

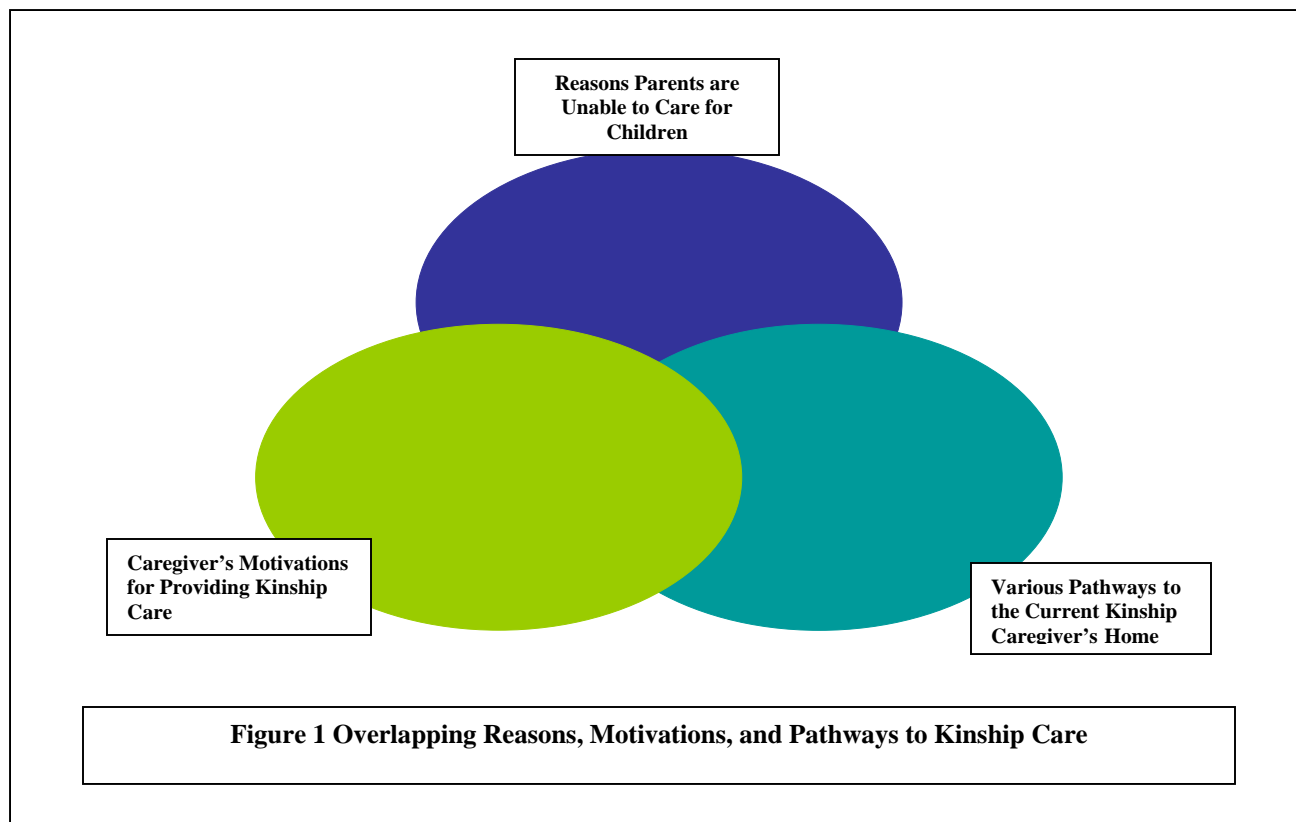
## **CHAPTER IV: CAREGIVERS' VIEWS—REASONS, MOTIVATIONS, AND PATHWAYS TO INFORMAL KINSHIP CARE**

Kinship caregivers were asked to explain how they became involved in raising a relative's child. This was an open-ended question posed at the beginning of the initial interview, which averaged two hours. It was not feasible to audiotape and then transcribe interviews with 207 caregivers. Interviewers did their best to document the caregivers' words; however, what was recorded cannot be considered direct quotes. More often the interviewer paraphrased what the caregiver stated. In this chapter we provide some examples of the text that interviewers documented. Sometimes it is quite clear that the interviewer is paraphrasing the caregiver and we attribute the "quote" to the interviewer. In others, it appears that the interviewer attempted to capture the caregiver's words verbatim. However, interviewers' written representations of caregivers' statements are not as reliable as audio taped interviews, so the reader should be aware that interviewers' interpretations may have had an influence on all quotations extracted from interviews with caregivers. With this caveat in mind, we believe the interviewers' documentation of caregivers' responses to open-ended questions is valuable and enhances caregivers' responses to the many structured measures that were the largest part of interviews with caregivers. Interviewers also documented their own reactions to the interviews. We consider these reactions to be important data as well. Where interviewer reactions are used we point this out.

We use numbers in three ways in this section: first, to indicate the number of factors that we have identified as major influences in the decision to care for a relative's child; second, to indicate how many themes were identified for each of the influences; and third, to sometimes report how many caregivers responded in a way that was consistent with a theme. It is important to point out that our use of numbers does not imply relative importance or ranking of influences

or themes. The number of caregivers who respond consistent with a theme is just that—an indicator of commonality of narrative responses to an open-ended question. There are some themes mentioned by very few caregivers, yet these themes may be quite important; and if we had used a structured questionnaire format including these themes it is possible that many more caregivers would have identified them as important influences in becoming primary caregivers for a relative's child.

As caregivers explained how they became responsible for the care of a relative's child, they described a dynamic process involving three simultaneously occurring influences: (1) the reasons that the child's biological parents were unable to care for the child, (2) the caregiver's motivations for providing kinship care, and (3) various pathways that children took to get to the current kinship caregiver's home. As caregivers told their stories, some spoke more about the reasons the parents could not care for the children. Others placed greater emphasis on caregiver motivations. Yet others emphasized the pathway to kinship care. However, most caregivers shared stories that included all three influences woven together and simultaneously shaping the decision to care for the child (Figure 1). We separate them in this discussion only to develop a more detailed understanding of the various dimensions of the decision to raise a relative's child.



Each of the three influences is comprised of several categories or themes. For example, we identified eight different reasons that biological parents were unable to care for their children, leading to the need for kinship care. For some children, two, three or more of these reasons contributed to the need for kinship care. Another major influence is the caregiver’s motivations for assuming the role of kinship caregiver. While certainly related to the reasons that parents could not care for the child, these motivations are also conceptually distinct. The fact that a biological parent is unable to care for a child does not by itself result in a relative assuming care of the child. Many caregivers described a variety of factors that motivated them take the child into their home. We identified five motivations and many caregivers reported multiple motivations. At the same time, a third factor influenced the decision to assume care of the relative’s child: the child’s pathway to kinship care. Based upon interviews with caregivers we have identified seven pathways, six that are more direct pathways to kinship care and one that we

have labeled “complex pathways,” representing a less direct route, involving multiple moves. Table 8 displays the major themes related to the reasons, motivations and pathways that emerged from caregivers’ responses. Each of these themes is described in the narrative that follows.

<b>Table 8: Overlapping Reasons, Motivations, and Pathways to Kinship Care</b>		
<i>Reasons Biological Parents were Unable to Care for Child</i>	<i>Caregivers’ Motivations for Providing Kinship Care</i>	<i>Pathways to Kinship Care</i>
Parental substance abuse/addiction	Keep the children with family and out of the foster care system	The caregiver “stepped in”
Parental neglect, abandonment or abuse	Keep the children safe, ensure their well-being and a sense of belonging	The mother asked
Parental incarceration	Obligation or family legacy	The father asked
Young and inexperienced parents	Love	The child asked
Unstable home life/homelessness	Spiritual influence	DCFS asked/diverted the child from the child welfare system
Lack of resources and general inability		Another relative asked
Parental mental illness		Multiple/complex pathways
Parental physical illness or death		

### **Reasons Biological Parents Were Unable to Care for the Child**

Caregivers described many reasons that the biological parents were unable to care for the children, leading to the need for an alternative living arrangement for the child. There were eight that were most clearly articulated: (1) parental substance abuse/addiction; (2) parental neglect, abandonment or abuse; (3) parental incarceration; (4) young and inexperienced parents; (5) unstable home life/homelessness; (6) lack of resources and general inability; (7) parental mental illness; (8) parental physical illness or death. Each is described in this section.

#### ***Parental Substance Abuse/Addiction***

Sixty-four relative caregivers (31%) indicated that parental addiction or substance abuse were primary reasons for assuming responsibility for the care of a relative’s child. Fifty-three caregivers identified maternal substance abuse as the primary reason that they were caring for a

relative's child, indicating that their daughter, sister, mother, or niece was no longer able to adequately care for her own children due to drugs (i.e. crack, heroine) or alcohol abuse. In addition, one caregiver indicated that she "stepped in" because of a different type of addiction, her aunt's gambling addiction that interfered with her ability to care for her own child.

Six caregivers identified paternal substance abuse as the primary reason for their involvement in raising a relative's child. One relative caregiver identified her brother's substance abuse as a reason she is raising her nephew, "Well, my brother abuses drugs, so he left him with me and he's been here ever since." Another relative caregiver indicated that her son's substance abuse contributed to her decision to raise her grandchild:

*I became involved...my son was a drug user and alcoholic. He came to live with me. He left (the father) and he (the child) didn't have a place to go. I hope the dad will get himself together.*

Four caregivers indicated that it was the substance abuse problems of both biological parents of the children in their care that prompted their decision to care for a relative's child.

When caregivers described ways that parental substance abuse contributed to the need for kinship care, they often described other co-occurring problems such as mental illness, physical health problems, a history of sexual abuse and other traumatic events, imprisonment, homelessness, child neglect and abandonment. Many caregivers provided a detailed account of how these conditions affected the child's well being and subsequently led to the caregiver's involvement.

For some the kinship caregiving arrangement is temporary, allowing parents to address substance abuse and related health problems before resuming care of the children. An interviewer documented one caregiver's description of the need for a temporary kinship care arrangement for her grandchildren this way:

*The daughter was on drugs and moved in the home with the caregiver. The caregiver took in four children. The biological father wanted to take the two kids down south. The biological mom is in [another state] in rehab and has HIV. The biological mom wants to come and get the children in 8 months. She has a job, house and car and is doing well.*

### ***Parental Neglect/Abandonment/Abuse***

Sixty-six caregivers (32%) identified the biological parent's neglect, abuse or abandonment of the child(ren) as one of the primary reasons for their involvement in caring for a relative's child. Sixty of those caregivers indicated that they were caring for a relative's child due to the biological mother's abuse, neglect, or abandonment of the child; two attributed the maltreatment to the father; four caregivers reportedly indicated that both parents contributed to the abuse, neglect or abandonment, prompting the caregivers to assume care of the children. A number of caregivers linked neglect or abandonment of the children with the biological parent's substance abuse.

*I am [child]'s maternal grandmother. My daughter is a drug addict and that is why I care for [the child]. She (the mother) left after six weeks after the birth and has been in and out ever since and is now in rehab.*

*He is my great nephew. His mother abandoned him and his siblings because of drug addiction. Him and his siblings were split up and he is the only one whose father is unknown. All the kids are with their fathers and I took him when he was three.*

### ***Parental Incarceration***

Thirty-eight caregivers (18%) identified the biological parent's incarceration as a reason for becoming involved in raising their relative's child(ren). Of these, 23 specified that the child(ren)'s biological mother had been or was currently incarcerated, 12 reported the father's incarceration, and 3 caregivers reported that they became involved in caring for a relative's child because both biological parents were incarcerated. Parental incarceration was often associated with drug use, drug sales, and other crimes committed to get access to drugs. One grandmother

provided a detailed account of the role that drugs and incarceration played in her decision to care for her grandchildren. At the time of the initial interview, she indicated that the children's mother had been incarcerated for four years. However, the grandmother indicated that she had assumed care of the children long before the incarceration because of the drug use and sales that the children were exposed to:

*I am the children's grandmother. Their mother was living with the two children and then her boyfriend moved in with her. He was using and dealing drugs. They were living in my apartment, and I was living in a separate home ...When I would go and check on the kids they would be left home. I decided to take them in - they were just babies. I took them in about eleven years ago...*

For some, parental arrest and detention in jail were viewed as temporary interruptions in the parent's ability to raise the child. However, in other situations when parents were incarcerated with long-term prison sentences, some relative caregivers indicated that they petitioned and received legal guardianship of the children. One relative caregiver described her daughter's drug addiction, neglect of her children, and eventual incarceration as reasons for becoming involved in raising the children of two of her daughters and gaining legal guardianship of the children. The interviewer summarized the caregiver's words:

*The daughter is involved in drugs and leaving children unattended on the street or with people they didn't know. Someone that knew the whereabouts of the grandmother would contact her and she would pick the three oldest set of children up. She finally went in to court and got private guardianship of them.... The children's mom has been incarcerated since that time on drug related charges. The caregiver doesn't know when she will be released. She is in prison out of state. The caregiver also has private guardianship of the other daughter's three children...This daughter is also imprisoned out of state on drug related charges and scheduled for release ...*

Another relative caregiver indicated that the mother's incarceration prompted her to step in to keep her grandchildren with the family. She stated, "My daughter committed a murder and I took the children so they would not become wards of the state."

### ***Young and Inexperienced Biological Parents***

Eleven caregivers (5%) identified the biological parent's young age, immaturity and lack of parenting knowledge as primary reasons for their involvement in caring for a relative's child. Three of the 11 caregivers reportedly identified the young age (teenage) and inexperience of both the biological mother and father as reasons for their involvement in raising a relative's child. In 8 families, either the biological father or mother's young age was identified as contributing to child neglect and overall inability to provide safe surroundings for the child. One relative caregiver described the biological mother this way: "She was young and didn't know how to care for her children." Another caregiver provides more detail regarding young motherhood as a contributing factor:

*The child is my daughter's son. When she was 13, she got pregnant and ran away. She came back, had a baby and he is been here since. She had another child three years ago. Her husband was a drug user so she stayed with me. Now [the] mother is in jail, pregnant again, so I am taking care of her kids.*

### ***Unstable Home Life/ Homeless***

Twenty caregivers (10%) identified the unstable home life of one or both biological parents as one reason that kinship care was needed. These caregivers described instability as "hanging in the street", running away, inability to pay rent, limited education, or moving from one home to another. This instability was often associated with a multitude of other co-occurring problems, including substance abuse, mental illness, or being a parent at a young age. Based on a number of caregiver reports, it appears that a combination of these factors very often precede relative caregiver involvement. For example, one caregiver reported the following:

*My daughter was 18 with her first pregnancy and birth and she ran away with the baby when the baby was a few months old. She got pregnant with her second baby when her first baby was three months old. I have had [the] oldest two children since birth; I was the primary caregiver for both, but I wasn't yet the legal guardian. My daughter would stay with me periodically and then be off for*

*weeks at a time. She became a table dancer and stripper. We have since found out she suffers from mental illness. She is bipolar and schizophrenic and began to stay in shelters periodically. I have been caring for... the youngest, since May. He was living in [another state] with his mother and she went to jail. Since May, I have been [child]'s primary caregiver and am in the process of getting legal guardianship of him.*

Another relative caregiver identified the biological mother's lack of stable housing as the only reason she became involved in raising her nephew, an arrangement that she views as short-term and temporary. The interviewer shared impressions of the caregiver and summarized the caregiver's description of how she became involved:

*This caregiver doesn't appear distressed by the fact she is caring for her nephew. She seems to view the caregiving situation as short term and without burden. The caregiver vocalized that "he is family," meaning her nephew and caring for him comes natural. This woman focused on the strengths of her situation. The biological mom is working but does not have stable housing. Rather, she lives with her friends from night to night.*

### ***Biological Parents' Lack of Resources and General Inability***

Forty-six relative caregivers (22%) indicated that the biological parent was unable to care for his or her child(ren) for a wide variety of underlying reasons not clearly captured by other themes. In many cases, the "inability" was not further defined. Fifteen caregivers indicated that the biological parents lacked the financial and material resources to care for their own children. Caregivers reflected this in the following types of statements: "She was unable to provide for her," and "My daughter cannot financially take care of her daughter." The following statements made by caregivers provided more detail in their description of the lack of resources:

*My daughter lives here with us. She is trying to get out on her own but she is depressed a lot. Public aid is messing with her. They sanctioned her cash. She is trying to move out on her own because she can't move with my mother because she is not on my mother's lease. Section 8 is moving my mother.*

*My daughter is unemployed and was getting aid for the children but it was not enough to support them. She lost her apartment and I took the children...*

Other caregivers identified the biological parent's work and/or school schedule as the reason for their involvement in raising a relative's child. One caregiver indicated that the child's biological mother attends school and works part-time. Another relative caregiver identified the school schedule of both parents as factors that contributed to her decision to raise her grandson. She reported that her son fathered a child when he was a teenager, that neither of the child's parents could support the child, and that both parents were now in school and no longer together.

Another relative caregiver described her sister's work schedule as the reason why she became the primary caregiver for her sister's child, describing what really seems like a shared caregiving arrangement. "My sister hadn't had a job in a long time. We were living together. I help her and she helps me. She works from 2 to 10 P.M..." Another relative caregiver identified her daughter's full time employment, work schedule, and transportation difficulties as the reasons she became involved in raising her granddaughter. The mother stayed with friends several nights each week to reduce transportation time and cost. The mother lost this job and returned to live with her daughter and the caregiver (grandmother) while she searched for employment. However, by this time the grandmother appeared to be firmly established as the child's primary caregiver.

One relative caregiver identified the biological mother's inability to care for her child due to the child's medical condition as the reason she became involved in raising a relative's child. The interviewer summarized this story in the following way:

*The caregiver is caring for a child with CMV (like cerebral palsy). The child's mother put the child in a nursing home because she could not care for her. The caregiver went to the nursing home to get child. The child was in nursing home for 6 months.*

Several caregivers indicated that the parents were unable to care for their children because of other demands/responsibilities. For example, one relative caregiver identified her

sister's inability to care for more than the six children she is already raising as the reason she became involved in raising her sister's seventh child. Another relative caregiving couple indicated that they decided to care for their grandson because their son and his wife were in the process of divorce. In the caregivers' estimation, partly due to the stress of the divorce and also because of some general unspecified limitations of both parents, neither their son nor his wife was able to care for their child. Another relative caregiver described her decision to take care of her grandchildren after realizing that the mother needed to take care of her own unspecified needs.

### ***Biological Parent's Mental Illness***

Eleven caregivers (5%) reportedly indicated the biological mother or father's mental illness led them to care for their relative child. One caregiver indicated that she now cares for her daughter, who had a "nervous breakdown" and her daughter's children:

*Daughter went to Florida to live. It was stressful for her. She had a partial nervous breakdown. She and her children came to live with me, so I could take care of her and her children.*

Another caregiver described her daughter's postpartum depression as a factor that contributed to assuming care of her grandchild:

*My daughter got pregnant. She was on the honor roll. She was a good girl. She went through postpartum depression and at six days, he came here. He's been here ever since.*

A grandmother described how her daughter's traumatic experiences and mental illness as well as the father's incarceration contributed to her grandson's multiple moves back and forth between the grandmother's and mother's homes, resulting in the grandmother becoming more assertive in assuming care of the child:

*His mom lived with us from the time he was born until he was three. She then got her own apartment and my grandson stayed here because she is not capable of*

*carings for him. She had and still has a drug problem. She was raped at the age of ten ... We went to rape counseling...the family broke up because it was my son-in-law that did it. Downhill after that. She got pregnant at twenty and was doing drugs throughout the pregnancy. He was a premie exposed to cocaine. She never bonded with him. She wasn't able to hold him for weeks when he was an infant due to breast implant surgery. When my grandson was three months old he lived with [the] mom and her boyfriend for about three weeks and was back. At the time she was living here, she would sleep when supposed to be watching her son - so we hired a babysitter. She has tried to commit suicide three times and her son (my grandson) saw it one time. She did try to get help with DCFS - they gave her [services] for six months and then never after that. My daughter did not follow up with the appointments and stopped receiving services. She was in a bad car wreck from DUI and drugs. She break her back in four places and her neck in two places and she was not paralyzed. She turned to heroin as her drug of choice six months after the wreck. Still is her drug of choice. The father of [child] was in jail when she moved into the apartment. He was barely ever involved with his son...When she was living in her apartment she would come for [child] ... We (husband and I) got legal guardianship two years ago. Mom agreed to it but dad was in jail and disagreed—we got it anyway. She (biological mom) exposed [child] to a drug dealer at the house, to taking in males in the bedroom, and then she got arrested...for possession of heroin. I then told her no more - you cannot come in and out of his life. She has not seen him since...She is living in a hotel ...*

### ***Biological Parent Deceased/Physically Ill***

Twenty-six caregivers (13%) identified the chronic or terminal illness or death of a biological parent as primary reasons for their involvement in raising a relative's child. Of these, 18 indicated that it was the biological mother's death that led to the kinship caregiver's involvement in caring for the children. A few caregivers were asked to care for a relative's child by an ailing or terminally ill biological parent who later died, while other caregivers assumed caregiving responsibilities following more sudden tragic death (murder, suicide, car accident, complications during/following birth, or sudden illness).

One relative caregiver indicated that she had been raising her grandchildren prior to her daughter's death. However, the kinship care arrangement became more permanent once her daughter passed away. Other caregivers responded the following ways: "She's a child of my daughter who passed away. [Child] was seven weeks old when mom died," "My sister died and I

took my niece in to raise her,” “My sister died of breast cancer in July and left the children to me in her will.” One caregiver indicated that she asked the father if she could have custody after her daughter “died from having sickle cell disease.” In a particularly tragic scenario, a relative caregiver identified the death of two of her sisters as the reason why she became involved in raising her sister’s children. The interviewer summarized the caregiver’s description of how the kinship care arrangement came about:

*The caregiver’s sister (mother of children) passed away...but before she passed she asked caregiver and one other sister to raise her children. The caregiver took three of the children and her sister took one. The caregiver’s other sister then passed way and the caregiver took the other child she was raising.*

Three caregivers indicated that it was the biological father who had passed, and for numerous reasons, the biological mother was unable to care for the child(ren). One relative caregiver identified her brother’s murder as the reason she became involved in raising one of the two related children in her home. The interviewer summarized the caregiver’s description of how she became involved:

*The caregiver’s brother was killed (gunshot/headwound). The cousin was unable to care for her child as well. The caregiver accepted primary parenting role for two related children.*

Another relative caregiver identified the death of her brother and sister as the main reason she is raising both of their children. The caregiver reported that she became involved in raising her brother’s child when he died and his daughter was eight months old. This child was nine years old at the time of the interview. The whereabouts of the child’s mother are unknown. More recently, the same caregiver assumed care of two of her nephews when her sister died. The caregiver indicated that the father’s whereabouts are unknown.

Five caregivers stated that they assumed care of the related child because the biological mother was seriously ill. With some detail, one caregiver described the extent of her personal sacrifice upon learning about her sister's terminal illness and eventual death:

*My mother called me and told me to come to [here] because my sister was sick. I was living in [another state], raising my boys. Well, I go here and my sister was getting worse. She asked me to take care of her two girls. She wanted me to promise to keep them together, make sure they go to school...all the way to college and just be there for them. I agreed. So I left my house, car and job...and came here.*

Another relative caregiver described her decision to care for a relative's child as a result of her relative being involved in a car accident: "Her mom was involved in a car accident in [another state] and did not have anyone [there] to help her. So, I volunteered." Yet another relative caregiver described her daughter's inability to take care of her first child due to a medical complication after giving birth as the initial reason she became involved in raising a relative's child. However, she goes on to say that her daughter had more children and that she eventually became the primary caregiver of them all.

### **Caregiver Motivation to Care for Child**

When asked to describe how they became involved in raising a relative's child, some caregivers responded by describing what motivated them to assume this responsibility. Five primary motivations were most clearly identified: (1) to keep the children with family and out of the foster care system; (2) to keep the children safe, ensure their well-being, and provide them with a sense of belonging; (3) a sense of obligation or family legacy; (4) love; and (5) in response to a spiritual influence. Each will be described in this section.

#### ***Keep Children with Family and Out of the Foster Care System***

Twenty-four caregivers (12%) described a desire to keep the relative's child(ren) they were caring for out of the formal child welfare system. Often drugs contributed to neglect, which

precipitated the caregiver stepping forward to prevent DCFS involvement. One relative caregiver described how she became involved in raising her younger brother this way:

*My mother has a problem with drugs, and was never around enough to take care of my brother. So I took on the responsibility of raising him. I did not want him to end up in the DCFS system.*

Two caregivers identified their desire to keep their grandchildren out of the system in the following ways:

*My grandchild's mother was unable to take care of him and I got legal guardianship to keep him out of the system.*

*These are my grandchildren. I didn't care for my grandkids being a part of DCFS.*

Another relative caregiver identified her desire to keep her grandchild from being taken into protective custody for the second time after she discovered that her daughter was still struggling with her drug addiction. Several caregivers indicated that their desire to prevent the children's involvement with the child welfare system outweighed their reluctance to take on the responsibility of caring for the children. In the following quote, this caregiver articulates the ambivalence she experiences assuming care of her grandchildren, because of her daughter's co-occurring mental illness and substance abuse.

*My daughter was using drugs and she became bipolar. I wanted to keep them because she is my only child and I didn't want them to go into the system. I really didn't want to take them, but I didn't want them to go into the system. [The child] has been here for three years. Her little brother didn't come until March. He used to live at my sister's. I was mad at my daughter because she kept having children and I didn't want to fill my house with her children. My grandson has seen a lot. I really didn't want to take him, but my heart would feel bad, so I took him. God has provided for us, even though it's been hard and we don't get any help.*

A grandmother told a story of teen parenthood, the parents' school schedules, the breakup of the parents' relationship, and the threat of foster care and adoption as contributing to her decision to gradually assume full-time care of her grandchild.

*My youngest son had a baby as a teen. I began to help financially with my grandson. At my grandson's six-month birthday, I was taking care of him 75% of the time. My son and his girlfriend broke up. The mother wanted to put him in foster care for adoption. I couldn't let that happen. I stepped in and have taken care of my grandson. I began caring for him 100% ...*

### ***Protect Children/Keep Them Safe/Ensure Child's Well-Being and Sense of Belonging***

Closely related to the desire to keep children with the family and to prevent child welfare system involvement, a number of caregivers indicated that they were motivated by the need to protect the children from harm associated with the biological parent's current life situation or limitations. During one particularly lengthy interview, a caregiver shared a story that clearly demonstrated her motivation for caring for her grandchild. This little boy had received services since he was age two or three to help him overcome developmental delays. Almost all of these services were paid for from his grandparent's personal financial resources. This grandparent expressed over and over that her greatest fear was that this little boy should ever experience or feel abandoned again. She described her daughter's years of drug abuse and irresponsible behavior, indicating that she kept in touch with her daughter, until recently. The caregiver stated that she has "had enough" this time and no longer speaks to her daughter or allows her daughter to speak to her son until she "gets her life together".

Another relative caregiver attempted to involve the child welfare system in order to protect her granddaughter from risks associated with her daughter's unstable and inappropriate home environment. When the child welfare system did not act, the caregiver took the child in:

*Her mom was 16 when she had my granddaughter. My daughter has a promiscuous lifestyle. I called the hotline on my own daughter three years ago.*

*Nothing came of it besides her being asked to do parenting class. My daughter was dragging my granddaughter on the streets. She was having sex in front of my granddaughter, etc. My daughter is still completely avoiding the situation.*

Another relative caregiver described her initiation of a kinship care arrangement after discovering that her grandchild was not attending school regularly. The caregiver had received a phone call from a school in another state, where the grandchild and his mother were living, reporting that the child had not been in school in two months. The caregiver brought her grandchild home with her and after another two months she obtained guardianship and was able to enroll him in school. This caregiver indicates that she had no plans to keep her grandchild forever, but wanted to make sure he received an education. One caregiver stated quite clearly that she was motivated to ensure that her nieces and nephews had a good life:

*Raising my sister's kids was something that I wanted to do. They should have a normal life. They should have high standards and have someone to boost them. They deserve a good life with goals.*

### ***Obligation/Legacy***

A number of caregivers described how they came to care for a relative's child with responses that revealed a sense of obligation to care for family or a family legacy of shared caregiving. We often heard caregivers explain their reasons for caring for a relative's child in the following ways: "I am the children's grandmother," "Well...this is my grandchildren," or as one young caregiver described how she assumed care of her brother and more recently her sister as well:

*No one else would do it. My mother has a drug problem and she was staying with me for a while. She kept moving back and forth and my brother was missing a lot of school days. So, I told her she can leave them here with me. My sister was living in a house with a bunch of people and I didn't feel it was safe. She was sharing a room with boys. So, she's been staying with me officially for a week.*

Another caregiver described her decision to raise her cousins as what appeared to be an inherited responsibility:

*My cousins...my grandmother has adopted them and she passed on. Now I am their legal guardian...The children's mother is a drug addict and could not adequately care for children. I was also taken in by my grandmother because my mother was addicted when I was young. So I have lived with these children since they were born and my grandmother took them in. When she passed, I decided to take them in myself.*

Another relative caregiver discussed his feeling of being obligated to take in his sister's son not only to prevent him from being taken into protective custody by the child welfare system, but because he had taken in another relative's children in the past:

*[Child]'s mom was involved with gangs and drugs...and I took [the child] in so he wouldn't go into DCFS custody. [Child] was born with a bubble on his heart and small traces of drugs in his system. He had an operation to fix it. He needed a lot of nourishment and care. I had already taken care of my other sister's kids before, so I thought I should take him.*

### ***“I do it out of love”***

In our interactions with kinship caregivers and as we observed these caregivers interacting with the related children in their care, their love of these children was often very obvious. A couple of caregivers clearly articulated this love as one of the factors that motivated them to assume responsibility for related children. One caregiver indicated that she was motivated by her love for the child as well as a desire to keep her granddaughter out of the formal child welfare system, which she believes is fraught with problems:

*I do it out of love 'cause I don't want her lost in the system. I disagree with how the system handles my situation. I think it's very unjust. This has been a true struggle for me...I hate that the system is so biased.*

Another relative caregiver described maternal substance abuse and love for the children as reasons she became involved in caring for her niece: “Mom was on drugs real bad. I love all my nieces, so I decided to take her.”

## ***Spiritual Influence***

For some caregivers, the parents' substance abuse placed the children at risk, but stepping in to care for the children was motivated by a spiritual influence. One interviewer described the story that a relative caregiver shared about the spiritual message she received that helped her to overcome her reluctance to care for a number of related children:

*The caregiver took the children of husbands' first cousin's kids (4 children). She took the kids but thought about giving them back, but the Lord told her to keep them.*

The caregiver adopted the four children and also assumed care of her great niece's child and one of her daughter's children. The great niece was in jail for drugs (selling and using) and will be in jail for three years. The caregiver has been raising her niece's child since birth.

Another relative caregiver indicated that she complied with a directive from God to prevent her niece from going into protective custody, although this decision was costly to her relationship with her husband:

*God told me to. I didn't see how it was going to work. I have only been a mom for 19 months and I have four kids. I got [child] in May of 2001. My husband didn't want her here so he left me. I took [child] so she wouldn't have to go into DCFS...*

## **Pathways to Kinship Care**

Pathways to kinship care varied considerably. Some caregivers "stepped in" to care for the children without being asked while others were asked by the biological parent or other family members to provide homes for these children. For some children the pathway was complex, involving a number of moves with multiple family members, multiple households, sometimes mixed with placements in foster care with non-relatives. We have identified seven pathways

from the stories that caregivers shared with us: (1) the caregiver “stepped in” without being asked, (2) the mother asked, (3) the father asked, (4) the child asked, (5) DCFS asked/diverted the child from the child welfare system, (6) another relative asked, (7) and multiple/complex pathways. Each of these pathways is summarized in this section.

### ***Caregiver Stepped In Without Being Asked***

Caregivers, motivated by any of the themes described in the previous section sometimes initiated the kinship care arrangement. Fourteen caregivers (7%) stated that they asked to care for the child. Sometimes caregivers persisted for some time before they were able to convince the parents to allow them to care for their children:

*My sister had been going through difficult times. I asked her for one year to let me have the child. She finally gave me the child. Her addiction became too much...*

In some cases, relative caregivers stepped up to care for children when the health of other kinship caregivers failed. One caregiver described the process of removing her six-year-old niece from her parents as a result of their substance abuse combined with the grandmother’s health crisis. The current caregiver described the parents of the child as addicts. The child, parents, and the child’s grandmother (current caregiver’s mother) lived in [another state]. The grandmother had been able to ensure the child’s safety even when the parents did not. When the grandmother had a brain aneurysm and could not provide care for the child the current caregiver made the out of state trip, picked the child up and took her home with her.

Another relative caregiver discussed his impressions that his daughter didn’t care about her children and identified these impressions as his reason for getting involved and requesting that his grandchildren come live with him.

*My daughter was 15 when she had children...got wild in the streets...didn’t care about the children. So we asked that she give them to us.*

In some cases, caregivers assumed responsibility for the related child at the time of the child's birth and retained primary caregiver responsibility. Sometimes this was associated with a parent's drug addiction.

*My daughter was doing heavy drugs and then became pregnant. She did not use drugs during the pregnancy but I know she was not prepared to be a mother. I have had custody since birth and have cared for her primarily since birth.*

Another grandparent caregiver indicated that she and her daughter jointly decided that it was "... the best decision for me to take the child."

### ***The Mother Asked***

Twenty-nine caregivers (14%) reported that the biological mother asked them to care for the children because of the parent's illness, incarceration or other challenges. One relative caregiver identified her niece's unstable life as one reason why she became involved in raising her great nephew, but it was the niece who asked the caregiver to care for the child. The caregiver describes it this way:

*His mother was already living with me. She had him in jail. She was hanging in the street and she said auntie take him. You know how young people are. So I took him. She said I don't want nobody else to have him.*

For some caregivers, willingness to care for one child led to the care of others. One mother asked the caregiver to care for her children and never returned

*I've had this child's sister since she was three days old. Her mother was on drugs and didn't want her. The mother dropped her two oldest children when they were two years old ... She gave her last son to his paternal grandmother to raise. The grandmother was killed by her husband about a year ago. The mother had no place to take him so she brought him here from [another city] to me and asked me to keep him for a couple of weeks. She has not been heard from since. I have adopted the three oldest children but don't want to go through adoption with this child because he is so hard to handle. He has some emotional problems and is in counseling.*

### ***The Father Asked***

There were a few caregivers who indicated that the child's father asked the caregiver to care for the child. One relative caregiver identified the mother's substance abuse as the reason she became involved in raising her grandchildren, but it was her son, the child's father, who requested that she care for the child. Another caregiver reported a similar request from her son, however, in this situation her son shares parenting responsibilities for his child:

*Did not know I had a grandbaby. My son got involved with a young woman. One night, he showed up at my door and said will you take care of her. She was neglected. That was at 6 months of age. Her mom is young, irresponsible, and immature. My son and I share the load jointly. He lives in the apartment downstairs.*

### ***The Child Asked***

Two caregivers indicated that they became involved in caring for relatives' children because the children had asked to move in with them. One of these caregivers indicated that her grandson was living in [another state] and expressed interest in living with her. The biological mother allowed him to move in with the caregiver. Later the biological mother moved to Chicago. She currently resides in the same neighborhood as the caregiver but the child continues to live with the caregiver.

### ***DCFS Asked/Diversion from Custody of the Child Welfare System***

It is quite common for child welfare professionals to reach out to relatives to care for children in order to keep them safe and to divert the children from custody of the child welfare system. One caregiver described this scenario:

*They were being neglected by their mom. Not being properly cared for. There was some drug activity. One of the kids was born drug exposed. DCFS asked if I would take them. They haven't been involved with DCFS for over two years.*

Sometimes the child welfare system provided short term crisis intervention in an attempt to preserve the family and to avoid taking the child into custody:

*I had lost my job and became the children's childcare provider. Their mom was working one day. She left and never came back ... Then I called DCFS. DCFS helped me for three months and they helped me get legal guardianship. No contact with DCFS since then.*

### ***Another Relative Asked***

Some caregivers were approached by other relatives and asked to care for a child in the extended family. The following examples describe ways that this occurred for two caregivers:

*... first of all, her mother is on drugs. My brother took her from [another city] to keep from being placed elsewhere. He then asked me to care for her.*

*He's my sister's grandson; my niece said she didn't want the baby. She was on drugs. Another niece asked if he could stay with me.*

### ***Complex Pathways***

For some children, the pathway to a relative's home is complex, involving multiple living arrangements. An interviewer shared one caregiver's story of the child's multiple living arrangements and complex path to the current kinship caregiver's home. By the time of the initial interview with this caregiver, the child, age 3, had already lived in a number of relatives' homes. The child lived for some time with his biological mother and his maternal biological grandmother (biological mom is adopted). Next he went to live with his paternal aunt and uncle while his biological mother participated in treatment for cocaine and alcoholic addiction. The child stayed in a series of homes of relatives before arriving to live with his current caregiver (biological mother's adoptive mother).

One caregiver described a route that the child in her care took, which involved living in the homes of several maternal and paternal family members. Another relative caregiver stepped in to care for her niece only after her daughter, the first relative caregiver, could no longer care for the child. The current caregiver reported that the biological mother gave the baby up at six days old. "Then my daughter cared for her till she was six months old. Then she couldn't care

any longer, so I stepped in and began. I have cared for her ever since.” The caregiver indicated that the biological father’s lifestyle is unstable; that he was living on the streets. “We don’t know if he is on drugs or not. I don’t know where he is even right now.”

Another maternal grandmother described her grandchildren’s route to her home, which involved a drug house and the assistance of the mother’s friends for two children, paternal relatives and a request from the father for another grandchild.

*My daughter abandoned the two oldest girls at a drug house about two years ago and her friends brought them to me. She gave birth to another child fifteen months ago and left that child with the father’s family. The father was incarcerated when this child was born. After he was released from jail he asked if I would take her because he was unemployed and unable to provide for her.*

## **Summary and Conclusions**

At the beginning of the initial interviews caregivers were asked to explain how they became responsible for the care of a relative’s child. Sometimes in later interviews caregivers also discussed their original decision to care for the child. Caregivers tended to describe a dynamic process involving three simultaneously occurring influences: (1) the reasons that the child’s biological parents were unable to care for the child, (2) the caregiver’s motivations for providing kinship care, and (3) various pathways that children took to get to the current kinship caregiver’s home.

Caregivers described many reasons that the biological parents were unable to care for the children, which we organized into eight categories: (1) parental substance abuse/addiction; (2) parental neglect, abandonment or abuse; (3) parental incarceration; (4) young and inexperienced parents; (5) unstable home life/homelessness; (6) lack of resources and general inability; (7) parental mental illness; (8) parental physical illness or death.

When asked to describe how they became involved in raising a relative's child, some caregivers responded by describing what motivated them to assume this responsibility. Five primary motivations were most clearly identified: (1) to keep the children with family and out of the foster care system; (2) to keep the children safe, ensure their well-being, and provide them with a sense of belonging; (3) a sense of obligation or family legacy; (4) love; and (5) in response to a spiritual influence.

We have identified seven pathways from the stories that caregivers shared with us: (1) the caregiver "stepped in" without being asked, (2) the mother asked, (3) the father asked, (4) the child asked, (5) DCFS asked/diverted the child from the child welfare system, (6) another relative asked, (7) and multiple/complex pathways.

Findings presented in this chapter suggest that the reasons that parents are unable to care for their children can be thought of as risk factors for the children. Caregiver's motivations to care for the children suggest several familial level protective factors: caregiver's commitment to and love of the children, their commitment to keep their families together, a legacy of shared family caregiving, and spirituality for some. Pathways to kinship care also suggest several protective factors, from the determination of caregivers to initiate the kinship care arrangement because of their concerns about the child to the parents', children's, or other relatives' willingness to ask the caregiver to help and the caregivers' willingness to consider this request.