

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



Qiana R. Cryer-Coupet, PhD

Principal Investigator
North Carolina State University
School of Social Work



McKenzie N. Stokes

Graduate Research Assistant
North Carolina State University
Department of Psychology



Stephen Gibson

Graduate Research Assistant
North Carolina State University
Department of Educational Psychology

Background

Relatives are raising a growing number of children with neither parent present in the household. The familial arrangement of 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 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). 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). Research suggests that mothers and fathers vary in the degree to which they are engaged with their children and children's kinship caregivers (Green & Goodman, 2010).

While some scholars have investigated the nature of relationships between birth mothers and kinship caregivers, less attention has been given to the role of fathers in kinship care. That which we do know suggests that fathers of children in kinship care are younger, poorer, less likely to be employed, more likely to have had a non-marital birth, and more likely to report more negative mental and physical health statuses than fathers of children who live with their biological mothers (Pilkauskas & Dunifon, 2016). 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. Fathers were recruited from community locations such as barbershops, gyms, and community centers, as well as via local social service agencies and social media platforms. The interview guide covered determinants of paternal identity, coparenting relationships, father-child relationships, and engagement in responsible fatherhood programming. Ten kinship caregivers were also interviewed to broaden our understanding of factors that impact birth parent involvement and coparenting in kinship care. Caregivers were recruited in a similar manner as fathers.

In order to inform best practices for service engagement and delivery with fathers of children in kinship care, 20 social service practitioners were also interviewed. 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, and school social work offices). This broad recruitment strategy was used to capture the experiences of practitioners who work with fathers of children in both formal and informal kinship care. The practitioner interview guide covered how professionals engage fathers, the different types of services needed by traditional nonresident fathers versus those with children in relative care, and additional training and support that professionals need to improve father engagement.

Fathers and caregivers received \$25 for their participation and a list of local parenting resources at the conclusion of their interview. Practitioners received \$10 electronic gift cards. 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 importance of open lines of communication with the kinship caregiver, having time and space to address personal characteristics that would support their future capacity to parent, and 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

Similar to previous research (Arditti, Molloy, Spiers, & Johnson, 2018), the current findings revealed several personal and relational influences that impacted fathers' involvement with their children and their caregivers in both formal and informal kinship care arrangements. A positive father–caregiver relationship and open communication with the caregiver helped to facilitate accessibility and engagement with the child. This finding is consistent with 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 (Gleeson et al., 2009; 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 appears 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). 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.



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 visitation.
- 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 factors that impact nonresident father involvement is evolving, fathers of children in kinship remain a hidden population. The current study adds to our understanding of the experiences and needs of this group of nonresident fathers. 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.



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