregivers include issues related to finances, time allocation, care responsibilities, and concerns about the absent parent as well as factors affecting the children related to school concerns, child behavior, and emotional problems.

- **LIFE STYLE CHANGES**

Ms. Evans is among the few when stating that her lifestyle had not been altered by assuming care of a child. A number of the comments of the relative caregivers more so resemble the comments of Tina when she stated that she had to change her life and schedule and “just put everything aside and started taking care of them.” Amy, for example, also indicated that she had to take an early retirement and become “acclimated again to the schools, activities, shopping for children, buying school supplies, going to PTA meetings, and everything that those early childhood years brought about.” Several female relative caregivers described as well having to get up earlier in the morning to make sure that the children ate an adequate breakfast, and as San indicated to “get where they needed to go” before they [the relative caregivers] had to report to work. For example, Ms. Green stated, “I was just used to just getting up and going whenever I wanted to... And, I think that was the biggest challenge.” GiGi describes her day as follows:

It was pretty hectic because I had some long days that I was working ... I would go to work and work from 7:00 to 3:30 ... Then, I had a second job 3 days a week... that I would go to and work 4:00 – 7:00... So, I was working 7:00 to 7:00 for 3 days out of the week... It was to the point where I had to physically ... there were things that I had to do to make the preparation... not being here... And, with my husband being sick and even without him

being sick, he was not a person that did a lot of household things... It still fell all on me... So, I was an early riser and late going to bed ...

Joyce Smith indicates that she was grateful for job flexibility due to the caregiving demands that were placed on her after assuming care of her biological custodial grandchild. Joyce Smith's transitional ease was aided by working for a small nonprofit organization at the time that focused on family and children issues, so there was a sense of understanding from fellow co-workers, regarding her relative caregiving circumstance. A number of other relative caregivers, however, expressed concerns with their new found hectic schedules that conflicted with job responsibilities and perceived thoughts of relaxing during retirement. These sentiments are best expressed by Ms. A and Sandy:

I think it was a pretty easy transition for him because he had been with me on weekends and during holidays... And, he would stay with me sometimes... when he was younger... So, the transition was probably more severe for me than it was for him... Unfortunately, my mom was sick for about that first year or year and a half... and then, after that though she was able to be a good support... But, we had multiple medical appointments... every week... So, there was a lot of juggling of the schedule... I ended up actually having to make a job change ... not because I lost my job... because the job I had was just too strenuous for me... emotionally strenuous for me to do...dealing with kids that had emotional issues... then coming home at night doing the same thing...it was like I never got a break from it... (Ms. A)

Now, I am retired and I did 34 ½ years on the job and I am retired... But, it is still like I am not having this time for myself... Or, having enough money for myself ... for us to enjoy ourselves... You know we are making it... I put them first... because they are doing good... But, we have taken what we have to try and help them... to buy food and groceries and stuff... But, you know we are making it... the Lord is helping us... I thought that I retired... I am not a go out of town person all of the town... But, I would like to do a little bit more than just sit up at the house... But, we could have been doing things ourselves... going places... taking trips... I feel like we would have been able to do that... Do a little bit more of what you want to do... in your life... Because I have always been the type of person that was active... working and sometimes I get to the place... saying... Did I do the right thing... Yes, I did the right thing for myself but I do not feel it... (Sandy)

Sandy's story is consistent with Minkler and Roe's (1993) argument that relative caregiving experiences can cause relative caregivers to develop feelings of being undervalued where their contributions and sacrifices are dismissed at the community level, including giving up travel and leisure time and jobs to care for unexpected children, and incurring debt burdens that make it challenging to meet the basic needs of the newly formed familial structure.

- **LIFESTYLE CHANGES AND CHILD WELFARE**

Keisha had one of the most dramatic lifestyle changes due to child welfare being in the life of her and her great nephew to provide services to protect her great nephew while strengthening the relationship with the biological mother. Derrick tells the story of how he understands as a service provider that it is challenging for relative caregivers to care for children through the foster care system because there are so many people in their lives, including the legal system, the agency, and need for ongoing training. The scenario expressed by Derrick conceptualized the life changes for Keisha:

I take my lunch break to take him to therapy... I may not always eat... but I pick him up and take him to therapy and bring him back...It is a lot that they don't consider when you go through this process...It is very long and very tedious [process] ... During the time that you are completing the classes, you are not getting any type of financial assistance from the state... The state did provide daycare vouchers... which I am thankful for... because I could not pay for two schools... I am barely paying for one... And, as long as he is in foster care, they will pay for him to come to school...It is a lot of stress and strain... because I am taking him to all of his appointments... making sure he gets speech and occupational therapy... And, things that were not done... but, should have been done... I am making sure that they get done... I take care of everything else... except for him to be picked up on his days to visit with his mom...

It is clear that Keisha is one of the model relative care foster parents who wants to take the necessary steps to provide the needed services and benefits for her great nephew albeit does not

come without challenges including tension with the biological parent for not meeting the expectations of the child welfare agency. Derrick described the importance of relative care foster parents partnering with the agency in the care for the child. Derrick explains:

Get involved... partner with the agency... find out... to understand... participate in case planning meetings... take that child to the therapy... go to the school with the child... if the child has issues going on at school... don't ask the case worker to be the one to take the child... to the school to the doctor's appointments... But, partner with us... with the goal that we are after ... and make sure that you are following the court orders and case plans... and just be a team player... and understand there is a reason why we are doing certain things... and our goal is not to make your life more difficult but there are things necessary... laws and policies that we have to adhere to and especially court orders that we have to adhere to in front of a judge... just partner with us... and also speak well of the system... don't go out and bad mouth and tell everybody how bad the system is... because then you make it harder for other families... cause we are trying to help people ...

- **PARENTING FOR THE SECOND TIME**

Most of the relative caregivers are as concerned as Linda with “learning how to parent in 2014 and not in 1969.” This is consistent with Edwards and Daire (2006) and Linsk et al. (2009) who reveal that the “parenting” relative caregiver may feel as though he or she lacks the needed skills or feel that their parenting skills are “out-of-date.” Mr. and Mrs. Jones describe the story of becoming acclimated to parenting a teenage girl after raising two boys:

Like, my granddaughter asked to go over a church member's house, then they were going to a party... I was like okay... I did not think about where are you going... where is the party ... My kids have been gone out of the house forever ... This is what happens as grandparents and great grandparents get older... (Mr. Jones)

And, then I came home... worrying about her... And, then he woke up...and, we had two boys...So, I am calling to check on where she was...and I had to drive by there because I wanted to make sure that she was in a safe place being supervised... (Mrs. Jones)

Carl, Amy, Jim, and Sandy expressed their concerns for parenting biological custodial children in the age of digital technology. Amy, in the alternative, also described how grateful she is for her grandchildren's willingness to teach her about computers and photography, but she does admit to not "understanding that boom, boom rap stuff." Carl states:

Our earlier children, we had more of a one-on-one relationship... As opposed to this electronic age... where ... there is somewhat of an independence because of the electronic devices... I think that to some degree they limit one-on-one relationships ...I think that is one of the challenges ... not only for us... but for a lot of people ...Not that we don't have relationships... but it is a challenged relationship... They can walk around with the headphones... and you are talking to them... or you call them and they don't hear you...And, you think that you are going to have to snatch them off of them...It is not something necessarily that they do deliberately... it is a part of the climate today... We did not have to deal with that when our earlier children were coming up... Our earlier kids were looking forward to being in little league baseball and the girls in dance...And, the things that that they are exposed to is quite challenging in comparison to what our kids were exposed to... they have to deal with those kind of things...And, they are much more educated on some of these things than us...Even when you try to monitor... sometimes you feel lost... and don't know what to do ...

But, even still they are involved in much more depth with electronics than we have the capability of following up...They can get on these things and they can access stuff ... And, even with the perception and stuff, we can be listening to the same thing and they can just be picking it up and I am straining to try and hear and my ears just can't get it...But, we accept that as a part of their culture... as opposed to... not so much that we outlaw it... all together... as long as it does not violate our principles... we give them room to have these experiences... as far as we go ... we monitor them... But, still this is their time period... different from even when we brought our kids up... And, totally different from our time...There is nothing not so much to change in our relationship... it is our desire that they grow up to be independent ... and steer themselves in a good livelihood and become good Christians... good citizens... I would not desire anything beyond that... And, we hope that the contribution that we have made will steer them into those directions... (Carl)

This is consistent with Dolbin (2006) who found that relative caregivers indicate that it was easier parenting "back then," reflecting the influence of history and time on parenting a new generation of children. Perceptions of relative caregivers, however, further included feelings of being wiser, more relaxed, and more involved with their grandchildren (Dolbin 2006). Sandy tells the story of how she handles the associated social media challenges with her grandchildren:

One thing about it, I always talk to them and tell them... in order for ... things to happen to you good... you have to treat other people... the way you want them to treat you... And, when things happen that you feel that you cannot get yourself through... you have to go to the Lord... and trust in him... I always tell them that... don't talk about nobody...Don't talk about nobody if you don't want nobody talking about you...Let the Lord handle it...My granddaughter had a situation with a little boyfriend that she had... and she was very upset about it ... and I said just pray to the Lord about it... If he is lying on you about different things... it will come to a head... and it sure did... this was on Facebook ... I hate the Facebook... They get on there and they look at it, but they do not give everybody their code... And, they know that I don't like them looking at mess...But, sometimes you can't help it if somebody has stuff on their pages... But, I tell them that I don't want them to do it... And, they have been doing good... Because I look at those phones...

- **PARENTING BIOLOGICAL CUSTODIAL CHILDREN WITH SPECIAL NEEDS**

A number of relative caregivers describe challenges with raising biological custodial children with special needs. For Ms. A, dealing with her nephew with special needs was “an everyday thing.” The nephew of Ms. A was still on a feeding tube when he came to live with her. The later associated challenges of an autism diagnosis resulted in Ms. A’s nephew experiencing difficulty when interacting with people on a daily basis as well as in school from an advocacy standpoint. Keisha tells the story of the concerns that she has for her nephew in comparison to her biological child and the feelings of her biological child with having her nephew reside in their home:

He is very far behind... getting his progress report from his teacher just made me sad... Because, I am always excited about getting my son's ... I say that I will just keep working...It is always hard for me to get him to sit... he wants to do his own things... I knew that he was far behind, so I took the initiative to set up counseling and assessments... He is in therapy... I take him to therapy every week...And, it is good that I have a job that is lenient... thank goodness...

He really did not talk when he came to me... So, he had some speech delays...Simple stuff... like loving to take a bath with bubbles... he enjoyed that... He likes to throw those big fall out tantrums... When I would not give him juice because we drink water in my house, he had a long drawn out tantrum... So, I fixed the water and told him it was there and I went on ...So, he finally drank the water... He throws food... If he does not want to eat... Like this morning, I fixed him breakfast ... little pancakes and bacon... he likes them... but today he

decided that he did not want to eat them... he screamed and hollered... and screamed and hollered... and screamed and hollered... And, when he first got there my son would be like... mom... why is he crying... And, he would just cover his ears and say it is too loud... And, I explain everything to my son... I said your little cousin is going to come and stay with us for a little while... and he was like... he is going to be able to play with me... And, I was like sure... But, when my great nephew never left... my son was like... I thought he was just coming to play... But, he is still here... My great nephew is far behind in regard to what I think he should know... The things my son knew when he turned 3... my great nephew does not know... because he only knew his first name... he did not know his whole name... since he has been with me, I taught him his whole name... He did not know when his birthday was... He could not show me 3 fingers... He did not know his ABCs... And, I try not to compare him with my son because they came from two totally different environments... And, I have to keep thinking in my head that I did not raise my great nephew... from the time he was born... So, he has probably missed some steps... Now, if you ask him to sing the song from Annie, he can sing that without a problem... And, my son will ask... why does he keep singing this song... Tomorrow... Tomorrow... .. So, I say... you can barely talk, but you can sing that... So, the longer he is with me... I am learning more and more about how he was raised before I got him... I knew of my great nephew... He has come to all of my son's Birthday parties... But, he never physically lived in my home... So, when he got there, I am learning all of this stuff that I had no idea... Because your family of course will never call you unless they need you... (Keisha)

Diana, Blue, and Faye also described the emotional challenges experienced by their grandsons. Diana expressed how being “from the old school” caused her to think that her grandson’s inability to focus was a result of him being a “hyper child” and not an indication as perceived by the school that he needed medication for a “disorder.” Blue, her husband, became even more concerned when “the hospital diagnosed him as ADHD.” Diana and Blue both later accepted the diagnosis and the prescribed medication for the benefit of aiding their grandson’s success in school. It took Linda’s son being hit by a vehicle and having to be transported to the hospital for her to later receive an ADHD diagnosis for her grandson. Ms. Evans expressed how the school was calling her every day, so she knew that “something had to be done” about her grandson’s behavior. For Ms. Evans, her efforts with navigating through the “mental health system” and finding the appropriate doctors and psychologists were aided by being a special education teacher. Although Ms. Evans’ grandson rides the bus for an hour each way to and from

his new school, she is pleased with the change that provides a good “education” and “real good” structure. Ms. Evans’ concerns about providing the best educational opportunities for her grandson were shared by Mrs. R:

I saw in my grandchild ... he was late in talking... very late in eating... late in walking... And, he was not as attentive as he needed to be... so he needed special help in that area... there was no one available to give him that kind of help [at his school] ... So, I retired early before I intended to because he could do the work... But, someone had to be there to coach him along... to keep him on task so he could finish the work in a timely manner...And, that became a role that I had to play because they did not have that available... I think somebody should be available to children who have those needs... All through his 13 years with kindergarten in school, there was no one available to do that... I went to school with him every day for most of his 13 years of school...

At first, they [school officials] were friendly... But, when they found out that I was going to come every day because there was no way for me to help him at home if there was nothing sent home with him... Because he would not always be attentive enough to write down if they put it on the board... Or, he would have it crammed in his backpack and I would check the backpack every day... And, sometimes, he would just leave it at school when it was given to him... And, so, I had to go every day so that I could be aware of what he needed to do... And, when he was in the 6th grade... I tried to let him go by himself... And, he was not turning in anything to them...to the English teacher... She thought something was wrong with him where he needed to be in special education too... And, when I was approached with that problem... that he needed to be in special ed... that is when I started to go to school with him again... because there was the special ed popping up again... And, I knew he could do the work ... I did some school programs... I was a resource person... And, my observation of special ed... I did not see where it was really helping the kids any... I really didn't... that was my observation... because it was my observation that some kids might really need it... But, they needed it on a greater level than my observation [of him]...

When Rod, service provider, enunciates the love and commitment that relative caregivers have for their children, Mrs. R definitely surfaces as an example among many of the everlasting devotion that relative caregivers have for their biological custodial children. Dionne further tells of the additional resources besides counseling and medication that would be appreciated as biological custodial caregivers guide their grandchildren through challenges such as the grief after the passing of a biological parent. Dionne states:

Now, the baby was the hardest... still to this day he remembers little about when his mama passed... But, to this day, he still asks about his mama... And, I had to explain to him what happened... And, still today, when we are at church, he will cry about his mama... He still misses his mama... And, the daughter still misses her a lot too... A lot of different things... she was young... A lot of different things that my daughter would do with her daughter that I don't do because I don't feel good... and everything else... so, she kind of misses out on a lot of stuff... and the oldest one... they miss... out on a lot of stuff...

Hospice who my daughter went through... they recommended us to the [local hospital] and we went there for a while... But, it did not work out...

[The school ended up doing an] Individualized Education Program (IEP) on each one of them (the grandchildren) and the only one that needed it was the oldest boy because he was withdrawn and would not come out of his room... And all that... And, at the school, the doctor was there... and so... and when we talked to the doctor... He just said... well, all I am going to do is just put him on some medicine... he is withdrawn... I am going to start him on his medicine and do this and do that... He will be okay... A lot of kids like this go through this every day and it is nothing new... it is nothing for you to worry about... just monitor him a little bit in his room... and that is it... that is all that we can do... and I will try to monitor him a little bit at school...

So, my grandson's grades dropped all the way down... So, I started going to the school and looking at his IEP and I was wondering why his grades are like this... And, they said he is just a little withdrawn... This medicine is going to make him focus on what he is doing... he is not focusing... he is thinking more... But, he is not focusing ... So, we want him to focus... So, they put him on even stronger medicine... Then, he started having headaches and stomach aches and vomiting... And, I said that I am going to stop giving it to him... And, I took him back... Then, my grandson started coming out of his room a little bit and talking a little bit more... And, I told him that you can talk to me about anything... Because, he was with me with his mom which made a big difference between him and the other two...

Dionne then explained how she felt her grandson should be treated to guide him through the grieving process:

I think he needed... instead of just sticking him on medicine... They should have talked to him... Asking what is bothering him? What is going on? What did you not understand about your mama leaving here? What you don't understand that your mama has left us here? What do you want to talk about? Do you want to know why she left? How come she left the way she did? Do you feel like you are just left out because your mama is not here? Or, do you feel alone? I would just ask him all kinds of stuff... But, they would not ask him a question... I would be sitting there and he would be sitting there... I would not say a word... He would just look at me and I would look at him... I said that I am going to see what this counselor is going to say...

[But], there was one person there that was the assistant coach... Now, he was not even the counselor ... He helped bring my grandson out... He would talk to him... Took him under his arm... Would take him places... Sometimes my grandson would get confused and miss the bus... He would bring him home... He told him if he needed a ride... To not ever let him catch him walking... He said that he would bring him home... And, he asked my grandson what was going on with him... He said that he was a good kid... He said that I want to get you in some kind of sports... And, he started really helping my grandson come out of the room... Because, after that, he got into ROTC... But, he needed somebody to talk to him... That guy really helped us... (Dionne)

Faye indicated that a social worker at the local hospital assisted her in finding help for her combative granddaughter. Faye states:

When she [my granddaughter] turned 18, she got kind of combative, and I could not handle her... And, I could not get any kind of help... Trying to get her placed where somebody understood her better than I did ... and that was really hard... she was in and out of the hospital needing behavior help... To the point, where I said that she could not come back home because I am recovering from colon cancer...And, I felt that I could not take care of her... Before, I got her in a program ... It is an adult assistant living program... So, before they accepted her, I told her that she could not come home right then because I was not able to take care of her... I was scared they were just going to put her out on the street...

Faye closed by saying, “It just needs to be more awareness of what caregivers have to go through when they are taking care of special needs children.” This is consistent with Kelley, Whitley, and Campos’s (2013) observation that grandmothers may reach a point where they are not effectively able to cope with problematic behaviors, resulting in a higher risk of their custodial grandchildren being placed in the state foster care system, a residential setting, or even the juvenile justice system. Keisha expresses the need for relative caregivers to have more awareness of free parenting classes to deal with challenging parenting experiences with the biological children in their care. This is consistent with Dolbin (2006) who suggests that grandmothers would benefit from parent education and training that acknowledges their previous parenting experience while addressing the unique challenges associated with parenting the second time around. Keisha states:

I don't think there are any type of programs that are like that to help grandparents if they are not in state custody... I know they came up with a subsidized guardianship that allows relative caregivers to get assistance for their children if the child had been in foster care at any point in time... But, it is if they had been in foster care...And, that is the sad part because a lot of them need help just like anybody else... I just don't think that is fair for the families because that is a burden... to take on another child...And, I know Centers for Youth and Families have classes for foster families and just regular people about parenting a strong will child... [and how to] parent these new age kids... Children's Hospital has classes I believe, too... And, The Point, for behavioral issues... And, the Youth Home... and they have a counselling... therapy... medication management... things of that nature... you can go there too... And, the Child Study Center...Those are resources where they can get therapy resources... and they may not have to pay if they are on Medicaid... all of those places accept Medicaid...

I don't mind... I will ask for help... I knew that I needed to talk to somebody after my dad passed... outside of my family... Somebody that did not know me... that will not pass judgment... So, I went and found myself somebody to talk to... Because my dad passed away suddenly... so I was not prepared... because that helped me process it...(Keisha)

DD, service provider, and Mrs. R described the increased levels of emotional stress when dealing with a special needs child in rural Arkansas. Mrs. R states:

The doctors' appointments were the most challenging because sometimes the doctors' appointments were not in alignment with my work schedule... And, it was difficult juggling them with my work on some days... And, taking care of him... using all of my leave time to do things... that he needed to have done... And, I had to travel for some of those appointments because at that time... I was living in a small town outside of Little Rock... I had to travel at least 2 hours coming and 2 hours returning home... And, I also had to figure in the cost of gas... I had to continuously travel back and forth to Little Rock... other than that period when we went to a [nearby] small town [facility] for developmentally delayed children which offered exercises... speech ... therapy... a variety of things ...

For the rural area, the challenges that occurred dealt with geography... most of the nurses that came to take care of him... they were not from our area... some of them were from Pine Bluff... or Crossett... Most of them were from Pine Bluff... And, I don't recall a single person from my area... And, it was disturbing because sometimes the nurses could not reach out... If the person that was scheduled to come from Pine Bluff ... if something happened that that person could not come that day... there was nobody within a few minutes of your home that could be asked to come in that person's place... they had to reach out to some other place to try and get somebody... that was ... it should have been a bigger pool of nurses... there but there was not... Sometimes that would interfere with my work in caring for him...

So, the service providers... I had no problem with them... They instructed me on a lot of things to do with him at home that I really saw benefit from... I would like to see for people really in the same situation as I was... I would like to see more financial support and make it known in the area if you have a child... a special needs child... we are here... there was no ... nothing available like that ... I did not know about it... So, if it was there... it was hidden from me... That is something that really needs to be looked at... because a child with special needs... they need someone to really step up... Some people will take children like that and they will give them fairly good care for the money... But, a child needs someone who is really going to take care of them and stand up for them in any way that it becomes necessary to do... (Mrs. R)

- **FINANCIAL CHALLENGES**

The financial challenges experienced by the relative caregivers were numerous, except when the caregivers had professional jobs and received supplemental income, such as supplemental security income, and/or benefited from the active involvement of at least one biological parent. Vanessa stated that her niece came with no clothes, so she had to buy a fall, summer, and spring wardrobe and understands that she will probably have to pay for her niece's activities and associated "living cost" until her niece can take care of herself. Vanessa feels blessed, however, for her father's social security to help care for her niece which minimizes the financial burden.

Ms. Evans expresses below her concern for other relative caregivers that do not have the benefits of a "professional" job:

[A] lot of grandparents are on these really fixed incomes... And, my income is fixed too, but it is not fixed down here [pointing down low]... I can make extra money every year... I do home bound and tutoring... even if I didn't... I make enough money where I can take care of me and this child... And, even if I could not, I have some avenues... relatives... or somebody I know and everybody does not have that... And, if a grandmother comes needing help, they need to help these people... they don't need to say that you know your income is \$700.00 a month... what is that... I mean that is no money... and you have to buy clothing for these children...

Blue further expressed that he and his wife did not have time to adequately financially prepare for the arrival of their great grandson, and they "wondered how they were going to make it" with paying for "out of pocket aftercare" as well as school activities and supplies. Dionne, Faye,

Tiara, Joanie and Hal stated that the financial burdens, including the cost of increased utility and grocery bills, haircuts, extracurricular activities, prescriptions, over the counter health care needs, and gas, affect the dynamics of the household. The relative caregivers were concerned, for example, with not just buying food with artificial trans fats, but the “right kind” of nutritious food for their biological custodial children. Dionne also voiced concerns with not being able to take her grandchildren on outings, such as to the “water park,” due to financial burdens, so they are often “stuck” in the house “mostly reading or watching TV.” Joanie describes additional concerns below:

There are some things that are pretty difficult... holidays... Christmas... you know that is just extra... extra money... to provide for them... And, some places ... nurses would take a list of what the kids wanted and they would supply some things for the kid... But, you would not know about it... I just knew a friend that at their job... this is what they did...And, they look for families to sponsor...We just had to cut back and pray and budget...And, do without yourself... to provide for them...Retirement has been affected... And, the children still have to be cared for... we do not want to see them on the streets.

Sandy and Hal express how the lack of support from their grandchildren’s biological fathers increases the emotional and financial burdens in the household:

Only one daddy, the oldest girl’s daddy has helped her like I cannot even tell you... And, for her daddy, he went out of state and got himself together...You can always get yourself together...And, just because you have done something in your past... you don’t have to hang on that...you get yourself up and shake yourself off and make a life for yourself... The middle girl’s daddy does not even call... I don’t know what is wrong with him...And, the baby girl’s daddy is a big liar... he does not ever do anything either... And, there were times when my daughter would let him come and see her... but, he would say that he was going to go and come back and bring something and she was a child at that time... And, she would be standing in the window waiting for him to come back and he would never come back... And, I am not going to tell you on this thing what I told him... don’t ever do her like that again...You don’t have to say that you are going to do anything for somebody... your word and your face is enough... (Sandy)

I remember one time that my grandson had been talking to his daddy all week long... And, he wanted to see him... And, the daddy said yeah... I am going to come and get you Saturday... Well, he even told him this on Friday... But, when Saturday got there, he would not even answer the phone...And, finally it got to that afternoon... and he was crying... and he kept saying why does he always do me like this... (Hal)

Amy further stated how she and her husband refused to spend their time trying to track down their grandchildren's biological father to pay child support, so they just assumed the costs of caring for their grandchildren. Jim states:

There could have been more assistance... If the fathers could have taken their responsibilities as a father... you know... there could have been a little ease on our half... And, I am not saying that they had to come by and dish out big lump sums of money... but if they could have just taken on the responsibility and do what fathers should be doing... instead of making up excuses...it would have been easier on us... What we did was ... after I had to retire and got sick... real sick... we had to start cutting back... because some of the things... if both parties are working...then you can splurge a little bit...you have a little bit of a cushion... but, after one party has to retire... I got sick... you have to cut back and put real emphasis on the necessities...And then, after the necessities are taken care of... then you can look back and say well we have this left and that left...we are going to put it together and we can do this... we can do that...We just had to focus on what was necessary... for us to survive... in our household ... That is one thing we tried to teach them... to pay close attention on our household... nobody else...because we are not concerned with nobody else...

Sandy and Hal discussed their embedded philosophy that pushes them to “make their way through” without seeking out assistance from the government. Hal states:

The older guys on my job... all around my age... we kinda have some of the same views of a man taking care of his family... Doing what he has to do... My thing is that I try to tell my children that ... you can go out there and get all of the government services that there are ... but the government will not take as good of care of you as you can take of yourself... I am old fashion... I think that a man is supposed to take care of his family... And, I know that my mother and father helped us out a lot... But, I wanted to take care of my children... And, my family... and my grandkids... I wanted to do things for my grandkids... And, a lot of government sponsored things ... I don't believe in it...And, it goes back to the notion of wanting to do it myself...And, if there had been resources out there... I did not know about it and I did not want to know about it...

Other relative caregivers who were either disabled or ill had to receive state or federal payments; however, it was still hard for them to financially manage. Dionne states:

The main challenge is financial... and, the different diets can get very expensive... And, now that school is out... And, you are on a fixed income... You don't qualify for food stamps...

So, when you don't qualify for food stamps... And, you have 3 kids in the house... It gets kind of hectic... And, then the activities... And, then their friend goes on vacation and we have not been on a vacation since I had them... We have not been any farther than to the grocery store and back up in the house... And, they ask grandma why can't we go on vacation... And, my granddaughter, ... she is very good on the computer... she looks up Branson and all the different places... Oh, can we just go there... that is the cheapest place in the world... I am like no we cannot go there... we have to use that for food... So, that is probably the most challenging part... the food... the clothing... the financial part... But, I have to thank God that I have some very good and understanding grandchildren... My daughter was in the church and she raised them in the church... So, when I tell them that I do not have something or I cannot do something... They just say... ok... thank you anyway grandma... and they go sit down... So, that means a lot... And, it is not like oh... grandma please... can you get me that...

This experience is described by Minkler and Roe (1993) who argue that government support or the lack thereof generates an impassioned response from relative caregivers due to the stigmatized welfare or foster care system being their major sources of financial support. Relative caregiver burdens are thereby compounded for those relative caregivers who choose not to go through the foster care system if they are ineligible for or choose not to receive welfare benefits as well (Minkler and Roe 1993). Moreover, similar to Minkler and Roe (1993), the interviews in this study support the idea that socioeconomic status further complicates the use of having fun through prosocial activities as a coping strategy. Relative caregivers, however, seek alternative solutions to making the situation as enjoyable as possible through spending time together at the park, libraries, or playing outside in the neighborhood (Minkler and Roe 1993).

Mrs. Jones describes the choice that her relative had to make due to the financial burdens associated with relative caregiving:

I think they need something where you can go to get the information... I am thinking about my nephew ... he was like staying with a friend... because he was put out the home... the grandmother said that she could not take care of both of them... she was also trying to take care of another grandson... And, she could not feed both grandsons... that is why she had to tell him that he had to go back home to his mother or find somewhere else to live because

she could not feed herself and two grandsons... There needs to be some kind of place that even the kid can go their own self to get the help that they need...

GiGi tells the story of the financial needs of “sincere” biological custodial relative

caregivers and how financial burdens increase when a biological custodial caregiver has an ill spouse in the home as well. GiGi states:

It is true that people will take advantage of the system and get it and not need it... but that is when you have to put some tighter guidelines in place to say who will and who won't be eligible for it... I just felt like I was not going to be eligible as far as the food stamps because as far as me working... Right when my husband was diagnosed with cancer, his job ended and went out of business and he was put in a category where he could never work again... And, when his employer went bankrupt... the 30 some years that he had worked just went down the drain and he only got “x” amount of dollars which was not a drop in the bucket... But, if he had been in a status that he could have kept working, it could have gone to a savings not to be touched... but we had to pull from that money to maintain... It seems that if you make 2 cents that you cannot get any help...

Now, in hindsight, I really should have pursued things that I may have been eligible for... even with my husband being a vet... there were probably things that he would have been eligible for... but he did not want to fool with the VA period... And, I think sometimes it went back to pride that I am a man, and I need to be able to take care of my family and myself... so I am not looking for anybody else to do it... I think he was looking at getting veteran benefits as being side by side with state assistance... But, I do regret that I did not pursue some avenues for some assistance... it probably would have kept a lot of stress... because I tried to keep as much stress away from my husband... And, I am always thankful that God had it where everything still worked out... And, still working out... I would advise anybody now to seek it out... let the people tell you that you are not eligible for it... just don't go with the status quo... all of the time... because things do change ... and sometimes these agencies get special funds in... before the fiscal year may end... they may have “x” amount of dollars... So, if you go in at that time... you may be eligible for something... it may be a one time thing...but every little bit will add up and it will count...

- **MANAGING RELATIVE CAREGIVER ROLES**

For the many roles that relative caregivers play, including provider, protector, guidance counselor, taxi, Nicole says it best:

You have to give a shout out to these folks because there are so many people that would be like ... oh... I couldn't ... do it... we already have the two kids and they each have their own bedroom... and here are people who only qualify because they are low income and they have welcomed these children in... we are going to make it work... you know... we get food

stamps or we don't... but who cares... because food is what is important... and not pride... or how much... or if it is name brand Doritos or what... and it is really a different value... I mean ... I have just been really impressed by how people are to... not necessarily negatively but to ... disrupt their family in order to modify it... and accommodate ... and they are almost never like... look ... what a great person I am... they are just like this is what happened... Good Folks...

Amy and San describe how they manage the roles of “mama” and “grandma” for the benefit of the children in their care. Amy stated that she is the only “mother figure” that her granddaughter knows because her mother died 6 months after she was born. Amy also voiced her concerns with trying to manage being a “mother” and a “grandma,” so she “really just fell into the realm of being mama” to her grandchildren. San describes the conflict between roles best. San states:

It is hard because of course you want to spoil the grandchild... But then you have to remember no... I have to discipline her just like I disciplined my own... that was difficult to be able to say you know... because you think you just want to spoil them... because my own kids would say ... Mama you would not let us get away with that...So, that was a challenge...

This is consistent with Lipscomb’s (2005) suggestion that relative caregivers, particularly grandparents, have to redefine their roles as enforcers of rules and disciplinarians.

Sandy and Jim discussed how they encourage their grandkids to respect their roles as caregivers. Sandy and Jim emphasized the importance of encouraging their grandchildren to let both of them know when “something is going on,” so both of them can be informed in order to try and “help them.” Jim further delineated the importance of him and his wife later getting together on different issues concerning “the kids to come up with good concrete ideas on how to help them and later provide reasonable answers” to their problems. Similarly, Minkler and Roe (1993) reveal that having a spouse counterbalances the challenges of relative caregiving by improving communication among partners through the discussion of how to care for the custodial children and

providing the needed emotional support to each other as they navigate through the complexities of their assumed parenting role.

Linda tells the story of managing her physical health, isolation, and duty to protect the childhood of her granddaughter as she copes with the role of being a caregiver. This is consistent with Gibson (2005) who discusses the strategies for confronting challenges, including maintaining effective communication, taking a strong role in the educational process, providing socio-emotional support, involving extended family, involving grandchildren in selective community activities, acknowledging and working with the vulnerabilities, and recognizing children's feelings about the absence of the biological parent(s). Linda states:

I wanted to retire ... my health is pretty good... But, I am having some aches and pains... And, if I was able to go and exercise... People tell me you need to...I say...think about it people... I have four children... I get them all settled down... They tell me... you got that oldest girl... make her do...No, I say... she is not going to take care of these children... I am not going to prepare her for childrearing at 15... that is not going to be my mistake... Yes, she watches them... some... But, not as her duty to do this... She worries enough about things... that I do not want to put that on her... But, yeah... I am tied down... I have to go do this and this here... where I need to be at the gym ... Maybe exercising and walking and get a little weight off where my knees would not bother me... But, I am still trying to work it out...But, I will leave them for a couple of hours and go to the grocery store... or, run over here... But, I do not really leave them because it is too dangerous out here... You do not know who is watching...I have problems with her walking up the street to the bus stop every morning... I got her a phone... I am paying for it... So, she can call me and I talk to her and she will text me when she gets on the bus...

This finding is consistent with Lipscomb (2005), and Sands and Goldberg-Glen (2000) who reveal that stressors occur for relative caregivers while coping with other physical illnesses which cause relative caregivers to exhibit feelings of being overwhelmed and suffer from additional stress related illnesses. As indicated by Lipscomb (2005), ailments are minimized, however, due to the prioritized need to provide care to the custodial children (Lipscomb 2005). Mrs. R describes her

feelings of duty in bringing her grandson home to live with her because she could not “bear the thought of someone taking him and him being in a foster home.” Mrs. R further felt that she could “give him the kind of needed care that the doctor was explaining to the very best” of her ability as his grandmother. Tiara described her role as caregiver and supporter. Tiara states:

The reward is to see the happy children... and to know that I made a difference in their lives... When they first started to school, especially the oldest twin boy, was withdrawn and they were behind because I hung in there with them... And, went to teachers' meetings and PTA meeting... He became more outgoing... And, became a straight “A” student... And, the teacher would say how proud he is of them because they have really made a big turnaround... And, I just feel that I had a lot to do with that... I really cannot put a price on it... Where it was stressful, at the same time, it was joyous... Knowing that I am making a difference in children's lives... I want to see them grow up to be healthy children and out of the system... I just want to see the end results... Because, I feel that it is going to be a great thing in their life when they grow older... So, I cannot really put a costs on it... It is priceless to me... to be in these children's lives... And, I kind of feel that God sent them to me anyway...

A number of relative caregivers depend on basic principles to assist in the management of their roles as caregivers. Hal and Amy indicated that the family principles that they hold dear in rearing their biological custodial children are the same as what they implemented for their biological children, including attendance in bible study and church services, participation in family prayer life, and adhering to the “golden rule” and telling the truth.

- **INSUFFICIENT RELATIVE CAREGIVER SUPPORT SYSTEM**

A number of relative caregivers are often immersed in their roles while being deprived of adequate emotional and financial support from family members, friends, and/or the community. The struggles that relative caregivers endure are often plentiful. Nicole, service provider, considers the emotional strain on relative caregivers as resulting from the inability of them to “come up with a network or community where they can draw from somebody who either understands or other people

who are in the same situation.” Derrick, service provider, noted the importance of not just offering a support network, but motivating people to seek out an adequate support network.

Carl was among the few who indicated that a strong support network encircled his experience as a relative caregiver, including “diverse people from church, jobs, friends and family members.” The support network that Carl and Amy experienced was definitely to the benefit of their two grandsons who successfully graduated from high school and are pursuing their college degrees. Bruno describes the importance of both emotional and financial support as well “to enable the child to build the character and fortitude and the coping skills to succeed in life.”

Nicole, service provider, voiced her concerns for biological custodial relative caregivers neglecting their own emotional needs in order to adequately manage the physical health and emotional needs of the children. The stories of Ms. A and Linda, for example, describe the emotional challenges they experience while raising biological custodial children with special needs. Linda indicated that her “support system is in heaven now,” and she now finds assistance from the counselors at her grandson’s school as well as prayer. Linda also feels despondently isolated from friends who will not extend invitations to her due to the kids. This is consistent with Minkler and Roe who reveal that the assumption of care can function to minimize social networks due to the isolation from certain friends and co-workers (Minkler and Roe 1993). Ms. A states:

I think that when I first got him... he was not diagnosed with autism until he was like 9...And, I think that I needed to be in therapy for a little while myself... because it was very taxing... I did find times when I would like get depressed... because it was just so overwhelming... And, at one time, I had both he and his sister... So, I had two kids and their ages ... they are like 10 years a part... So, trying to plan family activities... all kinds of things like that was very, very difficult because their ages were so different... For the last two years that the sister was in school, she was in band... And, he loved to go and watch her play... He was really, really, devoted to his sister... So, we would go every Friday night ... and, he looked forward to it... going to the Football games ... He really enjoyed that... I think that was something that was beneficial for him... And, also gave me an opportunity to

spend time with other adults... because we were working with the band booster and doing different things...

This is consistent with Chase-Goodman, Potts, and Pasztor (2007) who reveal that relative caregivers providing care to their custodial grandchildren without the child welfare system oversight have greater struggles with distressed children and underutilized availability of services in comparison to their counterparts under the auspices of the child welfare system. Linsk et al. (2009) indicate that such experiences increase a relative caregiver's risk for depression and other mental health concerns precipitating the need for health and service providers to assess the experiences of relative caregivers with special needs children. Linda further describes the emotional challenges she experiences with balancing the turmoil of lack of support, a combative biological mother, and a struggle to protect her grandchildren from her daughter's legal quandaries:

It would be good for just grandparents or caregivers that have some kind of counseling too because really and truly... I need counseling... I really tell people that ... I need counseling because my daughter comes around her kids and we are dysfunctional me and my daughter... very dysfunctional... very much so... because I keep my mouth shut...in certain things to her... because I don't want to argue with her in front of her children...And, she knows to say things to me then I want to push her away and tell her to quit coming if you are going to be disrespectful ... The counselor told me to sit down and talk to the kids about this... and don't lie to them either...For years, I told them that she was away at school for years and she was in prison... But, they can read... they found some paperwork that she was in prison and told me and then she was seen on TV for the most wanted one Easter Sunday so the two oldest ones just cried their hearts out...So, caregivers need some counseling ... somewhere to meet and give us resources all right there in one room ... you know what I am saying...

Tiara states that she would talk to her co-workers at work and that they basically knew all about the situation. A number of other relative caregivers, however, discussed their reliance on God and extended family members for financial and emotional support as daycare or babysitting emerged as major burdens. Blue, Sandy, Joyce Smith, Keisha and Vanessa expressed appreciation

for their extended family members living nearby who provide emotional support as well as extended care for their biological custodial children as needed due to job duties and the necessity for respite care. Blue and Sandy also emphasized the support they received from their spouses. Sandy stated that she and her husband knew that the “battle or hill that [they] were going to have to climb was [theirs] together, so [they] supported each other.”

For Green, her ex-husband and youngest son would “pitch in” to buy items for her grandson. Green’s youngest son even quit his job for a while in order for her to sustain her job without having to incur the costs of providing daycare for a total of five kids. When Green was questioned, however, about a personal support system, she indicated that she has no one to talk to besides God at this time. She further indicated that “it would be beneficial for any kid and even the caregivers to be able to sit down and talk to someone.” Green concluded by saying, “For me personally, I would have to feel that person really has my best interest and the kid’s best interest at heart.”

Similar to Minkler and Roe (1993), this study suggests that some relative caregivers have support from extended family members that includes financial assistance. For other relative caregivers, a combination of a lack of income, familial financial support, or other resources increases the need for government assistance. However, when such government assistance is lacking as well there is an increased intricate connection between poverty and the status of some of today’s relative caregivers (Baker et al. 2010; Leonard 2004). Tina discusses the financial and emotional burdens associated with relative caregiving without government assistance:

As far as people, every now and then... I have my son... Other than that, I am just independent... It comes a time when I have relatives that will chip in and do things for me... But, more less when it comes to taking care of my business and things like that, I am the sole provider ... I could never get any assistance... everything that I tried to get they would always tell me that I did not qualify for anything... I know for a fact if I had just had a little bit of help... I would have been okay... But, I had to go into my savings and things like that in order to provide for my grandchildren... I did not get any assistance at all when I was

trying to... when I did try, there was not anything for me... And, I would think that would be great if they could provide a stipend... that would be wonderful...

I have my sister that I rely on [for emotional support], and I talk a lot to her and then I have people in my family... But, a support group... no I [did not have a support group to rely on] ... So, if there was a support group or various interests that would help people that would be wonderful... I just did the best that I could with what I had... And, I don't know if I actually did a good job or not... I cannot say... But, I just did the best that I could at the moment... That is just how I made it... I guess you know with God's help...

With the youngest child now, his mother has stepped up some...and so she is helping... But, at one time, I had to do it all by myself... for which I had not prepared to do...And, if I had to do it again, I would... because somebody has to take care of the children... I was the one that had to step up and do what I had to do to take care of the children...

Tiara and GiGi expressed appreciation for the Employee Assistance Program available through their jobs. GiGi, however, found out too late about the program for it to be of benefit to her grandson who was experiencing grief after the divorce of his parents and relocation of his mom to another state. DD additionally described the importance of her role as a formal support group leader in the lives of relative caregivers. This story is consistent with Geen (2004) who states that support groups can help bridge the gap between service providers and relative caregivers. DD states:

I feel like I am softening the soil for this community that have just one thing that's ... it's enduring... it's so supportive... I think the unique thing about what we have done... of course we have a long history... that we at the very beginning... define ourselves as friends of the family... an old definition of a social worker... and we will go anywhere... we will meet them anywhere... they don't have to come to our office... we don't have an office anymore... they come here... but, we try to remove that clinical... I am the professional... you are the patient or the client...

If you questioned any of our families... I bet they would say that we are all staff and adult caregivers are on a co-equal basis... and we try to promote that and also long term that we have been around long enough that we have the same telephone number... same website... same email... that we are here for the long haul... we are not just here for a temporary amount of time... If you need services and you have kind of attritioned [sic] out... you can always call us back and we will start all over... So, there is no re-admission process... But, we do a lot of home visits or meeting in places they are familiar and comfortable with... in

their community... we have fun together...

I think an important part of the work... Somebody gave me tickets to the Rep and I took them all... They had never been to the live theatre... and we got to sit on the front row and it was an August Wilson play ... The Piano Lesson... I had never seen women so excited... they were right into it... they were right into it... and then we went out to dinner... and I picked a nice place to eat... and they looked at the cost... and they said why are you bringing us here... and they did not think the food was very good...

In concurrence, Faye and Dionne attest to the benefits of having the formal support group Arkansas Voices. This is inconsistent with Chase-Goodman, Potts, and Pasztor (2006) who suggests that formal support services may be viewed as stigmatizing, requiring labeling, providing additional stress mechanisms, and failing to reflect cultural norms regarding assistance and grandparent caregiving among low need custodial grandmothers. Faye voiced her concern about Arkansas Voices' losing needed funding because she valued the support derived from the organization in locating assistance, including utility, food and clothing assistance. Dionne states:

Arkansas Voices is 100%... And, I would always call her [the Director] ... in any kind of crisis... If I am looking for a different apartment... or whatever... she will help me find the cheapest one... help me with the school supplies... Christmas... Mostly, I go to the food banks and stuff... But, they do not give you enough for a month... They may give you enough for a meal... I will put it like that... Arkansas Voices sticks by you... I can call her any day... she will answer her phone and talk to me... And, then, she will try to get me any assistance that she can find... And, that is one thing about Arkansas Voices... if anything is heard of ... it is going to be told... the news is spread... Well, you know... so and so is paying bills... So and so is giving out school clothes... school supplies... You better go and get it... That is a help... Word of mouth... Word of mouth...But, there are no services that I turn down... Cause my grandkids are not picky... If Arkansas Voices tells me, so and so is giving out food or clothes... or this and that...I go over there and get them... They are not choicy kids... They will put it on and wear and go on to school... Arkansas Voices is doing all that they can... But, the organization cannot do it by itself... we need resources... resources... But, the organization is doing all that it can... it refers us to others and gives us what they have... One time, I also got services from CADC (Central Arkansas Development Council) because Arkansas Voices told us that they were paying light bills...I did go down there and get service for that...

This is consistent with Minkler and Roe (1993) who reveal that formal support groups function to provide mutual aid, emotional support as well as information to relative caregivers.

Stanley mentioned that he and his wife probably would have participated in a formal support group if they had known that there was a formal support group in existence. Angelique also expressed a lack of awareness of a formal support group, but would be more than willing to participate even as a private person. These findings are consistent with Minkler and Roe (1993) who indicate that support networks impact the health and well-being by providing individuals in a crisis life satisfaction, and minimizing depression, health problems and susceptibility to illness. Also, these stories are consistent with Minkler and Roe (1993) who note that a new network of friends and confidantes can emerge through support groups and related activities associated with new parenting roles counteracting the effect of isolation from former associates resulting from the demands of parenting custodial children (Minkler and Roe 1993). Bruno describes the challenges for maintaining grandparent support groups as priorities on the agenda of non-profit organizations:

There has to be an entity that is committed to supporting that program or project on a long term basis and sometimes grants... they have a beginning and they have end... donations the same thing... the emphasis on issues that an organization is focusing on... changes... so, priorities change... and so there is a flux of resources and there is not a steady stream of these support systems... they are constantly changing... There has to be awareness and education in the public's eye to support these issues because some feel that these issues are best maintained by the private sectors... such as organizations... nonprofits... churches... versus governmental programs... and that people have to help themselves...

San indicated that she “went to church a lot and worshipped a lot” to reduce her stress and find strength to help her granddaughter minimize the anger that she was directing towards her absent biological father. Diana, GiGi, Ms. Evans and Ms. A would also seek out the church as a support network and give credit to God for giving them the needed strength to adequately raise their biological custodial children. The composite of these stories are consistent with Minkler and Roe (1993) who reveal that the God and the church can provide a vital unit of support in the lives of relative caregivers through an established friendship network, advice from clergy, provision of

food, setting up and participation in programs, and planning and going on outings for custodial children.

4. COMPARATIVE RELATIVE CAREGIVER AND SERVICE PROVIDER EXPERIENCES WITH POLICIES AND PRACTICES THAT ARE CONNECTED TO PUBLIC INCOME ASSISTANCE AND CHILD WELFARE

This section focuses on the viewpoints of relative caregivers in comparison to service providers regarding the impact of public income assistance and child welfare policies and practices on relative caregiving families. This chapter includes an overview of the services provided to and additional services needed by relative caregivers, perceptions and concerns of relative caregivers in regard to policies and practices that are connected to public income assistance and child welfare in comparison to those of service providers, and potential collaborations that could positively impact the relative caregiver and service provider partnership by addressing relative caregiver perceptions of being alienated from and invisible to the agencies that were created to provide them assistance (King et al. 2006).

4.1. WAYS SERVICES ARE PROVIDED TO RELATIVE CAREGIVERS

The stories told by the biological relative caregivers indicate that a number of the relative caregivers use services such as ARKids First, Supplemental Social Security Income (“SSI”), Housing, Child Welfare, Child Welfare Vouchers, Pediatricians, and Food Banks. Legal Aid is not sufficiently perceived as an option due to the perception of most not qualifying for such services. Whereas, child welfare services are perceived as offering services above and beyond its range of service options.

- **MEDICAID A-ARKIDS FIRST**

The overwhelming majority of relative caregivers viewed ARKids First as an excellent program established to meet the “healthcare” needs of the custodial children, including covering expensive medication, doctor visits, dental visits, and counseling. Angelique and Vanessa were among the few relative caregivers who did express concerns with connecting to preferred dentists and doctors, and experiencing delays in receiving health care cards. Yet, Angelique expressed relief that the school was willing to provide assistance in locating another primary care physician for her grandson. Whereas Ms. A. felt that staff members were more professional towards her only because she worked in the field of health policy, doctors and staff members were perceived by Susan as being generally receptive and willing to answer questions as needed.

- **SOCIAL SECURITY SURVIVOR BENEFITS**

Vanessa stated that ARKids First and Social Security benefits enabled her to manage the care of her niece without an overwhelming financial burden. Amy and Carl also discussed the benefits of Social Security Survivor benefits. According to Amy, Social Security Survivor benefits really helped because she took a loss to raise her biological custodial grandchildren by retiring at 57 when she could have worked “maybe 6, 7, or 10 more years.” Carl states:

The service providers have really been there for us and it is inconceivable to think about what it would be like if we did not have the support that we do have... I probably would not be retired...neither one of us...I can't really target any further needs that have not been taken care of...more or less it is just getting through... Everything has fallen in place so there was nothing that was a drawback that we needed to seek out to bring things into a certain compliance... Everything just kind of fell into place... it was like everything just took off based on the direction that our friend [their attorney] was giving us... and what was available through my insurance ... everything was just covered...

- **HOUSING**

Linda, Dionne, and Faye were among those relative caregivers who experienced challenges trying to acquire housing. Linda was hopeful that her daughter would “straighten up” when she came out of jail and help her acquire and sustain housing to accommodate her four grandchildren. To Linda’s dismay, however, she ended up going into debt to pay the mortgage while managing other household expenses. For Dionne and Faye, they were both disappointed with not moving up on the waiting list to receive a voucher to acquire adequate housing for their families. Joyce Smith who has worked for several non-profit organizations perceives that housing entities “need more people to help them process the claims” because often “these agencies and their staffs are so limited and have a back log.”

- **CHILD WELFARE AGENCIES**

A number of biological relative caregivers raised some concerns about being unsure how to challenge frontline workers at child welfare agencies. Derrick, service provider, states:

Just because you may run into a worker or two that may not be up to par... don't pre-judge the whole system... and say that is what they are all about... cause we are like anybody else... there are some people that need to be re-trained and sometimes need to be let know that maybe this is not the job for them...understand that those workers and child welfare providers are service workers who are working people who came to this profession because they really wanted to try and do something to help... and understand how challenging the work... is on a day to day basis for those staff members...

Stine and Vanessa were among a number of biological custodial relative caregivers’ who suggested that the disappointment with child welfare agencies partly resulted from the misguided perception among relative caregivers and the community regarding the plethora of information or services that was consistently being offered by such agencies. Sylvia and Stanley, for example,

stated that “the only place [they] can think that [they] would go would be child welfare” for biological custodial caregiving information. Mr. Jones indicated that it would be helpful if child welfare agencies could more often advertise the services that they do offer and otherwise point relative caregivers in the right direction. Keisha and Tiara also noted that it would be helpful if more emphasis could be placed on child welfare agencies effectively communicating with relative caregivers outside of the office context through the well-timed return of phone calls and e-mails.

Angelique expresses how she feels interacting with frontline personnel when going to receive services from child welfare:

When you go... maybe a couple of the people that work in the front... sometimes they have attitudes... And, I don't really care too much... that is why I try and ask for the main person... to talk to the main person ... I would want them to just be nice... because ... I have seen some people done like that and it just hurt my heart when I see stuff like that happen to them... I would want them to treat me the way I am treating you... But, no I would not change the places that I go to for something like that ... I would still go...

Whereas Angelique would continue to go for services despite the perceived inappropriate treatment by a child welfare worker, Green expresses a varying perspective:

At this point now, I don't even depend on assistance from anything... I just do what I have to do... Maybe you don't but you could... [The] main [reason] why I would not because of the attitudes and how people treat you... I have heard of different things that people could qualify for... because they have kids...But, just going there and asking and dealing with [some] attitudes... it is just a turn off...So, you just do what you can to get by...

This is consistent with Geen (2004) who reveals that relative caregivers who choose not to be made aware of designated group benefits, indicating that they do not want a handout, choose to avoid involvement with a government agency, or ignore outreach materials, are often overlooked by program administrators and policymakers, and/or are mistakenly denied benefits. These caregivers can thus have increased levels of poverty with comparatively low levels of public assistance,

particularly for those raising children outside of the child welfare system (Baker et al. 2010; Ehrle and Geen 2002; Geen 2004; Stepping Up for Kids Policy Report 2012).

Joyce Smith suggested that changing the atmosphere in child welfare agencies could be an inexpensive fix to improve the environment and make it more comfortable for relative caregivers. Mrs. O noted as well that it would be of benefit for the child welfare agency staff members to treat people as if they were the ones coming in to the office to request services. Derrick, service provider, expresses the benefits of not allowing one person to formulate your opinion about all of child welfare personnel:

People just need to know a lot of what they hear about child welfare is not the truth ... just because somebody who may have had a bad experience... but if you dig down into it, it is a reason why they did not get what they wanted or things to go the way that they wanted... And, they just need to understand... just don't take one or two people's word that you heard what child welfare is all about...

Keisha expressed that some concerns with frontline personnel result from turnover because people “have to have a drive or purpose to work for child welfare services.” Mr. Jones further describes how frontline personnel need to make certain that working for child welfare services is the right fit for their personality:

And, people have to realize that they have to have a calling for their job... every job just because it pays good is not necessary for you... you have to have the right attitude... And then, people are just human... he or she may have had a bad day... on the job... some days I have a bad day... And, when people go to institutions... people have to realize that somebody is going to have a bad day... And, because they are having a bad day, that does not mean that they need to lose their jobs... But, we have to realize as well that we are public servants and we... if we are having a bad day... we may need to talk to our supervisor and say that I don't need to be on the front line today... I am not really where I can deal with people today...

- **CHILD WELFARE AND VOUCHERS**

Linda told the story of how her funds were depleted because she had to pay daycare for four children in order to continue working. For Linda, she received help from “a lady at the daycare” who called “someone that she knew” at child welfare services and asked for help for a “non-traditional parent.” Susan mentioned that the only place that she knew to call for help was child welfare for childcare assistance, and she was very appreciative of the voucher that was offered to her through child welfare to provide childcare assistance for her granddaughter. Susan and Green, however, both expressed concerns about their vouchers being discontinued without what they perceived as adequate notice from child welfare services. Susan, Linda, and Green among others voiced how crucial it is for biological relative caregivers to have extended childcare assistance for their custodial children in order to continue working to meet the financial demands of the household.

- **THE PEDIATRICIAN**

The challenges of having a child with special needs is proven to compound biological custodial relative caregivers’ lack of knowledge about where to seek assistance and guidance in navigating through the bureaucracy to get the needed intervention services or special education resources for the children in their care. San expressed that “grandparents need to know that now doctors through ARKids could help and sometimes they [the doctors] can go around all of this red tape that you have to go through.” Ms. A, for example, described how she and her nephew were assisted through the efforts of a helpful pediatrician who was a family friend and “as good as gold” with alerting them to services that they did not even know existed. Mrs. R tells the story about how

a family pediatrician helped her find financial assistance as well when she was thinking that she may have to quit her job to care for her grandson:

I found out through the family pediatrician about the financial assistance... The pediatrician was a person from our area who grew up in our area... And, she knew that there were not a lot of case managers, so she was on top of things ... She knew what was going on in my area and she would tell me many things that she thought were helpful... I had to hire somebody to help me... and then after a while his pediatrician ... after it was brought to her attention... and I was going to have to stop working because the money that I was having to pay for someone to help me ... it was more than I could afford... and, I was not really gaining anything from working... and trying to take care of him... I was about to have to retire early...which an early retirement means that you are penalized for an early retirement... so when I discussed that with his pediatrician... she told me not to retire right then... that she would look into something... and she did... She was able with some agency to get me 10 hours a day ... 5 days a week nursing care... for him...

- **FOOD BANK**

Dionne discusses her challenging experiences with local food banks that she frequents for the benefit of the children. Dionne states:

In order to survive, you have to be on a budget... and you get what you can get... And, sometimes I have to toughen up and go to a food bank... But, I really do not like going... But, sometimes I do have to go for these kids... It is a lot that you will do that you would not do if it was just me... If it was just me, I would not have to do that... But, for these kids...you cannot let a kid go hungry... Kids... you know... have to have their food and nutrition... Or, they will be sick and everything else can come upon them...

It is like this... when you are asking somebody for something... you go along with the program... a lot of people are not very nice... they feel like it is their stuff and they treat you really bad... talk to you bad... Mostly food banks because that is where I go to... And, some of them at the commodities... in the churches... It is not the church... It is the people that are handing them out... they will yell and scream at you just ... certain people... I just look at it that they will reap what they sow... Because the stuff is there to be given... but a lot of people act like it is theirs and they do not really want to help you... then, I am the type of person ... I will not go... I will say that if Ms. so and so is going to be there ... I am not going...

And then, the kids... they are kind of embarrassed... I used to take my granddaughter with me... and she will be embarrassed because she will be like... grandma we need to go... look at the way those people are looking at us... and that lady does not want to give you anything...anyway...I say well... it is not hers and they give this stuff for people when they are in need and if you are in need sometimes you have to come and get it... But, I don't complain about nothing because you know I don't know what is going on with that person... I just look at it as maybe they are having a bad day... Or, something is going on in their home... Or, ... you know people have problems... So, I think of it as ... maybe they have a problem you know... and it is coming out at other people...

Dionne continues the story by describing her experience at a food bank that also provides clothing for community members in need of such resources. Dionne states:

One time, I [went to an organization]... I remember when I used to work that I would always give to [the organization] and I never thought that I would have to go to them... But, one time, I did go ... and I was looking for school clothes. [She] said (thrift store staff member) here you go with the school clothes... We have a thrift store... We give them out only to the homeless, so you have to buy them...It is very cheap... You have to buy... You can buy... Then, the people behind you... You think that you do not want these people behind you to know what you are here for... But, they will do that to you and then they will holler at you... if you do not have your social security number and all this kind of stuff... If it is your first time, you do not know what you are supposed to have...

Then, when you get in the thrift store... then you have to deal with another lady when you go up there to pay for your stuff...And, I just feel that places like that... If you are getting these donations, I know that you have to keep your building running and all that... But, seem like you should not sell the clothes... It seems like you should be able to go through and pick out something for the kids... and you can put a limit on it... Say that you can only get two sets or something like that... I don't think that you ought to sell them to people...

These stories are consistent with Meyer (1999) who reveals that relative caregivers who are impoverished, older, and/or depend on a fixed retirement income experience challenges in attempting to substantiate the added cost of raising biological children, including food and clothing expenses. Based on job experience, Joyce Smith expressed that relative caregivers have to seek out and spread the word about the food banks where people are treated well.

4.2. PREFERRED RELATIONS BETWEEN SERVICE PROVIDER PERSONNEL AND RELATIVE CAREGIVERS

A number of relative caregivers state that the positive demeanor of service provider personnel makes the situation tolerable as they seek resources for the benefit of the custodial children.

- **WAYS I WOULD LIKE TO BE TREATED BY SERVICE PROVIDER PERSONNEL**

A number of biological relative caregivers describe how they want to be treated by the service provider personnel. Angelique expressed that she prefers dealing with a “polite and calm” service provider and not one that is “rude.” Angelique also stated that she “understands that some people come into facilities being rude to the service providers.” She would prefer, however, not to inherit that frustration meant for the prior “rude person if she comes in with a positive attitude.” The service providers, in her opinion, should “not take out on her the ill will that was felt for the prior rude person who previously made the service providers mad.” Dionne and Linda agree, stating that relative caregivers are already “feeling bad” about asking for help, so a “compassionate and happy face” “means a lot” as well as someone who “talks very nice” and has an “open, helpful, and honest heart.”

Linda also expressed concern for the wait time for services for some disabled biological custodial relative caregivers that are in “worse” shape than she is in. Linda’s story is consistent with Minkler and Roe (1993) who state that coping by comparing minimizes the threat posed by their circumstances through imagining how much worse things could be which functions to change one’s perspective of the problem and to manage its meaning enabling relative caregivers to deal more effectively with the stresses faced in day to day living.

- **WHAT SERVICE PROVIDER PERSONNEL NEED TO UNDERSTAND ABOUT RELATIVE CAREGIVERS**

Nicole, service provider, states that she likes to hear from relative caregivers about their needs and the reality of their daily experiences. She states:

Tell me what is really going on... tell me what really comes up in your daily life... even if you think that it is not in my area... I can at least figure out whose area it is... and how to tell people to get there... I know what some of the literature says ... and I know what people have told me... but, I don't know everything that they are going through because I am not (a) a relative caregiver and (b) not them... cause not every experience is not going to be the same...

A number of biological relative caregivers describe what service providers need to understand about the financial burdens that require the seeking of intervention services and the need for positivity when interacting with front line personnel. Ms. A and Diana stated that all biological custodial relative caregivers “just need more help in the community” “in some area,” including providing groceries or even clothing for the children in their care. Green states:

I would tell them that you cannot judge a person by who is coming into your office on a daily basis... Because, there are some people that use the system as a temporary means so that they can do better... And, there are people that have needs and are trying to take care of those needs... And, if you are going to be in those types of positions... And, you know that your position is calling for you to help people and make decisions regarding that person's life... and things they need... then you should do that... And, whatever personal feelings you have... you need to leave that outside of the office... before you even come to work...As my grandmother used to say, do not look down on anyone because you do not know their story... unless you are walking in their shoes...

I have heard people say that people that get food stamps they are eating better than people that are working... and they should not be allowed to buy this or that... But, you know... they are providing for their family ... And, you know, you should not treat them that way because you know... without those services... there are plenty of kids that would not have a meal at all...And, you never know your situation from day to day... You are up to day and you could be down on tomorrow... And, maybe needing that same assistance...

When someone comes into the office... just view that person as a person just like you would one of your colleagues... And, if you are going to be in a situation where you are in a job that requires you to deal with all different types of people... you are going to have to humble yourself and think about you doing what you have to do to better someone else's life...

Because there are so many people out there ... that are proud... and they need help but they will not get help... they will not take advantage of those services because of the perception that the world has of people needing assistance...

This is consistent with Geen (2004) who notes that stigmas and lack of knowledge about the application process, including needed documentation, appear to prevent relative caregivers from applying for assistance (Stepping Up for Kids Policy Report 2012). The underutilization of services may additionally prevent qualifying children from receiving needed services for physical and mental health challenges (Ehrle and Geen 2002).

4.3. COMMUNITY SERVICES UTILIZED AS RESOURCES FOR RELATIVE CAREGIVERS

Hal, Joanie and Amy discussed the strategy of seeking information regarding needed community services for the care of their biological children through word of mouth. Diana, Blue, Amy, Hal and Joanie also alluded to the need of inexpensive extracurricular activities for the biological custodial children. Joanie and Hal both mentioned the availability of community sponsored sporting activities for boys, but were concerned about the lack of similar community sponsored activities for girls, which would cause them to take their granddaughter to “just go swimming or to the library.” Amy states:

It was kind of difficult to find resources at first...I was trying to find activities for the kids when they were little... And, I was unaware of what was going on ... at that time... but just talking with my friends and asking... what are your kids doing... Music has been an intricate part in all of their lives... Piano lessons, in our kids as well as the grandkids...

4.3.1. WAYS INSTITUTIONS OF COMMUNITY SUPPORT SERVICES NEED TO PROVIDE RESOURCES FOR RELATIVE CAREGIVERS

Stine further expressed her concerns for the lack of resources available in the community for relative caregivers. This is consistent with Baker et al. (2010) who suggest that government

programs within the United States are not adequately meeting the needs of providing resources and information to many relative caregiver families who fall in the gap lacking social service provision in spite of them being among the vulnerable populations in the nation (Scarcella, Ehrle and Geen 2003). Other complexities derive from service provider personnel not being aware of qualifying services for relative caregiver reference outside of their immediate realm of expertise (Geen 2004).

Stine states:

Some people, and I mean this... some people do not know what is out here ... sometimes they go to the church because they do not know the resources that are out there... And then, the next step is that they go to child welfare , but if there was more publication... hand out in school plus churches... and then again their parents actually don't go to church... I am not sure how they would get that information... but there really needs to be more resources out here because a lot of parents are reaching out for help... and the children are reaching out for help... But they do not know how to go about doing it...

Ms. A describes the benefit that would be derived from the collaboration of service provider information being placed in a resource center to be located in a place that would be available to relative caregivers as needed:

What I would really like to see happen is for there to be a resource center for individuals who are parenting ... I wish that there was some entity where people could go and have those kind of discussions with folks about what it means if you are wanting to assume guardianship or custody... of your child to keep them out of the foster care system... One of my long contentions has been that if they are willing to do the work to keep the child out of the foster care system... The least the system can do is support them as much as they support foster parents ... where a lot of them do not give a flying flip...

I would like to see one that is in communities where people live... that I don't have to go all the way to west Little Rock or to downtown Little Rock or something like that to access services... services should be in communities... they definitely need to be in communities where people have limited resources... for example... where kids live in extreme poverty... and most of the kids have parents that are currently or have been incarcerated... their parents ... a lot of them... because they know that they have been to prison or whatever... they are not trying to go places and be highly visible so that puts them in a position... where they are not seeking services... we have grandparents that are trying to care for kids... whose parents are incarcerated... they do not know what to do with these kids... would like to see them have ... there are a lot of people that are limited because of their own intellectual or academic skills so they need to be cognizant of the fact that not everybody

can read well enough to fill out all of those forms... But, just because I cannot read and fill out a form does not mean ... they have enough survival skills to pay their bills and manage and do what they do... but, they may not be able to read all of those complicated forms... they need to have... I would like to see someone who in that resource center be able to provide some services to help them fill out applications and not make them feel stupid because they do not know how to read...

Also, include someone to provide some supportive counseling to the relative caregivers as not a part of the child's therapy, but what they need as relative caregivers to talk about ... whether it is in a support group or something... to talk about the needs ... stress and strain... of trying to deal with the system... a lot of their issues just have to do with dealing with systems... And, also someone to provide some legal advice about how to access monies... now some kids will qualify for SSI (Supplemental Social Security Income) but not every kid qualifies for SSI ... So, you have people going through all of this paperwork trying to qualify every kid in the family for SSI, and I am like really... for real... So, those would be some of the things that I would recommend...

Linda further describes the need to have various resources available for relative caregivers to seek information as needed:

[Information about] mental services, child welfare, social security: supplemental security income, [school district information], information for caregivers with kids that are handicap, and what is the handicap like for the child... and everything, you know what I am saying... any kind of like free stuff that you can get for the children... that they can be enrolled in... different things... I would definitely go (to the library to find the information)... I would definitely go there... and find it... Because they [my grandkids] come home and tell me all of the time... Granny so and so lives with their grandma too... And, it is a lot of it out here...

Diana and Tina describe their dismay in not knowing the resources that may be available for the benefit of their grandsons. This is consistent with Meyer (1999) who states that the presumption of a “normal family” is manifested at the institutional level whereby schools and recreation departments abide by the mother-daughter and father-son dynamic and exclude relative caregiver family forms in the provision of needed information.

- **SUMMER PROGRAMS**

Diana and Blue further discussed the benefits that would be derived from having financial assistance in providing summer activities for their grandson. Diana states:

If they (service providers) could pay for summer programs for him to go to... Because, the last two years, we have paid for him to be in a summer program but we just could not afford it this year...And, even if there are free programs that are out there... How do you know? And, summer camps are so expensive... He would love to take soccer... Because right now he is at home and he was fussing yesterday because I make him read...You are not in a summer camp... You are not doing anything...And, I made him keep one of his English workbooks from school... And, I said... you are going to work in it every day for at least an hour... Because if we go to the library... we have tried that before to check out books... he will not read those books... He likes math, but he does not like English...

Blue indicated that if he and his wife Diana had more help that it would “make the home more pleasant,” and it would make their grandson “feel like not only are his grandparents doing something to help him, but the community as well as the City of Little Rock are all willing to help him which may make him want to do more with his life.”

Joyce Smith describes where she would seek services to provide access to summer activities for her grandson. She understands, however, that she has had the benefits of a support system and prior work experience with non-profits that provided needed information in her efforts.

Joyce Smith states:

...As he got older, again, it is knowing where the resources are...because there are so many... the Family Magazine ... starts in the March or April issue... has all of these different summer time activities for kids... And, so, as he got to that 4 year old stage ... 4 or 5... a lot of things that I did... I paid for him to do... But, there were so many things that you could just piece together and have a great summer environment for your kid ... Different things like the library... there were churches with vacation bible schools... or music camps...I always kept him busy... and his school had a summer program...

But, again, a lot of people... They are so caught up in trying to make ends meet and just taking care of 2 or 3 or 4 kids and it is hard for them to even think about ... Especially if the grandparents are single too ... and don't have family support... or spousal support... So, again, it just made me realize how challenging that it can be for people... especially if they do not have the means to make things work... How kids just kind of fall through the cracks...

Dionne describes her efforts in trying to find her grandson a summer job:

But, my oldest grandson... I have been taking him around to find a little job... We even went to some of the churches for jobs because the church may need somebody to clean it up or pick up around it... And, I thought that would be the best place to start... And, I thought maybe not too many people will look there... But, they already hired somebody too... He is still looking for a job... Once he gets a job that will help out a lot... He has to get a job because he is going to go off to college... He has been going to a lot of places but there is so much competition... And, a lot of kids are in (a designated summer program)... And, it had filled up ... And, he did not get a chance to get accepted in that because he did not get down there... I think he had a doctor's appointment or something... and he was supposed to go to then... and he did not make it... and you cannot just come back... So, if he would have signed up for the (designated summer program) that would have helped him a lot... Then, the other one is too young to get anything right now... the other two... But, it will come through...

Even though he (oldest grandson) has his financial aid (for college), he still has to have things... he is going to live on campus... So, he is going to need all kinds of stuff... It is kind of tough either way it goes... The thing a lot of people fail to realize is ... when you go to the church and you tell them what you are there for... most of the time they don't have it... usually it used to be... you could go there and get help on your bills and this and that... But, now... they definitely do not help you with your bills... it is mostly through can goods... You may have a family of four... But, they don't give you enough food... They give you enough food for maybe one meal... And, you cannot come back no more until the next month... You cannot come back there until the next month... You are basically ... People fail to realize that you are basically on your own... (Dionne)

- **THE CHURCH**

Sadie, service provider, describes her desire for the utilization of state funding, the church, and grants to provide assistance to relative caregiver initiatives, realizing that state funding cannot

solely address such needs. This is consistent with Minkler and Roe (1993) who view the church as a vital unit of support for relative caregivers. Sadie states:

The biggest is the policy of our state not providing any financial assistance for those families ...And, the biggest policy is locking up parents for drug offenses... non-violent offenses... we really need to shift that policy and provide more treatment for families... That is probably the number one... because we would not have this mess because that is what most of these cases are... The state can't do it alone... The communities are responsible... Why don't you have your churches and civic organization responsible for the issue, too... Churches say we are going to provide support for this family... while this family kicks this addiction... we are going to help them with daycare... so they help support that family while they are in their community... we just don't use the assets that are in our communities to do it... because the state cannot do it...

A number of relative caregivers describe the challenges encountered by modern day communities of faith when attempting to act on the desire to want to provide assistance to relative caregivers. Mrs. R., Amy, and Angelique expressed how small churches may not have funds to distribute to relative caregivers. Joyce Smith additionally states:

As far as the church, when you think about churches... some of the larger churches... they can have different ministries that can provide outreach to the community... But, the majority of churches in our community are churches with memberships of maybe 200-400... And, even in the larger churches, people look and say everybody there is doing well... And, that is not true... and not everybody is doing... And, a lot of such families are trying to make it themselves... It depends on the size of the church...And, I guess it would be to target certain churches with certain memberships... and bigger cities will have bigger churches in comparison to smaller communities...So, I have found that within in a lot of churches... they do some outreach into the community, but more of their stuff is for their membership... So, I can see where churches and government can work more together... And, if government continues to be pushed to get smaller, then churches will have to step up... But, I am not sure how much they want to step up because they are trying to do stuff within their own environment as far as building new buildings... and trying to get people to give more to continue their focus... and, I am not sure if their focus is always on helping those in need as we see it...The size of the church is going to play a big part in how much churches can and will do...

Mrs. R., Amy, and Angelique further indicated that the church could be used as a resource to make the membership aware of agencies that can help relative caregivers and encourage the

membership to share such information with other relative caregivers that they know instead of “withholding valuable information.” Carl and Mr. Jones expressed as well that people these days are too private and introverted in comparison to “back in the day” when people knew of the challenges of members in their church and surrounding community. Mr. Jones states:

I talked to a lady at the church and she gave me a list of various places where people can get help... And, she came across it doing her job with the state... And, we were trying to use it at our church because we did not have the financial backing where we could just help everybody who would want to come...but we could at least point them in the right direction... I think that there are some places out there but people just have to seek the help... Sometimes it is not the fact whether you can do it... But, you can point them as to where to go...

Ms. A and Joanie noted some of the needs of relative caregivers that small churches do provide assistance with, include providing help with utility bills, food from the food pantry, or school supplies. Vanessa expressed, however, that many small churches are “financially overextended because the church administration cannot guarantee the amount of donations from one Sunday to the next.” Joanie also mentioned that it may be hard for the church administration to trust that they are giving monetary donations to those who really need help. Mr. Jones states:

And, I think some of the people in the work force have been blessed to the point of having a good job that when somebody comes in need... if we have never been in need... we may be like they should just get a job... and, I am the worse at that... and wonder if it is just certain jobs that they will not do...And, sometimes people in the church feel that they just want us to pay their bills but, they are not prioritizing their money... In the Baptist church, every church is its own sovereign government, so we would have to take a vote to decide what initiatives that we would want to put in place... and we do them...And, if the people feel that they are going to be wasting their time with a ministry because you don't have anybody to come... the ministry will not be there any more...Because people are putting a ministry together that nobody supports...such as giving money to people if they attend a budgeting class because nobody wants to share their business...to help them prioritize their spending ...And, don't think it is that the church that does not want to give... the church just not want to be used... The church is in that dilemma of who we can help and who we can't help ...Should the church do outward mission work to the community or help our own members... And, because you do not know people, you think everybody is running a scam... Because

God wants us to be good stewards over what He has blessed us with... I think the government needs to help to a point... but I think we need to help ourselves...

Tiara and San, however, described the benefits of nonmonetary contributions as well, including offering to come and take the kids of known relative caregivers on an outing to give such relative caregivers a break. Outreach to relative caregivers could minimize the viewpoints of some, including Faye, who believe that the church does not seem to care or want to offer help. Ms. Evans stated that it used to be that there used to be people in the community willing to go and provide, for example, transportation for children to Vacation Bible School in the summer and to weekly service, but such notions are lacking in church communities today. Diana and Mr. Jones expressed even more overlapping challenges confronted by the modern day church to be of benefit to children and adults in the community:

And, the smaller churches that don't have the funds to do all of the summer programs that the larger churches do...They [the children] need education and something to keep them off of the street because if they had something to do...like...even... basketball tournaments...or, if the church had a community center... where they could go and play games or something... just anything for them to do during the summer...that would be a lot of help...And, it may be out there... but how do you know... how do you find it...And, parents or grandparents that are working... are their buses or anyone that can pick up your children and then make sure that they get home safely... It is just a matter of finding out a way to get this information... (Diana)

The church used to take care of each other... we used to support each other... The community knew each other... Where now, we drive into the community... we go to this certain church because that is the church that we want to be a part of... then we go back out into our various homes in the suburbs... so we don't care about what is going on in that community... We don't take part in that community... We come in there Wednesdays and Sundays and then we are gone... So, now, when new people move into the neighborhood, does the church take an active role to introduce themselves to that person...? And, with mega churches today, if you have 10,000 people... I can't see everybody knowing everybody... I have talked to people that belong to certain churches... they may attend the same church and not know that they are members of the same church... (Mr. Jones)

- **RELATIVE CAREGIVER STIPENDS**

DD, service provider, tells the story of the importance of the role of relative caregivers in the lives of the children for benefit of the greater community and the need for the greater community to express appreciation for the caregivers as well as the caregiver's own family. DD states:

[We need to] just discover some new ways to empower these families ... they are doing something so significant and they are so undervalued and unrecognized... We need to start using the National Kinship Caregiver month in February as a platform as designated by the President to talk more about it... I just really ... I can just do all of the talking... But, they need to hear their voices... And, I keep thinking if you could literally for just 5 hours you will just become amazingly appreciative of what is going on... especially those who are seniors... But, also the young people who are sacrificing...

I really wish there was some way in your dissertation that you can help people grasp that... it is not just ... it is just a ripple effect to everything we do... We just owe them... The grandparents are saving us in foster care funds... Can we continue to say that ... why should we give money to those children... they are the ones who raised the bad children... who are the parents of these children... Can we make it all by ourselves in this complicated world? Why don't they see that? Why are they so mean to them? And, some of them are the sweetest people that I have ever known... And, their lives have been so hard... They need more cash assistance... They need more services... I still think they need to be given... an intermediate stipend to anyone who steps up to take care of these children outside of foster care... because it is a hell of a lot cheaper...

A number of relative caregivers expressed the need for intermediate funding for relative caregivers. Ms. A and Sylvia referenced the checks for foster care parents and questioned why grandparents cannot get financial assistance for taking care of their grandchildren. Dionne states:

I love my grandchildren dearly, but I don't understand how a foster child is different from a grandchild... I am these kids grandmother raising them... That foster parent is not those kids real parents just like I am not these kids real parent... Why the system can help foster children and give them what they need ... They even pay the foster parents... But, the grandparents are not the parents of the children either... But, they will not give them one dime... I am not the parent of my grandchildren... I am the grandparent... And, I am the same as that foster parent... The only thing different is that there are some foster parents that are grandparents... and they still don't get the help... they need... need to in other words go in and look at the thing... I could have been in New York or somewhere, but I have to put my life on hold for my grandchildren... which I would do again and again... But, I did put

my life on hold. And, they do not look at the fact that your life... whatever you had planned... when you were going to retire... you can just forget about it because these kids come first and you have to put all of that on the backburner... And, just say well, I can just forget about that... If I had not done it, I would not be able to sleep because I would be wondering how is this one... how is that one... I should have taken them... Then, I will be sick and the government will be out of even more money...because they will have to take care of me because I would probably be laid up in the hospital...

If you adopt the children, then they look at your income and in other words... they could not draw their parents... their deceased parents' money because they will base it on your income... And, it will take away from the kids... So, that is why I have not adopted them... So, I am their legal guardian which Arkansas Voices ... helped me get this... And, get the meaning of it and know the difference of it... So, the legal guardianship gives you the authority to do things for them and to help them... and sign papers...

Mrs. O and PH, service provider, stated the reasons why Arkansas has not been able to provide relative caregivers with such an “intermediate stipend” is not because the legislature has been unwilling in the past to prioritize this issue as an agenda item and highlight that there are challenges associated with biological relative caregiving status. It is, however, because Arkansas cannot afford to subsidize such a stipend for the long term, which is based on the findings of a university sponsored research project. Sadie, service provider, described in her opinion what would be needed in order for policymakers in Arkansas to provide relative caregivers with additional funds for the benefit of the children in comparison to Louisiana:

They (relative caregiver advocates) tried to say Louisiana has it... Well Louisiana has a lot more money... they have a lot... it is a formula... and they have a lot more poverty... their poverty population... The way the funding is... it is by population and poverty population... Our poverty populations are not heavily populated... The Delta is not heavily populated... So, everybody is going... so how can Louisiana do it if we cannot do it... Well, that is why... Because it is based on the density of their poverty population... Their poverty population is heavily populated... And, when you break down on how they got the population... Louisiana... has a lot of high poverty... high populated areas... and they have hundreds of thousands more than we do... We may think that we are close by Louisiana... we are similarly situated... No, we are not... our high poverty areas are not highly poverty... People are moving from those areas...

So, we do not get those funds... like Louisiana ... to do more things... So, that is how Louisiana did... they took some of that [TANF] money and were able to do some pretty creative things with it... that Arkansas really did not have... But, in order for changes to be made, they have to find a revenue stream... You are either going to take from a program that is already there... Because we have to have a balanced budget every year... you are either going to have to take funding from another program or you would have to create a new revenue stream... That is the bottom line... And, no program wants to give up the money that they have... And, the last three sessions no program except for prisons and education has gotten any increased funding... So, that is six years' worth of leveled funding despite increased costs... so nobody is saying I will give up this part of my money for them...

AJ, service provider, describes how some progress has been made to benefit relative caregivers in the State of Arkansas through the development of a website to provide information on free legal services. Mrs. O, however, indicated that it still seems as though the “the door has been shut since 2009-2010” in regard to the issue of “providing funding to grandparents.” Carl and Bruno explained that the stipend should be available for “biological custodial relative caregivers” resulting from meeting need qualifications because “financial situations are different” and some relative caregivers do not have “anything to fall back on” for “unanticipated circumstances.” San states:

I would say that you can save money on the front end (by providing a stipend) because if you are not willing to help with this child with some of the basic needs that they may have whether they are physical or emotional needs... that person is going to be a liability for society later on in life... so whatever you can do now ... you can save society and the government on the back end...

- **THE SCHOOLS**

Mrs. O and Stine first describe how relative caregivers may be reluctant to interact with the school system because they are intimidated by going up to the school, curriculum changes that are beyond their comprehension, and/or prior negative experiences with the school system. Mrs. O further indicated that other relative caregiving parents may not see the value in participating in

school activities. However, the stories of a number of other relative caregivers described how such concerns have been extinguished for many as they look to partner with the school to provide guidance to their biological custodial children.

Linda, Ms. Evans, and Diana discuss the importance of relative caregivers being involved in the school of their biological custodial children. If a relative is going to become a biological relative caregiver, Linda states that “you have to get into their world, ask questions, and not think that everything is going to be okay.” The involvement of Linda, Ms. Evans, and Diana in their grandsons’ education encompasses keeping the lines of communication open with teachers and moving them, if needed, to new schools for their benefit. Diana described how she starts from school registration keeping the line of communication open with her grandson’s teachers by providing her phone numbers as well as his grandfather’s phone numbers. Diana even chose to move her grandson to a different school, due to a perceived inability to communicate with his teachers which later resulted in a better school environment for her grandson. Ms. Evans states:

I would advise them [relative caregivers] to come up to the school... And, don't just say that I told the teacher to call me... you need to come up there and see... you need to call the teacher... The teacher has 150 children... And, she does not have but about 50 that are causing problems... and, she does not want to call 50 parents all of the time... that is your child... you have one child there... If I don't hear from my grandson's teachers after two or three days, I call and check... Cause sometimes teachers get tired and say I am not going to call anymore... it looks like she isn't doing anything... and that may not be the case...And, my grandson down at [his school] knows that they are going to call me... I am just trying to do all I can and what I can to make sure he is not acting up...Yes, people need to check on their children...

GiGi and Linda expressed concerns resulting from schools “falling short” of providing the needed resources to manage the special needs of their biological custodial children. Linda then voiced her desire for school officials to be more empathetic towards the negative reasons why biological custodial children are with relative caregivers and long lasting effects of such relative

caregiving status. GiGi further advocated for schools to be more of a resource for biological custodial relative caregivers. GiGi states:

His teacher... I know when I told her... about what had happened... [parents' divorce] she was saying that they did not have a full time social worker there at the school... the woman only came by once every two weeks... and I said that is not anything stable enough that could give him any support... So, then, after that, I just kind of took it upon myself to say that I have to get him through this... without having any professional assistance... My thing was just being a loving grandparent... I had to walk him through because I could not... I knew he was hurting... But, I did not know the extent of the hurt or the right thing to do ... But, I taught him what he needed to do was pray... learn how to pray for himself and at night before he would go to bed... every night he would always pray that same prayer ... God please let my mama and daddy go back together so that we can be a happy family again... And, going through that transition with him... It just really broke my heart to see him hurting like that...

This is consistent with Kelley, Whitley, and Campos (2011) who show that formal specialized support services and resources that are needed for children with behavioral problems may be inaccessible to grandmothers because of informal kinship caregiving, limited financial resources, or lack of adequate knowledge about the types of resources that are required to be of benefit to their custodial grandchildren. This is also consistent with Edwards and Daire (2006) who reveal that schools should be more utilized as an adequate resource to help manage the needs of relative caregivers and the custodial children resulting from the central location and integral positioning of the schools in the community. The schools further have professionals with the requisite knowledge and skills to implement interventions in conjunction with the relative caregivers (Edwards and Daire 2006). San describes the benefits that can result from the school providing resources and support to relative caregivers. San states:

[For example,] I think the anger gave her (my granddaughter) an attitude... She had an attitude... And, sometimes she would have problems getting along with other kids... But, her school counselor, since I knew her, we kind of would talk about it and she would help work out ... or helped her work out that interpersonal relationship... getting along with other kids... It was like I am not going to take anything off of anybody ... That kind of attitude... Well, I knew how to counsel a situation... I knew how to help her go through

anger management to a degree until I got subjective... personally involved in the situation... And, I did know to go to the school counselor and let her know to kind of watch out for different things and let me know if she notices anything in the classroom... or observation from the teacher... That might have been going on ... To let me know if her anger is going to be transferring into a bigger problem...Because she never got suspended... it never reached a degree when she got suspended or put out of school... and I know that a lot of grandparents have to go through...

I think the school counselor was good support in helping me to recognize that she did have some hyperactivity... So, that was also a part of her problem too with the anger and all because she was hyperactive... She went on meds for a little while, but she did not have to stay on them long... For some reason or another, she was able to ... sometimes they would have to be modified... and after a period of time... she stayed on them for maybe a year and half... something like that... The school counselor helped me recognize that because of some things that you would see in the classroom... By the fact that she noticed some things that I did not notice at home... and I think sometimes when you are at home... you ask somebody else outside ... Especially in a structured environment like a classroom... Things will be totally different... from at home...Because I am just thinking that she is a drama queen... she is always on stage... So, I am just thinking this is her drama here...

This is consistent with Edwards and Daire (2006) who reveal that psychologists, school counselors, and other school professionals should embrace equipping themselves with knowledge regarding the associated financial and emotional stress associated with relative caregiving to be empathetic when communicating with relative caregivers. Such interactions could then work to empower relative caregivers as allies to nurture their role as an educational advocate for the benefit of the custodial children in their care and maybe even lobby for increased services (Edwards and Daire 2006; Lipscomb 2005; Weaver 2013).

Green, Tina, and Linda indicated that they truly value teachers and counselors who do “show concern” for their biological custodial grandchildren. Linda states:

Now, I did have one teacher last year and the ten year old was having attitude problems... and the woman called me... and, I try to specify you can call me anytime on my cell phone... because sometimes we do conferences on the phone... to keep me from taking off so much... And, I had to tell her teacher... well her mama was supposed to come over and do something to her hair... and she did not show up...So, she has an attitude... She said okay because I could not understand what was so upsetting to her... She is all frowned up this morning...

San tells the story of alternatives that can be implemented to provide more access to school counselors for the benefit of children ranging from elementary school through high school:

[If they cannot afford to hire additional counselors, the schools could] use outside services to see if they can come in to provide people to come in as volunteers... so even though the system ... they are being paid by the government...or whatever outside of the school... they can come in and work with kids... And, they had started some of that before I retired... where they had people coming in from agencies... they would come in and work with a group of kids... or one child... and those grandparents either had their Medicare or Medicaid that took care of that ...But, for the kids that are not diagnosed where Medicare and Medicaid could pay for it, they need to maybe provide those resources and let them come in...And, sometimes all they need is a simple mentor... someone to just talk to about their problems... not necessarily an expert in the area... so get more volunteer mentors into the schools...That is where the churches could come in as mentors... I know [of another school] had started a program over there with the mentors coming from churches and other places...because once they reach that middle school and high school ...

If you do not catch it... the grandparents are just going to be pulling their hair out... what can you do... it's too much ...So, I think a big effort should be made early in the school year to let them know ... what resources are available... and the first time the child gets into trouble... suspension or whatever... nip it in the bud... start early getting those resources available so they will not be waiting on a long list and getting put out of school over and over before they can get to receive those services ...cause I saw that cycle... kids just suspended this week... well...I do not know what to do... the child is suspended again... I have gone to Child Study Center... and they have a list and I am in line... and some could or could not afford the personal doctors at that time... in order to refer them to someone else... But, what do I do... This child keeps getting suspended... And, I know that I had grandparents like that ... I don't know what to do... they keep getting put out of school... and I cannot get to the Child Study Center because the line is this long... So, there should be more services... Because sometimes you have to wait so long... and by the time that you wait... the child is steady being put out of school... and there are not enough services in my opinion...to take care of the needs before the child just gets in a habitual habit of being put out of school... I would also say that anyone who works for the state or federal government should be required to give a certain number of hours to kids who are in trouble in schools ... they are being paid by state and federal funds... and an hour or two out of their work week ... I think would be beneficial ...I think that is it...(San)

These stories are consistent with Edwards and Daire's (2006) argument that schools should be more efficiently utilized to provide support groups to build on existing strengths of relative caregivers, including after-school care, meetings addressing the needs of relative caregivers,

tutoring for the custodial children, and peer and adult mentors. Schools can also offer support services, more efficiently connect relative caregivers with community agency and resource information, including therapeutic services, counseling, financial assistance, and social services (Edwards and Daire 2006). Schools can further serve as a resource for relative caregivers in locating prosocial community activities, such as sports and music programs, and summer programmatic activities (Edwards and Daire 2006).

4.4. WAYS SERVICE PROVIDERS VIEW RELATIVE CAREGIVERS

All of the Service Providers expressed respect and concern for relative caregiver families and the roles that they are engaged in to provide support to the biological children in their care. The Service Providers seemed limited, however, in the supports and services that they could offer to such relative caregivers in their efforts. Rod, service provider, stated that he knows that the “lives of relative caregivers are stressful” because some of them are working, have multiple biological custodial children, and/or may have a biological custodial child with special needs. Derrick and Sadie, service providers, noted that biological relative caregivers need financial and housing assistance, clothing, furniture, tutoring, therapy, and support groups as well as assistance trying to plan for retirement. Sadie states:

I think that it is just exhausting for them... and overwhelming for them... I mean... We would have more kids flooding the foster care system... that do not need to be there... Thank God that they are being responsible and taking... We are very fortunate that they are doing the right thing and taking responsibility for their grandchildren... and relatives... That is what we hope to happen...

DD, service provider, described her “great admiration for what caregivers do and views them as real heroes.” DD states:

There are a couple of narratives that emerge around relative caregivers... One is that to blame the parent... that if we provide programming we will make it easier for parents to be

irresponsible... but there is an alternative narrative ... that relative caregivers are performing this vital public service ... we have to accept the reality...for the various reasons... whether it be employment... lack of child-care... incarceration... substance abuse... whatever... that biological parents are simply not raising “X” number of kids as a public policy problem... kinship care is probably the best way to resolve it and let’s support policies that help to facilitate that...And if we accepted that narrative... we could get broader purchase... and focus maybe we can understand that this is social services and as social service providers they should be supported and they currently are not ...

We are really playing around with these relatives’ lives... I have these relatives who were planning a nice retirement... or for the best of reasons... and it has still been disrupted... and nobody says... thank you for your sacrifice... they could at least say that... but it aint happening... They (Relative Caregivers) need a group of people that know about them and care about them... that they can turn to... problem solving with the children... and not the same thing as going to a parenting resource center... the issues are different... they need to know interesting legal things... not just about custody... but about wills... credit counseling... there needs to be a specific set of resources for these families that are provided by knowledgeable and compassionate people ... that also understand some of the issues of the children ... and they do have issues besides divided loyalties...(DD)

This is consistent with Dolbin (2006) who reveals that relative caregivers, grandmothers in particular, would benefit from parent education and training that acknowledges their previous parenting experience while addressing the unique challenges associated with parenting the second time around.

4.5 WAYS SERVICE PROVIDERS CAN REACH OUT TO RELATIVE CAREGIVERS IN THE PROVISION OF RESOURCES

DD, service provider, describes the website that her formal support group designed to provide resources to the relative caregivers and the limited use of digital technology by the relative caregiver population:

We have a pretty good website... But, I am not convinced... most of my families are pretty impoverished... and even though some of them are very computer literate... they do not use websites... they might go to the library and Google kinship care... if they knew that terminology... But, that is not going to be the way to bring people in ... the people we are trying to service are not the people with computers. And, we tell them that they can always go to the library and setup an email account... But, they just work so hard... they just do not have that kind of time...

Susan expressed the frustration expressed by many relative caregivers when she stated: “I do not even know if there are others (resources) out there... I don’t know about any (resources)... And, I have not applied for any (resources)... Other than the voucher situation...” Other relative caregivers provided suggestions for how information could be disseminated to relative caregivers. Sylvia suggested that a DVD would be helpful to her to inform her of various relative caregiving resources whereas Green and GiGi would prefer to have a resource binder in the library. GiGi, Stanley, and Mr. Jones opined that such resource binders filled with needed information should also be located in the offices of attorneys, doctors and agencies; hospitals; churches; the courthouse; and through hotlines and public service announcements. San and Joanie also noted that parent resource centers should be made visible and used in the schools to provide resources to relative caregivers especially during open house. GiGi, San, and Joanie further stated that biological custodial caregivers could benefit from outreach programs, workshops and seminars that address specific relative caregiving issues. Joyce Smith discussed the need for relative caregivers to be made more aware of resources that could be provided through the City Government as well.

Dionne dreamed of a resource center where relative caregivers could go and get donated clothes and shoes, and tutoring services for the biological custodial children. Dionne additionally indicated that the local formal support group, Arkansas Voices, is doing what it can, but the “organization cannot do it by itself.” Dionne’s story is consistent with Minkler and Roe (1993) who reveal that support groups increase coping ability; however, these networks do not often compensate for the lack of societal support, or counterbalance feelings by relative caregivers of being devalued at the community level.

These findings, in general, are also consistent with Lipscomb's (2005) argument that caregivers need information including, child development, parenting skills, information on parenting difficult children, pamphlets, and informational videos. Relative caregivers are thus in need of programmatic services, including short-term respite services, one-on-one or group counseling, stress reduction programs, and peer support groups (Lipscomb 2005). Other information required by relative caregivers that could be provided through joint provisional efforts includes expert advice on legal, financial, medical, housing, and education questions (Lipscomb 2005). Joanie sums up the challenge that relative caregivers face due to the lack of awareness regarding resources:

A lot of people never really get there to find the needed resources... they don't know where to go to look for it... they have to subject themselves to whatever situation they are involved in and a lot of times they do not get the help that they need...

Blue expressed his opinion that funds should be allocated to people who finish their dissertations to implement the necessary programs in their churches and communities, including figuring out how to provide more information to relative caregivers. DD, service provider, also wants to empower biological relative caregivers to engage in the political system by becoming their own advocates.

DD states:

I need them [relative caregivers] to go with me to the Capitol and actually to do the lobbying for their district legislator... I need them to step up and be the leaders and advocate for themselves... If I had 40 grandmothers up there at once... telling their stories in committees and making the hearts of the legislators ache... People like me are needed, but I also want them to advocate on their own behalf.

5. THE INTERPLAY OF RACE, CLASS, AND GENDER IN SHAPING THE EXPERIENCES OF AFRICAN-AMERICAN RELATIVE CAREGIVERS

This section discusses the heterogeneity among Black relative caregivers based more so on class and gender rather than race. This chapter thus documents the findings under the topic of intersectionality, especially the differences among Black female relative caregivers based on class distinctions. It emphasizes that Black female relative caregivers are not a fixed, monolithic group defined by a common set of relative caregiving experiences (Paxton and Hughes 2014). This chapter additionally discusses the viewpoints of relative caregivers in comparison to service providers, regarding how the intersectional experiences of relative caregivers works to shape their experiences and needs.

- **INTERSECTIONALITY: RACE, CLASS, AND GENDER**

Relative custodial children belong to diverse racial and ethnic groups, socioeconomic levels, and geographic regions, suggesting that the pathways to providing care is shaped by family composition, and cultural values and role expectations regarding parenting (Goodman and Rao 2007). This study mainly focuses on the voices of the Black “other mothers” who have given up some of their own dreams for the benefit of nurturing the potential of custodial children; however, it includes the perspectives of relative caregiving grandfathers as well (Minkler and Roe 1993). The purpose of this study is to focus on Black relative caregivers who vary by gender and class to understand their experiences, how they interface with service providers, and the gaps in service provision (Lipscomb 2005).

- **AFRICAN-AMERICAN RELATIVE CAREGIVERS: STEPPING UP TO CARE FOR THE KIDS**

DD, service provider, indicated that 99% of her biological custodial caregivers are Black. DD has indicated providing support services to approximately 8 white families and no Hispanic families

“even up in Northwest Arkansas.” DD, however, viewed no racial distinction in the stressors experienced by biological custodial relative caregivers unless the “white families are more privileged economically.” Joanie expressed as well that her white clients experience “the same” biological custodial caregiving stressors, but have additional “resources” to better aid in the care of such children while maintaining household responsibilities. Joanie states:

My white clients are taking care of their grandkids too... and it is hard on them... because they love the kids, but they will not talk to you until you get to know them... And, their kids need counseling too just like ours do because they are going through the struggle of wanting to be with mom or dad... But, they may have more money to take them to ball games and provide clothing and food... and feed them properly... They have the resources... so they may not have to have outside help... they can be more private about it.

This is consistent with Chase-Goodman and Silverstein (2006) who state that an increased socioeconomic status of white grandmothers may provide custodial grandchildren with more access to recreational and companionable activities in comparison to the religious activities that are shared by Black grandmothers with custodial grandchildren.

From DD’s experience in providing support services, she is very outspoken about the need to “applaud” her Black relative caregiving clients who are willing to “suffer in silence” as they provide support to their biological custodial children as well as fellow biological custodial relative caregivers. DD expressed that she has been providing support services long enough to see some biological custodial relative caregivers die or get sick and witness how fellow biological custodial relative caregivers step in to help with funeral arrangements and taking care of the children during the prolonged sickness of a relative caregiver. DD states:

I had a grandmother that developed cancer and was in the ICU forever and she has three kids that are all HIV positive and have to be given shots... and the other caregivers because they had all spent the night together so much ... she knew exactly what to do ... so she picked up those three kids and brought them to her house with her kids who knew them and was able to give them the medication that they needed... you know... you talk about natural

communities... and this became ... it was an artificial one... a lot of these groups... that were over the years... became a natural ... and I think that is the beauty of it...and the kids get along...I think a lot of children being raised by caregivers feel different... you know... grandma does not want to disclose because she does not want to talk about where the parents are... the kids don't want to disclose ... yet they find another set of families like them that they tend to let it all out... I think it is a really wonderful... and I am awed by them...

DD also pondered whether white biological custodial caregivers more often do not feel comfortable asking for help. Nicole further questioned whether white biological custodial caregivers are more “reluctant to jump in” in comparison to Blacks. Nicole stated that, in her experience, Black biological custodial relative caregivers may provide multiple extended relatives who are willing to step up as needed to care for the child, stating “I have got him. But, if something happens, my sister [will take him].” According to Nicole, it is more of a Black “family ideology” to step up and care for the biological custodial children in her experience whereas white biological custodial caregivers question what will happen to the children if they “are no longer able to care for them.” This is consistent with the work of Goodman and Rao (2007) and Kelch-Oliver (2011) who reveal that Black women are more likely to engage in surrogate caregiving due to communal single parent and teenage parenting status, low incomes, and a belief in the value of an interdependence that will strengthen the family and provide an informal system of care.

The viewpoints of Sadie, service provider, and Mr. Jones, however, somewhat varied from the perspectives of DD and Nicole. Sadie indicated that the race of biological relative custodial caregivers does not differentiate and Black as well as white relative caregivers are consistently vested in “stepping up” and caring for the children especially in dependency neglect cases. Sadie as well as Mr. Jones touted the eagerness of Hispanics to “step up” as part of their culture to care for “their own” in a timely manner as a result of a child being removed from the biological parents due

to abuse and/or neglect. Sadie therefore “sees across the board” the willingness of biological custodial relative caregivers to provide needed assistance to abused and/or neglected children. The relative caregivers in this study were more often willing to “step up” to assume parental roles for custodial children due to the perceptions of a crisis, fulfillment of family obligations, gendered expectations of Black women to be “kinship keepers” in the familial context, and/or Black cultural traditions that are influenced by family expectations (Davis-Sowers 2012).

- **WAY NEEDS SURFACE DUE TO RACE OR CLASS**

It seemed challenging for most relative caregivers to pinpoint whether their perceived needs were unmet due to perceived negative treatment based on race or class while acquiring services. Dionne and Mrs. O were, however, more vocal in perceiving their experiences as being based on either race or class:

Sometimes I feel that some of the negative treatment that I receive is based on my race... Me and this friend of mine... she is a grandmother... We have gone to pantries where we look and see that they will give certain colors more and allow them to get more...And, us, they would not... But, you are supposed to be thankful for whatever you get... A lot of that does go on, but I do not pay that any attention...(Dionne)

At food banks, I have seen them discriminate even within the class of poor people... And, I have seen people take stuff and give to their friends after they have received accolades for giving to the poor... to be accepted by the elite... (Mrs.O)

Derrick, service provider, however, indicated that race does not “play a part in the severity of neediness” among biological custodial relative caregivers. Derrick stated that biological custodial relative caregiver status is going to “impact one race as much as the other race [which] has nothing to do with color or class [because] where there is a need... there is a need.” In Derrick’s experience as a service provider, the “affluent may not feel that they may not need certain services such as food

stamps,” but they may request other services and information more, including training as well as asking for a home study, how to bring their homes up to standards to accommodate the kids, and how to qualify for board reimbursements. DD additionally described how caregiving status transcends class as well:

I think it disproportionately hurts the low income because they do not have the resources to do it... to be able to provide for those children... it hits them harder... But, I think it is across the board that it is impacting all kinds... When I have talked before, I go how many of you know friends of yours ... or you know people who are raising their grandchildren... Half the room will raise their hands these days... Or, have relatives that are raising children that aren't their own... It is amazing how many people in the room raise their hands... So, it is now almost commonplace ... It is almost expected...

In comparison, DD, for example, indicated that despite a desire for some low income Black biological custodial relative caregivers to meet child welfare requirements such as bringing their homes up to child welfare standards, race and class may overlap to prevent more low income Blacks from being able to financially subsidize retrofitting their homes to adequately meet needed standards and thereby foregoing some potential child welfare benefits.

Ms. Evans and Linda additionally expressed concerns about biological custodial children fitting in at school based on class distinctions. Ms. Evans indicated that it is challenging to purchase items for biological custodial children at discount stores “once they get up in age” because “they will suffer harassment at school” which may thereby exasperate the financial and emotional burdens for some relative caregivers who want to acquire such items in order to make sure that the children maintain high “self-esteem.” Ms. Evans further stated that it may cause the children to “think when [they] get grown that they are going to acquire money by any means, including selling drugs” in order to have “some money and buy what [they] want.” Linda as well as other family friends were also concerned for Linda’s biological custodial granddaughter going to what was perceived as an “uppity school” for fear

that she would be “medaled and told that she was not dressing right for not having on “one hundred dollar boots.” Linda assured herself and family friends, however, that her granddaughter would “walk to her own beat and design her own clothes” as she sees fit, which is exemplified by her willingness to shop at the “Goodwill.”

Dionne additionally describes alternatives to help her granddaughter with schoolwork needs when the library is not an option:

We go to the [library] ... Sometimes... in the library... there is a limit on how long that you can be on a computer... So, it is good to go to the library... But, if you have a lot of homework like she has... You have to figure out something different... Sometimes we go to a local bookstore and we sit down in the aisles and we just look at books and they don't mind it... And, I say that is the perfect place... We go there and read and they have up to date ones... Sometimes when my granddaughter has a project with a book at the library mostly all of them will be checked out... So, that is why we mostly go to the local bookstore and they will have the books there... But, if you buy it ... it will be kind of high... But, mostly what we do is sit there and read it... Different workers will be in there and say ... oh... it is okay... go ahead... Then, I will have the younger child with me and we will go in another corner and read...

- **WAY NEEDS SURFACE BECAUSE OF GENDER**

Rod, service provider, explains that the “earning capacity in the workplace” for older females could exasperate gender and economic inequalities. As a result, Rod states that relative caregivers who are perceived as most often “ending up” as biological custodial relative caregivers may not always be in the “best economically position to do so.” This is consistent with Goodman and Rao (2007), Cox et al. (2000), and Kelch-Oliver (2011) who reveal that the perceived single Black female relative caregiving majority who end up caring for biological custodial children have higher depression rates than their non-caregiving Black peers resulting from the sporadic assumption of care of a child that complicates their emotional well-being as well as their financial

stability. This study also found that the interaction of race as well as gender may vary for relative caregivers depending on their social class and marital status whereby they may live in different neighborhoods, attend different schools, and obtain different jobs (Higginbotham and Andersen 2012; Hill-Collins 2012).

- **FEMALE RELATIVE CAREGIVERS WITHOUT A SPOUSE**

Linda describes some of the challenges associated with assuming care of a custodial child as a single, female biological custodial relative caregiver:

Let's talk about them shingles that I have laying in my backyard because the man tried to beat me out of my money with my roof... And, I had to get somebody to come and walk my roof and found out that he left two bad boards up there...I called him on it... and he got mad and wanted to charge me more for my shingles...same thing with my car... And, then I hired a guy to come and look at the shingles and he was going to charge me a hundred dollars ... when he got here... he picked up one load and told me it was going to cost a hundred dollars for that load... I told him that is not what you said... He said... I really did not look at it... No, I said you looked at it and you told me a price... So, I still have half of the shingles laying there in my backyard...I just let them lay there and hope they disappear ...Just taking care of this house is something... that is one thing... When I first got my house, I was thinking after my daughter went to jail she was going to straighten up this time when she came out and do some things... And, it did not happen... I thought she would move in here ... But, it did not work out that way... So, I have it all by myself...

Keisha describes the challenges, i.e. financial and emotional challenges, of a single, female biological custodial relative caregiver even when they are female, younger, with a higher level of education:

Pay is the biggest issue... I am not where I should be ... I am a single parent (female)... there is no male in the home... there is just me... taking on my son by myself... and then bringing in another child by myself... it is a lot to manage for just one person...I have patience... , but it would be easier if I had somebody else in the home... even it is ... can you watch them while I take a shower... I know with child welfare if foster parents need a weekend away you can get said person to watch the children while you are away... For me, it is more like getting with my mom or sister and say hey can you watch the boys while I go and do this...

And, my mom is understanding and realizes that sometimes you just need a break... Because, when I first got him, my mom said that she was going to come to Little Rock and take me shopping because she knew that I had a lot going on... just things like that so you can breathe for a moment... you can forget what is going on and the whole chaos that is going on at home... and then I am like ... ok... I feel better... I just needed to breathe... My sister watched my boys while I went off on a weekend with my friends because I don't get much me time because it is often me, my son, and my great nephew... My me time is when they go to sleep because I can't talk any other time... If I am not too tired myself, I may crash ... Grocery shopping now is a chore because I can tell my son we need this, this and this... And, my son can spit the list back out if asked... But, the other one... it is like a chore... he is screaming... don't touch... no you can't have this... So, I cannot take them together to the store... So, if my sister comes over, I will ask if I can go get gas or to the store or just a drive... without I am sick of you... you hit me... just to have a day, a weekend, ... a few hours just for myself... because you have to have that portion of it... You have to have some adult time... It think that is the most important part to have someone to watch them while I go ... and do stuff... And, in order for grandparents to have that... outside of the system... it comes down to who you trust... because kids get hurt and you see all of this stuff on the news... so you are leery of who you let take on that responsibility... The biggest key is to have some family that will support you in the process...(Keisha)

Faye is in agreement with Keisha and discusses the importance of respite care for single, female biological custodial relative caregivers “because it comes a time when caregivers just need a break so they can take care of themselves” in order to adequately take care of their children.

Green describes her frustration as a female biological custodial relative caregiver with the perception whereby she is blamed for her emotional and financial challenges that have resulted from her relative caregiving status:

Blame is not a part of it... because... [I am here] trying to ...make sure this child is taken care of... and is going to school and having the things that he needs... I would say that I was trying to be helpful and take him out of a situation that could have been more harm to him than good ... and had a lasting affect... that could have been very negative... or lead him into a situation that would have been with the law... or in foster care...or anything else...

- **AFRICAN-AMERICAN MALE AND FEMALE RELATIVE CAREGIVERS**

Sadie and Derick, service providers, noted that there appears to be more female rather than male relative caregivers caring for biological custodial children. Sadie and Derrick stated, however, that the male relative caregivers who do surface are usually accompanying their female counterpart and express how they are also “broken up” about the status of the children’s biological parents. Dionne further expressed concerns for male relative caregivers without a spouse when they are perceived to not receive adequate support in comparison to females without a spouse. Dionne states:

I think that they will help a female quicker than they will help a male if you ask me... I can remember that there was a single man... you know ... that had lost his daughter and he was raising his grandchildren... But, since he was a man, they would help the women quicker than they would help the males... that had children... There are some men raising their grandchildren... And, they will help the women quicker...

Based on her experience, Bruno further discusses the caregiving roles of males and females:

More often it is the female... and we know that the female is more likely the caregiver... whether they are caring for the young or the old... the female is the one who assumes that responsibility...I think it is harder... not impossible for a male... I know that before my husband and I were married he did a lot of caregiving and he had a girlfriend that helped him... during those days... But, he was always there for his sons and so I think that he would have helped regardless of whether he was single or not... I think that it just makes it easier when there are two people to assume the responsibilities I think everyone is not excluded in challenges in life that may cause family breakdown...

San also described her perception of the advantages of having a male spouse in the home, including “granddad” being there for her granddaughter as an “identifying [male] figure.” Susan agrees with San and Bruno by describing the “good” support that she and her granddaughter derive from her husband being in the home even though she considers herself as the main caregiver to her granddaughter. Susan states:

My husband is a good support in that this is his first grandchild as well... he helps when she is here... if she wants something, and I am not available to do it... he will go and do it... And, he does take care of her if I need to go out and do something... But, for the most part, she is my responsibility... So, he is a big help because ... she can ask me something and I will say that I will do it later... She will go and ask them and he will get up right then and get it done... In that way, it is a big support... for her to see a male and a female in the house... working together... I think that is very beneficial for her later in life to be able to see that because her mom and dad are not together...

In this study, more of the female relative caregivers in comparison to the male relative caregivers anticipated a change in their schedule. San, GiGi, Susan, Mrs. Jones, and Sylvia described their lifestyle changes in comparison to Mr. Jones and Stanley. Susan indicated that because her granddaughter is such a “ball of life” that she just “makes adjustments and goes on.” In addition, whereas Stanley noted that his schedule did not change, San and Sylvia both discussed the changes in their schedules which included “getting up earlier to take the children to school” and ensuring their safe arrivals at school before they reported to work. In addition, although Mr. Jones stated that he did not expect anything to “really change” as far as his schedule upon his granddaughter coming to live in their home for an extended amount of time, Mrs. Jones discussed the arrangements that would need to be made to get their granddaughter back and forth to school because she will be out of her school zone. For GiGi, besides working extra hours due to the sickness of her husband, she prepared food, managed household responsibilities, organized school clothes and supplies, and participated in school activities as needed.

This study reveals that male biological relative caregivers, however, often participate in the travel arrangements and activities for the children as needed. GiGi indicated that, despite sickness, her husband would attend her grandson’s school activities at the school which was located “right down the street.” Due to job flexibility, Mr. Jones was an active participant in transporting his

granddaughter to and from her volunteering opportunity at a local hospital as well as her biological father as needed. Carl further discussed how he was “very much engaged” in picking up his biological custodial grandchildren from school and providing extended care both before and after the children’s mother passed.

The findings outlined in this study describe the sacrifices of all relative caregivers, but suggests that those relative caregivers who are more prepared to meet the associated challenges with raising biological custodial children have 1) a spouse or support from extended family members, 2) at least one or two household members with full-time jobs and benefits, 3) participation in ARKids First, 4) financial contributions from at least one biological parent (e.g., child support) and/or Social Security Survivor benefits, and 5) access to and knowledge of community resources to provide the skills needed to better cope with being a parent for the second or even third time.

CHAPTER V

DISCUSSION SECTION

Recently, the changing family structure due to increased incarceration and divorce rates, the proliferation of single-parent families, unwillingness to assume parenting roles, and patterns of economic stagnation have precipitated an increase in the dependency on relative caregivers (grandmothers, grandfathers, aunts, or great aunts) to care for children (Baker et al. 2010; Connelly and DeRoos 2000; Fuller-Thomson and Minkler 2000; Henderson 2006; Houtman 1999; Musil et al. 2000). Perhaps as a result of informal kinship caregiving becoming more of a norm in society, particularly in the Black community, researchers and policymakers alike have engaged in an effort to better understand these relative caregiving experiences (Rodriguez et al. 2012).

Yet research often focuses on the separate structural identities comparing the quality of life, educational status, social status, mental and physical health problems, and income of grandparent custodial caregivers (Chenoweth 2000; Ehrle, Geen, and Clark 2001; Fuller-Thomson et al. 1997; Fuller-Thomson and Minkler 2000; Grinstead, Leder, Jensen and Bond 2003; Hayslip and Kaminski 2005; Kelley et al. 2013; Kolomer et al. 2002; Mills et al. 2005; Rodr'I'guez, Smith, and Palmieri 2012; Scarcella, Ehrle, and Geen 2003; Solomon 2000). Less is known about the experiences of relative caregivers, including Black grandmothers, grandfathers, aunts, and great aunts rearing custodial children (grandchildren, nieces, nephews, great nieces, and great nephews) and how these experiences are shaped by the interaction of race, class, and gender (Grinstead, Leder, Jensen and Bond 2003; Hayslip and Kaminski 2005; Johnson-Garner and Meyers 2003; Rodr'I'guez, Smith, and Palmieri 2012). Even less is known about the nature and quality of the

experiences that relative caregivers have with public income assistance and other child welfare policies and practices and how these experiences are also shaped by race, class, and gender.

This research study therefore engaged the voices of such relative caregivers and service providers to tell their stories. The research questions for this study were: (1a) What are the experiences of Black relative caregivers with child-rearing custodial children? (1b) Do certain experiences surface more often because of race, class, or gender? (2a) What is the nature and the quality of the experiences that Black relative caregivers have with caregiving-related policies and practices that are connected to public income assistance and child welfare? (2b) Do certain needs or experiences with caregiving-related policies and practices surface more often because of race, class, or gender? And, (3) how do the perspectives of Black relative caregivers compare to the views of service providers regarding caregiving-related policies and practices that are connected to public income assistance and child welfare?

In this chapter, I discuss the findings organized under the following four topics: (a) reasons for assumption of care and types of relative caregiving arrangements, (b) relative caregiving experiences with custodial children and biological parents, (c) comparative relative caregiver and service provider experiences with policies and practices that are connected to public income assistance and child welfare, and (d) the interplay of race, class, and gender in shaping the experiences of Black relative caregivers. Lastly, I will discuss policy recommendations, the limitations of the study, and recommendations for future research.

EXPERIENCES OF AFRICAN-AMERICAN RELATIVE CAREGIVERS WITH CHILD-REARING CUSTODIAL CHILDREN

Minkler and Roe (1993) describe patterns emerging where relative caregivers assume care of the custodial children after negotiating over time with the parent of the biological child to have the child come to stay with them until parental circumstances improve to better meet the basic needs of the child. The majority of relative caregivers interviewed for this study began responding to the needs of custodial children while they were still in the care of at least one biological parent. Eventually, a lack of parental responsibility or death forced relative caregivers to feel obligated to provide for the needs of the children on a daily basis in spite of the “self-sacrifice, obstacles, and hardships” (Minkler and Roe 1993).

Important components of the relative caregiving experience have been found to be shaped by the financial, emotional, and legal implications on the family subsystem after assuming care of custodial children. A number of scholars, for example, have indicated that a lack of knowledge about low-cost legal services may prevent some relative caregivers from seeking experienced qualified and affordable lawyers to guide them through the custody or guardianship procedure to counteract these barriers resulting from relative caregiver status, including an inability to enroll the children in school and make decisions regarding their medical care (Ehrle and Geen 2002; Geen 2004; Perez-Porter and Flint 2000; Stepping Up for Kids Policy Report 2012). However, in this study, a significant finding was that most relative caregivers were willing to form a legal relationship that connected them to the children whether through guardianship, legal custody, or notarized documentation. The relative caregivers interviewed for this study were additionally willing to participate in the educational process of the custodial children by going to the school to meet with teachers, changing schools if a school was not a good fit for the child, informing the

teachers of the child's special needs, being available whenever needed, and encouraging the children to pursue higher education. In this context, several relative caregivers preferred guardianship and not adoption because the custodial children could be declared independent at the age of 18 and thereby qualify for more student aid by not being required to supply the relative caregivers' information.

It is important to note that relative caregivers often viewed their role as being of benefit to the individual child and community by breaking the cycle of neglect for the custodial children to bring compassion, boundaries, and a connectedness to a constructive family subsystem. Many relative caregivers spoke of a hope that their influence would empower the custodial children to overcome their situational challenges to become productive citizens. These findings are consistent with Edward and Daire (2006) who describe the psychological rewards of relative caregiving to include being of benefit to the individual child and community as they are provided with a second time to parent more effectively than the child's parent and keep their biological kin out of the foster care system.

Based on the interviews with relative caregivers whose experiences informed this project, it appears that the best arrangement to meet the child's needs includes: 1) a relative caregiver having a spouse or support from extended family members, 2) at least one or two household members with full-time jobs and benefits, 3) participation in ARKids First, 4) financial contributions from at least one biological parent (e.g., child support) and/or Social Security Survivor benefits, and 5) access to and knowledge of community resources to provide the skills needed to better cope with being a parent for the second or even third time around. However, even those relative caregivers who raised their custodial children in the most optimal arrangements reported sacrificing some aspect of

their lives whether it was time, partial forfeiture of retirement benefits, emotional stability, and/or physical health. The 15 participants caring for custodial children with special needs expressed experiencing increased levels of stress resulting from lacking needed resources to adequately care for the children and facing an uphill battle when advocating on the child's behalf in the schools.

Importantly, relative caregivers also described how they were overcoming such challenges and raising resilient children by maintaining faith, eating together, and capitalizing on familial support networks (Fuller-Thomson and Minkler 2000; Houtman 1999; Minkler and Roe 1993; Musil et al. 2000). Participants, however, often noted a lack of knowledge about where to seek assistance and guidance from service providers to navigate through the bureaucracy to get the needed intervention services or special education resources for the children in their care. A number of scholars stated that support groups can help bridge the gap between service providers and relative caregivers (Cohen and Pyle 2000; Geen 2004; Houtman 1999). Participants in this study described a willingness to participate in support groups if presented with the opportunity through community, school, and church affiliations.

Lipscomb (2005) suggests that relative caregivers need information on child development milestones, enhancing parenting skills, and parenting difficult children in the form of pamphlets and informational videos. A number of scholars further noted that support groups assist in providing relative caregivers with programmatic services, including short-term respite services, one-on-one or group counseling, stress reduction techniques, and peer support (Cohen and Pyle 2000; Hayslip et al. 2006a,b; Houtman 1999; Lipscomb 2005). The participants in this study expressed a similar sentiment, stating that relative caregivers need a resource center which could be located in school parenting centers where they can seek information, including appropriate legal forms, how to

improve parental skills, and how to locate affordable extra-curricular activities. In the alternative, an inclusive relative caregiver resource guide would be of more benefit if it could be accessed on the web as well as in local libraries and agencies where relative caregivers often acquire services.

NATURE AND THE QUALITY OF THE EXPERIENCES THAT AFRICAN-AMERICAN RELATIVE CAREGIVERS HAVE WITH CAREGIVING-RELATED POLICIES AND PRACTICES THAT ARE CONNECTED TO PUBLIC INCOME ASSISTANCE AND CHILD WELFARE

This section focuses on answering research question two, concerning the nature and quality of the experiences relative caregivers have with caregiving-related policies and practices that are connected to public income assistance and child welfare. In this study, the majority of relative caregivers reported receiving some form of public assistance ranging from medical assistance, including physician services, psychological services, and dental care (ARKids First), to child-care vouchers, and/or Social Security Survivor benefits. Relative caregivers cited ARKids First as an effective policy that ensures that they are able to provide the needed medical and mental health services for custodial children. Although several relative caregivers reported feelings of being stigmatized by medical providers, they did not opt out of the ARKids First system. The respondents also noted that childcare vouchers are essential to providing quality care for their custodial children while they worked. One relative caregiver stated that her standard of living would have diminished had it not been for Supplemental Social Security: Supplemental Survivor Income (SSI). The majority of the relative caregivers questioned why all relative caregivers could not qualify for monthly financial assistance to offset the costs of caring for a custodial child, improve their emotional health and anxiety levels, and increase children's access to before school and after school programming (tutoring and recreational activities), enrichment lessons (computer classes), and organized sports.

The most significant challenges encountered by relative caregivers were with child welfare agencies. Specific concerns as perceived by relative caregivers included front line personnel not being able to provide adequate information regarding agency services or requested referrals that were assumed by relative caregivers to be accessible under the auspices of such child welfare agencies. Relative caregivers, for example, would often note that they would first seek assistance from a child welfare agency only later to be turned away without needed information to assist them in managing their caregiving roles and experiences. This lack of child welfare systemic understanding by relative caregivers and the surrounding community is thereafter perceived as a lack of competence and generates frustration directed towards child welfare agencies from relative caregivers and the local community.

INTERSECTIONALITY: AFRICAN-AMERICAN RELATIVE CAREGIVER EXPERIENCES AND NEEDS

This study used the intersectionality framework to identify whether experiences and needs of relative caregivers surface more often because of race, class, or gender among 30 Black grandmothers, grandfathers, aunts, and great aunts. With the exception of service provider perceptions of race, most of the information provided related to class, gender, and marital status. First, gender, class, and marital status interact to affect the needs and experiences of relative caregivers, exposing relative caregivers to different levels of risk and association with unequal access to resources. Stories often heard from married Black relative caregivers who had jobs in the service industry and/or had a spouse with a disability alluded to the difficulty in finding affordable after school and summer activities for the custodial children, delays in retirement, and placing familial emphasis on the basic necessities of the household in order to maintain a balanced family budget. However, there was still a reluctance to apply for public income assistance, and instead

“doing what had to be done” to independently care for the family. Such relative caregivers, therefore, did not want to be perceived as being dependent on TANF cash assistance and food stamps, thereby choosing to opt out of receiving such public income assistance beyond ARKids First, Social Security Survivor benefits, and child-care vouchers. An illness of one spouse was thus described as intensifying the experiences of such relative caregivers making it even more of a burden to sustain the basic needs of the family. Extended family support did, however, function in some cases to provide a buffer, enabling the couple to meet the financial demands of the custodial children.

Comparatively, married Black relative caregivers in jobs characterized as professional more so experienced financial burdens associated with not being able to afford child-care and extra-curricular activities of quality. One participant, for example, opted to retire early in order to be able to manage childcare expenses for three young children after her daughter passed. The household income was thereafter subsidized by SSI subsequent to her retirement. Another participant utilized her connection to non-profits to locate extra-curricular activities for her grandson. In addition, before her husband passed, he was also able to assist her in subsidizing her grandson’s private school tuition.

From the stories of the relative caregivers in this study, it quickly became apparent that they were not one homogenous group but individuals who simultaneously inhabited class and status distinctions that affected their relative caregiving experiences. For example, the second emerging theme was that financial challenges compound the experiences of lower income relative caregivers in general, lessening their ability to adequately manage the demands of relative caregiving status regardless of gender. Those relative caregivers who 1) work in service-oriented jobs; 2) lack family

support, SSI and/or ARKids First benefits; or 3) live in a household with at least one individual who has been out of the workforce due to a disability tend to experience more financial difficulties than other relative caregivers. However, it was more often that single Black females would describe specific experiences regarding public income assistance. For these relative caregivers, their experiences more so encompassed going to food banks, and describing higher levels of emotional burdens which were compounded by the presence of a special needs child in the household. However, for other single Black females in need, they would still opt out of receiving public income assistance as well beyond ARKids First, Social Security Survivor benefits, and child-care vouchers due to perceived stigma in the application process.

Lastly, relative caregiving roles compound the experiences of Black female relative caregivers regardless of class or marital status. Relative caregiving status further increased the likelihood of female relative caregivers experiencing emotional instability, including depression and anxiety. Several participants with special needs children opted to adjust their workloads to better manage their relative caregiving responsibilities. Most Black female relative caregivers also described changes in their schedules throughout the day. For one caregiver, she had to continue to manage her relative, caregiving household responsibilities, two jobs, and a husband stricken with a debilitating illness.

Relative caregivers regardless of race, class, or gender reported needs surfacing because of diminishing funds resulting from the unanticipated prolonged care of the custodial children. The majority of Black male and female relative caregivers thus had insufficient financial resources even when using some form of public assistance to 1) provide for the basic necessities of the family, or

2) subsidize the children's participation in activities to further gain exposure to the social norms of society.

PERSPECTIVES OF SERVICE PROVIDERS REGARDING CAREGIVING-RELATED POLICIES AND PRACTICES THAT ARE CONNECTED TO PUBLIC INCOME ASSISTANCE AND CHILD WELFARE

From the perspective of service providers, action needs to be taken by 1) relative caregivers to establish a legal connection to custodial children, and 2) policymakers at the state level need to work towards alleviating barriers that impede the implementation of adequate service provisions to assist relative caregivers (Ehrle and Geen 2002; Geen 2004; Perez-Porter and Flint 2000; Stepping Up for Kids Policy Report 2012). First, service providers expressed that a fear of the legal system and/or engaging in a direct confrontation with the biological parent were factors that often prevented relative caregivers from going to court to acquire guardianship or custody. Service providers then discussed how such a lack of a legal connection to the child results in the child not receiving adequate educational and health benefits. The service providers then described how more education needs to be provided to relative caregivers, empowering them to concentrate on the importance of a legal connection to the child which would be in the physical and educational best interest of the child to overcome fears associated with interfacing with the court system. In addition, relative caregivers who do not have access to computers need to be made even more aware that there are solutions in the State of Arkansas to minimize the adversarial components of the legal process and related expenses through mediation and seeking out pro se legal services.

Second, service providers noted that obstacles that prevent the implementation of adequate assistance to and resources for relative caregivers include 1) assistance to relative caregivers not being a legislative priority, 2) a lack of funding for nonprofit organizations dedicated to providing

formal support for relative caregivers which limits advocacy efforts to advance issues on the legislative agenda, and 3) a lack of sufficient financial support from faith based organizations for relative caregivers in the local community. According to service providers, barriers affecting the provision of assistance to relative caregivers can be minimized through advocacy for policies to support relative caregivers, generating political commitment to provide resources for assisting relative caregivers, and inclusion of the voices of relative caregivers in such policy discussions.

PERSPECTIVES OF AFRICAN-AMERICAN RELATIVE CAREGIVERS IN COMPARISON TO THE VIEWS OF SERVICE PROVIDERS REGARDING CAREGIVING–RELATED POLICIES AND PRACTICES THAT ARE CONNECTED TO PUBLIC INCOME ASSISTANCE AND CHILD WELFARE

This section focuses on answering research question three comparing the views of service providers and relative caregivers. In this study, the comparison of the viewpoints of service providers and relative caregivers revealed that service providers understand the lack of financial support and emotional burdens that relative caregivers experience. For example, service providers recognize that relative caregivers need financial assistance, housing assistance, clothing, furniture, tutoring for the custodial children, support groups, and counseling for themselves and the children. However, the service providers seemed limited in the supports and services that they could offer to the relative caregivers. One service provider indicated that legislative priority in allocating funds to provide assistance to relative caregivers could help minimize their financial and emotional burdens.

Service providers and relative caregivers agree that a revenue stream is essential in the State of Arkansas to improve the financial and emotional stability of relative caregivers with raising custodial children. A relative caregiver commented that policymakers sympathetic to the financial and emotional burdens experienced by relative caregivers will have to be appointed to effectively advocate for increased benefits to relative caregivers. However, one service provider indicated that

money will have to be taken from another program, a revenue stream will have to be created, or taxes will have to be raised in order to provide additional assistance for relative caregivers.

Several service providers stated that relative caregivers were often not receiving services that they were entitled to by child welfare agencies due to the fear of losing their custodial children because of the perception that they do not meet the requirements for being a kinship foster parent, i.e. being in good physical or mental health; providing adequate housing, child-care, and amounts of quality food; and being willing to cooperate with the agency plan regarding caregiver training, treatment services for the child, and family reunification. Yet the majority of the relative caregivers expressed less fear and more frustration with the perceived stigma experienced when applying for public income assistance benefits. Service providers do understand that relative caregivers seek empathy, genuineness, and respect from front line personnel while seeking services. For example, one service provider indicated that some frontline personnel may have to be re-trained or told to quit if they have difficulties sustaining a supportive demeanor towards relative caregivers. However, given the perceived frequent interactions of relative caregivers with child welfare agencies, several service providers encouraged relative caregivers not to allow a few bad experiences with frontline personnel to establish the basis for how they judge all child welfare personnel.

IMPLICATIONS FOR POLICY STUDIES AND RELATIVE CAREGIVER POLICY AND PRACTICE

The State of Arkansas accepted in 2009 that relative caregiving status should be considered an issue of importance by government officials and policymakers. This research now emphasizes that the experienced emotional and financial needs of relative caregivers are increasing and generally transcend race, class, and gender due to the often unexpected assumption of care of such

biological custodial children into their homes on a daily basis. This research thus provides evidence that it is time to re-visit relative caregiving status as an institutional agenda item by moving forward to commission additional qualitative and quantitative research with a diverse relative caregiving population to determine whether increased access to financial resources to those specifically in need and informational resources for all can transcend race, class, and gender to equip biological custodial relative caregivers with the tools to adequately raise biological custodial children for the benefit of the entire community.

This research also makes apparent that service providers recognize the challenges experienced by relative caregivers and want to determine how they can work with relative caregivers in spite of financial limitations to provide relative caregiver specific resources and programming initiatives. This research thus highlights the need for more research, program development, and implementation of relative caregiving policies and practices. In order to bridge the resource and service information gap, and address the financial insecurity among relative caregivers, action should therefore be taken by government agencies, policymakers, teachers, counselors, health professionals, along with community members to engage the voices of relative caregivers while developing policy to better assist relative caregivers in caring for their custodial children. The following policy and practice implications are based on the findings of this study to empower policymakers to commit to developing an innovative strategy for providing economic assistance to relative caregivers who are experiencing social deprivation and to expand our systems of care network for relative caregiver families to improve outcomes.

- It is recommended that the Arkansas Department of Human Services evaluate service delivery to relative caregivers. It is further recommended that agency representatives from

the Arkansas Department of Human Services, Temporary Assistance for Needy Families, Arkansas ARKids First Program, Arkansas Voices for the Children Left Behind, Arkansas Legal Aid, Arkansas Advocates for Children and Families, Arkansas Department of Education, and Arkansas Department of Housing and Urban Development work together to develop a comprehensive resource guide highlighting services available to relative caregivers inside and outside of the child welfare system to be placed in public libraries, local churches of all sizes, community centers, adult centers, schools, and medical facilities, i.e. legal resources, how to care for children with special needs, before and after care programs, available tutoring services, affordable summer programs, how to establish or find a local support group, financial resources, and housing options. Such information needs to be in hardcopy, and on the web as well as a DVD to compensate for the digital divide experienced by the relative caregiving population. Local universities can also partner with government agencies to provide a network within the social sciences departments to conduct relative caregiver research affordably and provide facilities as well as professional staff members and interested students to assist in the organization of conferences to provide information to and support for relative caregivers.

- It is further recommended that the Little Rock School District, North Little Rock School District, and Pulaski County Special School District consider using parent centers to extend beyond the presumption of the mother, father, and child familial structure to provide relative caregiving focused information as well about legal resources, how to care for children with special needs, before and after care programs, available tutoring services, affordable summer programs, how to establish or find a local support group, and housing options. Administrators, counselors, and teachers in the Little Rock School District, North Little

Rock School District, and Pulaski County Special School District should further be made aware of such information in order to work with relative caregivers to address the many challenges faced by relative caregiving families.

- Although the majority of churches in the state are not equipped to subsidize the financial needs of relative caregivers, local agencies that interface with relative caregivers should consider partnering with the Union District Baptist Association as part of the relative caregiving resource network.
- To address the isolation of and lack of respite care available to relative caregivers, Arkansas Voices for the Children Left Behind should be provided additional government funds and be accountable as a formal support group to continue in efforts to support relative caregivers, and be viewed as a model for the establishment of additional support groups that are expanded to provide intermediate child-care as needed for relative caregivers while such relative caregivers discuss issues and concerns, exchange information, and have social outings while interacting with others in similar situations.
- To promote polices and comprehensive services to address the financial and related mental health challenges experienced by relative caregivers, a coordinated expansion of state public financial investment in the work of relative caregivers should be implemented to equalize access to financial resources for relative caregivers. The Arkansas Legislature should thus establish a task force to promote the exchange of ideas, program development, public policy analysis, and coalition building to identify gaps in services and bring such gaps to the attention of the appropriate agencies.

CONCLUSION

The numbers of relative caregivers have been increasing steadily each year. Although previous studies have examined the experiences of grandmothers as relative caregivers, fewer studies have examined the experiences of grandfathers, aunts, and great aunts as relative caregivers. Moreover, there are few studies examining relative caregiving through the lens of intersectionality. Due to the increasing number of relative caregivers, additional statewide quantitative and qualitative research is required to build on this study to further examine the unique challenges faced by relative caregivers in the State of Arkansas and beyond.

The findings in this study capture the impact that the assumption of care of biological custodial children has on family relationships, and the financial and emotional stability of relative caregivers, along with what services are expected by relative caregivers from public income and child welfare assistance, and often perceived limitations of service providers to meet such expectations and provide access to or knowledge of needed social services to relative caregivers. The findings also highlight that an understanding of the dimensions of race, class, and gender among relative caregivers is necessary to comprehend the complexity of their experiences with balancing their roles as relative caregivers, identities as male and female relative caregivers, while simultaneously attempting to manage their economically disadvantaged status within and outside of the child-welfare system (Hill-Collins 2012). Tiara sums up the sentiment expressed by all of the relative caregivers:

I am really trying to help the kids... I would just tell the people going through these situations to hang in there and be patient... It is not an easy task... I know... But, just be patient and hang in there... Be prayerful... (Tiara)

As this study's sample included a majority of Black relative caregivers who are raising custodial children, future research must examine whether dimensions of inequality exist within the diverse relative caregiving experience between relative caregiving, socioeconomic inequality, and variances based on race, gender, and class. This is important as well in light of the research by Kelley, Whitley, and Campos (2011), which reveals that relative caregivers, specifically grandmothers, may reach a point where they feel so overwhelmed, without support, and in need of resources that they are not effectively able to cope with problematic behaviors, resulting in a higher risk of their custodial grandchildren being placed in the state foster care system, a residential setting, or even the juvenile justice system.

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APPENDIX A



◆ ARE YOU A RELATIVE CAREGIVER TO A BIOLOGICAL CHILD IN YOUR HOME UNDER THE AGE OF 18 IN THE STATE OF ARKANSAS?

◆ WOULD YOU LIKE TO DISCUSS YOUR EXPERIENCES TO HELP FUTURE RELATIVE CAREGIVERS IN THE STATE OF ARKANSAS?

Who: A Relative Caregiver in the State of Arkansas to a biological child in your home under the age of 18 for at least one year in the past 5 years, including a grandchild, niece, nephew, great niece, or great nephew

What: An interview no longer than 90 minutes, discussing your experiences as a relative caregiver

Where: Place of your choice where you feel comfortable speaking about your relative caregiving experience

Contact: Email [REDACTED] if you would like to participate

Confidentiality: Your confidentiality is assured to the extent allowed by law and University policy, and no identifying information regarding you, your experiences, or comments will be included in any written document or verbal presentation.

<i>Relative Caregiving Discussion</i>								
Carmen Hardin								
E-Mail:								

APPENDIX B

Relative Caregivers: Informed Consent Script and Interview Guide

Section A: Informed Consent Form/Script (to be read to respondents)

You are invited to participate in a research study titled “Understanding the Intersectional Experiences of Relatives Who Serve as Care Providers to Custodial Children in Arkansas.” I, Carmen Hardin, will be conducting this study as a Public Policy doctoral student at the University of Arkansas in Fayetteville, as part of my dissertation project. My research explores the experiences of relative caregivers and issues with policies and practices of relative custodial caregivers in the State of Arkansas.

Participation in this study is entirely voluntary at all times. You can choose not to participate at all or to leave the study at any time. You are being asked to take part in this study because you are a relative caregiver in the State of Arkansas.

If you agree to participate, you will be asked to take part in an interview about the experiences of relative care providers, voice your concerns and needs, and potentially influence the development of better policies and practices. The interview should last around 90 minutes.

The interview will be audio recorded. The interview tapes will be held in a secure location both during and after the completion of the project. On completion and defense of the dissertation, the interview tapes will be retained in a secure location for six weeks and then destroyed. The transcription of the audio recordings will be kept confidential to the extent allowed by law and university policy for 3 years.

What you say during the interview will remain anonymous and will not be linked to you in any way. No identifying information about you will be collected at any point during the study, and your recording will be identified only with a pseudonym. If you say something during the interview that may identify you, it will be removed during the transcription of the interview.

If you need any further information, you can contact me: Carmen Hardin at [REDACTED], or at [REDACTED]. You can also contact Ms. Iroshi (Ro) Windwalker, IRB Coordinator, University of Arkansas, at [REDACTED] or [REDACTED]. If you need further assistance, you can contact Dr. Anna Zajicek, Dissertation Chair, Sociology Department, University of Arkansas, at [REDACTED] or [REDACTED].

Do you consent to participating in this study? () Yes () No.

Signature (when applicable):

Section B: Interview Guide

Interview Guide: Relative Caregiver Questionnaire

This questionnaire includes such questions about your education, age, race, gender, living arrangements, employment status, and financial support that you receive to help raise the oldest, biological custodial child in your household. The information will help the primary researcher to gather demographic information of relative caregivers who are raising biological custodial children in the State of Arkansas. Please, note that this information is confidential to the extent allowed by law and university policy.

Before we begin the interview, let me ask you a few background/demographic questions/please complete the demographic questionnaire below.

Thank you for your willingness to participate.

Section B1: Demographic Questions

1. Please select a pseudonym that you would like to be identified by _____.
2. What is your race/ethnicity?
3. What is your gender?
4. What city do you live in?
5. What is the highest level of education that you have completed?

_____ Less than High School

_____ High School

_____ Vocational or Technical School

_____ Some college

_____ Undergraduate college degree

_____ Some graduate or professional work

_____ Graduate or professional degree

6. What is your employment status?

_____ Full-time

_____ Part-time

_____ Seeking employment

_____ Retired

_____ Unemployed not seeking employment

7. What is your marital status?

_____ Living with a partner

_____ Never Married

_____ Married

_____ Separated

_____ Divorced

_____ Widowed

8. What is your household size?

9. How many biological children do you have?

a. What are their ages?

10. How many biological custodial children do you have living in your home on a weekly basis?

11. Which of the following agencies have you received support from/are currently receiving support from in your role as the relative caregiver to your (oldest, if more than one child), biological custodial child?

Listed Agency Names	Please mark an "X" by the agencies that you have received support from while raising your biological custodial child
Arkansas Department of Workforce Services' Transitional Employment Assistance Program	
Temporary Assistance for Needy Families	
Arkansas' ARKids First Program	
Medicare	
Medicaid	
Arkansas Department of Human Services	
Division of Children and Family Services	
Juvenile Division of the Circuit Court	
Arkansas State Police Crimes Against Children Division	
Arkansas Voices for the Children Left Behind	
Arkansas Legal Aid	
Arkansas Department of Housing and Urban Development	
Arkansas Fair Housing Commission	

Section B2: Guiding Questions

1. Research Question - What are the experiences of relative caregivers with child-rearing custodial children?

If you have been raising more than one biological custodial child, please think about the oldest child while answering all questions below.

a) Relative Caregiver/Child Relationship

- i) Can you describe how the (oldest) biological custodial child that we will be discussing today came to live with you?
 - (1) How old is the biological custodial child that we will be discussing today?
 - (2) What is the gender of the biological custodial child?
 - (3) What is the race/ethnicity of the biological custodial child?
 - (4) What is the grade level of the biological custodial child?
 - (5) How long has the biological custodial child been living in your home?
 - (6) Does the biological custodial child have any special physical or mental challenges?
- ii) Describe your relationship with the (oldest) biological custodial child when you gained custody of the biological custodial child.
- iii) What did being a relative caregiver mean to you when you first gained the custody?
- iv) What does being a relative caregiver mean to you?
- v) How does the (oldest) biological custodial child view you as a relative caregiver?
- vi) How are you viewed by the biological parent(s) as the caregiver of the biological custodial child?

b) Challenging Experiences as a Relative Caregiver

- i) Describe some general difficult or challenging experiences for you, if any, related to being a relative caregiver that is raising a biological custodial child.
- ii) What, if anything, would you change about the relationship with the biological custodial child that you are raising?

c) Support Network

- i) Describe, if any, the support groups, organizations, and/or people that provide support to you as a relative caregiver.
 - ii) Describe what, if anything, the support groups, organizations, and/or people mean to you as a relative caregiver.
- 2) Research Question - What is the nature and the quality of the experiences that relative caregivers have with caregiving-related agencies and service providers?

a) Experiences with Relative Caregiver Support Agencies and Service Providers

- i) Describe the practical help, financial support, and/or benefits that you receive to care for the biological custodial child.
 - (1) Specifically, describe the services you use as a relative caregiver from agencies and/or organizations?
 - (2) What services do you know of pertaining to relative caregivers, but you choose not to use?
 - (3) Describe **your thoughts** about the role of the service providers working for these agencies in providing assistance to **your family**.
 - (4) How do **you think** the service providers view their role in providing assistance to **your family**?
 - (5) How does the **way you see yourself** as a grandmother, grandfather, or aunt in raising your grandchild, niece, or nephew differ from the way the service providers view you as a relative caregiver.
 - (6) Describe how **your ability** to raise your grandchild, niece, or nephew has been either positively or negatively **affected by** your interaction with the service providers.
 - (7) In what ways, if at all, has the involvement of the service providers altered, supported or complimented the ways **you choose** to raise your grandchild, niece, or nephew?
 - (8) Describe **your positive and/or negative interactions**, if any, with a service provider.

(9) Describe the skills, values, knowledge, and attitude, if any, that **you value** in service providers.

(10) In what ways, if at all, do the skills, values, knowledge, and attitude of service providers compare to **your expectations**?

(3) Research Question - What are relative caregiver needs?

Race, Class, and Gender: Relative Caregiver Needs

- ii) Describe the needs you have as a relative biological caregiver. What services or programs do you seek out to address these needs, if applicable?
- iii) Describe whether certain needs surface more often because of your **race**. What services or programs do you seek out to address these needs, if applicable?
- iv) Describe whether certain needs surface more often because of your **class**. What services or programs do you seek out to address these needs, if applicable?
- v) Describe whether certain needs surface more often because of your **gender**. What services or programs do you seek out to address such needs, if applicable?
- vi) Describe whether certain needs surface as an **overlap** between your race, class, and gender.
- vii) Describe how **you perceive** the costs and rewards of relative caregiving in the State of Arkansas.
- viii) If you had the chance to tell a service provider about some of the most effective and helpful services for relative caregivers in the State of Arkansas, what would you say?
- ix) If you had the chance to tell service providers what **they need to understand** in order to be more effective and helpful to relative caregivers in the State of Arkansas, what would you say?
- x) If you had the chance to tell service providers what they can do **better to meet the needs** of relative caregivers in the State of Arkansas, what would you say?

Section B3: Probing Questions

1. Clarification

- a. It sounds like you are saying, “. . . .” Is that a fair assumption?
- b. So you are saying?
- c. Why was that important to you?
- d. Why does that stand out in your memory?
- e. Why does that matter?
- f. How did you feel about . . . ?
- g. What was significant about this experience to you?

2. Details

- a. Tell me more about . . .
- b. Can you give me an example of...?
- c. Can you tell me more about...?
- d. Can you say something about why this issue generated so much emotion?

APPENDIX C

Service Provider Questionnaire

Section A: Informed Consent Form/Script (to be read to respondents)----

You are invited to participate in a research study titled “Understanding the Intersectional Experiences of Relatives Who Serve as Care Providers to Custodial Children in Arkansas.” I, Carmen Hardin, will be conducting this study as a Public Policy doctoral student at the University of Arkansas in Fayetteville, as part of my dissertation project. My research explores the experiences of relative caregivers and issues with policies and practices of relative custodial caregivers in the State of Arkansas.

Participation in this study is entirely voluntary at all times. You can choose not to participate at all or to leave the study at any time. You are being asked to take part in this study because you are a service provider in the State of Arkansas.

If you agree to participate, you will be asked to take part in an interview about the experiences of relative care providers, voice your concerns and needs, and potentially influence the development of better policies and practices. The interview should last around 90 minutes.

The interview will be audio recorded. The interview tapes will be held in a secure location both during and after the completion of the project. On completion and defense of the dissertation, the interview tapes will be retained in a secure location for six weeks and then destroyed. The transcription of the audio recordings will be kept confidential to the extent allowed by law and university policy for 3 years.

What you say during the interview will remain anonymous and will not be linked to you in any way. No identifying information about you will be collected at any point during the study, and your recording will be identified only with a pseudonym. If you say something during the interview that may identify you, it will be removed during the transcription of the interview.

If you need any further information, you can contact me: Carmen Hardin at [REDACTED], or at [REDACTED]. You can also contact Ms. Iroshi (Ro) Windwalker, IRB Coordinator, University of Arkansas, at [REDACTED] or [REDACTED]. If you need further assistance, you can contact Dr. Anna Zajicek, Dissertation Chair, Sociology Department, University of Arkansas, at [REDACTED] or [REDACTED].

Do you consent to participating in this study? () Yes () No.

Signature (when applicable):

Section B: Interview Guide

Interview Guide: Service Provider Demographics

The questions that will be asked during this interview will be primarily about your experiences; however, some questions will require you to think in terms of your work with relative caregivers raising biological custodial children. Please note that this information is confidential to the extent allowed by law and university policy.

Before we begin the interview, let me ask you a few background/demographic questions/please complete the demographic questionnaire below.

Thank you for your willingness to participate.

Section B1: Demographic Questions

1. Please select a pseudonym that you would like to be identified by _____
2. What is your race/ethnicity?
3. What is your gender?
4. What is the highest level of education that you have completed?

_____ Less than High School

_____ High School

_____ Vocational or Technical School

_____ Some college

_____ Undergraduate college degree

_____ Some graduate or professional work

_____ Graduate or professional degree

5. How long have you worked with relative caregivers in the State of Arkansas?

Section B2: Guiding Questions

Guiding Questions for Service Providers to Relative Caregivers in the State of Arkansas

1. Research Question - What is the nature and the quality of the experiences that relative caregivers have with caregiving-related practices related to public income assistance or child welfare?

a. Service Provider's Role

i. Describe to me your role as a relative caregiver service provider.

b. Relative Caregiver: Assumption of Care of Biological Custodial Children

i. How do relative caregivers, in your experience, usually assume care of biological custodial children?

c. Experiences with Relative Caregivers: Public Income or Agency Policies and Practices

i. What is the most significant issue relative caregivers face, if one, raising a biological custodial child?

ii. Describe how relative caregivers are taking advantage of services that are currently being offered by your agency or organization.

iii. Describe **your experiences** with working with relative caregivers in comparison to working with biological parents.

iv. Describe whether **your role** is different depending on whether you are working with relative caregivers or biological parents.

v. Describe whether certain needs surface more often depending on the **race of the relative caregiver**.

vi. Describe whether certain needs surface more often depending on the **class of the relative caregiver**.

vii. Describe whether certain needs surface more often depending on the **gender of the relative caregiver**.

- viii. Describe whether certain needs surface as an **overlap** between race, class, and gender.
- ix. Based on **your interactions** with and expectations of relative caregivers, what would you say makes a **good relative caregiver**?
- x. Based on **your interactions with** and **expectations of relative caregivers**, how do you believe relative caregivers see **your role** as a service provider?
- xi. If you had the chance to tell a relative caregiver what they could do **better to assist you as a service provider in meeting their needs** as relative caregivers in the State of Arkansas, what would you say?
- xii. What, if anything, would you change in your role to better assist relative caregivers?
- xiii. Which aspects of existing policies pertaining to relative caregiving constrain their ability to meet their responsibilities?
- xiv. What policy initiatives would help address the constraints faced by relative caregivers?

Section B3: Probing Questions

1. Clarification

- a. It sounds like you are saying, “. . . .” Is that a fair assumption?
- b. So you are saying?
- c. Why was that important to you?
- d. Why does that stand out in your memory?
- e. Why does that matter?
- f. How did you feel about . . . ?
- g. What was significant about this experience to you?

2. Details

- a. Tell me more about . . .
- b. Can you give me an example of...?
- c. Can you tell me more about...?
- d. Can you say something about why this issue generated so much emotion?

APPENDIX D

Relative Caregiver Screening Questions

For at least one year in the last 5 years, have you had the experience of being a relative caregiver to a biological child 18 years of age or younger in your home on a regular basis?

Y e s _____

N o _____

If you answered yes to the question, you are eligible to participate in the study. However, if you answered no, we appreciate your willingness to participate but you are not eligible to participate in the study.

APPENDIX E

Service Provider Screening Questions

Does your job entail working on a bi-weekly basis to address relative caregiving issues, including providing case management services, information and referrals services, support groups, relative caregiver education, and/or other related supports?

Y e s _____

N o _____

If you answered yes to the question, you are eligible to participate in the study. However, if you answered no, we appreciate your willingness to participate but you are not eligible to participate in the study.

APPENDIX F



Office of Research Compliance
Institutional Review Board

April 3, 2014

MEMORANDUM

TO: Carmen Hardin
Amanda Krotke-Crandall
Anna Zajicek

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 14-03-630

Protocol Title: *Understanding the Intersectional Experiences of Relatives who Serve as Care Providers to Custodial Children in Arkansas*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 04/03/2014, Expiration Date: 04/02/2015

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<http://vpred.uark.edu/210.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 40 participants. If you wish to make any modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior* to implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.

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