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J. Jay Miller
University of Kentucky, jaymiller45@hotmail.com

Jessica Donohue-Dioh
University of Kentucky, jonohuediohj@uky.edu

Research Article

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J. Jay Miller
and
Jessica Donohue-Dioh
University of Kentucky

Correspondence can be directed to: J. Jay Miller, justin.miller1@uky.edu, College of Social Work, University of Kentucky 619 Patterson Office Tower, Lexington KY 40506-0027

Abstract

This study utilized Concept Mapping (CM) to examine the needs of 105 kinship caregivers in one southeastern state, and to examine priority differences in conceptualization by placement type (formal vs. informal). CM is a mixed-method research methodology that employs multidimensional scaling and hierarchical cluster analyses to examine relationships among sets of data. Results indicate that kinship providers conceptualize needs via an eight-cluster solution, or *concept map*. As well, data suggest key priority differences between informal and formal caregivers in areas of financial, legal, and public outreach needs. After a brief review of literature about kinship care, this paper will explain results from the study, discuss findings in relation to previous works about kinship, and explicate practice, policy, education, and research implications derived from study findings.

Keywords: *kinship, relative placements, grandparents, concept mapping*

Child welfare systems are becoming increasingly reliant on relative family caregivers for the placement of maltreated children (Geen, 2004; Koh, 2010; Sampson & Hertlein, 2015). In 2014, there were an estimated 2.4 million youths being raised by relatives or close family friends in the United States (U.S.; Generations United, 2014). The U.S. Office of Personnel Management (n.d.) reported that over five percent of *all* children in America live in a kinship arrangement and the U.S. Department of Health and Human Services (2010) stated that approximately 25% of youth placed outside their

homes live with a relative. Indeed, as several authors (e.g., Wilson & Chipungu, 1996; Cuddeback, 2004; Denby, 2015) have aptly deduced, kinship care has become an essential component of the child welfare service array.

Despite this growing dependence on kinship care providers, research in the area of kinship care has not kept pace (e.g., Gleeson, O'Donnell, & Bonecutter, 1997; Ryan, Hong, Herz, & Hernandez, 2010). There are gaps and inconsistencies in the current literature (e.g., Cuddeback, 2004; Coakley, Cuddeback, Buehler, & Cox, 2007; Koh, 2010), and current literature offers few pragmatic steps for conceptualizing support programs for kinship caregivers (Denby, 2015). As a result, states have historically struggled to develop and implement programs aimed at supporting relative caregivers (Kolomer, 2000; Leos-Urbel, Bess, & Geen, 2002). Some (Gleeson et al., 2009; Strozier, 2012; Lin, 2014) have called for more research that explores the needs of kinship providers, particularly for those in informal custodial arrangements. This paper seeks to uniquely contribute to filling these gaps.

This study utilized a convenience sample of kinship providers in one southeastern state (N = 105) and employed a mixed-method research methodology known as Concept Mapping (CM). CM combines multi-dimensional scaling with hierarchical cluster analyses to compute visual depictions of data (Kane & Trochim, 2007). This research sought to explore how relative caregivers conceptualize needs related to kinship placements. Further, this study examined the prioritization of these needs by placement type (formal vs informal). After a terse review of the literature, we will explicate the CM processes utilized in this study, articulate the results, and discuss these results within the context of existing literature. We will conclude by identifying implications and apposite areas for future kinship research.

Background

Kinship Care Terminology

Understanding kinship care can be complex. In part, this complexity can be attributed to the divergent terminology and practices used to describe and implement these custodial arrangements (e.g., Ehrle & Geen, 2002; Bratteli, Bjelde, & Pigatti, 2008). Kinship care can be broadly defined "as the full-time protecting and nurturing of children by grandparents, aunts, uncles, godparents, older siblings, non-related extended family members, and anyone to whom children and parents ascribe a family relationship" (Child Welfare League of America, 2013, para. 1). Other terminology used to describe kinship care is "relative care" and "family and friends care", though these terms are most readily used in countries outside of the U.S. (e.g., O'Brien, 2012).

In essence, kinship care can be understood within the context of two overarching types of care: *formal care* and *informal care*. Formal care typically refers to a placement arrangement made by a child welfare agency with the authority to remove and place children, such as Child Protective Services (Strozier, 2012). These types of placements are tracked and data can be provided via state reporting systems (Bratteli, Bjelde, &

Pigatti, 2008). In a formal placement arrangement, the child welfare agency would typically remove the child from the care of the parents and place the child with a relative. Certain states permit placement with close family friends, sometimes referred to as fictive kin (U.S. Department of Health and Human Services [U.S. DHHS], 2010). Other states permit kin providers to become foster parents (also known as kinship foster care), thus *formalizing* the placement (O'Donnell, 1999; Kolomer, 2000). The process of licensing kinship providers as foster parents varies widely as there are few, if any, federal guidelines for these processes (Bratteli, Bjelde, & Pigatti, 2008).

Informal kinship care is defined as an arrangement "made by the parents and other family members without any involvement from either the child welfare system or the juvenile court system" (U.S. DHHS, 2010, p. 2). Different from formal arrangements, informal kinship placements are usually not coordinated by state child welfare systems, and as such, are not monitored (Gleeson et al., 2009). While these types of placements are often associated with a "family crisis" that leaves the birth-parent(s) unable to adequately care for the child (O'Brien, 2012, p. 128), in some instances these types of placements are necessitated by the physical or mental illness of the parent(s), military or civil service overseas, or other extenuating circumstances (e.g., U.S. DHHS, 2010). Informal kinship care may also be referred to as "voluntary kinship care" (e.g., Ehrle & Geen, 2002; Bundy-Fazioli & Law, 2005) or "private kinship care" (Gibson & Singh, 2010).

Need for Kinship Care

Over the last three decades, the need for kinship care has grown remarkably. In part, this growth was predicated on the burgeoning number of youth entering the foster care system (Leos-Urbel, Bess, & Geen, 2002). During the latter part of the 20th century, while the number of available foster homes was decreasing, the number of children entering foster care was on the rise (Wilson & Chipungu, 1996; Koh, 2010). Thus, many states shifted towards the use of kinship placements to assuage the burden placed on already strained child welfare systems (e.g., Bundy-Fazioli & Law, 2005; Koh, 2010).

Coinciding with these shifting foster care dynamics, federal policy began to address dynamics related to kinship care arrangements. For instance, Leos-Urbel, Bess, and Geen (2002) and Falconnier et al. (2010) explained that the Indian Child Welfare Act of 1978 served as an impetus for child welfare systems to focus on familial preservation and connectedness. Theoretically, these components of the policies are at the crux of the argument for focusing on kinship care placements (Berrick, 1997; Crumbley & Little, 1997; Bundy-Fazioli & Law, 2005). Further, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) required states to seek the least restrictive, family-type home. Undoubtedly, placements with relative caregivers fit these criteria.

More recently, Congress acknowledged the importance that kinship arrangements play in caring for youth with the inception of the Temporary Assistance for Needy Families (TANF) in 1996. TANF policy explicitly declared that kinship families caring

for their relatives could seek monetary assistance to help with meeting the needs of the child. This benefit is commonly referred to as "child-only TANF" (e.g., Gibbs, Kasten, Bir, Duncan, & Hoover, 2006). Other federal policies such as the Adoption and Safe Families Act of 1997 (P.L. 105-89), particularly Section 303, and the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), lend credence to the importance of kinship care in the arena of child welfare. Today, kinship care has become the preferred alternative to placing children who have been maltreated in foster care (Falconnier et al., 2010; Ryan, Hong, Herz, & Hernandez, 2010).

Research on Kinship Care. Research literature around the topic of kinship care is somewhat fragmented. While slightly dated, Cuddeback (2004) offered an excellent critical review of the literature that revealed a disjointed body of evidence pertaining to kinship care. This author described the literature as having "methodological limitations and significant gaps" that inhibit the understanding of kinship care (p. 623). Others have also discussed limitations in the kinship literature (e.g., Bundy-Fazioli & Law, 2005; Lin, 2014). These limitations in the literature can be attributed, at least in part, to divergent kinship terminology and practices (e.g., Ehrle & Geen, 2002; Bratteli, Bjelde, & Pigatti, 2008).

Limitations aside, several researchers have described the characteristics of kinship providers. In sum, researchers have found that kinship providers tend to be in poorer health, less educated, and have fewer financial resources than their non-kin counterparts (e.g., foster parents) (e.g., Berrick, 1997; Geen, 2004; Strozier & Krisman, 2007; Barth, Green, Webb, Wall, Gibbons, & Craig, 2008; Sakai, Lin, & Flores, 2011; Sampson & Hertlein, 2015). Additionally, research indicates that kinship care, particularly the informal type, appears to be most prevalent among peoples of color (e.g., African-Americans, etc.; Wilson & Chipungu, 1996; Bonecutter & Gleeson, 1997; Cuddeback, 2004; Harris, 2013).

Outcomes, particularly related to placement stability and permanency, associated with kinship care have also been examined. Exemplars include Perry, Daly, and Kotler (2012), who conducted a study among Canadian kinship providers, found that kinship placements were significantly more stable and were more likely to achieve reunification when compared to non-relative placements. Using a model that utilized propensity score matching across several states, Koh (2010) also concluded that youth in kinship arrangements were more likely to experience placement stability when compared to non-kinship placements. Koh and Testa (2008) found that permanency outcomes were attributed, in part, to differences between the two groups (kin versus non-kin), not necessarily the placement type itself.

While it is clear that kinship placements are preferred to non-relative placements, some researchers have pointed out negative outcomes associated with these types of placements. For instance, in reporting findings from a national survey of kinship care providers, Ehrle and Geen (2002) concluded that youth in kinship care "faced greater

hardships" and experienced food insecurity at a higher rate when compared to youth in foster care (p. 15). Farmer (2009), who conducted an examination of kinship care in England, found that children in kinship were more likely to live in "over-crowded conditions" (p. 331). In a longitudinal study with over 13,000 cases, Ryan, Hong, Herz, and Hernandez (2010) found that the risk for juvenile delinquency for adolescent males was significantly greater for individuals placed in a kinship arrangement when juxtaposed with those in a non-kinship arrangement. Indeed, some of these problematic outcomes may be associated with the lack of resources available to kinship care providers.

The implications of this literature review are clear: the use of kinship placements has grown over time, and given the current strain on the child welfare system, it is likely that the use of these types of placements will persist. As such, researchers should continue to explore the use of kinship placements. Specifically, these researchers ought to assess the needs of kinship care providers and delineate pragmatic ways that the child welfare systems can address these needs. Particular attention should focus on the needs of informal kinship caregivers (e.g., Kolomer, 2000; Cuddeback, 2004; Strozier & Krisman, 2007; Gleeson et al., 2009; Strozier, 2012; Lin, 2014). Researchers ought to assess these needs from the perspective of those perhaps most impacted: *kinship care providers* (e.g., Bundy-Fazioli & Law, 2005 Coakley, Cuddeback, Buehler, & Cox, 2007).

Current Study

We utilized Concept Mapping to explore the needs of kinship providers in one southeastern state. Our research sought to address current limitations in the literature by answering two (2) distinct, yet interconnected, queries: (1) How do kinship providers conceptualize their needs pertaining to having successful kinship placements; and, (2) Is there a difference in the way that informal kinship providers prioritize these needs when compared to formal kinship providers?

Study Context

With any research endeavor it is imperative to understand the context in which the study was conducted. This study occurred against the backdrop of several factors related to kinship care. For instance, kinship providers in this state were provided a monthly kinship care subsidy for relative children in their care. In 2013, there was a moratorium placed on offering these benefits to new kinship care providers, due to state budgetary constraints. Simultaneously, the state experienced significant increases in the numbers of youth in foster care, while national data indicated decreases in the number of youth in care (See Adoption and Foster Care Analysis and Reporting System [AFCARS] #22, 2014). Anecdotally, some practitioners and policy makers surmised that the loss of the kinship subsidy contributed to the rising number of youth in care (i.e., relatives were not able to take custody of their relative without the help of the subsidy).

Methods

Concept Mapping (CM) is a mixed-method, participatory research approach that analyzes qualitative data quantitatively (Kane & Trochim, 2007). CM had been used in a range of professions and disciplines (e.g., child welfare, physical health, mental health, etc.) and this method is particularly well-suited for conceptualizing and assessing needs among research participants (Miller, 2016). The application of this methodological approach for this study is unique. A literature review of academic and research databases revealed no published studies that use CM to explore and assess the needs of kinship care providers.

CM can be understood within the context of three overarching phases: (1) Generating Ideas/Statements, (2) Statement Structuring, and (3) Analyses. Because some readers may be unfamiliar with CM, the following paragraphs briefly outline the components the method entails. For a full explanation of the method, please see Kane and Trochim (2007).

Generating the Ideas

In CM, ideas are collected as qualitative statements. The statements are collected via brain-storming-type focus groups. Brainstorming is the activity generating ideas while in a group (Diehl & Stroebe, 1991). For this study, participants were invited to take part in one of seven brainstorming sessions held across one southeastern state. Brainstorming sessions included both formal and informal caregivers. Participants attended the groups geographically closest/most convenient for them and each brainstorming session lasted between 60-90 minutes. During these sessions, participants were asked to respond to the following prompt: "Generate statements that describe what kinship care providers need for successful relative placements." This prompt as well as the general and demographic information survey were piloted with a small group (n = 10) of kinship providers before being used for this study. We, the researchers, collated the statements from all of the brainstorming sessions and synthesized the statement set utilizing Kippendorf's (2004) approach to idea synthesis. This allowed for the elimination of redundant or unclear statements. The remaining statements comprised the *final statement set*, which included 68 unique ideas. The final statement set, delineated by cluster, and bridging values are included in Table 1. Please note that additional information related to the cluster and bridging values can be found in the Results section.

Table 1.
Clusters - Statements[1], and Bridging Values[2]

Cluster: Financial		3. ongoing monthly stipends	0.30
1. monies for house modifications for expanded families	0.16	4. affordable child care	0.31
2. financial resources for extracurricular activities	0.25	5. start-up monies at the time youth are placed with the relative	0.33

6. access to one-time funds for emergency situations that may arise	0.34
7. clothing allowances for youth	0.43
8. resources for youth to attend college	0.92
9. medical coverage for youth in kinship care	1.00
Mean Bridging Value	**0.45**
Cluster: Permanency	
10. the kids not to be moved back and forth between the parent and relative	0.19
11. do more to look for relatives before kids are placed into foster care	0.26
12. case workers to continue to work on reunification even if placed with a relative	0.27
13. not put caregiver "on the spot" about making a placement decision	0.32
14. move to place in permanent custody of relative faster if parent(s) is unable to take child back	0.33
15. structured visitation services to facilitate visits between biological parents and youth	0.34
16. more involvement of paternal relatives in kinship arrangements	0.36
17. to make sure the placement is a good match for the youth AND the caregiver	0.50
18. clear rules about the responsibility of biological parents	0.53
19. freedom for kinship provider to act like a parent	0.59
20. therapist and counselors that follow court orders	0.73
Mean Bridging Value	**0.40**
Cluster: Legal	
21. need to be heard in court	0.40
22. copies of all legal documents about the child/youth	0.41
23. ability to make legal decisions on behalf of the child	0.41
24. access to legal advice	0.42
25. legal standing in court	0.45
26. affordable legal representation	0.62
27. consistent application of rules as they apply to kinship providers	0.64
28. police to help enforce custodial kinship arrangements	0.82
29. judges to recognize the importance of relative caregivers	0.86
Mean Bridging Value	**0.56**
Cluster: Counseling	
30. individual therapy for youth	0.43
31. therapist that have sliding-fee scale	0.48
32. consistent therapy providers so the family is not being shuffled around to different therapists	0.48
33. individual therapy for kinship caregiver	0.48
34. family therapy	0.53
35. therapist that are familiar with dynamics (e.g., circumstances) of kinship care	0.53
36. individual therapy for birth parents	0.67
Mean Bridging Value	**0.51**
Cluster: Family and Peer Support	
37. ongoing peer-support groups	0.49
38. peer-support groups that meet at times that are "good" for kinship providers	0.51
39. virtual peer-support groups	0.55
40. kinship providers need mentors who are familiar with the kinship system	0.58
41. good relationships with family members	0.62
42. support from extended family members	0.63
43. respite care	0.66
44. family members to understand the importance of kinship arrangements	0.69

45. support groups for the youth in kinship care	0.71
Mean Bridging Value	**0.61**
Cluster: Training	
46. training about social issues facing young people (e.g., teenagers)	0
47. training on social media	0.01
48. training on gadgets such as cell phones, etc.	0.01
49. training offerings that are similar to that of foster parents	0.02
50. an online library of trainings that can be accessed anytime	0.04
51. training specific to reason child is in kinship care (maltreatment type)	0.04
52. advocacy training to teach the caregiver hot to advocate for youth in various settings, such as school	0.09
53. training about trauma and boundaries for family kinship situations	0.10
54. education about how to talk with child about kinship issues	0.13
55. training for young people on how to live with older people	0.23
56. education about what kinship care is for people outside the system	0.41
57. training on legal processes and proceedings related to family care and rights	0.55
Mean Bridging Value	**0.14**
Cluster: Public Outreach	
58. do an awareness campaign about kinship care	0.43
59. remove the stigma of kinship care	0.45
60. need positive stories about kinship to be shared more (not just bad stories)	0.45
61. need people to know that kinship providers are not doing it for the money	0.45
62. everyone needs to recognize the importance of kinship providers	0.51
Mean Bridging Value	**0.46**
Cluster: Resources	
63. accessible database of available resources for kinship providers	0.59
64. better explorations (i.e., research) about what works and does not work in kinship arrangements	0.66
65. a warm-line to call and get advice	0.68
66. places that youth can stay for an extended period of time if the caregiver has extenuating health circumstances	0.75
67. for kinship providers to be afforded the same benefits as foster parents	0.77
68. community events for kinship providers and youth (i.e., retreats, camps, etc.)	0.82
Mean Bridging Value	**0.71**

Notes:

1. Clusters based on Multi-Dimensional Scaling and Hierarchical Cluster Analysis (HCA) of sorted data. Numbers ascribed to each statement are for reference only.
2. Clusters with lower values indicating more consensus of how ideas were sorted into those clusters by participants.

Sorting and Rating the Ideas

The process of sorting and rating the statements is known as statement structuring. Statement structuring refers to the sorting and rating of statements (Kane & Trochim, 2007). After the brainstorming phase was complete, participants were reconvened for a second meeting to structure the statements. Each participant took part in one brainstorming session and statement structuring session. Akin to the brainstorming sessions, we held seven structuring meetings and the brainstorming sessions lasted between 60 – 90 minutes. During these statement-structuring meetings, each participant was given a set of 3x5 index cards. These cards contained statements from the statement set (one statement per card). Each participant received a set of 68 cards, meaning that they all received the entire final statement set. Statement sorting exercises were done individually.

Then, participants were asked to sort each of the statements into piles and provide a name or "label" for each pile. Theoretically, the sorting exercise is designed to examine a *meaning* relationship among statements in the set. Presumably, participants sorted the statements into piles based on a perceived conceptual relationship.

Once the statements were sorted, participants were asked to rate each of the statements in the set on one variable: importance. Specifically, participants were asked to rate how important each statement is to successful relative placements. Importance was measured via a Likert-type scale ranging from one to five. For the scale, 1 indicated *not important at all*, and 5 indicated *very important*. The sorting and rating of the statements were done in one session that occurred between 8 – 10 weeks after the initial brainstorming sessions. Conceptually, the rating exercise is designed to examine a *significance* relationship among statements in the set. Note: These research procedures were approved by a university Institutional Review Board (IRB).

Analysis

CM entails the use of advanced multivariate analyses, namely multidimensional scaling (MDS) and hierarchical cluster analysis (HCA). At the outset of the analyses, a sort matrix is computed for each participant. This binary matrix details how each participant sorts each idea in the statement set with other ideas in the statement set. Then, these individual matrices are collated into an aggregate matrix for all participants. Numbers in the aggregate matrix range from zero (meaning no participants sorted the statements together into the same pile), up to the number of total sorters (Mpofu, Lawrence, Ngoma, Siziya, & Malungo, 2008). High matrix values denote some

consensus about the conceptual relationship between particular statements; low values indicate little consensus (Brown & Bednar, 2004).

Once generated, the aggregate matrix is analyzed via MDS, which is a series of mathematical and statistical computations that delimit data structures in space (Kruskal & Wish, 1978). For CM, MDS employs a two-dimensional solution, which produces coordinates, along an x and y continuum, for each of the statements in the final statement set. After the MDS analysis, HCA is performed. Romesburg (2004) explained that this procedure analyzes similarities in data structures and employs a clustering process. For this study, coordinates derived from the MDS procedure were used as data input for the HCA analysis. In turn, using Ward's (1963) algorithm, cluster parameters for the data are defined.

Results

Participants

A total of 105 participants took part in this study. Participants were recruited via a self-selected, purposive sampling procedure. A flier regarding the study was sent out to entities/agencies involved with formal and informal kinship care providers. Participants were asked to contact the researchers if they were interested in participating in the study. Then, participants were contacted to attend the sessions previously discussed and participate in the study. Participant demographic information is included in Table 2.

Table 2. Description of Participants (N = 105)

Characteristic	Informal Kinship Providers N (Valid Percent)	Formal Kinship Providers N (Valid Percent)
	n = 63(60%)	n = 42(40%)
Gender		
Male	13(20.6)	7(16.7)
Female	50(79.4)	35(83.3)
Race		
African American/Black	5(7.9)	1(3.4)
Caucasian/White	56(88.9)	25(86.2)
American Indian	1(1.6)	3(10.3)
Asian	1(1.6)	0(0)
Missing	0	13
Education Level		
No degree	9(14.3)	3(10.3)
High School diploma/GED	38(60.3)	17(58.6)
Associate's degree	7(11.1)	3(10.3)
Bachelor's degree	7(11.1)	5(17.2)
Master's degree	2(3.2)	1(3.4)
Missing	0	13
Employment Status[1]		
Employed	11(18)	4(13.8)
Unemployed	50(82)	38(86.2)
Missing	2	0

Relationship to Child(ren)		
Grandparent	58(91.9)	40(95.2)
Great-grandparent	2(3.2)	1(2.4)
Great-great-grandparent	1(1.6)	1(2.4)
Other[2]	2(3.3)	0(0)
Mean Age in years (SD)	63.6(8.1)	62.17(8.9)
Mean Number of children placed via kinship (SD)	1.46(.78)	1.89(1.2)
Mean age of children placed via kinship (SD)	10.5(3.9)	9.7(3.3)

1 Employed outside the home either fulltime or part-time
2. Both individuals reported being an Aunt to the child(ren) in their care

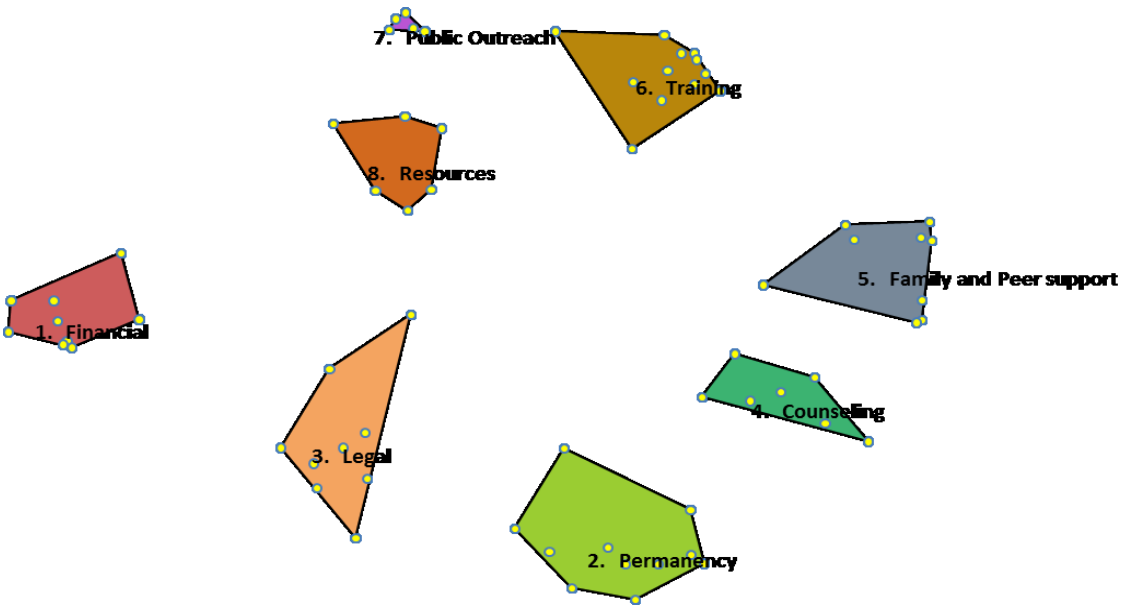
Independent samples t-tests revealed no significant differences between informal and formal caregivers in terms of *age ($t = .69$, $p > 0.05$), number of kids being care for ($t = -1.6$,* $p > 0.05$), or *age of children being care for ($t = .76$,* $p > 0.05$), respectively.

Concept Map

The MDS analysis of the overall similarity matrix emerged after 17 iterations; the final stress value for this analysis was 0.26, which falls into the acceptable range (e.g., Kane & Trochim, 2007; Rosas & Kane, 2012). The stress value indicates that there is a "good fit" between the aggregate similarity matrix and the point cluster map.

The final point cluster map contained eight (8) distinct clusters, as illustrated in Figure 1. Clusters included: *Financial, Permanency, Legal, Counseling, Family and Peer Support, Training, Public Outreach*, and *Resources*. Cluster names were identified based on the labels ascribed to each pile in the sorting exercises previously discussed. These names capture the overall theme, or concept, of the statements contained in each cluster. As earlier indicated, the point cluster map is a product of the using the output from the MDS analysis as input for the HCA analyses. Each point on the point cluster map represents one of the 68 unique statements derived from the final statement set.

Figure 1.
Point Cluster Map

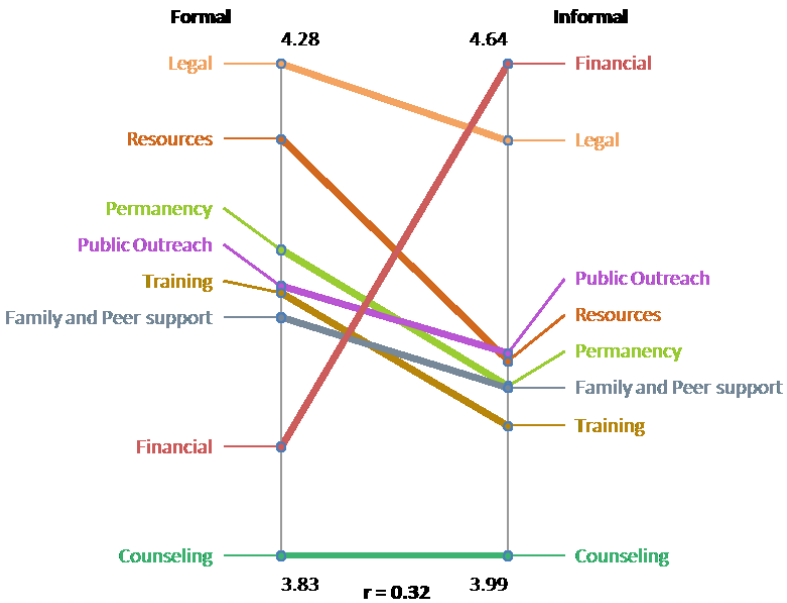


Clusters, including statements, and bridging values are outlined in Table 1. Bridging values range from 0 to 1, and indicates how often a statement is sorted in a cluster grouping. Lower bridging values indicate more cohesion, or consensus, about how participants sorted statements to a cluster, when compared to other clusters (e.g., Donnelly, Huff, Lindsey, McMahon, & Schumacher, 2005). As Table 1 indicates, mean bridging values for the final cluster point map ranged from .14 to .71.

Importance Ratings

As previously mentioned, participants sorted each of the statements on the variable *importance*. To examine priority differences in the conceptualization between formal and informal kinship care providers, we initiated a Pattern Match. This visual depiction of rating data allowed for comparison of both groups on one variable (e.g., importance). Figure 2 illustrates a Pattern Match comparing Formal and Informal kinship providers on the Importance variable. Please note that this Figure is best utilized for examining the rank order of the clusters between these two groups. For actual importance ratings for each group, please refer to Table 2.

Figure 2.
Pattern Match – Importance



The correlation coefficient between ratings for these two groups was 0.32. To further explore differences in importance ratings between the two groups of caregivers, we commenced a Welsh's t-test, by cluster. Table 2 comprises a summary of these results.

As Table 2 indicates, the analysis detected significant differences in mean importance ratings between formal and informal providers for the *Financial*, *Legal*, and *Public Outreach* clusters. In all of these instances, Informal providers rated statements in these clusters significantly higher than did Formal caregivers.

Discussion

The purpose of this study was to conceptualize the needs of kinship care providers. Additionally, this study sought to examine differences in priority areas, specifically related to importance, of this conceptualization between formal and informal providers. The following section discusses relevant points related to the overarching research questions posited earlier in this narrative. For clarity, this section is delineated in a way conducive to explicitly answering those questions.

Research Question #1: How do kinship providers conceptualize their needs pertaining to having successful kinship placements?

Participants in this study conceptualized needs in eight distinct areas: *Financial, Permanency, Legal, Counseling, Family and Peer Support, Training, Public Outreach*, and *Resources*. Bridging values suggest that there was the most consensus about ideas belonging in the *Training* cluster, which has a bridging value of .14. Conversely, statements in the *Resources* cluster were the least cohesive, with a bridging value of .71.

In terms of the statements and clusters comprised in the *point cluster map* (See Figure 1), several components of the data are congruent with existing literature. For instance, statements contained in the *Family and Peer Support* cluster include: 37. ongoing peer-support groups; 39. virtual peer-support groups; and, 42. support from extended family members, among others. Many of these ideas have been captured in the current literature. A host of researchers (e.g., Strozier, 2012; Hawkins & Bland, 2002, etc.) have discussed the benefits of peer support groups for kinship providers. Additionally, research by Stozier, Elrod, Beiler, Smith, and Carter (2004) suggested that incorporating virtual aspects of training can be effective in supplementing these social supports. All of these points are evident in these participant data.

Other researchers (e.g., Green & Goodman, 2010) have touted the importance of wider family participation in kinship placements. Data from this study suggest that familial support and understanding are a specific need of kinship providers, as evidenced by the *Family and Peer Support* cluster. Indeed, family involvement can be an important component of successful kinship placements. Sampson and Hertlein (2015) found that kinship providers have reported strained relationships with family members due to taking on the role of raising a relative. Conceptualizing successful placements based on this family involvement may speak to a similar dynamic among these participants, and the need or desire to address that dynamic.

Several pieces of data in this study also indicate that kinship providers need to be more involved with aspects of decision-making related to the youth in their care. Statements in the *Legal, Permanency*, and *Family and Peer Support* clusters explicitly identify being more involved in the decisions making process related to kinship placements. Addressing this aspect as a need is congruent with previous assertions made by a number of authors (e.g., Gleeson, O'Donnell, & Faith, 1997; Ryan, Hong, Herz, & Hernandez, 2010).

Data from this study also sheds light on new areas of need that have not been widely explored. For instance, though the legal needs of kinship providers have been identified (e.g., Strozier, 2012), this area has seldom been explored in the literature. Statements in the *Legal* cluster include: 21. need to be heard in court; 22. copies of all legal documents about the child/youth; and access to affordable legal representation, among others. Though addressing the legal needs of kinship providers can be complex, these data indicate that focusing on this area may be necessary for successful kinship placements.

Permanency is another interesting concept, particularly as it applies to kinship care. According to the U.S. DHHS (2010), once a child is removed from their home, permanency is “returning them home as soon as is safely possible or placing them with

another legally permanent family" (para. 1). Some research suggests that permanency efforts can stall once a child is placed with a relative caregiver (Gaska & Crewe, 2007). These data, particularly statements included in the *Permanency* cluster, suggest that kinship providers need child welfare workers to make a more concerted effort to move towards permanency in a timelier manner.

Data related to the *Public Outreach* cluster is another that has seldom been addressed in the current research literature. Statements in this cluster suggest that kinship providers may believe that kinship arrangements, or the motives behind these arrangements, are misunderstood. Though the importance of public messaging and outreach has been explored in child welfare in general, and in foster care, specifically (Leber & LeCroy, 2012), this notion has not been examined in kinship care. Data from this study suggest that kinship providers believe that there needs to be a broader, more general understanding of kinship care.

Research Question #2: Is there a difference in the way that informal kinship providers prioritize these needs when compared to formal kinship providers?

In terms of the overall importance ratings, informal kinship providers tended to rank statements in all clusters as more important than did formal kinship providers. Based on these data, there is some difference in the "importance" priority areas of the conceptualization between informal and formal kinship providers. See Figure 2 and Table 2. The highest-rated cluster for formal caregivers, *Legal*, had a mean rating of 4.28 (on the five-point scale). The highest-rated cluster for informal caregivers, *Financial*, had a mean rating of 4.64. In terms of rank-order for importance, both groups rated the *Counseling* cluster as the lowest. Informal caregivers did rank statements in this cluster as more important than did formal caregivers, with mean ratings of 3.99 and 3.83, respectively.

As Table 2 illustrates, there were some statistically significant differences in importance ratings for three of the clusters in the *point cluster map*. Informal kinship providers rated the *Financial, Legal, and Public Outreach* clusters as significantly more important than did formal caregivers. From a practical standpoint, statistical differences in the ratings between these two groups make sense. For instance, data from this study suggest a glaring priority difference associated with financial needs. One previous study by Strozier and Krisman (2007) found that formal caregivers tended to have higher household incomes than informal caregivers. What's more, formal participants in this study may have been receiving a state kinship care subsidy, which the informal caregivers were not eligible to receive. These points suggest that informal caregivers may have more of a financial need than do formal caregivers, and this differential need manifested in the ranking data for this study.

Differences in the *Legal* cluster may also be attributed to the process of placing youth in kinship care. As indicated in the literature, formal kinship placements are most often handled by a governmental child welfare agency, which entail judicial involvement. As a point of context, all youth before the court in the state in which this study occurred

are appointed an attorney to represent their interests throughout the court proceedings. Further, relatives who are looking to be granted custody of youth will appear before court. Thus, parties involved in formal kinship arrangements may have more access to legal advice and be more involved in legal processes, than informal caregivers.

Anecdotal evidence suggest that informal providers are often frustrated in the day-to-day care of youth, particularly as it relates to legal consent. During the brainstorming sessions of this study, participants reported having problems "signing the kids up for school" and "getting them to be seen at the doctor's office" without the appropriate legal custodial documents. In many informal kinship arrangements, the biological parent(s) maintain(s) legal custody of the child, while the kinship provider carries out the day-to-day care activities. The differential ratings for statements in this cluster may be attributed to a greater need for legal resources among informal caregivers.

One important caveat related to the participant rating data is that participants were instructed to rate each statement vis-à-vis each other statement. That said, it is imperative to understand that just because a particular cluster is "low" in terms of rank order, does not mean that it is unimportant. For instance, the lowest rated cluster for both groups was the *Counseling* cluster. That does not mean that counseling services are not important; however, it does indicate that participants viewed other statements in the set as more pertinent.

Limitations

As with any study, this one is certainly not without limitations. For instance, all participants in this study were kinship providers in one southeastern state. The sample consisted of mostly grandparent, female, and Caucasian participants. Including additional participants may have yielded different data structures (e.g., Point Concept Map) and priority ratings. As well, additional demographic information, such as income, may have provided additional contextual information that would offer a deeper understanding of the results.

Because CM couples a qualitative and quantitative analyses, limitations associated with reliability and validity are present. In terms of CM methodology, Trochim (1989) explained that "validity is meant to refer to the degree to which a map accurately reflects reality" (p. 106). Though the researchers did take steps to clarify statements as they were provided during the brainstorming sessions and provide clear instructions associated with statement structuring exercises, future studies should look to validate (or not) findings associated with this study. To meet this end, Dumont (1989) suggested examining the trustworthiness of "conceptual representations" (p. 81) by comparing maps structured by hand, with those constructed via statistical computations.

Reliability refers to the ability to replicate aspects of a study and ensuring reliability using CM can be challenging given the iterative, multistep process associated with CM. To address limitations associated with reliability, future researchers may have participants sort statements on two different occasions and compare the sort data (e.g., Jackson & Trochim, 2002). Additionally, individual sort matrices could be compared

with those of the participant sample (e.g., Trochim, 1993). Undoubtedly, future research should take these limitations into account and should look to address these concepts as they pertain to CM methodology and its use with kinship participants.

Implications

This study offers a number of implications for kinship programming, education and training, and research. The following paragraphs briefly outline salient implications that can be derived from this study.

Practice and Policy Implications

Practice implications in several areas abound. For instance, though kinship placements may be preferred to non-relative foster placements (Ryan, Hong, Herz, & Hernandez, 2010), it is imperative that these types of placements are critically assessed to ensure that the relative can adequately meet the needs of the child. Likewise, it is necessary that this assessment include the impact that any placement will have on the caregiver. Research suggest that most relative caregivers are grandparents (e.g., Generations United, 2014), as is the case with this study. As these caregivers age, indubitably, caring for young children will place a burden on these caregivers. As data in the *Permanency* cluster indicates, practitioners must ensure that that any relative placement is a good "match" for the youth *and* the caregiver.

Another important point is that kinship services, as with any child welfare service, cannot be left solely to governmental agencies. Data in the *Resources, Public Outreach, Training, Family and Peer Support*, and *Legal* clusters suggest that the community become more involved in providing supports to kinship providers. As such, practitioners should engage communities to foster and develop a system of care that recognizes the important role of kinship providers. In turn, this engagement may encourage other service providers and social service entities to deliver services and supports aimed at nurturing successful kinship placements, thus assuaging some of the needs identified by participants in this study. The final point cluster map for this study can serve as the framework for this engagement.

There are a number of policy implications that stem from this study. Perhaps most importantly, states may want to adopt policies that afford kinship caregivers, particularly those in informal arrangements, financial resources to adequately provide for their relative. Even though kinship providers may be eligible for child-only TANF benefits, few care providers actually receive the benefit (e.g., Nelson, Gibson, & Bauer, 2010). Further, based on these research data, specifically the *Finance* cluster, resources beyond the TANF benefit may be warranted. This point is certainly consistent with other evidence that has suggested the most pressing need of kinship providers is financial (e.g., Geen, 2003; Sampson & Hertlein, 2015).

While some states allow for kinship foster care, this is not the case for all states. As such, states that do not offer this option may consider allowing kinship providers to become foster parents, thus making them eligible to receive foster care rates and per

diems. Adopting such a policy may also warrant changing existing foster parent approval processes to be more conducive to kinship placements. Approving kinship providers as foster parents, thus formalizing the kinship care arrangements, may afford the kinship provider more resources related to the needs (e.g. clusters) identified in the *point cluster map*.

Indeed, the stark reality is that by formalizing a placement, relatives may have more access to needed resources. However, relatives may have trepidation about formalizing these placements for fear of retribution from the biological parents. As well, while some have pointed out that relative placements have cultural significance, particularly for Black or African-Americans and other peoples of color (Wilson & Chipungu, 1996; Harris, 2013), these individuals may be hesitant to become involved in formal governmental processes due to perceptions of historic systemic racial biases. Hence, practitioners and policy makers should be cognizant of how these practices and policies may play out differently across population groups.

Training and Education Implications

Kinship caregivers receive far less training compared to non-kinship (e.g., foster parents) caregivers (Cuddeback, 2004). In fact, some caregivers, specifically those in informal arrangements, receive no training at all. Even in instances where training is available to kinship caregivers, many of these providers are unaware of the opportunities (Kolomer, 2000). These factors in mind, it is important that public and private entities conceptualize, implement, and evaluate training and educational opportunities for kinship providers, both formal and informal, alike.

These data, specifically statements in the *Training* cluster, offer some pragmatic areas in which these trainings can be developed. For instance, several statements lend credence to the notion that kinship providers need training specific to caretaking for young children and adolescents. These data are congruent with a generation gap (e.g., Cuddeback, 2004). Trainings around social media and issues, trauma and maltreatment, and how to engage their relative in discussing issues related to kinship can be invaluable to kinship providers.

A point of interest in the *Training* cluster is statement 55. *training for young people on how to live with older people.* This data suggest that kinship providers recognize that kinship arrangements can be a big adjustment for the youth, and that these providers are particularly concerned about the "age gap" between the kinship provider and the relative youth. Currently, kinship services (support groups, trainings, etc.) overwhelmingly focus on caregivers. Services and programs targeted at meeting the needs of kinship youth should be considered in future programmatic development.

This study also suggest that service providers need to be better educated about kinship care. Without question, kinship arrangements can be uniquely complex (Stozier, Elrod, Beiler, Smith, & Carter, 2004; Denby, 2015). Therefore, education and training specific to kinship arrangements are also pertinent to providers that may be tasked with working with kinship caregivers. Ideas in the *Resources, Counseling, Legal*, and *Public*

Outreach clusters indicate that kinship caregivers believe that providers of all sorts (e.g., social workers, mental health professionals, those working in the legal system, etc.) need to be more familiar with kinship dynamics. Curricular adaptions, course electives in post-secondary majors (social work, counseling, law, etc.), and continuing education offerings may be a way to provide the knowledge needed to more adeptly engage and proffer services to kinship providers and their families.

Research Implications

This study offers palpable research implications. Perhaps, central to these implications is the idea that the needs of informal and formal kinship providers differ. While researchers have asserted that the needs of these providers are similar (e.g., Strozier & Krisman, 2007), data from this study suggest that there are key differences in priority areas between the two groups. Researchers should continue to explore the complex and evolving needs of kinship providers, with particular attention to any differences by caregiver type. Variables such as placement type (e.g., informal vs. formal), race, and relationship type (aunt/uncle, grandparent, etc.) ought to be considered.

Within the kinship research landscape, evaluation tools related to assessing kinship placements are needed (Cuddeback, 2004; Falconnier et al., 2010). CM methodology has proven useful for the development of such tools in previous research (e.g., Miller et al., 2013), and data from this study may serve as the foundation for the development of such tools. Rosas and Camphausen (2007) have documented this process. Additionally, assessing the ability and knowledge of providers (e.g., clinicians, attorneys, etc.) and general perceptions of kinship care may also be apposite areas for future research.

Finally, an area of kinship research that needs attention is exploration of the youth perspective in kinship arrangements. Though very few studies have examined the youth experience as it relates to kinship placements, there are some studies that may serve as the foundation for these efforts (Pilkauskas & Dunifon, 2016). Prospects for this type of research include dyad interviews with caregivers and youth, conceptualizing supportive programming, and/or replicating this study with youth in kinship arrangements, to name a few.

Conclusion

This paper uniquely applied a mixed-method research approach to conceptualize the needs of kinship providers and examine priority differences of these needs, by participant group. Results indicate that the needs of these caregivers are multifaceted, and may differ by placement type. As the use of kinship providers continues to grow, it is imperative that researchers continue to examine these needs. This paper explicates several pragmatic implications for more adeptly working with kinship providers and serves as a framework for future research.

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