Fatherhood Research & Practice Network

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Full Report: Understanding the Experiences and Needs of Nonresident Fathers with Children in Kinship Care

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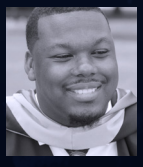

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Executive Summary

Background

Kinship care is characterized by a close relative or fictive kin rearing a child when the biological parents are unable or unwilling to provide primary oversight. Scholars and practitioners have identified two types of kinship care: formal (children under the care of the state child welfare agency) and informal (children not in state care). The current study utilized qualitative methods to examine paternal engagement in kinship care from the perspective of fathers, relative caregivers, and social service providers.

Methods

Cross-sectional, semi-structured, qualitative interviews were conducted with 25 self-identified fathers of children in kinship care. Ten kinship caregivers were also interviewed to broaden our understanding of factors that impact paternal engagement in kinship care. To inform best practices for service engagement and delivery with fathers of children in kinship care, 20 social service practitioners were also interviewed. All data were analyzed using deductive and inductive thematic analysis.

Findings

Fathers. Fathers identified several challenges in their efforts to be engaged with their children in kinship care. These challenges included issues related to social and economic instability and uncertainty within the coparenting relationship with relative caregivers. Fathers also identified supports, which included successful coparenting relationships characterized by shared decision making and mutual respect. In order to improve their parenting outcomes, fathers noted the role of compassionate and unbiased, father-centered, service delivery.

Caregivers. Caregivers identified causes for child entry into kinship care such as parental substance abuse, parental incarceration, and maternal suicide. They also highlighted factors that support successful coparenting in kinship care, including a clear delineation of roles, consistency in paternal support and involvement, and access to material and financial resources to support the child in care. Caregivers noted the absence of these factors as issues that hinder successful coparenting and the desire to engage with the nonresident father.

Practitioners. Practitioners explained personal and professional factors that assist with the engagement of nonresident fathers. These factors included the use of self-disclosure, prioritizing mutual respect and shared decision making, and formal and informal education related to father engagement. Further, they expressed reasons for not providing differential services to traditional nonresident fathers and those with children in kinship care. These included factors related to time constraints, budgets, and training. Lastly, practitioners noted the need for additional training regarding the needs of fathers with children in kinship care, coparenting within kinship care, and family dynamics between the kinship triad.

Discussion

The current study adds to our understanding of the experiences and needs of fathers with children in kinship care. The triangulated approach presented in this study supports the need to explore family dynamics in kinship care from the perspective of biological parents, caregivers, and service providers. Future research should also consider the perspectives of children and adolescents in relative care.

Introduction

Relatives are raising a growing number of children with neither parent present in the household (Annie E. Casey, 2012; Kreider & Ellis, 2011). The familial arrangement characterized by relatives assuming primary responsibility for a child has been coined kinship care. Kinship care is characterized by a close relative or fictive kin rearing a child when their biological parents are unable or unwilling to provide primary oversight (Annie E. Casey Foundation, 2012). Scholars and practitioners have identified two types of kinship care: formal and informal. Children in formal kinship care arrangements were placed in their relative's care as a function of their placement in child protective services. Children living in informal kinship care arrangements may have also come to the attention of the child welfare system; however, they are not in care under the auspices of this system.

Of the 2.83 million children in the U.S. living in households with neither of their parents present, 80% are cared for by relatives (U.S. Census Bureau, 2015). According to estimates from the 2013 National Survey of Children in Nonparental Care, approximately 2.2 million children in the U.S. live in kinship care arrangements (Testa, 2017). The majority of these children live in private or informal arrangements. Children enter kinship care arrangements for a variety of reasons, including parental incarceration, parental substance abuse, housing instability, child abuse/neglect, and death of one or both parents (Gleeson et al., 2009).

The current study sought to understand the experiences and needs of fathers with children in kinship care placements. Given the dearth of research regarding the experiences of men with children in kinship care, this research provides insights into a previously understudied area.

Kinship Care and Father Involvement

Whether placed in formal or informal kinship care, the literature posits that biological parents may remain involved in their children's lives (Green & Goodman, 2010). Although researchers have explored factors that impact parental involvement in kinship care (Gleeson & Seryak, 2010; Goodman, Potts, Pasztor & Scorzo, 2004), much of this work focuses on maternal involvement (Engstrom, 2008; Strozier, Armstrong, Skuza, Cecil, & McHale, 2011). As such, less is known about paternal involvement in kinship care arrangements. In light of the growing body of research exploring factors that impact nonresident father involvement and child well-being (Adamsons & Johnson, 2013; Julion, Gross, Barclay–McLaughlin, & Fogg, 2007; Johnson, 2001), scholars have begun to focus their investigations on the roles of fathers in kinship care. Early work in this area focused on engaging fathers in child welfare cases when their children were placed in formal kinship care arrangements (O'Donnell, 1999; O'Donnell, 2001). More recent work has explored the impacts of father involvement on the social competence of children in informal arrangements (Washington et al., 2014). Continuing this line of research is important, given that engaging with fathers can be beneficial for the child–father relationship and for gaining access to resources for the child and primary caregiver (Malm & Zielewski, 2009).

Not much is known about the characteristics or involvement of biological fathers of children in formal or informal kinship care as they are considered a hard-to-reach population. Similar to other groups of nonresident fathers, fathers of children in kinship care may experience family and social factors that serve as barriers to their overall involvement in the family system. These barriers may include those related to labor market access (Carlson, VanOrman, & Turner, 2017), housing instability (Geller & Curtis, 2018), experiences with the criminal justice system (Swisher & Waller, 2008), and family-level gatekeeping (Nixon & Hadfield, 2018). Preliminary research suggests that fathers of children in kinship care are poorer, younger, and more likely to have had children outside of marriage than are nonresident fathers who are coparenting with the biological mothers of their children (Pilkauskas & Dunifon, 2016). Coparenting is defined as the alliance among two or more adults who together share responsibility for a child's care and well-being (McHale & Lindahl, 2011). Among coparenting scholars, it is believed that biological fathers need not be coresident nor have daily contact with their children to be considered fundamental contributors to the family's coparenting system (Doyle et al., 2013; McHale & Lindahl, 2011; Sterrett et al., 2015). Although scholars are beginning to explore the nature of the coparenting alliance among nonresident fathers and relative caregivers (Fagan, Levine, Kaufman, & Hammar, 2016), this area of study is underdeveloped.

Continuing to grow this body of knowledge is important for families and practitioners who provide services to them. The current state of knowledge suggests that the characteristics of fathers with children in kinship care are very similar to other nonresident fathers who have reported engagement in responsible fatherhood programs (Fagan & Kaufman, 2015). Although traditional responsible fatherhood programs are targeted toward nonresident fathers, with the goal of supporting healthy relationships or positive coparenting relationships between the biological parents, these goals may not be relevant to the needs of fathers with children in kinship care. Learning more about their engagement in fatherhood programming, and practitioners' preparation to support them, is particularly important for building upon the strengths of and addressing the needs of this population. As such, the current study explored fathering in the context of kinship care from the perspective of fathers, caregivers, and social service providers.

Methods

Recruitment

FATHERS

Twenty-five fathers were recruited from three counties in North Carolina to participate in this study. Fathers were eligible to participate in the current study if they were over the age of 18 and self-identified as a man who had children living in kinship care. Members of the research team recruited fathers from community locations such as barbershops, social service agencies, gyms, substance abuse treatment facilities, and homeless shelters. Project flyers were also posted on social media to recruit eligible participants. Two members of the research team conducted each interview and focus group. The interviews were audio recorded and transcribed verbatim. Each lasted between 60 to 90 minutes. Upon completion of the interviews, participants were provided a $25 cash incentive and were each given a fatherhood resource guide with contact information for local social service agencies that provided father-friendly services.

KINSHIP CAREGIVERS

Ten kinship caregivers were recruited from three counties in North Carolina. Caregivers were eligible for the current study if they were over the age of 18 and self-identified as the primary caregiver for a relative child under the age of 18. Members of the research team recruited caregivers from community locations such as social service agencies, churches, and community centers. Caregivers were also recruited via fathers who participated in the larger study. Project flyers were also posted on social media to recruit eligible participants. Two members of the research team conducted each interview and focus group. The interviews were audio recorded and transcribed verbatim. Each lasted between 60 to 90 minutes. Upon completion of the interviews, participants were provided a $25 cash incentive and were each given a resource guide with contact information for local social service agencies that provided services for parents and/or kinship caregivers.

SOCIAL SERVICE PROVIDERS

Twenty social service providers were recruited to share their perspectives on engaging in social service programs nonresident fathers with children in kinship care. Practitioners were recruited from public and private child welfare agencies, responsible fatherhood programs, access and visitation offices, mental health agencies, and other settings where fathers might seek support (i.e., Head Start programs, family law clinics, school social work offices). Interviews were conducted either in person or over the phone, depending on the practitioner's preference. Each interview lasted between 25 to 45 minutes, was audio recorded, and transcribed verbatim. All participants received a $10 electronic gift card at the conclusion of the interview. Two members of the research team conducted the interviews. One member led the interview and the second member served as a note taker.

Measures

Demographic Survey

FATHERS

Fathers were asked to complete a demographic questionnaire that included inquiries about their age, race/ethnicity, age at birth of first child, number of children, current housing status, current mental and physical health status, relationship status, sources of income, and information about the their child(ren)'s kinship care status and placement.

KINSHIP CAREGIVERS

Each caregiver completed a demographic questionnaire at the start of the interview that assessed individual characteristics (i.e., age, gender, race/ethnicity, highest level of education, marital status), household characteristics (i.e., annual household income, total number of children in household), and family dynamics (i.e., caregiver and child contact with father, caregiver and child relationship quality with father).

SOCIAL SERVICE PROVIDERS

Each provider completed a demographic questionnaire at the start of the interview that explored their current position, whether they worked for a public or private entity, overall years working in a social service setting, highest level of education and type of degree attained, and personal identifiers such as race and gender.

Semi-structured Interview

FATHERS

The interview guide was developed by the research team, based on findings in the literature related to nonresident fatherhood and engaging fathers in work with social service providers. Participants were asked questions about their perceptions of fatherhood, influences on their fathering style, coparenting relationships, father-child relationships, perceptions of responsible fatherhood programs, and best practices for engaging fathers in social services.

KINSHIP CAREGIVERS

The caregiver interview guide was developed by the research team, based on findings in the literature related to relative caregiving in both formal and informal kinship care arrangements. Participants were asked questions about their perceptions of fatherhood, the reason for their relative child's entry into care, the nature of their coparenting relationship with the relative child's mother and father, and plans to continue providing kinship care.

SOCIAL SERVICE PROVIDERS

The interview guide explored practitioners' typical caseloads and strategies used to engage fathers. It also explored individual-level biases and agency-level policies that impacted decision making related to father engagement. Participants were asked to highlight the training on father engagement that they might have experienced or received during their formal education, while on the job, and/or in professional development settings. Perceptions of factors that might improve father engagement protocols and practices were also discussed.

Results

Participant demographics

FATHERS

Participants included 25 self-identified fathers of children living in kinship care arrangements. The majority of fathers reported having a child living in an informal formal kinship care arrangement (n = 14), followed by those with children living in formal arrangements (n = 8). Three fathers did not know the legal status of their child's kinship care arrangement. The fathers consented to participate in a broad investigation of their fatherhood experiences in the context of kinship care. Participants were from two cities in North Carolina. A majority of the sample (n = 14) identified as Black or African American, six identified as white, while five of the sample identified as another race (e.g. Nonwhite - Hispanic, Native Hawaiian, or Multiracial). Ten fathers had completed some college and seven reported attaining a high school diploma and/or GED. Furthermore, two of the fathers had graduated from college and one had completed graduate school. Living arrangements varied among the fathers in our sample, with nine living in a shelter or halfway house, six living in a property leased or owned by a friend, and six living in a property they owned or leased. Four fathers did not report their current living arrangement. A majority of the sample (n = 15) identified as single, five were divorced, two identified as married and living together, two as separated, one as a widower, and one as in a relationship and living apart. Most fathers in our sample could be categorized as very low-income, as 15 reported an annual household income of less than $10,000.

KINSHIP CAREGIVERS

Participants included 10 self-identified kinship caregivers. All caregivers identified as female (note: one grandfather participated in an interview with his wife, but was not the participant of record). Nine caregivers identified as African American. Two caregivers were married and living in the same household as their spouse at the time of interview. Caregivers ranged in age from 33-80 (M = 58.3, SD = 15.3). Eight of the 10 interviewed caregivers reported raising a relative child in a formal kinship care arrangement. Seven reported an annual household income of less than $40,000 per year. Six caregivers reported being employed at least part-time. Caregivers reported having primary responsibility for one to four children under the age 18 at the time of interview. No caregiver shared a residence with the birth parents of any relative child in their care. Five caregivers reported having no contact with the birth father of the child(ren) in care within the last year. Only two caregivers reported that they or the relative child in care had a very good relationship with the child's birth father.

SOCIAL SERVICE PROVIDERS

Of the 20 practitioners who participated in our study, six were women and 14 were men. Fifteen participants identified as Black or African American, two as White, and one as Asian American. All practitioners had earned a bachelor's degree and over half (n = 12) also had a master's degree; however, only 5 participants received their graduate degree in social work or a related discipline. The remaining practitioners who held a master's degree did so in less relevant fields including business and public administration. They had all been employed as social service professionals for at least six years, and six of them had more than 20 years of experience. Most of the participants (n = 13) were working for a public agency at the time of the interview. However, their roles varied and included positions such as a fatherhood coordinator, human service senior practitioner, and school counselor. Those who worked for private agencies did so as a family law attorney, outpatient therapist, and fatherhood success coach.

Major themes

FATHERS

While many fathers reported having favorable relationships with their children, some noted a desire for increased contact to facilitate additional father-child bonding:

> *"So, I talk to her on the phone. She can call at any time, you know. I'm really close. Like I said, I'm here in [the same city] with her. I give her money . . . every week. So, we got a good relationship."*

> *"We get along just like father–son. He'll call me [for] advice or just to talk about whatever. It's not all that—it's not often, but it's far more than it was during that time where we didn't have any contact."*

> *"I mean, it's good. When I see him, we laugh, you know, I'm tickling him and playing with him and, you know, he knows I'm daddy. I've been there enough to know that I'm daddy and, you know, I just wish that I could see him more often right now. But the quality of the relationship is healthy."*

> *"My son, like I said, me and him are real close. We're real close. I ain't close like I want to because I'm sheltered somewhere else. But other than that, from zero to 10, ten being good, me and my son are like an 8 or so."*

Other fathers noted that that their father–child relationships were colored by factors that had led to kinship care placement in the first place. This included experiences of substance use disorders, paternal involvement with the criminal justice system, and paternal absence prior to entry to care. These issues often caused paternal economic hardship/instability and uncertainty surrounding paternal capabilities to assume primary caregiver status in the short and long term:

> *"My charge is a sexual assault charge. So, my limitation is that I can't go to the park. I can't go to the beach. I can't. You know, certain things I cannot do with my son. Right now, I can't even get a place, you know. I ain't saying it's not impossible, but right now it is, you know, for him to stay with me. So, there's limitations. But when I do get a chance to . . . you know, be there I help him out with his homework or read."*

> *"I'd like it to be better. You know, being here in treatment, I'm about three hours away from him. So I don't get to see him as often as possible. I don't get to feed him, and lay down with him at night, and play with him, and kind of watch him grow up, you know this first year when he is kind of like an infant, is the sweet time. But it's worth it because, you know, the history of substance abuse and this time—me taking this time away now to get myself established, in the long run is going to be better. Now my son has an opportunity to have his father, you know. So he'll be one year old, I'll have completed treatment, I'll be like, in a much better place emotionally and, you know, physically, as far as like the disease of addiction is concerned."*

> *"He's a teenager now, so I've got to be, I got to be real careful of how I influence him, you know. Because I've been in and out of his life, I don't really, I can't just jump right in and start telling that youngin' how to do stuff, you know. I got to let him see how I do stuff instead of, you know like, I can't tell him, you know. Tell him what to do . . . . So I just try to be slow with that and just kind of, like I said, we're just beginning a new friendship is basically how I can explain, so I try to be his friend."*

In addition to personal issues, some fathers said geographic distance was a barrier to their ideal relationships with their children. Fortunately, several had found ways to leverage traditional and contemporary means of communication to maintain the father–child bond:

> *"Me and him talk together on the phone . . . sometime he get me to learn how to text and do different stuff on the phone."*
>
> *"I write, me and him, we . . . write letters to each other twice a week."*
>
> *"We video chat all the time . . . . I just want to make sure that she knows my face and my voice and stuff. Yeah, it's pretty good."*
>
> *"Yeah, we're real close. Just in two different places, that's all. I just talk to him on the phone and play games with him . . . on his PlayStation . . . maybe twice a week we play games and stuff, you know . . . . So at least like that weekly contact is really there."*

Some fathers were confused about their role and legal standing within the family system. These fathers felt they lacked guidance on how to coparent with relative caregivers, particularly regarding issues related to rule setting and enforcement, engagement with doctors and school officials, and managing extracurricular activities. Often, these fathers reported deferring to caregivers and caseworkers, as it related to decision making, to maintain peace within the kinship care arrangement.

Four key themes were explored regarding the nature of coparenting relationships with kinship caregivers:

Undermining. Undermining is defined as instances where the caregiver contradicts the father's decisions regarding the child or makes negative comments about the father's parenting style. Participants expressed frustration in situations where caregivers undermined their ability to set rules or limits with their children. In some cases, the fathers felt the caregivers were not qualified to care for their children, thereby further contributing to fathers' perceptions of undermining behaviors:

> *"It's just around—when you're really trying to lay down a rule and then she goes in and alters that rule or some type of way and that makes it hard, you know?"*
>
> *"We didn't have a good relationship, because I, I felt like she wasn't, I felt like she wasn't qualified to take care of my son."*

Alliance. Alliance is defined by instances when the caregiver and father are able to openly discuss the best way to meet the child's needs and show respect for each other's opinion during those discussions. Examples include sharing information with each other about the child and/or making joint decisions about the child. In these situations, the caregiver and father acknowledge where each other is coming from and values each other's decisions regarding the child. Some fathers felt supported in their role when there was a clear effort by the caregiver to develop a coparenting alliance. Fathers whose children lived with their own relatives, as opposed to maternal relatives (i.e., paternal kinship caregivers), were more apt to have a prior relationship with those relatives that supported the development of the coparenting alliance. Fathers whose children reside with paternal kinship caregivers described their relationships this way:

> *"She runs it by me . . . . we talk every other day and I just ask how he's doing. We do a little video chat and he looks at me and we play and I make him laugh and stuff over the phone. And like if*

something urgent comes up, he had the flu, you know, she called me right away and we discussed it. She brought him to help, get him looked at and stuff."

"I ain't got no baby mama. That's what I try to tell my girlfriend, I ain't got no baby mama you feel me. That's my mama out there"

Gatekeeping. Gatekeeping is defined by instances when the caregiver makes it hard for the father to spend time with the child or to talk with the child. In these cases, the caregiver controls what the child is allowed to discuss or do with the father. Participants in the current study described frustration and disappointment when caregivers used their roles to leverage access and visitation between fathers and children:

"You know, my grandmother's financially set now. She's going to get them what they want, you know? And I think she kind of uses that as a means to satisfy her dictating of them. Like [child's name], you not going with your dad today because we're going shopping. Or you know, I know your dad's coming today, but do you want to go over here with me or with your dad to the gym? You know, he might make a statement like I want to get a video game."

Deference. Deference is defined by instances when the father is supportive of the caregiver's decision-making and parenting style even though the caregiver does not seek to include father in the decision making. Several participants noted the use of deferent attitudes and behaviors to maintain peace and limit conflict within the coparenting relationship:

"If she's going to open her door and let me in to see my kids. I'm not going to . . . push that and jeopardize that. So if she don't want me to take them nowhere, that's fine."

"Um, you know, so, you know, that's about all I can decide, you know, control now. It's pretty much in my momma's hands right now."

CAREGIVERS

Caregivers reported multiple reasons for entry into care. These included challenges related to parental substance abuse, domestic violence, and incarceration. For example, one caregiver noted:

"I myself recognized that the children could be at risk because I saw that their mom was not being proactive in acquiring the tools, counseling, and recovery that she needed to pull herself away from which was detrimental."

In another instance, a father requested that the maternal grandparents take custody of his children when his undocumented legal status made his ability to care for his children unstable and the birth mother was unwilling to perform the caregiver role:

"My daughter, she abandoned the three for another man. She left and stayed gone for four days and I didn't even know where she was at. And their dad called me and asked me if I would come and get them, and so I said yes. And I didn't know how long I was going to keep them . . . . He had a job but he wasn't legal over here. But he had a job, but he didn't make enough money and he didn't want to leave them at home by their self. Because they were small."

In some instances, caregivers reported current and historical issues related to father engagement. In these cases, caregivers reported strained relationships between the mother and father prior to the kinship care placement:

"Well, actually, she, you know, she had her own apartment, he was staying there with her, but—he—I don't know how to explain it. He would make promises to her that he wouldn't keep. And he utilized her—her car, and once the baby came, he used the baby as a weapon to, you know, to get her to come across. He, like I said, he's immature and he's not really concerned about the welfare of anybody but himself."

Some caregivers noted having limited information about the father and his relationship with the birth mother prior to the child's entry into care:

"I wasn't constantly around her when she was around him. So I, from what my understanding, he was a caring person, but later on in the relationship he became abusive, and he started drinking alcohol, so he became an alcoholic within months. So that's all I know about him."

Among caregivers who did have contact with their relative child's father, there were variations in perceptions of the current coparenting relationship. Some noted the absence of any such relationship and others noted frustrations on the father's part:

"He ain't got nothing to help me with, so . . . yeah. How can you, [make decisions] you ain't helping?

"Resentful from his end . . . he's resentful that I have her and resentful that they have to ask me what they can and cannot do."

On the other end of the coparenting spectrum, some caregivers noted efforts on their parts to include and keep fathers engaged in the family system:

"Still let him be dad [because] it hurt him when the judge did what he did, giving me legal guardian and custody of both children with him sitting there."

In these instances, caregivers reported trying to ensure that fathers felt involved by implementing gestures such as putting his name on the children's Medicaid cards. However, they also reported restricting certain parental rights like being able to take children out of school without the caregiver's approval.

While some caregivers reported satisfaction with their current coparenting relationship, many noted being overwhelmed by the experience:

"Satisfied but disappointed. It wasn't my goal to take their child."

"It's a rewarding experience, but it's also a daunting task. Because you don't get much help. And, you know, I think there should be more resources out there to help the families. And it's just not out there."

When probed about future plans for the relative child and his or her care, some caregivers reported not having a plan and others identified family members who'd be willing to step up if needed. While some identified the birth mother as an option, no caregiver offered a concrete plan with the birth father as the placement option:

"You know what, there's no plan. She [birth mom] would probably be the one that come and get him."

"He [father] and I, we have not discussed that, he and I. But that's a thought that I've had, you know? But we haven't discussed it. And I don't think he—he thinks that far ahead."

"I have two older sons and my younger daughter. If anything,ever happened to me, they will take care of [grandson] . . . ."

SOCIAL SERVICE PROVIDERS

Overall, social service providers noted that they engage fathers with children in kinship care in the same manner in which they engage all nonresident fathers on their caseloads. Many noted the lack of time and agency resources to develop differential engagement plans and protocols for fathers with children in different care arrangements. Some noted having sought additional training to better understand the unique needs that come along with coparenting relationships that exist in the absence of a romantic history. Others also expressed a desire for additional training on working with fathers and kinship caregivers. Practitioners reported using personal and professional engagement tools to engage nonresident fathers on their caseload:

Personal Experiences. Several practitioners mentioned that their approach to engaging and interacting with fathers was based on their personal life experiences, particularly relationships with their own fathers, both resident and nonresident:

> *"I feel like I treat that [engaging nonresident fathers], I make that definitely a high priority just because I feel, myself, I grew up with both my parents in the home . . . And, I kind of understand and really appreciate the importance."*

> *"Having a little bit of personal story. I grew up in a household with my father and my mom. My dad was a very major influence in my life and so living in a household with my dad and the things that he taught me and the trouble that he kept me out of, things that I probably would have done had he not been there, and after, you know, being on my own and then I was married for 15 years and then I became a single father and my kids were 11, 9, and 7 at that time. So, then raising them to adulthood getting another perspective on the importance of fathers in a household."*

Among male practitioners, attitudes and beliefs about engaging nonresident fathers were also widely predicated on shared experiences as men:

> *"I think that's just the comfort level, a comfort level, a common interest or understanding of one another, just the means of communication. I think most men are apt to communicate more so with another man. I guess we can somewhat relate to a similar mindset, even though it may not be the same mindset, but we can comprehend with that mindset maybe of a single father trying to reengage with their families."*

Female practitioners also reflected on the ways in which gender shaped perspectives regarding father engagement:

> *"What kind of . . . make up do we have with our staff? . . . To be honest, if I'm honest right now, I think all of our staff are women. So, even from that standpoint, that's still one perspective type."*

Professional Experiences. Multiple practitioners felt that their professional experience working with fathers and families had equipped them with the desire and skills to engage fathers:

> *"Yeah I feel like most of what I've learned has come through the work experience and less through the training."*

> *"There is no college, no university that can help you or prepare you to deal with the dads that we encounter."*

Passion. For several practitioners in the study, at the confluence of the personal and professional lies the idea that, practitioners must be passionate about fatherhood for engagement efforts to be most effective.

> *"I mean it's kind of hard—I mean formal education, you know what I'm saying—we can do the human services, social work, psychology. But you just have got to have that passion. Because you're dealing with so many different emotions"*

> *"I'll tell anybody, if you're going to work in a fatherhood program, you've got to be a special kind of guy. And, one of the main things that you have to have, you have to be passionate. You have to have some passion. If you don't have any passion, it's going to be extremely rough to do it because if you come and just look at it as a job, it's not going to be fun."*

> *"Being a male myself, and having a passion for fatherhood, and wanting to see other fathers succeed in life, I think it's twofold; I think it's professional as well as personal."*

The practitioners relied on multiple techniques to help build rapport with fathers including self-disclosure, treating fathers with respect and engaging in shared decision-making practices.

Self-disclosure. Several of our practitioners felt that fathers they worked with responded positively when they shared personal information about their own lives. This was a particularly effective technique for the practitioners who were also fathers because it helped their clients trust that the practitioner's knowledge was valid.

> *"I let them look at my personal life. I raised my children outside the home. But you know, I made sure I was there for everything. I had joint custody, so, I had access. So, I guess it's not like he's just the married guy, living on top of the hill looking down at us. No, I experienced some things. You know, I been through these headaches as we call them."*

> *"Sharing information about myself, sharing experiences that I've had as a father, connecting with the —with commonality with the fathers that I'm working with, letting them know that, you know, being a father is a 24/7 job, that you're always learning new information, that, you know, it's not going to be easy, but it's going to be rewarding and worthwhile to be in your child's life."*

A practitioner who was not a father was still able to utilize the technique to connect with his low-income clients by sharing his childhood experiences of living in public housing as a child. He shared that his clients are more accepting of him after he discloses that information.

> *"You get a whole bunch of kids come to you and they think that because you are on that side of the desk that, you know, you're kind of, not stuffy, but you don't know what I know. So, that allows me to kind of breaks the ice [inaudible], you know, we can have some dialogue and they can be like oh this guy's been around the block once or twice."*

Respect. The providers constantly reiterated the importance of making sure that fathers felt respected within their organizations. Wallace, a father engagement specialist, noted that respect was especially important coming from male practitioners:

> *"A man speaking to another man in a respectful way really adds a lot of energy to the work that we're doing. When a dad feels like he's respected, he's more likely to engage. He's more likely to adhere to his plans, and then there's—what am I looking for? There's something in every man that has to be challenged and when you can learn how to tap into challenging a man, I think that it really quite lends to him being motivated to want to complete his plan. Once he feels motivated, he's more likely to do it."*

Our participants believed that respect could be communicated by validating the role that fathers play in the lives of their children. For example, a male practitioner with over twenty years of experience as a social service professional explained:

> **"***So that's one of my challenges is, how do I make them feel important. And so I found different ways to do that and that's what we try to do in each meeting that we have and each activity that we have. We stress just how important they are."*

A social worker echoed this sentiment and shared that normalizing the potential anxiety and the benefits of participating in programs may be particularly affirming for fathers.

> *"Letting them know that you know it's okay to have questions about everything, about things, you don't have to know everything about being a father, because you're forever learning just like your child is, you know, but through these experiences, and through the support groups, and through the parenting classes that we offer that we direct them to, hopefully they can increase their skills set, and increase their understanding of being a father so they can share that information and that guidance with their children."*

Similarly, a male practitioner working with nonresident fathers who were court ordered to participate in services noted:

> *"Once you walk in with fathers . . . you can't come in and appear that you are higher than thou or greater than that. You have to acknowledge what a person has or have to work with. Let them know that you see them . . . and reinforce it to keep them focused"*

Shared Decision Making. Multiple providers felt that valuing fathers' agency to make decisions about what to focus on during service provision was an important aspect of the father–practitioner relationship. One fatherhood success coach for a private agency shared:

> *"I often ask my dads what do you want out of this? Before we go and build this house—you might not want a house. You might want an apartment. But, I can answer, hey man, we're going to build this house and the whole time, you never say anything, you never said, Mr. Kyrie, I just want to live in an apartment."*

Another practitioner, who works for a public agency as a family navigator, also employed this technique. She further explained that allowing fathers to make decisions about their service plan, and being transparent about the provider or program's expectations of them, can help build rapport.

> *"Just to talk about kind of how they see things. What do they think that they can bring to the table to help nurture their child and what do they want to see with their child and what kind of vision do they have for their child. Encourage them to tell us things that they know about their child, things that they feel are important—to their child. Then plan your—make your service plan centered around some of that . . . . Then strategize together make them feel a part of their plan because it is their plan."*

In some instances, the value of shared decision making went beyond the individual father–practitioner relationship and extended to agency culture. One early childhood practitioner described how he encourages fathers to engage in a policy council that empowers nonresident fathers to participate in the governance processes of the program.

> *"I try to set up where the fathers could actually be engaged and they have an opportunity to share their feelings and any concerns they may have dealing with the [Redacted] Program . . . We have to give them [nonresident fathers] the opportunity to have a shared experience with the [Redacted] Program by allowing them to serve on their policy council . . . They are part of the program governing and decision making. They are actually just below our Board of Directors. So they work in junction with the Board of Directors . . . ."*

Discussion

The goal of the current study was to explore the experiences and needs of fathers with children in kinship care from the perspectives of fathers, kinship caregivers, and social service providers. Consistent with previous research (Arditti, Molloy, Spiers, & Johnson, 2018) results revealed several personal and relational influences that facilitated or deterred fathers' involvement with their children and their caregivers in both formal and informal kinship care arrangements. Fathers who had a positive relationship and open communication with the caregiver helped facilitate accessibility and engagement with the child. This finding is consistent with findings found in the traditional nonresident father literature on coparenting relationship quality (Fagan & Palkovitz, 2011) and positive communication (Carlson & McLanahan, 2004).

Although kinship care researchers have long explored caregivers' perspectives on the familial arrangement (Goodman, Potts, Pasztor & Scorzo, 2004; Green & Goodman, 2010), little work has explored the nature of coparenting between caregivers and birth fathers. The findings of the current study suggest that developing

a coparenting relationship may be difficult for maternal relatives who may have no prior knowledge of or current contact with their relative child's biological father. These relationships may be easier to facilitate with paternal relatives where the kinship caregiver and birth father established an amicable relationship prior to the dissolution of the mother and father's romantic relationship or prior to the child's entry into care. Scholars have long noted the importance of engaging paternal relatives to support the engagement of nonresident fathers (Roy & Smith, 2013). The importance of these familial ties appear to also bear fruit in both formal and informal kinship arrangements. Among caregivers with both arrangement types, paternal relatives reported more instances of compassionate engagement with the relative child's birth father. However, in both arrangement types, caregivers identified themselves as the primary caregiver and often the primary decision maker regarding the child's well-being. While there has been limited research exploring the future caretaking plans for children when a kinship caregiver is no longer able or willing to do so, results of the current study suggest the need for the development of planning processes to create future care plans and better engage fathers. Given some caregivers' concerns regarding fathers' limited capacity to take on full-time caregiving responsibilities for their children, these interventions should seek to also build caregiving capacity among fathers who are willing and able to assume these responsibilities.

Social service providers play a key role in delivering services geared towards enhancing family well-being in the context of kinship care. Practitioners described personal experiences with their own fathers and children that drove their thought processes regarding engaging nonresident fathers, while also highlighting lessons learned from years of working with nonresident fathers. Aligning with the desires of nonresident fathers in previous research (Sandstrom, Gearing, Peters, Heller, Healy, & Pratt, 2015; Stahlschmidt et al., 2013), male practitioners highlighted the merits of same gender service provision as a mechanism for propelling positive attitudes towards paternal engagement. As scholars internationally are calling for the development of gender sensitive father engagement strategies (Philip, Clifton, & Brandon, 2019), additional research is needed to explore broader implications of service matching by gender.

There is a substantial amount of literature to suggest that self-disclosure can be a useful tool in strengthening the practitioner–client relationships (Henretty & Levitt, 2010). For example, Audet and Everall (2010) investigated self-disclosure from the client perspective and found that when done appropriately it facilitated feelings of comfort, egalitarianism, and closeness among the participants. As seen in the current study, practitioners were able to connect their experiences with fathers and being a father with their ability to support nonresident fathers in authentic ways. However, research also suggests that disclosure is complex and can make participants feel invalidated and spark feelings of distrust among clients whose social identities are different than their providers (Audet & Everall, 2010; Lee, 2014). This may be particularly important to consider for practitioners who do not have personal or professional experience with kinship care arrangements.

Practitioners in this study also noted that they took intentional efforts to foster feelings of respect and to engage in shared decision-making practices with the fathers they serve. According to prior research, fathers commonly report feeling disrespected by social service providers (Threlfall & Kohl, 2015), thus indicating the need for practitioners to take unique approaches to ensure that fathers of children in kinship care feel valued. The participants in our sample noted that they tried to do so by validating the role that nonresident fathers can play in the lives of their children and allowing them to be active participants in the development of their case plan and treatment goals. This is consistent with the principles of family-centered practice which emphasizes shared decision making between families and practitioners (Epley, Summers, & Turnbull, 2010).

Implications for Practice

- Fathers whose children are in kinship care arrangements face many of the same barriers that all nonresident fathers face, plus the unique dynamics of a kinship triad (biological parents, children, relative caregivers).
- Coparenting interventions are needed to clarify roles and interactions between relative caregivers and biological fathers while focusing on methods for developing and enhancing trust and support between both parties.
- These interventions should take into account family dynamics for biological parents who had different types of relationships prior to their child's entry into care, such as those that were romantic and those that were never-romantic.
- The interventions should consider the different dynamics for maternal versus paternal relatives who are kinship caregivers.
- Child welfare programs should work to clarify the nature of kinship care arrangements for nonresident fathers, since some fathers whose children are in kinship care arrangements are confused about their legal status and their rights and roles.
- Fathers, kinship caregivers, and service providers should consider using technology to maintain father–child bonds where geographic distance hinders access and visitaiton.
- Child welfare agencies and other social service providers should improve training for workers on how to engage with kinship care families. Training in this area should focus on engaging the biological father and how to plan for the child's future in the event that the kinship caregiver is no longer able or willing to care for the relative child.

Conclusion

Although our understanding of the factors that impact nonresident father involvement is evolving, the need to examine the parenting experiences of fathers with children in kinship remains. The triangulated approach presented in this study supports the necessity to explore the dynamics of coparenting in kinship care from the perspective of birth parents, caregivers, and service providers. Results reveal that this group of fathers face similar economic challenges to engagement, as do other groups of nonresident fathers. However, paternal engagement dynamics are further complicated in these families, given the need to coparent with one's own family members or the family members of an ex-romantic partner. Further, many social service providers have not received targeted training and feel underprepared to fully address the coparenting needs of kinship care families. Further research should consider the perspectives of birth mothers and children/adolescents in care, as it relates to factors impacting paternal involvement.

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