



Social support, family competence, and informal kinship caregiver parenting stress: The mediating and moderating effects of family resources☆



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ABSTRACT

Informal kinship care is the most common form of care of related children and it occurs without the oversight or assistance of the child welfare system. This study examined whether and how social support, family competence, and family resources were related to parenting stress in a sample of 207 informal kinship caregivers. Results of GEE analysis supported the hypotheses that social support, family competence, and adequacy of family resources have direct effects on parenting stress in these families; and, adequacy of family resources mediate and moderate the effects of social support and family competence on parenting stress. Implications for practice, future research and policy are discussed.

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1. Introduction

Extended families have always stepped up when parents have been unable to care for their children and this trend continues. The number of children in the U.S. who are raised by kin, other than their parents, has grown faster than the U.S. child population in recent years and public policies continue to encourage this living arrangement for children who are unable to live with their parents (Annie E. Casey Foundation, 2012; Beltran, 2014a). A number of studies demonstrate the benefits for children in kinship care compared to foster care or group care. These benefits are generally attributed to the pre-existing connections, commitment of kinship caregivers to the children, and stability of these living arrangements (Gleeson, 2012). This stability and the positive outcomes for children are largely dependent upon the health and well-being of kinship caregivers and their families (Kelley, Whitley, & Campos, 2011). However, families engaged in kinship care are more

likely to experience socioeconomic risks (Annie E. Casey Foundation, 2012) and caring for a relative's child does have an impact on caregivers' physical, psychological, and financial health (Bachman & Chase-Lansdale, 2005; Kelley, Whitley, Sipe, & Yorker, 2000).

Although a number of studies have identified predictors of psychological distress experienced by relatives raising children, very little attention has been given to identifying predictors of parenting stress among kinship caregivers (Gerard, Landry-Meyer, & Roe, 2006; Kelley, 1993). This is the stress that is specifically related to child rearing. Studies of birth and adoptive parents identify child factors, parent factors, and contextual factors that contribute to parenting stress (Anderson, 2008; McPherson, Lewis, Lynn, Haskett, & Behrend, 2008; Raikes & Thompson, 2005; Viana & Welsh, 2010). The current study examines three contextual factors that are particularly relevant to kinship care: social support, family competence, and family resources.

The current study examines whether and how social support, family competence, and family resources are related to parenting stress in a sample of informal kinship caregivers. Informal kinship care is the most common form of care of related children and it occurs without the oversight or assistance of the child welfare system. Specifically, this study tests the hypotheses that social support, family competence, and adequacy of family resources have direct effects on parenting stress in these families; and, adequacy of family resources mediate and moderate the effects of social support and family competence on parenting stress.

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1.1. Why should we be concerned about informal kinship care arrangements?

More than 2.83 million children in the U.S. live in households with neither of their parents present and 80% of these children (2.27 million) are cared for by relatives; approximately 1,591,000 are raised by grandparents and 680,000 by other relatives (U.S. Census Bureau, 2015). In addition, more than 3 million children live with at least one parent in a household that is maintained by a grandparent or another relative (Ellis & Simmons, 2014). For some of these children, their grandparent or other relative is the primary caregiver; anecdotal evidence suggests that in these situations, the parent's inability to care for the child is accounted for by severe mental or physical illness, disability, substance abuse, or other factors contributing to the parent's instability (Gleeson et al., 2009). Most children raised by relatives other than their parents are in informal kinship care arrangements without the involvement, oversight or services of the child welfare system. According to the most recent Adoption and Foster Care Analysis and Reporting System report (U.S. Department of Health & Human Services, 2014), only 113,065 children in the legal custody of the child welfare system were living in "relative foster care" (formal kinship care) on September 30, 2013.

1.1.1. Impact on children

The weight of the research evidence indicates that kinship care has positive effects on children. Children placed with kin when the child welfare system intervenes demonstrate more favorable early adjustment to the living arrangement, a greater sense of belonging to the family, as well as fewer behavioral problems, on average, compared to children placed with nonrelated foster parents (Hegar & Rosenthal, 2009; Wu, White, & Coleman, 2015). These children also show greater improvements in behavioral functioning three years following placement compared to those placed with nonrelatives (Rubin, O'Reilly, Hafner, Luan, & Localio, 2007; Rubin et al., 2008). Also, the few studies that have examined the functioning of children in informal kinship care arrangements suggest positive outcomes as well (Goodman, Potts, & Pasztor, 2007; Goodman, Potts, & Pasztor, 2004; Washington, Gleeson, & Rulison, 2013). However, not all studies of kinship care demonstrate positive results for all children. Sakai, Lin, and Flores (2011) found higher rates of teen pregnancy and substance abuse for adolescents in kinship care compared to those in foster care with nonrelatives and Ryan, Hong, et al. (2010b) report higher rates of delinquency for some populations in kinship care compared to their counterparts in foster care. Also, while children living with kin who are not taken into the child welfare system's custody are generally functioning somewhat better than children taken into custody, families caring for these children informally face a number of challenges and lack access to services and supports that are available when children are taken into custody (Gibbs, Kasten, Bir, Duncan, & Hoover, 2006; Goodman et al., 2004; Stein et al., 2014; Swann & Sylvester, 2006).

1.1.2. Impact on kinship caregivers

While many kinship caregivers report high levels of satisfaction, gratification, meaning and rewards from parenting related children, they also report social, psychological, physical, and economic costs (Cimmarusti, 1999; O'Brien, Massat, & Gleeson, 2001; Petras, 1999; Rodgers & Jones, 1999; Simpson & Lawrence-Webb, 2009; Stein et al., 2014; Waldrop & Weber, 2001). Raising a relative's child is associated with increased health problems (Burton, 1992; Minkler & Roe, 1993), depression (Petras, 1999; Garcia et al., 2015), burden (Cimmarusti, 1999), complex legal situations (Coupet, 2010), financial strain (Minkler, Roe, & Price, 1992; Musil, 1998, 2005; Sands & Goldberg-Glen, 2000), and psychological distress (Burton, 1992; Kelley, 1993; Kelley et al., 2000; Minkler & Roe, 1993).

In her study of 41 grandparents raising grandchildren, Kelley (1993) found higher levels of psychological distress than the SCL-90-R normative sample on the General Severity Index (GSI) and 6 of the 9 primary dimensions of the GSI. Kelley (1993) points out that the increased

psychological distress found in grandparents raising grandchildren is consistent with the increased stress identified in family caregivers of persons with psychological, physical and cognitive disabilities, the elderly, low birth weight and drug-exposed infants, and persons with AIDS. Kelley (1993) reported parenting stress was also high, with mean scores on Abidin's Parenting Stress Index (long form) that were significantly higher than the PSI normative sample on three parent domain subscales: restriction of role, social isolation and relationship with spouse. Forty percent had parenting stress total scores that were above the 80th percentile.

Parenting stress has a negative impact on parenting capacity and on the grandparent caregiver's own development. In her study of 82 grandparent caregivers, Rodgers-Farmer's (1999) revealed that scores on a modified version of the Parental Stress Scale (Berry & Jones, 1995) were associated with depression and depression had a significant effect on inconsistent parenting practices. Using the same measure of parenting stress, Landry-Meyer, Gerard, and Guzzell's (2005) found that parenting stress experienced by 133 full-time grandparent caregivers was associated with lower levels of life satisfaction and generativity (contributions to future generations).

A number of studies have identified social support, family environment, and family resources (financial and other) as predictors of psychological distress among grandparents raising grandchildren (Kelley et al., 2000; Kelley et al., 2011), however, the impact of these variables specifically on parenting stress experienced by grandparents and others caring for related children has not yet been reported in the published literature.

2. Purpose of the study

The conceptual framework for this study is influenced by aspects of Anderson's (2008) conceptual model of parenting stress and Crnic, Friedrich, and Greenberg's (1983) family stress and coping model. We focus on three of the elements that Anderson calls contextual factors and Crnic and colleagues describe as family ecological resources: (1) social support, (2) positive family functioning (which we conceptualize as family competence), and (3) family resources. There is some empirical support for the impact of these variables on parenting stress with parents of early adolescents in high-risk communities (Anderson, 2008) and parents of children with disabilities (Dyson, 1997; Smith, Oliver, & Innocenti, 2001). In the current study we examine whether similar associations between higher levels of social support, family competence, and family resources and lower levels of parenting stress are observed in a sample of informal kinship caregivers. In addition, our conceptual framework goes a bit further by examining whether the relationship between social support and parenting stress, as well as the relationship between family competence and parenting stress are mediated and moderated by family resources.

2.1. Social support

While some studies report that kinship caregivers receive inadequate levels of assistance from families and friends (Burton, 1992), others report high levels of social support (Minkler, Roe, & Robertson-Beckley, 1994). However, even when social support is high, caregivers report that taking on the care of related children results in less contact with family and friends, reduced marital satisfaction, and loss of employment (Minkler et al., 1994). In her 1993 study, Kelley expressed concern about the high degree of isolation from contemporaries reported by grandparents raising grandchildren "given that social support is often found to be a mediator of stress in parents" (p. 337). She found that social isolation and restriction of role (both measured using the PSI) accounted for 46% of variance on her measure of psychological distress.

Landry-Meyer et al.'s (2005) analysis of data collected from 133 grandparent caregivers with full-time responsibility for the care of at

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