Father Involvement and Informal Kinship Care:

Impacts on Child Wellbeing

BY

QIANA R. CRYER
B.A., Illinois Wesleyan University, 2006
M.S.W., University of Maryland, 2008

DISSERTATION

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Dissertation Committee:

James P. Gleeson, Chair & Advisor
Chang-ming Hsieh
Von E. Nebbitt
Henrika McCoy
Waldo E. Johnson, Jr., University of Chicago

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LIST OF ABBREVIATIONS

ADD Health	National Longitudinal Study of Adolescent to Adult Health
CBCL	Child Behavior Checklist
DSM	Diagnostic and Statistical Manual
FSS	Family Support Scale
GEE	Generalized Estimating Equations
NSAF	National Survey of America's Families
OLS	Ordinary Least Squares
PCDI-SF	Parenting Stress Index Short Form: Dysfunctional Parent-Child Interaction Subscale
PD-SF	Parenting Stress Index Short Form: Parental Distress Subscale
QIC	Quasilikelihood Under the Independence Model Criterion
SFI	Beavers Self Report Family Instrument
VIF	Variance Inflation Factor

SUMMARY

The purpose of this study was to fill a gap in our knowledge regarding father involvement in informal kinship care and its impact on the emotional and behavioral wellbeing of children in care. Although this study was neither exclusively a fatherhood nor a child welfare study, it has the potential to contribute to the knowledge base of each area. The study was guided by the principles of family systems theory, which highlight the interconnectedness of family members and the ways in which family interactions impact individual wellbeing. This study specifically explored the relationship between two dimensions of father involvement, father-child contact and father-child relationship quality, These outcomes were specifically in relation to children living in informal kinship care for whom both biological parents have maintained some type of relationship with the child and kinship caregiver.

The study's hypotheses predicted that both father-child contact and father-child relationship quality would be inversely related to children's internalizing and externalizing behaviors when controlling for factors that significantly predicted internalizing and externalizing behaviors in previous studies. Sub-hypotheses further predicted that mother-child, caregiver-mother, caregiver-father, and caregiver-child relationships would moderate the relationship between the two dimensions of father involvement and internalizing and externalizing behaviors. In addition, it was hypothesized that child's gender, father's residential status and whether or not the caregiver was a maternal or paternal relative would each serve as moderating variables. The GEE models, which tested these relationships, suggests that the both hypotheses were partially supported.

I. Introduction

A. Background and Statement of Problem

According to the National Fatherhood Initiative, father involvement is a major public policy concern in the United States, evidenced by federal expenditures of at least $99.8 billion annually on programs to provide assistance to father-absent families (Nock & Einholf, 2008). While a major focus of these government-funded programs has been locating fathers and collecting child support as means to reduce taxpayer burden, there are other reasons to focus on fathers. Scholars have suggested that father involvement is an important factor in child development and a significant predictor of adult psychosocial adjustment (Lamb, 2010; Flouri & Buchanan, 2003; Rohner & Veneziano, 2001).

Research also suggests that there are associations between father absence, adolescent delinquency, teenage pregnancy, school dropout, emotional disturbance, and substance abuse (Allen & Daley, 2007; Harper & McLanahan, 2004). Conversely, children who live with their father and have positive interaction with him are more likely to develop within normal ranges of cognitive functioning (Cabrera, Shannon, & Tamis-LeMonda, 2007; Shannon, Tamis-LeMonda, London, & Cabrera, 2002). Most often mothers are responsible for raising children when the father is absent. However, relatives are raising a growing number of children with neither parent present in the household (Annie E. Casey, 2012; Kreider & Ellis, 2011).

According to an analysis of 3-year averaged estimates of the 2009, 2010, and 2011 Current Population Survey Annual Social and Economic Survey, over 2.7 million

children under the age of 18 in the U.S. live in a household that is headed by a grandparent or other relative (Annie E. Casey, 2012). In some of these families, biological parents live in the caregiver's home but are unable or unwilling to assume primary child rearing responsibilities (Gleeson et al., 2008; Green & Goodman, 2010). Caregivers may agree to such arrangements in cases where they are worried about the parent's health and safety, or to assist the parent as they attempt to gain independence and stability (Gleeson et al., 2008; Gleeson & Seryak, 2010). According to the 2009-2013 American Community Survey 5-year estimates, about 922,276 children live in homes that are headed by grandparents, with neither parent present (U.S. Census Bureau, 2013).

In recent years, the familial arrangement characterized by relatives assuming primary responsibility for a child has been called kinship care. Researchers have identified two types of kinship care, formal and informal. Those engaged in formal kinship care are doing so under the auspices of the local child welfare system. Some scholars refer to this arrangement as public kinship care (Goodman, Potts, Pasztor, & Scorzo, 2004). Informal kinship caregivers assume responsibility for relative children without involvement or support from the child welfare system. Within the kinship care literature, some scholars refer to this arrangement as private kinship care (Geen, 2004; Goodman et al., 2004). Estimates based on the 2002 National Survey of America's Families suggest that 82% of children raised by relatives other than their parents, live in informal kinship care arrangements (Ehrle & Green, 2002).

The phenomenon of kinship care is not new among families or within the social science literature. This is especially true as it relates to the study of Black family life. Over the years scholars have studied and referred to this familial arrangement as

"informal adoption", "kinkeeping" or "childkeeping" (Gibson, 2002; Hill, 1977; L. W. Jones, 1975; Montemayor & Leigh, 1982; Stack, 1974, 1975). According to Hill (1977), for several decades, it has been common practice for African American families to take in relative children to raise temporarily or until the child reached adulthood. Further supporting this claim, researchers have documented the flexibility of parenting roles among African American families (H. P. McAdoo, 1980; J. L. McAdoo, 1993). As such, scholars suggest that decision-making and overall parenting responsibilities are sometimes shared among birth parents, grandparents, and other members of the extended family (Barbarin, 1983; Hill, 2003, 2007). Although some researchers have highlighted perceived deficits that result from adaptable parenting roles (Moynihan, Rainwater, & Yancey, 1967), Kilpatrick (1979) was among the first scholars to suggest that familial arrangements that differed from the mainstream have functionality and survival value.

Although it may be assumed that birth parents are not involved in their children's lives while in the care of relatives, research suggests that parental involvement exists on a continuum from low to moderate or highly involved (Green & Goodman, 2010; L. W. Jones, 1975). Given the limited number of scholars who have explored birth parent involvement in the context of informal kinship care (Gleeson & Seryak, 2010; Green & Goodman, 2010; L. W. Jones, 1975; Washington et al., 2014; Washington, Gleeson, & Rulison, 2013) there remain several gaps in knowledge regarding the impact of this involvement.

B. Purpose of the Study

This study is a secondary analysis of data collected by Gleeson et al. (2008) in their study of informal kinship care. Given the dearth of empirical data on birth parent

involvement in informal kinship care, these data, collected over an 18 month period from 207 informal kinship caregivers, provide a unique opportunity to examine the extent and impact of involvement by biological fathers of children in informal kinship care. The current study was completed using a subset of these data that was characterized by the relative child in care having two living birth parents, and the child and caregiver both having some relationship with both parents.

Although previous research has compared parental involvement in formal versus informal kinship care (Green & Goodman, 2010) and father involvement in formal kinship care case planning (Bellamy, 2009; W. E. Johnson & Bryant, 2004; O'Donnell, 2001), no studies to date have focused specifically on father involvement among families engaged in informal kinship care and its impact on children's wellbeing. In order to best serve families engaged in informal kinship care, it is important for social workers to understand paternal involvement among these families and how this involvement or lack thereof impacts the outcomes of children. This study seeks to address this gap in our knowledge.

II. Review of Literature

A critical review and comprehensive synthesis of three bodies of literature was conducted to contextualize the current study. The first section explores the nature of the relationship between father involvement and child wellbeing. Given that the majority of the fathers of children in informal kinship care are nonresident (Gleeson et al., 2008; Green & Goodman, 2010; L. W. Jones, 1975), this review focuses on nonresident fathers. The second section critically examines research on the wellbeing of children living in informal kinship care. The third section surveys the nature of father involvement in informal kinship care and its effects on child wellbeing.

A. Father Involvement and Child Wellbeing

In the United States, the cultural definition of fatherhood has shifted substantially over the past 300 years. Fathers were traditionally seen as breadwinners, disciplinarians, or teachers (Rohner & Veneziano, 2001). Mothers, on the other hand, were assumed to be in charge of childrearing and socialization (Rohner & Veneziano, 2001). Therefore, the majority of child well-being research has focused on the quality of attachment between mothers and their children (Bruce & Fox, 1999; Pleck, 2007). The result has been a paucity of research on fathers, especially in the area of father involvement and child wellbeing (Coley, 2001; Greif & Bailey, 1990; Lamb, 2000; Marsiglio, Amato, Day, & Lamb, 2000; J. L. McAdoo, 1993). Over the years scholars have conceptualized paternal involvement in numerous ways. This concept has been operationalized and studied in terms of frequency of contact between father and child, quality of the father-child relationship, quality of the father's role as a provider, the father's level of role salience,

and whether or not the father shares a residence with his child (Adamsons & Johnson, 2013; Danziger & Radin, 1990; Lamb, 2000; Marsiglio et al., 2000; Roy, 2006).

Findings from this line of research suggest that levels of emotional, financial and physical involvement vary among fathers; thereby leading researchers to conclude that a lack of sustained and engaged paternal involvement in a child's life can contribute to several negative outcomes(Cabrera, Fitzgerald, Bradley, & Roggman, 2007; Fitzgerald & Bockneck, 2013). According to empirical findings within the fatherhood literature, children who lack consistent paternal involvement are at higher risk than their peers for living below the federal poverty level, developing emotional and behavioral problems, dropping out of school, teenage pregnancy, and involvement in the criminal justice system (Nock & Einholf, 2008).

Although fatherhood research has historically focused on the roles of White, middle class, married fathers, within the last two decades several fatherhood scholars have focused on the plight of urban, low-income, unmarried, nonresident fathers (Caldwell et al., 2014; Coley, 2001; Dallas, 2004b; Julion, Gross, Barclay- McLaughlin, & Fogg, 2007; Mincy & Pouncy, 2002; Pate Jr, 2010; Threlfall, Seay, & Kohl, 2013). Overall, this line of research has suggested that in general low-income nonresident fathers are more involved with their children than the public and researchers previously thought (Andrews, Luckey, Bolden, Whiting-Fickling, & Lind, 2004; Danziger & Radin, 1990; Hamer, 2001; J. Jones & Mosher, 2013; Julion et al., 2007; King, Harris, & Heard, 2004).

1. Facilitators and Barriers of Nonresident Father Involvement

There are several factors that are known to impact the level of involvement that fathers have in their children's lives. Many of these factors serve as facilitators and/or barriers to involvement depending on father, child, and family characteristics. Traditional facilitators of nonresident father involvement include having a unified coparenting relationship with the child's mother and supportive extended family members (Perry, 2009; Waller, 2012). The age of nonresident fathers is a father-level factor that is inconclusive in terms of its impact on nonresident father involvement (B. Stykes, 2012). According to W. E. Johnson (2001), a father's age may be a determining factor of his commitment to his paternal role and capacity to fulfill his paternal obligations. Although most research in this area supports findings that older fathers are more involved (Castillo, Welch, & Sarver, 2011), in an analysis of Fragile Families data, Perry (2009) found that among a sample of nonresident African American fathers, this trend may be changing as it is becoming more acceptable for younger fathers to embrace nontraditional fathering roles such as that of a nurturer or caretaker (J. Jones & Mosher, 2013).

Some known barriers to nonresident paternal involvement include poor educational attainment, poor engagement in the labor force, father's current marital status and prior involvement with the criminal justice system; each of which impacts the father's ability to provide instrumental support to his children (Rasheed & Rasheed, 1999). As Currence and Johnson (2003) note, the ability to provide instrumental support is strongly associated with the father's level of involvement with his children. In his analysis of data from the Fragile Families and Child Wellbeing study, W. E. Johnson (2001) found that among unwed nonresident fathers, those that were employed were

more likely to sustain involvement. Fathers who were no longer in romantic relationships with the mother of their child were least likely to sustain involvement (W. E. Johnson, 1998). Research based on an analysis of data from the 2006-2010 National Survey of Family Growth (J. Stykes, 2012) found that when compared to nonresident fathers with high levels of educational attainment, nonresident fathers with low educational attainment were more likely to report only visiting their children several times a year. Additionally, married and cohabiting nonresident fathers were more likely than single fathers to report infrequent visitation.

When a father is incarcerated the distance between the jail or prison and his child's residence serves as a major barrier to his physical involvement. His lack of ability to financially provide for his children serves as an additional barrier to involvement. Similarly, legal restrictions, relationship problems between the father and the child's caregiver, and visitation regulations within the jail or prison may impact father-child contact via telephone, mail, or face to face visits (Currence & Johnson, 2003). An analysis of data from the Fragile Families and Child Wellbeing Study suggests that nonresident fathers who have been previously incarcerated are less involved and their children display higher levels of behavioral problems (Perry & Bright, 2012). This may be attributed to the fact that once released, fathers often continue to experience legal and familial issues that interfere with father-child contact.

a) Father-Child Contact and Child Wellbeing

It may be presumed that contact between a nonresident father and child is the foremost prerequisite for developing and maintaining a relationship. Depending on the conceptualization of father involvement, contact is often included as an important

dimension to consider. At present, the empirical fatherhood literature is inconclusive in terms of understanding the impact that nonresident father-child contact has on overall child wellbeing. According to King (1994a), these empirical findings are often contradictory because there is not a consistent operational definition of father-child contact or child wellbeing among fatherhood scholars. In their meta-analysis of 63 studies that focused on the association between nonresident father involvement and child well being, Amato and Gilbreth (1999) concluded that father-child contact was generally not a good predictor of child wellbeing. Although there was a significant association between father-child contact, academic achievement, and internalizing behaviors across several of the studies, their effect sizes where deemed too weak to confidently support the association (Amato & Gilbreth, 1999). Consistent with these results, a more recent meta-analysis that reviewed 52 studies also concluded that nonresident father-child contact was not a significant predictor of child wellbeing (Adamsons & Johnson, 2013).

According to an analysis of data from the Fragile Families and Child Wellbeing Study, Waller (2012) suggests that the quality and quantity of nonresident father involvement is enhanced when unmarried parents develop a cooperative coparenting relationship, as opposed to one rife with conflict. As such, studies that have found a positive relationship between nonresident father-child contact and child wellbeing include those where this relationship was mediated or moderated by the quality of the father-mother relationship (Amato & Rezac, 1994; Choi & Jackson, 2011; Hetherington, Cox, & Cox, 1978). For example, among a sample of children from divorced families, Amato and Rezac (1994) found contact between nonresident fathers and their sons was associated with decreased behavior problems when parental conflict was low. However,

father-son contact was associated with increased behavior problems among this sample of boys when parental conflict was high. Similarly, a study of single African American mothers found that higher quality mother-father relationships were associated with lower levels of maternal parenting stress and higher levels of nonresident father-child contact. Under these circumstances, these single mothers on average reported fewer child behavior problems (Jackson, Choi, & Franke, 2009).

Despite mixed findings regarding the nature of the relationship between nonresident father-child contact and child wellbeing, researchers continue to posit that the quantity of father involvement influences child development across developmental phases (Fagan & Palkovitz, 2007; K. R. Wilson & Prior, 2011). Given that most of the early and recent research in this area has been conducted with divorced or unmarried parents, it is particularly important to explore the nature of this relationship among complex family formations such those engaged in informal kinship care. In so doing, it will be important to explore this relationship in the context of the father-caregiver relationship.

b) Father-Child Relationship Quality and Child Wellbeing

Although critical questions regarding the nature of the association between nonresident father-child contact and child wellbeing remain, scholars agree that there is a significant association between nonresident father-child relationship quality and child wellbeing, thereby supporting an argument of 'quality over quantity' (Adamsons & Johnson, 2013; Amato & Gilbreth, 1999). Assessing the quality of father-child relationships from infancy through adolescence, Lamb and Lewis (2013) suggest that the security of a child's attachment to his or her father impacts wellbeing outcomes such as

social skills, internalizing and externalizing behaviors, academic motivation and cognitive development.

Similarly, in an assessment of the impact of father involvement on daughters' outcomes, Allgood, Beckert, and Peterson (2012) concluded that high quality father-daughter relationships are associated with higher levels of emotional wellbeing. Fagan and Palkovitz (2007) theorize that high quality father-child relationships support enhanced child wellbeing by way of promoting a secure emotional climate that assures children that their nonresident father will be there for them when in need of support. Further, meta-analytic reviews over the past two decades have supported the notion that closeness between nonresident fathers and their children is positively associated with overall child wellbeing (Adamsons & Johnson, 2013; Amato & Gilbreth, 1999).

Further supporting the 'quality over quantity' argument, research with a sample of urban children at high risk for neglect, found that there was not a significant relationship between risk for child neglect and father's presence. However, positive father-child engagement was associated with a decreased risk for child neglect (Dubowitz, Black, Kerr, Starr, & Harrington, 2000). Although some researchers and legislators support the use of child support enforcement as a means to increase paternal engagement among families at risk for neglect, research suggests that nonresident fathers can develop healthy attachments and relationships with their young children even when their provision of financial and material resources is sporadic (Danziger & Radin, 1990). Aside from contact and provision of financial support, in their meta-analysis, Adamsons and Johnson (2013) suggest that engagement in children's activities and the development of positive

father-child relationships are the most influential forms of father involvement (Adamsons & Johnson, 2013).

c) Intrafamilial Relationships and Intergenerational Support

The relationship between a father and child cannot be examined without considering the complex relationships that exist among other members of the family system. Some scholars suggest that neglecting to consider the family system contributes to the inconsistency in understanding the nature of the impact of father involvement on child outcomes (Fitzgerald & Bockneck, 2013; King, 1994b). Research suggests that father-child relationship quality is impacted by the nature of the relationships between father-mother, mother-child, and members of the extended family (Carlson, 2006; Jackson et al., 2009; Perry, 2009; Roy, Dyson, & Jackson, 2010).

Harmonious father-mother relationships are significant predictors of the father-child relationship; nonresident fathers report healthier father-child relationships when they maintain healthy relationships with the mothers of their children (Coates & Phares, 2014; Coley & Chase-Lansdale, 1999; Lamb & Lewis, 2013; Perry, 2009). The nature of the father-mother relationship is often complex for nonresident fathers who are no longer romantically involved with their child's mother (Edin, Tach, & Mincy, 2009; Tach, Mincy, & Edin, 2010). In such cases the mother may serve as the 'gatekeeper' of the father-child relationship, whereby she may dictate the terms of father-child contact, and thus influence the quality of father-child interactions (De Luccie, 1995; W. E. Johnson, 1998). Tension within the father-mother relationship may be further complicated among low-income fathers who are unable to provide requisite financial support. W. E. Johnson (1998) found that among a sample of fathers from fragile families, the enforcement of

legal child support mandates served as a contributing factor to deteriorating father-mother relationships. Unstable relationships between nonresident fathers and their children's mothers are further complicated when and if either or both parties engage in new partnerships or have additional children (W. E. Johnson, 1998; Sinkewicz & Garfinkel, 2009).

Extended family members also contribute to complex dynamics within nonresident father families. Foremost, the nature of father-child relationships is potentially impacted by the relationship that nonresident fathers had and currently have with their own parents (Hamer, 1997). As such, fathers who experienced adverse childhood experiences related to poor parenting may be more likely to display the same negative parenting behaviors (Brook, Rubenstone, Zhang, Brook, & Rosenberg, 2011). Conversely, those who have poor relationships with their parents may become motivated to develop stronger relationships with their children (Lamb & Lewis, 2013). Among a sample of African American parents of adolescent parents, maternal grandmothers reported they often have higher parenting expectations for adolescent mothers than nonresident adolescent fathers. Therefore, when nonresident adolescent fathers fall short of their expectations, tensions between the father and their child's maternal relatives potentially damage inter-familial relationships. In some cases, these damaged relationships lead to maternal relatives serving as gatekeepers of the father-child relationship (Dallas, 2004a; W. E. Johnson, 2001).

While some nonresident fathers encounter extended family members as gatekeepers, others turn to extended family as sources of social support. In an investigation of father involvement among a sample of nonresident African American

fathers, Perry (2009) sought to understand the extent to which extended family members provide support in men's quest to be involved fathers. This study concluded that increased support from paternal relatives was associated with higher levels of father involvement, whereas increased support in the form of child visitation by the child's maternal relatives was associated with lower levels of father involvement. Although it is unclear why higher levels of visitation between children of nonresident fathers and their maternal relatives is related to lower levels of father involvement, researchers suggest that maternal relatives may contribute to experiences of role ambiguity among nonresident fathers which in turn causes them to limit involvement (Perry, 2009).

In terms of understanding how social support from paternal relatives contributes to higher levels of nonresident father involvement, researchers suggest that paternal grandmothers play an important role (Reddock, Caldwell, & Antonucci, 2013). In a series of life history interviews with low-income nonresident fathers, Roy et al. (2010) found that men reported their mothers as primary sources of emotional and instrumental support, as well as key figures in developing paternal role expectations. These sentiments are supported by findings in previous studies of low income African American families, where nonresident fathers reported their mother's high parenting expectations increased paternal role salience and subsequently increased involvement (Hamer, 2001; Roy & Vesely, 2009).

Results of an ethnographic study of low-income families further supports the notion that paternal kin often encourage father involvement and will commit their own resources to ensure this involvement (Stack, 1974). Lending such support is pivotal to ensuring father-child contact for fathers who are unable to maintain stable connections to

the labor force, and therefore cannot maintain traditional fathering roles such as the provision of consistent financial support. By assisting fathers with childcare or the provision of other instrumental resources paternal kin support what researchers call "flexible fathering" (Madhavan & Roy, 2012; Perry, 2009; Roy et al., 2010; Roy & Smith, 2013). Nonresident fathers are therefore freed up to engage in more nontraditional nurturing father roles. As a part of such arrangements, paternal relatives often support nonresident fathers by negotiating terms of involvement when tension exists between the mother and father or between the father and maternal relatives. The overall goal of such negotiations is ensuring the child's overall wellbeing (Roy et al., 2010).

d) Child's Characteristics

Given that children also play an important role in the determination of family dynamics, some researchers have explored whether child and adolescent characteristics also contribute to levels of non-resident father involvement (Nelson, 2004). Findings of such analyses suggest that adolescent temperament, behavior and personal characteristics do positively influence father involvement (Carlson, 2006; Hawkins, Amato, & King, 2007). Similar findings with younger children suggest that the child's age and gender are significantly associated with levels of nonresident father involvement (Adamsons & Johnson, 2013).

In their meta-analytic review of research on nonresident father involvement, Adamsons and Johnson (2013) found that across studies, children's age moderated the relationship between father involvement and child behavioral outcomes. Their analysis suggests that father involvement is a less significant predictor of externalizing behaviors such as oppositional defiance and aggression for older children than it is for younger

children. The authors attribute declining instances of negative behavior to development and maturation, thereby leaving less variability to be predicted by father involvement (Adamsons & Johnson, 2013).

A review of the fatherhood literature suggests that there is a tendency for fathers to be more involved with sons than daughters (Culp, Schadle, Robinson, & Culp, 2000). Among a sample of low-income African American adolescents, Nebbitt, Lombe, Doyle, and Vaughn (2013) found that adolescent boys reported higher levels of paternal supervision and encouragement than did their female counterparts. Lack of father involvement may impact boys and girls at varying ages in different ways. However, in general boys may be more vulnerable to negative outcomes related to lack of father involvement (Fitzgerald & Bockneck, 2013).

Given the current review of the nonresident fatherhood literature, it is clear that several factors serve as facilitators and potential barriers to father involvement, each of which may have implications for child wellbeing. Most of the research in this area has been conducted with divorced families and never-married single mother households, thereby leaving a gap in our understanding of nonresident father involvement within other complex familial arrangements.

B. Informal Kinship Care and Child Wellbeing

Informal kinship care is a familial arrangement characterized by a relative caregiver having primary responsibility of rearing a child, typically in the absence of the child's birth parents, without oversight from the child welfare system. Children enter informal kinship care for a variety of reasons, including but not limited to, having teenage parents, parental death or illness, parental substance abuse, parental incarceration, or a

general inability of birth parents to provide their child with adequate housing or resources (Gleeson et al., 2008; Gleeson & Seryak, 2010; Goodman et al., 2004). Depending on the circumstances surrounding entry into informal kinship care, some children may have experienced traumatic events that impact their behavioral and emotional wellbeing. Given the vulnerable condition of being separated from a parent, it is important to understand factors within informal kinship care arrangements that may serve to protect or impair child outcomes (Ehrle, Geen, & Clark, 2001).

Most of the research regarding the wellbeing of children in kinship care has focused on the outcomes of children who are in relative care with oversight from the child welfare system. This type of care is referred to as formal or public kinship care. Although children in formal and informal kinship care experience many of the same risk factors, results of research comparing the two groups suggest that informal kinship caregivers are less likely to have access to needed resources, are less likely to be aware of available resources, and may be afraid to apply for resources (Ehrle & Geen, 2002a, 2002b; Ehrle et al., 2001; Gibbs, Kasten, Bir, Duncan, & Hoover, 2006; Goodman et al., 2004; McLean & Thomas, 1996; Murray, Ehrle, & Geen, 2004).

Research based on an analysis of data from the 1997, 1999, and 2002 National Survey of America's Families (NSAF) suggests that children in informal kinship care may fair better than those in formal kinship care on some emotional and behavioral outcomes (Swann & Sylvester, 2006). As such, children in formal kinship care are more likely than those in informal care to have physical, mental, and health disabilities that limit their activity levels. In addition, children in formal kinship care are more likely than those in informal care to display behavioral problems. However, children in informal

kinship care may face additional risk because they are more likely to live in poverty (Swann & Sylvester, 2006).

Additional analyses of the 1997 National Survey of America's Families (Ehrle & Geen, 2002b) suggest that there are caregiver characteristics that may also impact child outcomes in informal kinship care. This analysis revealed that children in informal kinship care were more likely than children in formal kinship care to live with a grandparent, with seventy percent of these children living with a relative over the age of 50. Although the age of informal caregivers has been found to be inversely related to child behavioral problems (Gleeson et al., 2008), some researchers suggest that the age of relative caregivers is of concern when considering the development of health issues that might impede their day to day caregiving responsibilities as they and the children in their care age (Ehrle & Geen, 2002a). Further analyses of the 1997 NSAF found that informal kinship caregivers were more likely to be single, have lower levels of formal education and higher reports of poor mental health, than their formal kinship caregiving counterparts (Ehrle & Geen, 2002b). The psychological wellbeing of informal kinship caregivers is important to consider given that researchers have found that caregiver mental health is associated with child behavioral outcomes (Goodman, 2012; Kelley, Whitley, & Campos, 2013).

It is also important to consider the outcomes of children in informal kinship care as they age, given that analysis of current census data suggest that for most caregiving grandparents, raising a grandchild is a multi year commitment (U.S. Census 2012). Additional research with grandmothers raising grandchildren suggests that children in informal kinship care tend to remain in care longer than those in formal kinship care

(Goodman et al., 2004). A comparison of adolescents in informal kinship care, based on an analysis of data from the National Longitudinal Study of Adolescent to Adult Health (ADD Health), suggests that those living in informal kinship care with grandparents or siblings exhibited fewer internalizing behavior problems than their counterparts living with other relatives (King, Mitchell, & Hawkins, 2010). The same study also suggests adolescents living in households with two parent figures such as grandparents or an aunt and uncle exhibit fewer externalizing behavior problems than those in single parent-figure relative households. In an exploration of the adult outcomes of women who lived in informal kinship care arrangements (excluding those who lived with their relative from birth), an analysis of data from the 1995 National Survey of Family Growth (Carpenter & Clyman, 2004) suggests that living in this familial arrangement as a child was a significant predictor of negative emotional wellbeing in adulthood. As such, when compared to women who lived their entire childhood with biological or adoptive parents, those who spent at least one month in kinship care reported higher incidences of anxiety and lower levels of life satisfaction.

In efforts to explore what individual and family level factors may contribute to the wellbeing of children in informal kinship care, Gleeson et al. (2008) conducted a longitudinal study that included interviews with informal kinship caregivers, children in care and their biological parents. In this sample caregiver's age was inversely associated with child's emotional and behavioral problems. However, these outcomes were positively associated with child's age, caregiver's status as unemployed, caregiver's level of parenting stress, household income and caregiver's perceptions of social support and level of family dysfunction. Additionally, in this sample, compared to other caregivers,

African Americans reported lower levels of behavior problems among the relative children in their care (Gleeson et al., 2008). Although Gleeson et al. (2008) did not explore the impact of the caregiver-child relationship, the level of closeness between the pair has been found to be a significant predictor of child behavioral functioning over time for children in kinship care (Goodman, 2012).

C. Informal Kinship Care and Father Involvement

The roles and characteristics of the biological parents of children in informal kinship care are not well understood. As noted above, children enter informal kinship care for various reasons, including parental substance abuse, unstable work/housing, parental abuse and/or neglect, inability to parent due to age or health concerns, or parental incarceration (Gleeson et al., 2009; Hill, 1977; L. W. Jones, 1975). A study of grandmothers raising grandchildren suggested that informal caregivers report assuming responsibility for a grandchild because of reasons related to the parent's development (i.e. age, schooling, work status) more often than did grandmothers with grandchildren in formal kinship care (Goodman et al., 2004). Data collected from incarcerated parents suggest that most incarcerated mothers and fathers rely on family to care for their children in their absence. Although believed to be an underestimate, only 11% of these parents report that their children are in state custody (Glaze & Maruschak, 2008; Hairston, 2009), thereby leading to the assumption that many children of incarcerated parents are living in informal or private kinship arrangements. Although data based on reports from the 1986 and 1991 Survey of Inmates in State Correctional Facilities and the 1997 Survey of Inmates in State and Federal Correctional Facilities suggest that increasing numbers of children of incarcerated parents live with grandparents in kinship care, the survey

response set does not allow for disaggregation of formal versus informal kinship care (E. I. Johnson & Waldfogel, 2002).

It may be assumed that parents do not remain engaged in their children's lives once they are no longer their primary caregivers. This assertion is partially supported by previous research with children in informal kinship care which found that over half of children have no contact with their fathers or have fathers who frequently transition from resident to nonresident (Gleeson et al., 2008; Green & Goodman, 2010; L. W. Jones, 1975). This statistic is of concern given that the risks related to a lack of father involvement may be more detrimental for children living in households that are resource constrained (Fitzgerald & Bockneck, 2013).

However, additional research suggests many parents do remain involved (Gleeson et al., 2008; Green & Goodman, 2010; Kiraly & Humphreys, 2013) even while incarcerated (Poehlmann, Dallaire, Loper, & Shear, 2010). Family scholars (King et al., 2010; King & Sobolewski, 2006) agree that some level of contact between parents and children in out of home care is essential for building and maintaining parent-child relationships. Because families engaged in informal kinship care have no oversight from the child welfare system, there typically are no formal restrictions on birth parent involvement. Given this lack of formal oversight, there is a dearth of available data regarding birth parent involvement in informal kinship care.

In a comparison of grandmothers raising grandchildren in formal and informal kinship care, Goodman et al. (2004) found that among their convenience sample 5.9% of fathers of children in informal kinship care lived in the caregiver's home during the past year, compared to 4.8% of fathers of children in formal kinship care. In terms of face-to –

face contact, caregivers reported that 38.8% of fathers with children in informal kinship care had no father-child contact, compared to 48.8% of fathers with children in formal kinship care. Similarly, there was a significant difference in the percentage of fathers who helped the grandmothers make decisions regarding childcare, with a lower percentage of fathers with children in informal kinship care having no input (77.8% vs. 91.5%). Additionally, there was a significant difference in father's actual participation in child care, with 20.6% of fathers of children in informal kinship care providing assistance compared to 6.0% of fathers of children in formal care (Goodman et al., 2004).

In their exploration of the individual and social protective factors of the wellbeing of children in informal kinship care, Gleeson et al. (2008) found that caregiver's reported various levels of father-child and father-caregiver contact. At each wave, about half of the caregivers reported that the relative child in their care had at least some contact with his or her father. However, less than half of the caregivers reported having some caregiver-father contact at 3 out of 4 waves; thereby indicating that some fathers had contact with their children but not the caregiver. Seeking to understand the views of biological parents of children in informal kinship care, Gleeson and Seryak (2010) analyzed qualitative data from 30 parents who participated in in-depth interviews for the Informal Kinship Care Study (Gleeson et al., 2008). This subsample included 27 mothers and 3 fathers. Given the dearth of fathers in this study, they were not able to identify any father-specific aspects of involvement. However, their analysis suggested that as a group, these parents were involved in their children's lives and maintained relationships with the informal caregivers, albeit to varying degrees. They also reported

that some parents sought to eventually reengage or begin their roles as their children's primary caregiver.

With a similar goal of understanding birth parent involvement in kinship care, Green and Goodman (2010) compared families engaged in formal versus informal care. This quantitative analysis defined birth parent involvement as the parents' accessibility (residence and proximity), interaction with children (visits and phone), and responsibility (providing care and decision making). Although information for each of these constructs was available for mothers and fathers, the researchers chose to combine the responses to develop a "birth parent involvement" variable. Findings from this study suggest that birth parents were involved in their children's lives on a continuum from low to high. When comparing birth parents, those with children in informal care were more likely to have moderate to high involvement than were those with children in formal kinship care (Green & Goodman, 2010). Although this study provides additional information on this understudied population, disaggregating the measures of birth parent involvement and providing information for each parent separately would be of value.

Although not specifically investigating birth parent involvement in kinship care, King et al. (2010) used ADD Health data to provide disaggregated parental involvement data for adolescents with two nonresidential biological parents. According to the researchers, 284 of the 502 adolescents in the sample reported living in the home of a relative without either biological parent present. None of these adolescents identified their relative's home as a foster placement. Results from the study suggest that adolescents living in informal kinship care with an aunt or uncle have lower levels of contact with their biological fathers than do adolescents in other relative arrangements.

Additional findings suggest that adolescents with two nonresident parents have lower levels of contact with their biological fathers than do adolescents from single mother households. The researchers concluded that resident mothers might facilitate father-child contact in ways that relative caregivers are unable or unwilling to do. According to King et al. (2010), children with two living nonresident birthparents often experience separation from their biological fathers before separation from their mothers, which is a factor to consider regarding the nature of their relationships with both parents.

Although it is understood that many birth parents remain involved in informal kinship care, researchers have only recently begun to isolate their investigations to explicitly explore the association between paternal involvement and child wellbeing. Washington's et al.'s (2014) secondary analysis of data from a subgroup of 124 African American children in Gleeson et al.'s (2008) informal kinship care study, found paternal involvement (i.e. father's contact with caregiver and child, father's relationship with caregiver and child) to be a significant and positive predictor of the children's levels of social and academic competence. This study did not explore additional areas of wellbeing such as internalizing and externalizing behaviors; therefore more work is needed in this area to better understand the impacts of paternal involvement on the wellbeing of children in informal kinship care.

D. Conclusion

A broad body of research suggests that father involvement is a significant predictor of child wellbeing. This review of the literature highlighted the current state of knowledge regarding father involvement and its impacts on child emotional and behavioral outcomes. Next it explored the nature of child wellbeing among those living in

informal kinship care. Although not a vast area of research, the link between father involvement and child wellbeing while living in informal kinship care was explored. Given our understanding of the impacts of father involvement on child behavioral and emotional outcomes, coupled with our understanding of the impacts of informal kinship care on child well-being, it is important to further explore the relationship between father involvement and child well-being in informal kinship care, and how this relationship may be impacted by family demographics and relationships within the kinship triad (i.e. caregivers-children in care-biological parents, see Goodman & Silverstein, 2001).

III. Theoretical Perspective and Conceptual Framework

A. Family Systems Theory

Informed by family systems theory, the current study seeks to address gaps in our knowledge regarding father involvement in informal kinship care and it's impacts on child wellbeing. Family systems theory applies principles of general systems theory to the study of the family as an organized system. The principles of family systems theory dictate that families have properties of (a) wholeness and order, whereby the whole is greater than the sum of its parts and cannot be understood simply from the combined characteristics of each part; (b) hierarchical structure, whereby systems are composed of subsystems that are systems in and of themselves; (c) adaptive self-stabilization/self-organization, wherein the family system can adapt to challenges in the environment by making changes to the internal working of the system (Cox & Paley, 1997, 2003; M. N. Wilson, 1989). The development of the current study was guided by the properties of wholeness and hierarchical structure. Adaptive self-stabilization was not considered, as this investigation does not explore change over time.

In relation to the property of wholeness, theorists suggest that members of a family system are a part of an integrated whole and are thereby interconnected. Given that each member exerts a continuous and reciprocal influence on each other, the wellbeing of an individual family member can only be fully comprehended by considering the interdependent relationships (Cox & Paley, 1997; P. Minuchin, 1985). The current study seeks to understand the wellbeing of children living in informal kinship care. In order to better understand the children's outcomes, relationships with various

members of their family systems are considered. Particular interest is given to the father-child relationship as it has been understudied in past exploration of the family system (Cox & Paley, 2003).

According to Cox and Paley (1997), members of the family system are a part of a hierarchically organized system, which is comprised of smaller subsystems. Among families that are engaged in informal kinship care these subsystems include, but are not limited to, those characterized by interactions between caregiver-child, caregiver-mother, caregiver-father, mother-child, father-child, and mother-father. Additional subsystems may exist in these family systems in relation to siblings, spouses, and other members of the extended family. Cox and Paley (1997) note that subsystems are characterized by boundaries. It is within these boundaries that rules for family interactions are established. Although evolution necessitates flexibility of subsystem boundaries, conflict within certain subsystems, which dissolve boundaries, can influence interactions within the whole family system (S. Minuchin, 1974). Conflict between caregivers and biological parents is an example of potential boundary dissolution in informal kinship care. As such, children living with a relative caregiver may feel the need to choose an allegiance to their caregiver or birth parent(s) in times of conflict. The magnitude of such decisions may have implications for the child's emotional and behavioral wellbeing.

Although the impetus for clinical and scholarly work related to family systems theory grew from practice with traditional families (P. Minuchin, 1985; S. Minuchin, 1974), scholars have called for theoretical adaptations that take flexible family roles into account (Stack, 2001). One such adaptation, which is particularly relevant to families that are engaged in informal kinship care, was developed by researchers who study

coparenting (McHale & Lindahl, 2011). Coparenting is defined as the alliance among two or more adults who together share responsibility for a child's care and wellbeing (McHale & Lindahl, 2011). Among coparenting scholars, it is believed that biological fathers need not be co-resident nor have daily contact with their children to be considered fundamental contributors to the family's coparenting system (Doyle et al., 2013; McHale & Lindahl, 2011; Sterrett et al., 2015). It can thus be argued that birth parents of children in informal kinship care are members of a coparenting alliance with relative caregivers, which impacts child outcomes (Gleeson, Strozier, & Littlewood, 2011).

The following assumptions of coparenting espouse the wholeness and hierarchical structure properties of the family systems perspective (McHale & Lindahl, 2011). Although the current study does not directly measure and test coparenting, these assumptions inform the study's conceptual framework regarding father involvement, child wellbeing and characteristics of the kinship care triad:

1. A proper understanding of coparental alliances necessitates taking a triadic or family group level analysis, one in which the relationship between the adults with respect to a particular child is considered (i.e. caregiver-father and caregiver-mother relationship quality).
2. Children themselves contribute to the particular relationship dynamic that evolves between them and their coparents (i.e. father-child, mother-child, and caregiver-child relationship quality).

B. Conceptual Framework and Definitions

This section describes the conceptual model (See Figure. 1) that guides the current study and provides conceptual definitions for the variables that will be used to test the hypothesized relationship between father involvement and child wellbeing for children living in informal kinship care. The development of this conceptual model was informed by the family systems perspective and guided by a synthesis of research in the areas of fathering, kinship care, and child wellbeing.

Research on the impact of father involvement on child wellbeing suggests that there is an association between various dimensions of father involvement and child behavioral and emotional outcomes across the stages of development (Adamsons & Johnson, 2013; Amato & Gilbreth, 1999; Hawkins et al., 2007; Lamb & Lewis, 2013; Pleck, 2010). These findings correspond with the wholeness property of family systems theory. Given the complexity of family systems, the nature of this association may be impacted by the quality of the mother-child relationship (Carlson, 2006). The relationship between father involvement and child wellbeing may be more complex among families engaged in informal kinship care, as it may also be impacted by additional relationships such as those between father-caregiver, mother-caregiver, and caregiver-child (Goodman & Silverstein, 2001; Green & Goodman, 2010). Whether the caregiver is a maternal or paternal relative may also impact the nature of these relationships, as research suggests children's maternal relatives sometimes hold fathers to a lower standard than mothers and fathers tend to be more involved with their children when they perceive higher levels of support from their extended families (Dallas, 2004a; Perry, 2009 Roy & Vesely, 2009). Additional research suggests that the relationship between father involvement and child

wellbeing may differ for girls and boys (Fitzgerald & Bockneck, 2013; Mitchell, Booth, & King, 2009) and may also be impacted by the father's residential status (Booth, Scott, & King, 2010). Each of these complex interactions corresponds with the wholeness and hierarchical properties of family systems theory.

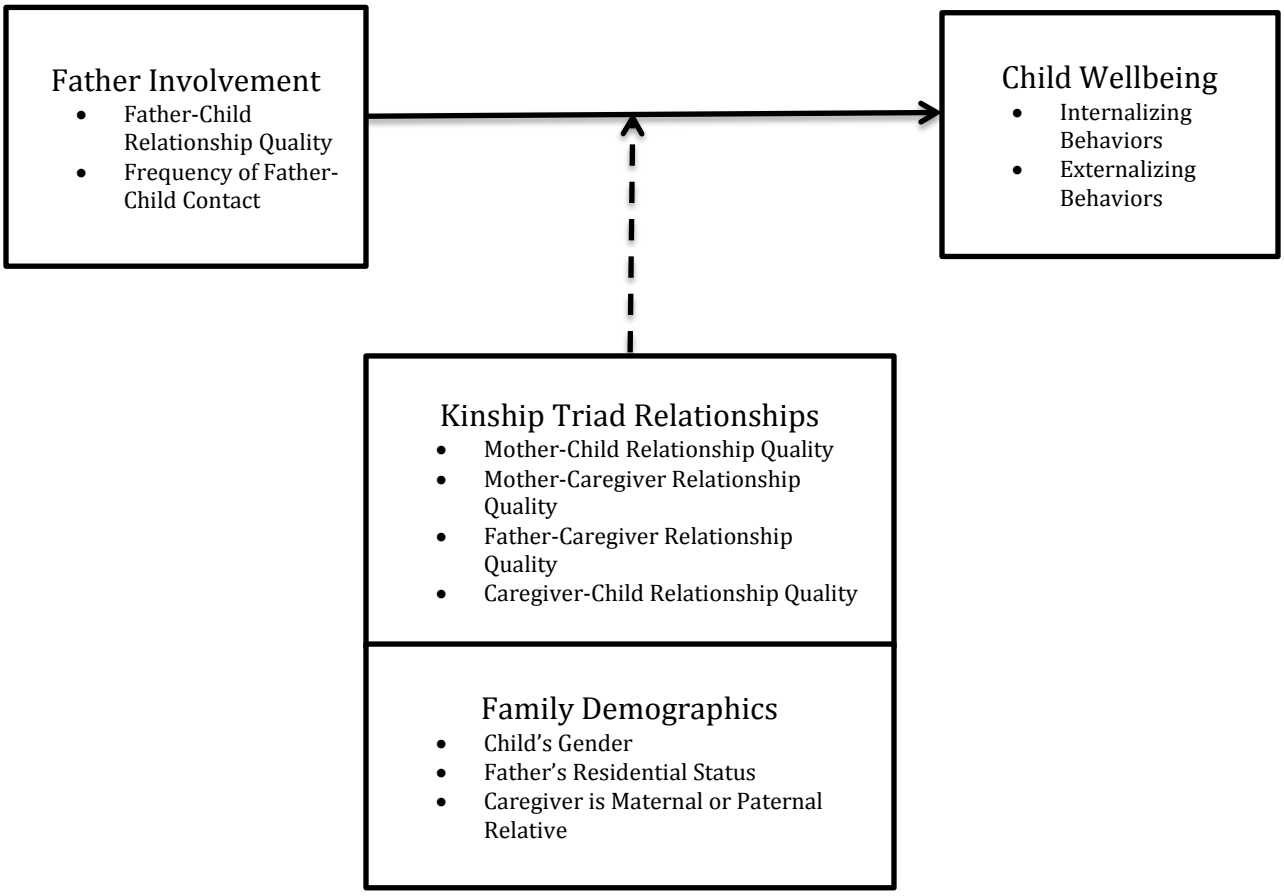

Figure 1. Conceptual Model: The Relationship between Father Involvement and Child Wellbeing In Informal Kinship Care

1. Independent Variable: Father Involvement

For the purpose of this project, fathers are defined as a child's biological male parent. Several scholars have conceptualized and operationalized father involvement over the past 40 years (Day & Lamb, 2003), and in general scholars agree that father involvement is a multidimensional construct (Adamsons & Johnson, 2013; Lamb, Pleck, Charnov, & Levine, 1985; Palkovitz, 2007; Pleck, 2010). Among these dimensions, scholars often highlight the nature of the father-child affective climate (Adamsons & Johnson, 2013; Palkovitz, 2007) and father's behavioral styles and patterns (Adamsons & Johnson, 2013; Lamb et al., 1985). Although many scholars agree upon the various dimensions of father involvement, these dimensions are not operationalized in the same manner across studies (See Table 1). As a result of advances in fatherhood research, scholars have begun to include more nuanced dimensions of father involvement such as levels of indirect care and monitoring child's overall needs (Pleck, 2010).

Little is known systematically about the involvement of fathers in kinship care and the impact on their children. The current study conceptualizes father involvement as a two-dimensional construct. Given available data from the Informal Kinship Care Study, the two dimensions of father involvement include: 1) the quality of the father-child relationship and 2) the frequency of father-child contact, each as reported by the informal kinship caregiver. It is important to explore these two dimensions of father involvement among families engaged in informal kinship care because most of the developmental work and advancements related to conceptualizing father involvement have focused on traditional family formations (i.e. heterosexual married households, divorced non-resident fathers, and unmarried cohabiting fathers). Such exploration may help us understand whether or not father-child relationship

quality and father-child contact are related to child wellbeing in similar manners as they are among the aforementioned family formations.

Table 1

Conceptualization of Father Involvement

Lamb &Pleck (1985)	Palkovitz (2007)	Pleck (2010)	Adamsons &Johnson (2013)	Current Study
Paternal Engagement Direct interaction with the child, in the form of caretaking, or play or leisure	***Affective Climate*** Connection, being there, involvement	***Positive engagement*** Activities, interaction with the child of the more intensive kind likely to promote development	***Affective Climate*** Quality of father child relationships and involvement in children's activities	***Affective Climate*** Quality of the father-child relationship
Accessibility Availability to the child	***Behavioral Style*** Monitoring, control	***Warmth & Responsiveness***	***Behavioral Style*** Level of father's contact and financial provision	***Behavioral Style*** Frequency of father-child contact
Responsibility Making sure the child is taken care of as well as arranging for resources for the child	***Relational Synchrony*** Sensitive parenting, teaching	***Control*** Monitoring & Decision Making		
		Indirect Care Activities done for the child that do not entail interaction with the child		
		Process responsibility Monitoring child's needs for the first four components		

2. Dependent Variable: Child Wellbeing

The concept of child wellbeing has been studied and operationalized in varying ways for decades. The current study operationalizes this concept as the caregiver's report of a child's expression of internalizing and externalizing behaviors as measured by the Child Behavior Checklist (Achenbach & Rescorla, 2001). The Child Behavior Checklist (CBCL) has been has

been consistently used by kinship care researchers to explore the emotional and behavioral functioning of children in out of home care (Dubowitz et al., 1994; Dubowitz, Zuravin, Starr Jr, Feigelman, & Harrington, 1993; Heflinger, Simpkins, & Combs-Orme, 2000; Kelley, Whitley, & Campos, 2011; Kelley et al., 2013; Rubin et al., 2008). Although the CBCL has been used in research with children in formal kinship care, to date there is a limited number of studies (Gleeson et al., 2008; Kelley et al., 2011; Washington et al., 2014; Washington et al., 2013) that use this measure to study the outcomes of children in informal kinship care. A thorough review of this measure is detailed in the methods section.

3. Moderators and Controls

The hypothesized moderating variables (kinship triad relationships and family demographics) and control variables (child age, caregiver age, caregiver race, caregiver employment status, caregiver's parenting stress, perceived levels of social support, perceived family functioning, and household income) were chosen based on findings in the kinship care and fatherhood literature.

a) Kinship Triad Relationships

Fatherhood scholars often note the importance of acknowledging and understanding the nature of the mother-father relationship and mother-child relationship when exploring the impact of father involvement on child wellbeing (Pleck, 2010). Although most of this work has been conducted with unmarried families, kinship care researchers have also noted the importance of understanding the nature of the relationship between custodial relatives and biological parents in reference to child and caregiver outcomes (Barnett, Mills- Koonce, Gustafsson, & Cox, 2012; Barnett, Scaramella, McGoron, & Callahan, 2011; Gleeson et al., 2008; Gleeson & Seryak, 2010; Green & Goodman, 2010). The relationship between caregivers, children and biological parents

engaged in kinship care is often referred to as the kinship triad (Goodman & Silverstein, 2001). Research suggests that biological parents are more involved with their children in kinship care when the relationship between parents and caregivers is positive (Ehrle & Geen, 2002a; Green & Goodman, 2010). Additionally, the existence of conflict between members of the triad could have negative impacts on children's behavior (Barnett et al., 2011). Similarly, research with non-married parents suggests that the existence of conflicted coparenting negatively impacts the quantity and quality of paternal involvement (Waller, 2012). The current study will therefore explore the quality of mother-child, caregiver-mother, caregiver-father, and caregiver-child relationships as potential moderators of the relationship between father involvement and child wellbeing.

b) Family Demographics

Additional fatherhood research suggests that the connection between father involvement, parental conflict, and child wellbeing is gendered and dependent on father's residential status (Amato & Rezac, 1994; Choi & Jackson, 2011). Therefore, researchers have found that when boys have contact with their nonresident fathers and there is low conflict between father and mother, the boys' behavior problems decrease (Amato & Rezac, 1994). In contrast, when boys have contact with their nonresident fathers and there is high conflict between father and mother, boys' behavior problems increase (Amato & Rezac, 1994). Much of this research has been conducted with divorced families. The current study considers the child's gender and the father's residential status to determine whether or not this pattern holds with families engaged in informal kinship care. It also considers whether or not this relationship differs when maternal or paternal kin raise the child.

c) Control Variables

Each of the control variables (child age, caregiver age, caregiver race, caregiver employment status, caregiver's parenting stress, perceived levels of social support, perceived family functioning, and household income) were selected because they were found to be significantly associated with the internalizing and externalizing behaviors of children in the Informal Kinship Care Study (Gleeson et al., 2008). Data from this same sample of children will be used in analyses for the current study.

C. Research Questions

This study seeks to answer the following research questions:

1. How does father involvement impact the levels of internalizing behaviors displayed by children living in informal kinship care?
    a. Is the relationship between father involvement and levels of internalizing behaviors moderated by the quality of relationships among members of the kinship care triad?
    b. Is this relationship between father involvement and levels of internalizing behaviors moderated by familial demographic characteristics such as father's residence, child's gender, and maternal vs. paternal caregiver?
2. How does father involvement impact the levels of externalizing behaviors displayed by children living in informal kinship care?
    a. Is the relationship between father involvement and levels of externalizing behaviors moderated by the quality of relationships among members of the kinship care triad?

b. Is this relationship between father involvement and levels of externalizing behaviors moderated by familial demographic characteristics such as father's residence, child's gender, and maternal vs. paternal caregiver?

D. Research Hypotheses

This study seeks to test the following hypotheses:

1. When explored as individual dimensions of father involvement, the frequency of father-child contact and the quality of the father-child relationship are each inversely related to children's levels of internalizing behaviors.
    a. When controlling for child (*age*), caregiver (*age, race, employment status, parenting stress, perceived social support, perceived family functioning*) and household (*income*) characteristics, these relationships are moderated by:
        i. Kinship Triad relationships (*mother-child relationship quality, mother-caregiver relationship quality, father-caregiver relationship quality, caregiver-child relationship quality*) and
        ii. Family demographic characteristics (*child's gender, father's residential status, caregiver is maternal or paternal relative*)
2. When explored as individual dimensions of father involvement, the frequency of father-child contact and the quality of the father-child relationship are each inversely related to children's levels of externalizing behaviors.
    a. When controlling for child (*age*), caregiver (*age, race, employment status, parenting stress, perceived social support, perceived family functioning*) and household (*income*) characteristics, these relationships are moderated by:
        i. Kinship Triad relationships (*mother-child relationship quality, mother-caregiver relationship quality, father-caregiver relationship quality,*

caregiver-child relationship quality) and

ii. Family demographic characteristics (*child's gender, father's residential status, caregiver is maternal or paternal relative*)

It is therefore expected that high levels of father-child contact and strong father-child relationship quality will be associated with lower levels of internalizing and externalizing behaviors among the current sample of children living in informal kinship care. When controlling for the aforementioned child, caregiver, and household characteristics, more friendly and good quality relationships among the kinship triad are expected to enhance the association between father involvement and child wellbeing.

Given the same controls, it is expected that the relationship between father involvement and child wellbeing will be stronger if the focus child is male and if the focus child is living with paternal relatives. Although the fatherhood literature suggests that having a resident father may enhance the relationship between father involvement and child wellbeing, the hypothesized moderation by father's residential status is non-directional. While resident fathers may have higher levels of contact and increased opportunities to develop high quality relationships with their children, it is unclear why a father may be living in the caregiver's home and not assuming primary caregiving responsibilities. As such, these unknown factors may compromise father-child contact and father-child relationship quality, and in turn have implications for child behavioral functioning.

IV. Methods

The current study is a secondary analysis of data collected for the *Individual and Social Protective Factors for Children in Informal Kinship Care* study (The Informal Kinship Care Study). The Informal Kinship Care Study was funded by grant number 90-CA-1683 from the Administration on Children, Youth and Families awarded to James P. Gleeson, with additional support from the Jane Addams College of Social Work and the Jane Addams Center for Social Policy and Research (Gleeson et al., 2008). This chapter provides an overview of the Informal Kinship Care Study and details the analysis plan for the current study.

A. The Informal Kinship Care Study

The Informal Kinship Care Study included four structured interviews with informal kinship caregivers from a large Midwestern city over a period of 18 months. Families engaged in informal kinship care are often difficult to identify, therefore several strategies were employed to locate and recruit participants. Caregivers were recruited at community meetings, health fairs and local church events, outside of schools, through fliers distributed at community agencies and grandparent support groups, and via radio, public transit, and television ads. The interviews were conducted in the caregiver's home or other locations selected by the caregiver and lasted approximately 90 minutes each. Eligibility criteria required that caregivers have primary responsibility for at least one related, non-biological child between the ages of 18 months and 10 years (one child turned 11 years old just prior to the initial caregiver interview). Caregivers were not eligible for the study if the family was involved with the Department of Children and Family Services (DCFS), the caregiver had adopted the relative child, or the relative child had previously been involved with DCFS and discharged to the caregiver through subsidized guardianship. If the kinship caregiving family had two parents, the self- identified primary

caregiver completed the interview. If more than one relative child in the home met the study's age requirement, the primary caregiver was asked to select as the focus, the child she/he believed to be most likely to remain in the home for at least two years. If more than one child fit this criterion, researchers selected a focus child using a random selection process.

I worked as a member of the Informal Kinship Care Study research team as a graduate research assistant for several years. The UIC Institutional Review Board approved me as key personnel in 2010. Upon submitting an amendment to the UIC-IRB, my status was changed to Co-Investigator in 2014 in order to conduct my dissertation research.

1. The Original Sample

The original sample included data collected in 4 waves from informal kinship caregivers over an 18-month period. The original sample included 207 caregivers with a total of 724 observations. This included 207 observations from the 1st wave, 176 from the 2nd, 170 from the 3rd, and 171 from the 4th.

At baseline, 96.1% of the caregivers in the original sample were female. The majority (89.4 %) self- identified as African American; the remaining 10.6% self-identified as Caucasian, Hispanic, Native American, Asian, and biracial. Caregivers ranged in age from 22 to 72; with an average age of 48. Although over 80% of the sample reported household incomes of less than $25,000 per year, almost 30% of the caregivers were employed at least part-time. Caregivers on average reported having primary responsibility for 3 children; for some this included their own children. One-quarter of caregivers reported being married; however this report does not provide insight into the number of caregivers who had partners that may have been helping them rear the children in their care. Of the 207 focal children assessed at baseline, 51% were male, 90.8% were African American, and 76.3% were in the care of a maternal relative. The average age of the

focal children at baseline was 6.9 years. Over the course of the study, 30 caregivers reported that the focus child's biological father was incarcerated.

B. Current Study

This study analyzed four waves of data from the Informal Kinship Care Study with the aim of gaining a better understanding of the relationship between father involvement and children's emotional and behavioral outcomes. To my knowledge, no study to date has utilized longitudinal data to investigate this relationship with a sample of children in informal kinship care.

Observations from the original sample were included in the current study if the caregiver reported that both biological parents of their relative child were alive at the time of interview. Of this subsample, families were excluded if the caregiver reported that neither they nor their relative child had a relationship with both living biological parents. A description of the final analytic sample is included in the results chapter.

1. Measures

The following sections detail the measures that were selected from the Informal Kinship Care Study to test the hypothesized relationships between father involvement and the focal children's emotional and behavioral functioning. Coding for each measure is listed in Table 2.

a) Dependent Variables

Internalizing and Externalizing Behaviors. The focal child's internalizing and externalizing behaviors are the dependent variables in the current study and were measured using the Child Behavior Checklists (CBCL) for children 18 months to five years (100 items) and for children 6 to 18 years old (113 items). The CBCL is a standardized assessment of behavioral,

emotional, and social functioning that is often used in child behavioral research that aims to obtain a picture of a child's behavior as the respondent sees it. The items of the preschool forms were chosen to be developmentally appropriate for those 18 months to five years. However, to facilitate longitudinal research beyond age 5, researchers have ensured considerable continuity between the preschool and school age forms (Achenbach & Rescorla, 2001). The CBCL measures levels of internalizing and externalizing behavior problems. Internalizing indicators reflect emotional problems such as anxiety, depression, and somatic reactivity. Externalizing indicators represent problems with social functioning and meeting role expectations such as attention problems and aggressive behavior. The respondent is asked to rate problem items, as they existed at the time of interview or within the last six months, as 0 for not true of the child, 1 for somewhat or sometimes true, and 2 for very true or often true. For several items, respondents are asked to provide descriptions of the problems.

The CBCL was normed using data collected from a sample of boys and girls from 40 states in the U.S. and the District of Columbia, 1 Austrian state, and England (Achenbach & Rescorla, 2001). This sample was made up of children who had and had not been referred for mental health services in the preceding 12 months. The raw scores from the normative sample were converted to T-scores, which were used to standardize interpretations across CBCL scales. T-scores less than 60 on the internalizing and externalizing problems scales are indicators of emotional and/or behavioral problems that are within a normal range. T-scores between 60-63 are considered to be in the borderline clinical range, and scores higher than 63 are considered to be in the clinical range. Scores in the clinical range are high enough to be of concern for referral to clinical services.

The content validity for both scales is supported by several decades of research, feedback

and revisions with both referred and non-referred samples. Construct validity was supported by associations between both scales and their respective DSM criteria (Achenbach & Rescorla, 2000, 2001).

The authors report Cronbach's alphas of .89 for the $1^{1/2}$-5 year old internalizing scale and .92 for the $1^{1/2}$-5 year old externalizing scale. The test-retest reliabilities of the internalizing and externalizing scales were .90 and .87 respectively for the aforementioned samples (Achenbach & Rescorla, 2000, p. 76). The authors report Cronbach's alphas of .90 for the 6-18 year old internalizing scale and .94 for the 6-18 year old externalizing scale. The test-retest reliabilities of the internalizing and externalizing scales were .91 and .92 respectively for the aforementioned samples (Achenbach & Rescorla, 2001, p. 101).

For the Informal Kinship Care study, at baseline, Cronbach's alphas were .87 for the $1^{1/2}$-5 year old internalizing scale and .89 for the $1^{1/2}$-5 year old externalizing scale. Cronbach's alphas were .88 for the 6-18 year old internalizing scale and .87 for the 6-18 year old externalizing scale.

b) Independent Variables

Father involvement. In the current study, father involvement is measured using two independent single item measures which asses the caregiver's rating of the frequency of contact between the focal child and their birth father and the caregiver's rating of the relationship quality between the child and father. No reliability or validity testing has been conducted on these items to date. Both items were scored using single item 6-point scales that are listed in Table 2.

c) Moderating Variables

The variables that are hypothesized to moderate the relationship between frequency of father-child contact and child well-being, as well as quality of the father-child relationship and

child well-being, include four measures of dimensions of kinship triad relationships and three family demographics variables. Each moderator is defined in this section.

Kinship Triad Relationships. Mother-child relationship quality, mother-caregiver Relationship Quality, and father-caregiver Relationship Quality were measured with single item measures. The coding and operational definition of each variable is listed in Table 2. These single item measures have not been subjected to validity and reliability testing.

Caregiver-child relationship quality was measured using the Dysfunctional Parent-Child Interaction subscale of the Parenting Stress Index Short Form (PCDI-SF). The PCDI-SF, as developed by Abidin (1995) evaluates parent's perception of whether or not the focus child meets his or her expectations and the emotional quality of the parent-child relationship. When normed with low-income African American mothers of preschool age children, this 12-item subscale (*items: 13-24*) had a Cronbach's alpha of .88 (Reitman, Currier, & Stickle, 2002). At baseline, the Cronbach's alpha for the Informal Kinship Care Study was also .88. The test-retest reliability was calculated for this subscale by its developers over a 6 month period with a sample of 270, r = .68 (Abidin, 1995). Discriminant and predictive validity has been demonstrated in several clinical populations. Scores on the subscale range from 12-60, with higher scores indicating greater levels of dysfunction within parent-child interactions. Raw scores are converted to percentiles. Typical percentile scores range from 15^{th} to 80^{th} for this scale. Percentiles above the 85^{th} are considered high and may indicate the need for a parenting intervention (Abidin, 1995).

Family Demographics. At each wave caregivers reported the family's demographics. These included the focus child's gender, whether or not the focus child's biological parents lived

in the caregiver's home, and whether the caregiver was a maternal or paternal relative of the focus child.

d) Control Variables

Child Characteristics. The focal child's age in months is the only child characteristic that is among the control variables. This variable was measured at each wave.

Caregiver Characteristics. The following caregiver characteristics were reported at each wave.

Demographics. These included the caregiver's age in years, race, and employment status.

Parenting Stress. Caregiver's level of parenting stress was measured using the Parental Distress (PD-SF) subscale of the Parenting Stress Index Short Form (*items: 1-12*). As developed by Abidin (1995), the PD-SF assesses the extent to which individuals experience stress in their roles as parents. When this 12-item subscale was normed with a sample of 196 predominantly African American mothers of preschool age children, the Cronbach's alpha was .88 (Reitman et al., 2002). At baseline, the Cronbach's alpha for the Informal Kinship Care Study was also .88.The test-retest reliability was calculated for this subscale by its developers over a 6 month period with a sample of 270, r = .84, and discriminant and predictive validity have been demonstrated in several clinical populations. Raw scores range from 12-60, with higher scores on this measure indicating high levels of parenting stress. Raw scores are converted to percentiles. Typical percentile scores range from the 15^{th} to the 85^{th} for this scale. Percentiles above the 90^{th} are considered high and may indicate the need for parenting intervention (Abidin, 1995).

Social Support. Caregiver's perception of available social support was measured with the Family Support Scale (FSS). This 18-item scale was developed by Dunst, Jenkins, and Trivette

(1984) and assesses the caregiver's perception of the helpfulness of his/her social networks in regards to child rearing. This scale was chosen for the Informal Kinship Care Study because it has been widely used in kinship care research that examines the impact of social support on child functioning. Criterion validity has been established in several studies with low income African American children by correlating the scale total with relevant measures of parent and child outcomes (Kelley, Whitley, Sipe, & Crofts Yorker, 2000). Analyses from the Informal Kinship Care Study yielded a Cronbach's alpha of .75 for the total scale (Gleeson et al., 2008).

Family Functioning. Caregiver's perception of family functioning was measured using the Family Health/Competence subscale (*items: 2, 3, 4, 6, 12, 15, 16, 17, 18R, 19R, 20, 21, 24R, 25R, 27R, 28, 33, 35, 36*) of the Beavers Self Report Family Instrument (SFI). This 19-item subscale assesses familial affect, parental coalitions, problem solving, autonomy and individuality, optimistic versus pessimistic views, and acceptance of family members (Beavers & Hampson, 2000; Beavers, Hampson, & Hulgus, 1990). Although the SFI has five subscales, the Family Health/Competence subscale was used in analyses during the Informal Kinship Care Study because it provides the best measure of overall family functioning out of the SFI subscales and it has been used in numerous studies of family functioning. In addition, the Family Health/Competence subscale had the strongest internal consistency across all waves, with Cronbach's alphas ranging from .89 to .90 (Gleeson et al., 2008). Convergent validity has been established between the Family Health/Competence subscale and the Family Assessment Device, r=. 77 (Beavers & Hampson, 2000).

Household Characteristics. Caregivers were asked to report their annual household income at each wave using an ordinal scale to select the range that best represented their family's income. A list of the ranges is available in Table 2.

A copy of the study questionnaire, which contains all the aforementioned measures, is located the Appendix.

Table 2

Operational Definitions of Study Variables

	Concept	**Variable**	**Measures**	**Coding**
Independent	Father Involvement	Father-child frequency of contact	How much contact does the child have with his/his father?	0 – No contact 1 – Yearly 2 – Several times a year 3 – At least monthly 4 – At least weekly 5 – Daily
		Father-child relationship quality	Please describe the child's relationship with his/her father.	0 – Not applicable/No contact 1 – Very poor 2 – Poor 3 – Neither poor nor good 4 – Good 5 – Very good
Dependent	Child Wellbeing	Internalizing Behaviors	Child Behavior Checklist	T Score
		Externalizing Behaviors	Child Behavior Checklist	T-Score
Moderators	Kinship Triad Relationships	Mother-Child Relationship Quality	Please describe the child's relationship with his/her mother	0 – Not applicable/No contact 1 – Very poor 2 – Poor 3 – Neither poor nor good 4 – Good 5 – Very good
		Mother-Caregiver Relationship Quality	How friendly is your relationship with the child's mother?	0 – Not applicable/No contact 1 – Not at all friendly with lots of conflict 2 – Not very friendly with some conflict 3 – Friendly with some conflict 4 – Very friendly with minor conflict 5 – Very friendly with no conflict
		Father-Caregiver Relationship Quality	How friendly is your relationship with the child's father?	0 – Not applicable/No contact 1 – Not at all friendly with lots of conflict 2 – Not very friendly with some conflict 3 – Friendly with some conflict 4 – Very friendly with minor conflict 5 – Very friendly with no conflict
		Caregiver-Child Relationship Quality	PSI Dysfunctional Parent-Child Interaction Subscale	Percentile Score
	Family	Focus Child's Gender	Gender of child	0 – Male

	Demographics			1 – Female
		Father's Residential Status	Are the parents of any of the related children you are raising living with you? If yes, please explain.*	0 – Nonresident Father 1 – Resident Father
		Caregiver is Maternal or Paternal Relative	Are you related to the child's mother or father?	0 – Maternal Relative 1 – Paternal Relative

Controls	Child Characteristics	Child Age	Age of child in years and months	Child's age in months
	Caregiver Characteristics	Caregiver Age	Age of caregiver	Caregiver's age in years
		Caregiver Race	Race of caregiver	0-Other 1- African American
		Caregiver Employment Status	Are you employed?	0- Not employed 1- Employed
		Parenting Stress	PSI Parental Distress Subscale	Percentile Score
		Social Support	Family Support Scale	Item Ratings 0 – Not Available 1 – Not at All Helpful 2 – Sometimes Helpful 3 – Generally Helpful 4 – Very Helpful 5 – Extremely Helpful *Total Scale Score (Mean of Available)* *1.0 – 5.0*
		Family Functioning	Beavers Family Functioning Scale**	Item Ratings 1 – Yes: fits your family well 2 – (Blank) 3 – Some: fits our family some 4 – (Blank) 5 – No: Does not fit our family *Total Scale Score (Mean of Items Rated)* *1.0 – 5.0*
	Household Characteristics	Household Income	What is your yearly household income?	1 – $4,999 or less 2 – $5,000-$9,999 3 - $10,000-$14,999 4 - $15,000-$19,999 5 - $20,000-$24,999 6 - $25,000-$29,999 7 - $30,000-$34,999 8 - $35,000-$39,999

				9 - $40,000-$44,999 10-$45,000-$49,999 11-$50,000 or more

* Recoded for the current analysis
**Several items are reverse coded

2. Data Analysis Plan

All data analyses described in the plan below were conducted using IBM SPSS Statistics 22.

a) Univariate analyses

Measures of central tendency and dispersion were calculated for all study variables. As described by Greene (2003), normality of independent variables is not an assumption in multiple regression, therefore tests for skewness and kurstosis were only conducted on the outcome variables before proceeding with additional analyses. The multivariate analyses used in the current study are most efficient when the outcome variables are normally distributed.

b) Bivariate analyses

A Pearson's correlation matrix was used to compute the bivariate association between each of the independent, control and moderating variables as a preliminary test for issues with multicollinearity among the predictor variables.

c) Regression Diagnostics

The variance inflation factor (VIF) and Tolerance indices were used to test for multicollinearity among all predictor variables in each model in relation to the outcome variables before proceeding with regression analyses. According to Cohen, Cohen, West, and Aiken (2003), a common rule of thumb is that any VIF of 10 or more or Tolerance score less than 0.10 is evidence of a serious problem with multicollinearity.

d) Generalized Estimating Equations

Four waves of data from the Informal Kinship Care Study were analyzed for the current study. Given that the predictor variables are repeated measures, it was expected that these data would be correlated within subjects. Neglecting to acknowledge correlation of predictor responses can lead to incorrect estimation of regression parameters, thereby leading to less

efficient regression estimates. The outcome of such oversight could include regression estimates that are dispersed about the true population value (Ballinger, 2004) and could lead to inaccurate reporting of findings (Diggle, Heagerty, Liang, & Zeger, 2002). According to Hilbe and Hardin (2008), there are two approaches to dealing with within subject correlation. The first is a population-averaged or marginal approach, which models the average response for observations across all subjects. These models provide an average response for repeated observations that share the same covariates. Therefore, for every one- unit change in a covariate across the population, the marginal model reports how much the population average response would change (Ballinger, 2004). The second approach is a subject specific model that explicitly models the source of shared variance so that the regression coefficients are interpretable at an individual level (Hilbe & Hardin, 2008).

When conducting analyses with longitudinal data, researchers are either primarily concerned with patterns of change over time or the existence of a significant association between the predictors and the outcome variables (Liang & Zeger, 1986). The current study was concerned with the latter. Longitudinal data analysis experts support the use of Generalized Estimating Equations (GEE) when analyzing repeated measures data for the purpose of exploring the strength of associations between predictor and outcome variables. Used as an extension of Generalized Linear Models, GEE was developed to address the bias and inefficiency found in traditional longitudinal regression analyses, by accounting for within subject correlation (Ballinger, 2004; Liang & Zeger, 1986; Zeger & Liang, 1986). As described by Liang and Zeger (1986), the GEE approach that was used in the current analysis is a population-averaged approach. This method was selected because of its fit with the goal of the study, to understand the association between father involvement and child wellbeing in informal kinship care.

GEEs can be applied to test main effects and interaction effects among discrete and continuous repeated measures. Given normally distributed outcome variables, the resulting estimates are the same as those produced by OLS regression. In order to efficiently adjust for the within subject correlation that exists with the use of GEE, a working correlation structure must be selected prior to data analysis. I first selected an identity link function to specify the models because my outcome variables were continuous. Cui (2007) suggests that the most efficient correlation structure can be selected by choosing the model with the lowest quasilikelohood under the independence model criterion (QIC) score. After comparing the QIC scores for each working correlation structure (unstructured, independent and exchangeable), the exchangeable structure was chosen for the current study analyses. Tables 3 and 4 illustrate each model as proposed prior to the final analyses.

Table 3

Internalizing Behaviors GEE Models (Test of Hypothesis #1)

Model 1	Model 2	Model 3	Model 4	Model 5
Child Characteristics	**Child Characteristics**	**Child Characteristics**	**Child Characteristics**	**Child Characteristics**
Child Age	Child Age	Child Age	Child Age	Child Age
Caregiver Characteristics	**Caregiver Characteristics**	**Caregiver Characteristics**	**Caregiver Characteristics**	**Caregiver Characteristics**
Caregiver Age	Caregiver Age	Caregiver Age	Caregiver Age	Caregiver Age
Caregiver Race	Caregiver Race	Caregiver Race	Caregiver Race	Caregiver Race
Caregiver Employment Status	Caregiver Employment Status	Caregiver Employment Status	Caregiver Employment Status	Caregiver Employment Status
Parenting Stress	Parenting Stress	Parenting Stress	Parenting Stress	Parenting Stress
Perceived Social Support	Perceived Social Support	Perceived Social Support	Perceived Social Support	Perceived Social Support
Perceived Family Functioning	Perceived Family Functioning	Perceived Family Functioning	Perceived Family Functioning	Perceived Family Functioning
Household Characteristics	**Household Characteristics**	**Household Characteristics**	**Household Characteristics**	**Household Characteristics**
Household Income	Household Income	Household Income	Household Income	Household Income
	Father Involvement	**Father Involvement**	**Father Involvement**	**Father Involvement**
	Father Child-Contact	Father Child-Contact (FCC)	Father Child-Contact (FCC)	Father Child-Contact (FCC)
	Father-Child Relationship Quality	Father-Child Relationship Quality (FCR)	Father-Child Relationship Quality (FCR)	Father-Child Relationship Quality (FCR)
		Kinship Triad Relationships	**Kinship Triad Relationships**	**Kinship Triad Relationships**
		Mother-Child Relationship (MCR)	Mother-Child Relationship (MCR)	Mother-Child Relationship (MCR)
		Caregiver-Mother Relationship (CGMR)	Caregiver-Mother Relationship (CGMR)	Caregiver-Mother Relationship (CGMR)
		Caregiver-Father Relationship (CGFR)	Caregiver-Father Relationship (CGFR)	Caregiver-Father Relationship (CGFR)
		Caregiver –Child Relationship (CGCR)	Caregiver –Child Relationship (CGCR)	Caregiver –Child Relationship (CGCR)
			Family Demographics	**Family Demographics**
			Focus Child's Gender (FCG)	Focus Child's Gender (FCG)
			Father's Residential Status (FR)	Father's Residential Status (FR)
			Caregiver is Maternal or Paternal Relative (CMP)	Caregiver is Maternal or Paternal Relative (CMP)
				FCC*MCR
				FCC*CGMR
				FCC*CGFR
				FCC*CGCR
				FCC*FCG
				FCC*FR
				FCC*CMP
				FCR*MCR
				FCR*CGMR
				FCR*CGFR

Model 1	Model 2	Model 3	Model 4	Model 5
				FCR*CGCR FCR*FCG FCR*FR FCR*CMP

Table 4

Externalizing Behaviors GEE Models (Test of Hypothesis #2)

Model 1	Model 2	Model 3	Model 4	Model 5
Child Characteristics	**Child Characteristics**	**Child Characteristics**	**Child Characteristics**	**Child Characteristics**
Child Age	Child Age	Child Age	Child Age	Child Age
Caregiver Characteristics	**Caregiver Characteristics**	**Caregiver Characteristics**	**Caregiver Characteristics**	**Caregiver Characteristics**
Caregiver Age	Caregiver Age	Caregiver Age	Caregiver Age	Caregiver Age
Caregiver Race	Caregiver Race	Caregiver Race	Caregiver Race	Caregiver Race
Caregiver Employment Status	Caregiver Employment Status	Caregiver Employment Status	Caregiver Employment Status	Caregiver Employment Status
Parenting Stress	Parenting Stress	Parenting Stress	Parenting Stress	Parenting Stress
Perceived Social Support	Perceived Social Support	Perceived Social Support	Perceived Social Support	Perceived Social Support
Perceived Family Functioning	Perceived Family Functioning	Perceived Family Functioning	Perceived Family Functioning	Perceived Family Functioning
Household Characteristics	**Household Characteristics**	**Household Characteristics**	**Household Characteristics**	**Household Characteristics**
Household Income	Household Income	Household Income	Household Income	Household Income
	Father Involvement	**Father Involvement**	**Father Involvement**	**Father Involvement**
	Father Child-Contact	Father Child-Contact (FCC)	Father Child-Contact (FCC)	Father Child-Contact (FCC)
	Father-Child Relationship Quality	Father-Child Relationship Quality (FCR)	Father-Child Relationship Quality (FCR)	Father-Child Relationship Quality (FCR)
		Kinship Triad Relationships	**Kinship Triad Relationships**	**Kinship Triad Relationships**
		Mother-Child Relationship (MCR)	Mother-Child Relationship (MCR)	Mother-Child Relationship (MCR)
		Caregiver-Mother Relationship (CGMR)	Caregiver-Mother Relationship (CGMR)	Caregiver-Mother Relationship (CGMR)
		Caregiver-Father Relationship (CGFR)	Caregiver-Father Relationship (CGFR)	Caregiver-Father Relationship (CGFR)
		Caregiver –Child Relationship (CGCR)	Caregiver –Child Relationship (CGCR)	Caregiver –Child Relationship (CGCR)
			Family Demographics	**Family Demographics**
			Focus Child's Gender (FCG)	Focus Child's Gender (FCG)
			Father's Residential Status (FR)	Father's Residential Status (FR)
			Caregiver is Maternal or Paternal Relative (CMP)	Caregiver is Maternal or Paternal Relative (CMP)
				FCC*MCR
				FCC*CGMR
				FCC*CGFR
				FCC*CGCR
				FCC*FCG
				FCC*FR
				FCC*CMP
				FCR*MCR

Model 1	Model 2	Model 3	Model 4	Model 5
				FCR*CGMR FCR*CGFR FCR*CGCR FCR*FCG FCR*FR FCR*CMP

V. Results

The results of this study are reported in this chapter. The chapter begins with a description of characteristics of the analytic sample, followed by characteristics of all study variables. Next, bivariate analyses are presented which describe the relationships between the independent, control and moderating variables. This is followed by tests for multicollinearity among these variables. The chapter concludes with the results and summary of key findings from the Generalized Estimating Equations that were conducted to test the two study hypotheses.

A. Description of Analytic Sample

As described in the methods section, there were 207 families who completed the initial interview in the Informal Kinship Care Study. These families accounted for 724 observations over four waves of data collection. For the purpose of this study, I included only families with the possibility of contact between biological parents and the kinship caregiver and the child in care. Therefore the current study did not include families with deceased biological parents. A thorough review of each interview file was completed to verify the biological parents' status. If the biological father or mother of the focus child was noted as deceased in the 1st wave, the case was excluded from further analysis. In the event that the death of the biological father or mother was recorded during the 2nd, 3rd, or 4th wave, data from the eligible wave(s) were retained and data from interviews subsequent to the death were excluded. This restricted the sample to 618 observations from 180 families.

Given that measures of relationship quality among members of the kinship triad were used to predict child behavioral outcomes, families were also excluded if the caregiver reported that they or the focus child did not have a relationship with both living biological parents. At the time of initial interview, 45 percent of caregivers reported that neither they nor the focus child

had a relationship with the child's biological father. About 10 percent of caregivers reported that neither they nor the focus child had a relationship with the child's biological mother at the time of initial interview. Table 5 displays the caregivers' report of the father-child relationship, caregiver-father relationship, caregiver-mother relationship and mother-child relationship at each wave for families where both biological parents of the focus child were living.

Table 5

Kinship Triad Relationships with Living Parents

Variable		1st Wave	2nd Wave	3rd Wave	4th Wave
		n (%)	n (%)	n (%)	n (%)
Father-Child Relationship (0-5)	Not applicable-no contact	79 (45.7)	58 (39.2)	60 (41.7)	65 (45.1)
	Very poor	4 (2.3)	4 (2.7)	5 (3.5)	2 (1.4)
	Poor	5 (2.9)	8 (5.4)	2 (1.4)	6 (4.2)
	Neither poor nor good	14 (8.1)	10 (6.8)	16 (11.1)	13 (9.0)
	Good	33 (19.1)	30 (20.3)	26 (18.1)	24 (16.7)
	Very good	38 (22.0)	38 (25.7)	35 (24.3)	34(23.6)
	Total (N)	173	148	144	144
Caregiver- Father Relationship (0-5)	Not applicable-no contact	79 (44.9)	65 (43.6)	65 (45.1)	75 (51.4)
	Not at all friendly-lots of conflict	6 (3.4)	3 (2.0)	2 (1.4)	2 (1.4)
	Not very friendly-some conflict	11 (6.3)	6 (4.0)	6 (4.2)	6 (4.1)
	Friendly-some conflict	26 (14.8)	26 (17.4)	15 (10.4)	14 (9.6)
	Very friendly-minor conflict	20 (11.4)	21 (14.1)	25 (17.4)	22 (15.1)
	Very friendly and no conflict	34 (19.3)	28 (18.8)	31 (21.5)	27 (18.5)
	Total (N)	176	149	144	147
Caregiver-Mother Relationship (0-5)	Not applicable-no contact	17 (9.7)	11 (7.4)	12 (8.5)	16 (11.0)
	Not at all friendly-lots of conflict	14 (8.0)	11 (7.4)	15 (10.6)	11 (7.5)
	Not very friendly-some conflict	21 (11.9)	12 (8.1)	10 (7.0)	9 (6.2)
	Friendly-some conflict	52 (29.5)	57 (38.3)	48 (33.8)	52 (35.6)
	Very friendly-minor conflict	30 (17.0)	36 (24.2)	31 (21.8)	36 (24.7)
	Very friendly and no conflict	42 (23.9)	22 (14.8)	26 (18.3)	22 (15.1)
	Total (N)	176	149	142	146
Mother-Child Relationship (0-5)	Not applicable-no contact	18 (10.2)	11 (7.4)	14 (9.7)	17 (11.6)
	Very poor	11 (6.2)	9 (6.0)	10 (6.9)	11 (7.5)
	Poor	11 (6.2)	8 (5.4)	7 (4.9)	6 (4.1)
	Neither poor nor good	35 (19.8)	28 (18.8)	25 (17.4)	27 (18.5)
	Good	44 (24.9)	40 (26.8)	48 (33.3)	52 (35.6)
	Very good	58 (32.8)	53 (35.6)	40 (27.8)	33 (22.6)
	Total (N)	177	149	144	146

Caregivers' reports of 'Not applicable-no contact' on these variables were used to restrict the sample. The final analytic sample included 268 observations (Wave1 n= 73; Wave2 n= 71; Wave3 n= 65; Wave4 n= 59) from 104 caregivers who reported that they and the focus child had a relationship with the focus child's biological parents (See figure 2). Although there were only 73 caregivers in Wave 1, there are 104 caregivers represented across waves due to changes in

relationship status overtime (i.e. there were some caregivers who were excluded at Wave 1 but reported that they and their relative child had a relationship with both biological parents during a subsequent interview and vice versa).

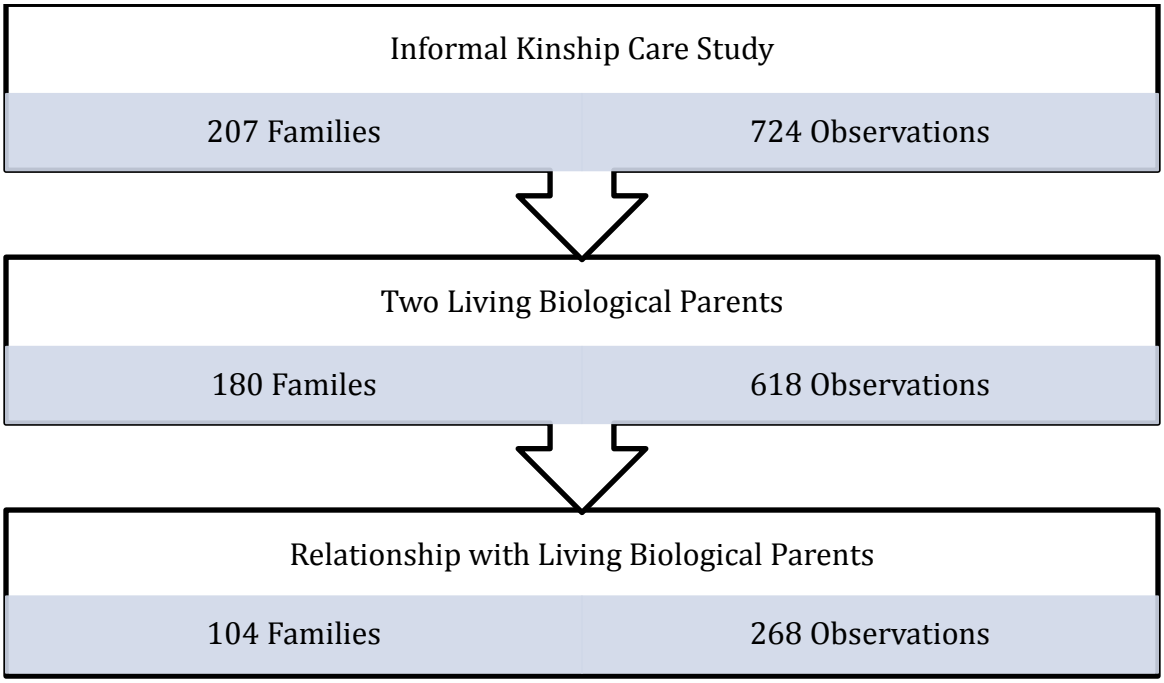

Figure 2. Data Reduction by Inclusion Criteria

The final analytic sample was not restricted by caregivers' reports of 'no contact' on the father-child frequency of contact variable and therefore includes observations where the caregiver reported no father-child contact but the existence of father-child and father-caregiver relationships. For example, after caregivers were excluded for reporting "not applicable-no contact" on the father-child relationship and father-caregiver relationship variables, 12 caregivers remained who reported "no-contact" on the father-child frequency of contact variable. Two of these caregivers reported a "very poor" father-child relationship, one reported a "poor" relationship, one reported "neither poor nor good", two reported a "good" relationship, and six reported a "very good" relationship. A preliminary analysis of qualitative data associated with

this question suggests that some caregivers interpreted the question "how much contact does the child have with his/her father" to mean physical contact. Therefore, while these caregivers indicated the father had no physical contact with the child, they rated father-child relationship quality based on contact such as phone calls, electronic communication, and traditional letters sent via the postal service.

B. Univariate Analysis

1. Control Variables

a) Child Characteristics

On average, the children in the current analytic sample were 6.85 (SD = 2.51) years old at the time of initial interview. The length of time these children had lived in the relative caregiver's home ranged from two months to ten years. Eighty-nine percent of the children were identified as African American by their relative caregivers.

b) Caregiver Characteristics

On average, the relative caregivers in the current analytic sample were 49.97 (SD= 10.70) years old at the time of initial interview. Over the course of the first three waves, ninety percent of the caregivers identified as African American. However, of those caregivers who participated in the final interview, eighty-three percent identified as African American. The majority of the relative caregivers were women, with over ninety-five percent identifying as such at each wave. Less than a third of caregivers reported being married at any time during the study. Although the informal kinship caregivers included aunts, uncles, siblings and cousins, about seventy percent of caregivers were grandparents.

The average reports of parenting stress ranged from 28.13 (SD= 9.44) to 29.77 (SD= 9.84) over the course of the study. Raw scores on the Parenting Stress Index-Parental Distress

subscale range from 12-60. Raw scores are converted to percentiles. Typical percentile scores range from the 15th to the 85th for this scale. Percentiles above the 90th are considered high and may indicate the need for parenting intervention (Abidin, 1995). Although 14.3% of caregivers scored above the 90th percentile, the average scores presented above would fall between the 65th and 70th percentiles.

The Family Support Scale is measured on a scale from 1-5, with five indicating the highest level of perceived social support. Mean scores on this measure ranged from 2.77 (SD= .83) to 2.97 (SD= .75). Caregivers' perceived level of family functioning was measured using the Beaver's Self Report Family Instrument. This instrument is measured on a scale from 1-5, with five indicating higher levels of perceived family dysfunction. Mean scores on this measure ranged from 1.99 (SD= .76) to 2.17 (SD= .83).

Over the course of the study, caregivers' reports of fulltime employment ranged from 26% to 31% of the sample, part-time employment ranged from 11% to 19%, and reports of unemployment ranged from 51% to 60% of the sample. At each wave, more than sixty percent of the caregiver reported educational attainment at the high school level or higher.

c) Household Characteristics

At each wave, about forty percent of caregivers reported annual household income levels at or below $9,999. Those who reported annual household income levels at or above $50,000 ranged between seven to twelve percent of the sample.

The aforementioned characteristics of the study control variables are displayed in Table 6.

Table 6

Characteristics of Study Control Variables

Characteristics	Responses	1st Wave	2nd Wave	3rd Wave	4th Wave
Child					
Child Age	Mean (SD)	6.85 (2.51)	7.57 (2.60)	7.62 (2.41)	8.02 (2.61)
	Maximum	11.17	11.75	12	12.75
	Minimum	1.5	2	2.42	3.58
	Total (N)	73	70	65	59
Caregiver					
Caregiver Age	Mean (SD)	47.97 (10.70)	46.41 (10.74)	49.28 (10.80)	51.32 (10.04)
	Maximum	70	63	71	71
	Minimum	22	22	23	24
	Total (N)	72	70	65	59
Caregiver Race	African American	64 (87.7)	63 (88.7)	59 (90.8)	49 (83.1)
	Other	9 (12.3)	8 (11.3)	6 (9.2)	10 (16.9)
	Total (N)	73	71	65	59
Caregiver Employment Status	Unemployed	44 (60.3)	44 (62.0)	33 (50.8)	33 (55.9)
	Employed Part-time	10 (13.7)	8 (11.3)	12 (18.5)	9 (15.3)
	Employed Full-time	19 (26.0)	19 (26.8)	20 (30.8)	17 (28.8)
	Total (N)	73	71	65	59
Parenting Stress (12-60)	Mean (SD)	28.30 (9.40)	29.11 (10.75)	29.77 (9.84)	28.13 (9.44)
	Maximum	54	60	59	48
	Minimum	12	12	12	12
	Total (N)	72	70	64	59
Social Support (1-5)	Mean (SD)	2.79 (.90)	2.77 (.83)	2.97 (.75)	2.94 (.78)
	Maximum	4.63	4.70	4.50	4.88
	Minimum	1.00	1.14	1.63	1.36
	Total (N)	73	71	65	58
Family Functioning (1-5)	Mean (SD)	2.17 (.83)	2.07 (.83)	1.99 (.76)	2.07 (.85)
	Maximum	4.79	4.16	4.58	4.26
	Minimum	1.00	1.00	1.00	1.11
	Total (N)	73	71	65	59
Household					
Household Income	$4,999 or less	20 (29.4)	18 (26.5)	11 (17.2)	7 (12.3)
	$5,000-$9,999	16 (23.5)	13 (19.1)	18 (28.1)	12 (21.1)
	$10,000-$14,999	4 (5.9)	10 (14.7)	8 (12.5)	10 (17.5)
	$15,000-$19,999	8 (11.8)	7 (10.3)	5 (7.8)	7 (12.3)
	$20,000-$24,999	6 (8.8)	5 (7.4)	6 (9.4)	2 (3.5)
	$25,000-$29,999	3 (4.4)	4 (5.9)	3 (4.7)	4 (7.0)

Characteristics	Responses	1st Wave	2nd Wave	3rd Wave	4th Wave
	$30,000-$34,999	2 (2.9)	2 (2.9)	3 (4.7)	3 (5.3)
	$35,000-$39,999	0	1 (1.5)	0	1 (1.8)
	$40,000-$44,999	2 (2.9)	3 (4.4)	3 (4.7)	0
	$45,000-$49,999	1 (1.5)	0	1 (1.6)	4 (7.0)
	$50,000 or more	6 (8.8)	5 (7.4)	6 (9.4)	7 (12.3)
	Total (N)	68	68	64	57

2. Independent Variables

a) Father Involvement

The frequency of father-child contact was measured on a scale of 0-5; with five indicating more frequent contact. At each wave less than six percent of caregivers reported that there was no contact between the relative child and their biological father. About one quarter of caregivers at each wave reported that the relative child and their biological father had at least monthly contact. Similarly, nearly a third of caregivers at each wave reported at least weekly father-child contact. Over the course of the study, between ten and eighteen percent of caregivers reported that the relative child and their biological father had daily contact (see Table 7).

The quality of the father-child relationship was measured on a scale of 1-5, with higher scores indicating caregivers' perception of increased quality. Over the course of the study, less than four percent of caregivers reported a very poor father-child relationship. Similarly, less than six percent of caregivers reported a poor father-child relationship. Between thirteen to fifteen percent of caregivers reported that the father-child relationship was neither poor nor good at each wave. Over one-third of caregivers reported that the father-child relationship was good at each wave. The percentage of caregivers who reported a very good father-child relationship ranged from forty-two to forty-four over the course of the study.

Table 7

Characteristics of Father Involvement Variables

Variable		1st Wave	2nd Wave	3rd Wave	4th Wave
		n (%)	n (%)	n (%)	n (%)
Father-Child Contact (0-5)	No contact	3 (4.1)	4 (5.6)	2 (3.1)	3 (5.1)
	Yearly	7 (9.6)	6 (8.5)	1 (1.5)	7 (11.9)
	Several times a year	12 (16.4)	15 (21.1)	14 (21.5)	5 (8.5)
	At least monthly	20 (27.4)	16 (22.5)	18 (27.7)	14 (23.7)
	At least weekly	19 (26.0)	17 (23.9)	23 (35.4)	22 (37.3)
	Daily	12 (16.4)	13 (18.3)	7 (10.8)	8 (13.6)
	Total (N)	73	71	65	59
Father-Child Relationship (1-5)	Very poor	1 (1.4)	2 (2.8)	2 (3.1)	2 (3.4)
	Poor	3 (4.1)	4 (5.6)	2 (3.1)	2 (3.4)
	Neither poor nor good	10 (13.7)	10 (14.1)	10 (15.4)	8 (13.6)
	Good	28 (38.4)	24 (33.8)	23 (35.4)	21 (35.6)
	Very good	31 (42.5)	31 (43.7)	28 (43.1)	26 (44.1)
	Total (N)	73	71	65	59

3. Moderating Variables

a) Kinship Triad Relationships

The quality of caregiver-father, caregiver-mother, and mother-child relationships were each measured on a scale of 1-5, with 5 indicating higher relationship quality. Caregiver-father and caregiver-mother relationship quality was operationally defined by degree of friendliness and conflict. Mother-child relationships were operationally defined by the degree of relationship quality.

Less than five percent of caregivers at each wave reported having a relationship with their relative child's father that was not at all friendly and characterized by a lot conflict. The percentage of caregivers at each wave who reported having a friendly relationship with some conflict, ranged from sixteen to thirty-one. Over one-third of caregivers at each wave reported

having a relationship with their relative child's father that was very friendly with no conflict (See Table 8).

Over the course of the study between seven and twelve percent of caregivers reported that their relationship with their relative child's mother was not at all friendly and characterized by a lot of conflict. Between twenty-four and forty percent of caregivers reported that their relationship was friendly with some conflict. Twenty percent or more of caregivers at each wave reported having a very friendly relationship with no conflict with the mother of their relative child.

Between seven and twelve percent of caregivers reported that the mother-child relationship was very poor over the course of the study. More than twelve percent of caregivers at each wave reported that the mother-child relationship was neither poor nor good. Almost thirty percent or more of caregivers at each wave reported that mother-child relationship was very good.

Caregiver-child relationship quality was measured using the Parenting Stress Index-Dysfunctional Parent Child Interaction subscale. Raw scores on this scale range from 12-60, with higher scores indicating greater levels of dysfunction within the caregiver-child relationship. Over the course of the study, caregivers reported average scores between twenty-one and twenty-two. Typical percentile scores range from the 15^{th} to the 85^{th} for this scale. Percentiles above the 85^{th} are considered high and may indicate the need for parenting intervention (Abidin, 1995). Although 19.5% of caregivers reported scores above the 85^{th} percentile, the average scores presented above would fall between the 60^{th} and 65^{th} percentiles.

Table 8

Kinship Triad Relationships

Variable		1st Wave n (%)	2nd Wave n (%)	3rd Wave n (%)	4th Wave n (%)
Caregiver- Father Relationship (1-5)	Not at all friendly-lots of conflict	3 (4.1)	2 (2.8)	2 (3.1)	1 (1.7)
	Not very friendly-some conflict	8 (11.0)	6 (8.5)	4 (6.2)	5 (8.5)
	Friendly-some conflict	19 (26.0)	22 (31.0)	11 (16.9)	14 (23.7)
	Very friendly-minor conflict	16 (21.9)	16 (22.5)	22 (33.8)	16 (27.1)
	Very friendly and no conflict	27 (37.0)	25 (35.2)	26 (40.0)	23 (39.0)
	Total (N)	73	71	65	59
Caregiver-Mother Relationship (1-5)	Not at all friendly-lots of conflict	9 (12.3)	5 (7.0)	8 (12.3)	7 (11.9)
	Not very friendly-some conflict	13 (17.8)	5 (7.0)	3 (4.6)	4 (6.8)
	Friendly-some conflict	18 (24.7)	29 (40.8)	22 (33.8)	18 (30.5)
	Very friendly-minor conflict	12 (16.4)	18 (25.4)	18 (27.7)	16 (27.1)
	Very friendly and no conflict	21 (28.8)	14 (19.7)	14 (21.5)	14 (23.7)
	Total (N)	73	71	65	59
Mother-Child Relationship (1-5)	Very poor	5 (6.8)	5 (7.0)	8 (12.3)	7 (11.9)
	Poor	3 (4.1)	4 (5.6)	3 (4.6)	4 (6.8)
	Neither poor nor good	11 (15.1)	14 (19.7)	8 (12.3)	10 (16.9)
	Good	27 (37.0)	23 (32.4)	24 (36.9)	21 (35.6)
	Very good	27 (37.0)	25 (35.2)	22 (33.8)	17 (28.8)
	Total (N)	73	71	65	59
Caregiver-Child Relationship (12-60)	Mean (SD)	20.97 (7.33)	22.45 (8.31)	21.92 (7.81)	21.34 (7.16)
	Maximum	41	51	46	41
	Minimum	12	12	12	12
	Total (N)	72	70	64	59

b) Family Demographics

Throughout the study, the majority of caregivers identified as a maternal relative of the child in care. At each wave the caregivers reported an approximately equal amount of male and female relative children in care. Over the course of the study over ninety-three percent of these children had nonresident fathers (See Table 9).

Table 9

Family Demographic Variables

Variable		1st Wave	2nd Wave	3rd Wave	4th Wave
		n (%)	n (%)	n (%)	n (%)
Focus Child's Gender	Male	36 (49.3)	37 (52.1)	32 (49.2)	30 (50.8)
	Female	37 (50.7)	34 (47.9)	33 (50.8)	29 (49.2)
	Total (N)	73	71	65	59
Father's Residential Status	Nonresident	71 (97.3)	68 (95.8)	61 (93.8)	58 (98.3)
	Resident	2 (2.7)	3 (4.2)	4 (6.2)	1 (1.7)
	Total (N)	73	71	65	59
Caregiver is Maternal or Paternal Relative	Paternal	28 (38.4)	25 (35.7)	22 (40.7)	24 (40.7)
	Maternal	45 (61.6)	45 (64.3)	43 (66.2)	35 (59.3)
	Total (N)	73	70	65	59

4. Dependent Variables

a) Internalizing Behaviors

Child internalizing behaviors were measured using the Child Behavior Checklist-Internalizing Behavior Problems subscale. T-scores less than 60 on this measure are indicative of emotional and/or behavioral problems that are within a normal range. Caregivers' reports of the relative children's behaviors yielded mean T-scores that ranged from 48.44 to 49.90. Although,

23-26% of the sample scored above 60 over the course of the study, the range of mean scores were not indicative of clinically significant problem behaviors.

b) Externalizing Behaviors

Child externalizing behaviors were measured using the Child Behavior Checklist-Externalizing Behavior Problems subscale. T-scores less than 60 on this measure are indicative of emotional and/or behavioral problems that are within a normal range. Caregivers' reports of the relative children's behaviors yielded mean T-scores that ranged from 51.75 to 53.52. Although 19-21% of the sample scored above 60 over the course of the study, the range of mean scores were not indicative of clinically significant problem behaviors (See Table 10).

Table 10

Internalizing and Externalizing Behaviors (CBCL T-scores)

Variable		1st Wave	2nd Wave	3rd Wave	4th Wave
		n (%)	n (%)	n (%)	n (%)
Internalizing Behaviors	Mean (SD)	49.90 (10.45)	48.84 (11.13)	49.75 (11.03)	48.44 (11.13)
	Maximum	75	73	76	77
	Minimum	29	29	33	29
	Total (N)	73	71	65	59
Externalizing Behaviors	Mean (SD)	52.47 (10.79)	51.94 (11.25)	53.52 (11.14)	51.75 (11.63)
	Maximum	77	80	82	80
	Minimum	28	32	28	28
	Total (N)	73	71	65	59

5. Missing Data

Population-averaged GEE models are generated with the assumption that all missing data are missing completely at random (MCAR). Therefore all complete cases, regardless of total number of waves completed, were included in the analyses. For example, a case was not dropped from the analyses because a caregiver only completed 3 of 4 interviews. According to Hardin and Hilbe (2003), the assumptions of population-averaged GEE models are appropriate in instances where missing cases are generated as a result of attrition.

The 'Analyze Patterns' function was used in SPSS to provide descriptive measures of the patterns of missing values in the data. According to (Bennett, 2001) when the pattern of missing data is greater than 10% the results of subsequent analyses become biased. Analyses of each wave revealed that no variable had more than 10% missing values. No imputations were conducted to replace missing values. Instead observations with missing values (n=17) were handled using listwise deletion (Allison, 2001).

C. Bivariate Analysis

1. Correlations among Independent, Control and Moderating Variables

As shown in Table 11, when assessing all observations (n=268), there were several significant correlations among the study's independent, control and moderating variables. For this analysis, categorical variables were dummy coded and ordinal variables were treated as continuous. Some of these variables were moderately correlated. This included the study's independent variables, father-child contact and father-child relationship quality ($r = .425$, $p < .01$). More frequent father-child contact was associated with better quality father-child relationships. In addition, father-child relationship quality was moderately associated with caregiver-father

relationship (r=. 455, p< .01). Higher quality father-child relationships were associated with higher quality caregiver-father relationships.

A negative moderate association was observed between father-child contact and whether or not the caregiver was a paternal or maternal relative (r= -.338, p< .01). A similar moderate association was found between father-child relationship quality and whether or not the caregiver was a paternal or maternal relative (r= -.309, p< .01). Therefore, living with a paternal relative was associated with more frequent father-child contact and a better quality father-child relationship. Although weak, a similar association was found between caregiver-father relationship and whether or not the caregiver was a paternal or maternal relative (r = -.250, p < .01). As such, living with a paternal relative was associated with better caregiver-father relationship quality.

A weak, albeit significant, association was also found between father-child contact and caregiver-father relationship (r = .295, p< .01). Therefore, more frequent father-child contact was associated with better quality caregiver-father relationships. A weak association was also observed between father-child contact and father's residential status (r =. 231, p<. 01). As such, more frequent father-child contact was associated with a father living in the caregiver's household. Caregiver-child relationship was associated with father-child relationship (r = -.171, p < .01) and caregiver-father relationship (r = -.157, p < .05). Therefore less dysfunction in the caregiver-child relationship was associated with better quality father-child and caregiver-father relationships.

Table 11

Correlations among Independent, Control and Moderating Variables

Var.[a]	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																	
2	-.055																
3	.319**	.416**															
4	-.261**	.122*	-.002														
5	.221**	-.156*	.156*	-.127*													
6	.067	-.141*	-.184**	.106	.098												
7	.021	.036	.075	.138*	-.035	-.044											
8	-.009	-.248**	-.159*	-.038	.017	.445**	-.113										
9	-.013	.009	-.041	-.076	.057	-.021	.063	-.065									
10	.020	-.012	.011	-.094	.085	-.228**	.146*	-.227**	.425**								
11	-.104	-.067	-.053	.069	.130*	-.044	.014	-.164**	.054	.119							
12	-.111	.036	-.062	.022	.037	-.101	.089	-.294**	.055	.107	.450**						
13	-.141*	.072	-.080	-.063	-.082	-.138*	.033	-.172**	.295**	.455**	.027	.198**					
14	.037	-.103	-.129*	.157*	.020	.556**	-.073	.453**	-.028	-.171**	-.025	-.087	-.157*				
15	-.190**	.044	-.003	.168**	.031	.004	-.083	-.044	-.058	-.010	-.035	.179**	-.079	-.091			
16	-.014	.044	.163**	.007	.179**	-.065	.029	.003	.231**	.074	.081	-.079	.041	-.056	-.117		
17	.053	-.167**	-.123*	.209**	-.074	.150*	.010	.076	-.338**	-.309**	.216**	.085	-.250**	.054	.129*	-.216**	

a. 1= Caregiver's race; 2= Caregiver's employment status; 3= Yearly household income; 4= Child's age; 5= Caregiver's age; 6=Parenting stress; 7= Social support; 8= Family functioning; 9= Child's contact with father; 10= Child's relationship with father; 11= Child's relationship with mother; 12= Caregiver's relationship with mother; 13= Caregiver's relationship with father; 14= Caregiver's relationship with child; 15= Child's gender; 16= Father's residential status; 17= Caregiver related to child's mother or father.

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

D. Regression Diagnostics

A multiple regression model was created for each proposed GEE model (see Tables 12 and 13) in order to compute the results for tests of multicollinearity. Each variable that was proposed to be included in any moderation analysis (i.e. father-child contact, father-child relationship quality, mother-child relationship quality, caregiver-mother relationship quality, caregiver-father relationship quality, and caregiver-child relationship quality) was mean centered prior to testing for multicollinearity (Cohen, Cohen, West, Aiken, 2003), with the exception of the categorical variables (child's gender, father's residential status, caregiver is paternal or maternal relative).

In each model the control, independent and moderating variables were regressed on the corresponding dependent variable. One model for each dependent variable (i.e. internalizing and externalizing behavior problems) produced VIF scores higher than 10 and tolerance scores lower than 0.10. These models were the proposed final models (see Model 5 in Tables 3 and 4). The variables of concern were 'father's residential status' and the interaction between 'father's residential status and father-child contact' (see Model 5 in Tables 12 and 13).

In order to address the problem with multicollinearity, an additional model was tested which excluded the interaction between father's residential status and father-child contact (see Model 6 in Table 12 and 13). Dropping this interaction term from the proposed GEE model alleviated the observed violations. Aside from these issues, the data had no serious problems with multicollinearity that warranted dropping additional variables from further analyses.

Table 12

Internalizing Behaviors- VIF and Tolerance Indices

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF
Child's Age	.86	1.16	.85	1.17	.82	1.21	.77	1.29	.71	1.39	.71	1.39
Caregiver's Age	.88	1.13	.86	1.15	.83	1.19	.80	1.24	.76	1.30	.76	1.30
Caregiver's Race	.76	1.30	.76	1.30	.74	1.35	.68	1.45	.59	1.68	.59	1.68
Caregiver's Employment Status	.72	1.38	.71	1.39	.70	1.41	.69	1.43	.64	1.54	.65	1.53
Parenting Stress	.73	1.35	.71	1.40	.60	1.66	.59	1.69	.56	1.76	.56	1.75
Social Support	.96	1.04	.94	1.06	.92	1.07	.90	1.10	.82	1.21	.83	1.20
Family Functioning	.74	1.33	.73	1.36	.62	1.60	.62	1.60	.56	1.76	.57	1.73
Household Income	.65	1.51	.65	1.52	.64	1.54	.62	1.58	.58	1.69	.59	1.69
Father-Child Contact (FCC)			.79	1.25	.77	1.29	.70	1.42	.17	5.82	.17	5.74
Father-Child Relationship (FCR)			.71	1.39	.62	1.60	.59	1.69	.12	7.90	.12	7.90
Mother-Child Relationship (MCR)					.74	1.35	.66	1.50	.59	1.68	.59	1.68
CG-Mother Relationship (CGMR)					.69	1.43	.64	1.55	.538	1.860	.54	1.83
CG-Father Relationship (CGFR)					.69	1.43	.67	1.47	.61	1.63	.61	1.63
CG-Child Relationship (CGCR)					.62	1.59	.60	1.65	.57	1.73	.57	1.73
Child's Gender (FCG)							.81	1.22	.76	1.31	.76	1.31
Father's Residential Status (FR)							.82	1.21	.06	14.76	.61	1.62

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF
CG-Maternal or Paternal (CMP)							.66	1.50	.55	1.79	.56	1.78
FCC* MCR									.51	1.92	.51	1.92
FCC*CGMR									.41	2.38	.41	2.38
FCC*CGFR									.49	2.03	.49	2.03
FCC*CGCR									.55	1.79	.55	1.79
FCC*FCG									.31	3.14	.31	3.13
FCC*FR									.07	13.72		
FCC*CMP									.22	4.37	.22	4.36
FCR*MCR									.46	2.15	.46	2.15
FCR*CGMR									.36	2.72	.36	2.71
FCR*CGFR									.42	2.33	.42	2.33
FCR*CGCR									.54	1.83	.54	1.83
FCR*FCG									.31	3.20	.31	3.19
FCR*FR									.60	1.66	.61	1.63
FCR*CMP									.17	5.75	.17	5.75

Table 13

Externalizing Behaviors- VIF and Tolerance Indices

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF
Child's Age	.86	1.16	.85	1.17	.82	1.21	.77	1.29	.71	1.39	.71	1.39
Caregiver's Age	.88	1.13	.86	1.15	.83	1.19	.80	1.24	.76	1.30	.76	1.30
Caregiver's Race	.76	1.30	.76	1.30	.74	1.35	.68	1.45	.59	1.68	.59	1.68
Caregiver's Employment Status	.72	1.38	.71	1.39	.70	1.41	.69	1.43	.64	1.54	.65	1.53
Parenting Stress	.73	1.35	.71	1.40	.60	1.66	.59	1.69	.56	1.76	.56	1.75
Social Support	.96	1.04	.94	1.06	.92	1.07	.90	1.10	.82	1.21	.83	1.20
Family Functioning	.74	1.33	.73	1.36	.62	1.60	.62	1.60	.56	1.76	.57	1.73
Household Income	.65	1.51	.65	1.52	.64	1.54	.62	1.58	.58	1.69	.59	1.69
Father-Child Contact (FCC)			.79	1.25	.77	1.29	.70	1.42	.17	5.82	.17	5.74
Father-Child Relationship (FCR)			.71	1.39	.62	1.60	.59	1.69	.12	7.90	.12	7.90
Mother-Child Relationship (MCR)					.74	1.35	.66	1.50	.59	1.68	.59	1.68
CG-Mother Relationship (CGMR)					.69	1.43	.64	1.55	.53	1.86	.54	1.83
CG-Father Relationship (CGFR)					.69	1.43	.67	1.47	.61	1.63	.61	1.63
CG-Child Relationship (CGCR)					.62	1.59	.60	1.65	.57	1.73	.57	1.73
Child's Gender (FCG)							.81	1.22	.76	1.31	.76	1.31
Father's Residential Status (FR)							.82	1.21	.06	14.76	.61	1.62

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF	Tol.	VIF
CG-Maternal or Paternal (CMP)							.66	1.50	.55	1.79	.56	1.78
FCC* MCR									.51	1.92	.51	1.92
FCC*CGMR									.41	2.38	.41	2.38
FCC*CGFR									.49	2.03	.49	2.03
FCC*CGCR									.55	1.79	.55	1.79
FCC*FCG									.31	3.14	.31	3.13
FCC*FR									.07	13.72		
FCC*CMP									.22	4.37	.22	4.36
FCR*MCR									.46	2.15	.46	2.15
FCR*CGMR									.36	2.72	.36	2.71
FCR*CGFR									.42	2.33	.42	2.33
FCR*CGCR									.54	1.83	.54	1.83
FCR*FCG									.31	3.20	.31	3.19
FCR*FR									.60	1.66	.61	1.63
FCR*CMP									.17	5.75	.17	5.75

E. Generalized Estimating Equations

Several GEE models were run to test the study hypotheses. Results of these analyses are reported in the following sections.

1. Hypothesis #1: Internalizing Behaviors

Model 1 included the hypothesized control variables. Two of the eight hypothesized control variables were significant predictors of internalizing behaviors in this model. This included caregiver's report of parental distress ($\beta = .16$, SE= .08, $p < .05$) and caregiver's perception of family functioning ($\beta = 3.80$, SE= .88, $p <. 01$). Therefore, on average, caregivers reported higher levels of child internalizing problems when the caregivers experienced more stress in their roles as parents and when they perceived greater levels of family dysfunction (See Table 14).

The independent variables, father-child contact and father-child relationship, were added in model 2. After adding these variables caregiver's level of parenting stress was no longer a significant predictor of child internalizing behavior. Caregiver's perception of family functioning remained a significant predictor ($\beta = 3.65$, SE= .82, $p < .01$) and caregiver's perception of social support became a significant predictor ($\beta = 1.79$, SE= .78, $p < .05$). One of the independent variables, father-child relationship ($\beta = -2.05$, SE= .72, $p < .01$), was a significant predictor of internalizing behaviors in this model. Therefore, on average, caregivers reported higher levels of child internalizing behaviors when they perceived the existence of higher levels of social support, when they perceived higher levels of family dysfunction, and when they reported poorer father-child relationships. Father-child contact was not a significant predictor of internalizing behaviors in this model.

Table 14

Internalizing Behaviors

	Model 1	Model 2	Model 3	Model 4	Model 5
	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)
(Intercept)	35.79 (6.89)	34.58 (6.68)	37.44 (6.48)	32.76 (7.07)	34.19 (7.01)
Child's Age	.02 (.03)	.02(.03)	.01 (.03)	.02 (.03)	.02 (.03)
Caregiver's Age	-.05 (.07)	-.03 (.07)	-.02 (.09)	-.01 (.07)	-.02 (.07)
CG Race-African American	-2.23 (3.22)	-1.89 (3.05)	-1.50 (3.01)	-.79 (2.93)	-2.17 (2.79)
CG Race-Other	0[a]	0[a]	0[a]	0[a]	0[a]
CG Unemployed	-.95 (1.56)	-.87 (1.58)	-.63 (1.57)	-.68 (1.56)	-.45 (1.52)
CG Employed Part-time	-2.03 (2.20)	-2.41 (2.18)	-1.88 (2.15)	-2.23 (2.15)	-1.21 (2.09)
CG Employed Full-time	0[a]	0[a]	0[a]	0[a]	0[a]
CG Parenting Stress	.16 (.08)*	.14 (.08)	.06 (.07)	.07 (.07)	.09 (.07)
CG Social Support	1.41 (.75)	1.79 (.78)*	2.00 (.79)**	1.87 (.81)*	1.58 (.80)*
CG Family Functioning	3.80 (.88)**	3.65 (.82)**	3.01 (1.18)**	3.13 (.82)**	2.98 (.81)**
Household Income	.05 (.28)	.05 (.29)	.10 (.29)	.13 (.28)	.23 (.28)
Father-Child Contact (FCC)		.32 (.48)	.26 (.48)	.27 (.49)	-.08 (.78)
Father-Child Relationship (FCR)		-2.05(.72)**	-2.26 (.66)**	-2.22 (.67)**	-3.20 (2.87)
Mother-Child Relationship (MCR)			.04 (.47)	-.05 (.49)	.05 (.50)
CG-Mother Relationship (CGMR)			-.54 (.47)	-.35 (.49)	-.43 (.50)
CG-Father Relationship (CGFR)			.63 (.49)	.48 (.51)	.58 (.57)
CG-Child Relationship (CGCR)			.26 (.10)**	.23 (.10)**	.25 (.10)*
Child's Gender-Male				2.92 (1.58)	2.60 (1.51)
Child's Gender-Female				0[a]	0[a]
Non-Resident Father (NRF)				.84 (2.22)	1.23 (2.16)
Resident Father (RF)				0[a]	0[a]
Paternal Caregiver				.44 (1.83)	-.25 (1.65)
Maternal Caregiver				0[a]	0[a]

Internalizing Behaviors

	Model 1	Model 2	Model 3	Model 4	Model 5
	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)
FCC * MCR					.09 (.30)
FCC * CGMR					.58 (.37)
FCC * CGFR					.64 (.36)
FCC * CGCR					.02 (.05)
FCC * Child-Male					1.27 (.86)
FCC * Child-Female					0[a]
FCC * Paternal Caregiver					.05 (.94)
FCC * Maternal Caregiver					0[a]
FCR * MCR					-.68 (.55)
FCR * CGMR					-.36 (.50)
FCR * CGFR					-1.30 (.50)**
FCR * CGCR					-.13 (.07)
FCR * Child-Male					-.85 (1.22)
FCR * Child-Female					0[a]
FCR * NRF					.55 (2.72)
FCR * RF					0[a]
FCR* Paternal Caregiver					1.66 (1.27)
FCR * Maternal Caregiver					0[a]

a. Set to zero because this parameter is redundant.
b. **Predictor is significant at the 0.01 level (2-tailed).
c. *Predictor is significant at the 0.05 level (2-tailed).

The kinship triad relationship variables were added in model 3. As with the previous model, significant predictors of internalizing behaviors included caregiver's perception of social support (β = 2.00, SE= .79, p < .01), caregiver's perception of family functioning (β = 3.01, SE= 1.18, p < .01), and father-child relationship (β = -2.26, SE= .66, p < .01). Caregiver-child relationship was also a significant predictor in this model (β = .26, SE= .10, p < .01). Therefore, on average, caregivers reported higher levels of child internalizing behaviors when they perceived the existence of higher levels of social support, higher levels of family dysfunction, poorer father-child relationships and greater dysfunction within the caregiver-child relationship. Neither father-child contact nor any of the remaining kinship triad relationship variables (mother-child, caregiver-father, caregiver-mother) were significant predictors of internalizing behaviors in this model.

The demographic variables (child's gender, father's residential status, and whether or not the caregiver was a paternal or maternal relative) were added in model 4, however none of these variables were significant predictors of internalizing behaviors. Significant predictors in this model were the same as in the previous model: caregiver's perception of social support (β = 1.87, SE= .81, p < .05), caregiver's perception of family functioning (β = 3.13, SE= .82, p < .01), father-child relationship (β = -2.22, SE= .67, p < .01) and caregiver-child relationship (β = .23, SE= .10, p < .01). As in previous models, father-child contact was not significant predictor of internalizing behaviors.

Model 5 included the addition of the interaction terms (see Table 15). As in previous models, caregiver's perception of social support (β = 1.58, SE= .80, p < .05), family functioning (β = 2.98, SE= .81, p < .01) and caregiver-child relationship (β = .25, SE= .10, p < .05) were significant predictors of child internalizing behavior. However, after the addition of the interaction variables, father-child relationship (β = -3.20, SE= 2.87, p =. 06) trended towards but did not reach significance.

The interaction between father-child relationship and caregiver-father relationship ($\beta = -1.30$, SE= .50, $p < .01$) was the only significant interaction term in this model. A plot (see Figure 2) was created to help visualize and interpret this interaction using the methods described by Aiken and West (1991). Average internalizing t-scores were predicted using a modified version of GEE model 5. After the mean value of each variable in the model was obtained, four GEE models were run utilizing combinations of the high (mean+1*sd) and low (mean-1*sd) values for father-child relationship and caregiver-father relationship. The monikers "better" and "poorer" correspond with these values. The plot shows that on average, internalizing behaviors do change at various levels of the father-child relationship and the caregiver-father relationship. Therefore, in this model, caregivers report lower levels of internalizing behaviors given better relationships between fathers and their children and fathers and caregivers. Higher levels of internalizing behaviors are reported when fathers have better relationships with the caregivers but poorer relationships with their children.

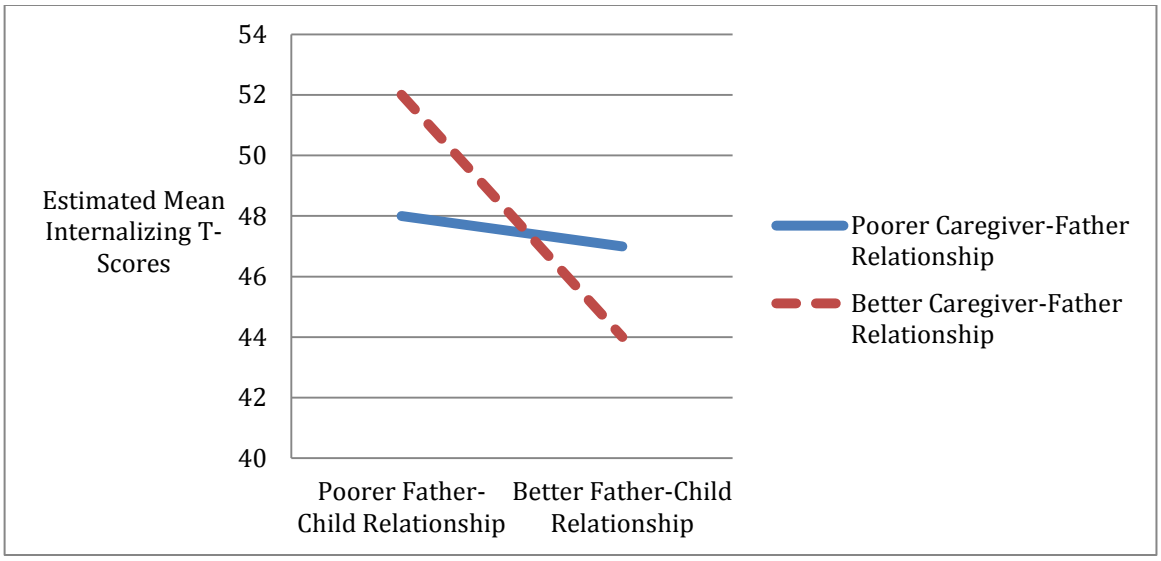

Figure 3. The Effect of Father-Child Relationship and Caregiver-Father Relationship on Child Internalizing Behaviors

2. Hypothesis #2: Externalizing Behaviors

Model 1 included the hypothesized control variables. Two of the eight hypothesized control variables were significant predictors of externalizing behaviors in this model. This included child's age ($\beta = .10$, SE= .03, $p < .01$) and caregiver's perception of family functioning ($\beta = 2.48$, SE= 1.18, $p < .05$). Therefore, on average, caregivers reported higher levels of child externalizing problems when children were older and when they perceived higher levels of family dysfunction (See Table 15).

The independent variables, father-child contact and father-child relationship, were added in model 2. As in the previous model, child's age ($\beta = .09$, SE= .03, $p < .01$) and caregiver's perception of family functioning ($\beta = 2.39$, SE= 1.13, $p < .05$) were significant predictors of externalizing behaviors in this model. Father-child relationship ($\beta = -1.71$, SE= .63, $p < .01$) was also a significant predictor. On average, caregivers reported higher levels of child externalizing behaviors when children were older, when caregivers perceived higher levels of family dysfunction and when they reported poorer father-child relationships. Father-child contact was not a significant predictor of externalizing behaviors in this model.

The kinship triad relationship variables were added in model 3. When these variables were added to the equation caregiver's perception of family functioning was no longer a significant predictor of externalizing behaviors. Child's age ($\beta = .09$, SE= .03, $p < .01$) and father-child relationship ($\beta = -1.78$, SE= .62, $p < .01$) remained significant. Neither father-child contact nor any of the kinship triad relationship variables (mother-child, caregiver-father, caregiver-mother, caregiver-child) were significant predictors of externalizing behaviors in this model.

Table 15

Externalizing Behaviors

	Model 1	Model 2	Model 3	Model 4	Model 5
	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)
(Intercept)	33.01 (7.12)	31.44 (6.93)	31.55 (6.78)	30.91 (7.46)	32.72 (7.45)
Child's Age	.10 (.03)**	.09(.03)**	.09 (.03)**	.09 (.03)**	.09 (.03)**
Caregiver's Age	.06 (.08)	.08 (.08)	.09 (.08)	.10 (.08)	.08 (.08)
CG Race-African American	-1.62 (2.90)	-1.29 (2.80)	-.82 (2.70)	.00 (2.53)	-.49 (2.63)
CG Race-Other	0[a]	0[a]	0[a]	0[a]	0[a]
CG Unemployed	-1.26 (1.48)	-1.27 (1.49)	-1.11 (1.50)	1.20 (1.50)	-1.28 (1.53)
CG Employed Part-time	-2.00 (1.54)	-2.39 (1.50)	-2.18 (1.50)	-2.35 (1.53)	-1.56 (1.50)
CG Employed Full-time	0[a]	0[a]	0[a]	0[a]	0[a]
CG Parenting Stress	.12 (.07)	.11 (.07)	.08 (.07)	.09 (.07)	.09 (.07)
CG Social Support	.62 (.78)	1.02 (.79)	1.19 (.81)	1.10 (.82)	.96 (.80)
CG Family Functioning	2.48 (1.18)*	2.39 (1.13)*	2.03 (1.12)	2.03 (1.11)	1.87 (1.12)
Household Income	-.06 (.27)	-.07 (.27)	-.06 (.26)	-.03 (.26)	.10 (.27)
Father-Child Contact (FCC)		-.26 (.35)	-.25 (.36)	-.22 (.36)	-.17 (.74)
Father-Child Relationship (FCR)		-1.71(.63)**	-1.78 (.62)**	-1.62 (.64)**	-1.15 (2.49)
Mother-Child Relationship (MCR)			-.36 (.60)	-.58 (.63)	-.70 (.63)
CG-Mother Relationship (CGMR)			-.64 (.55)	-.55 (.53)	-.36 (.54)
CG-Father Relationship (CGFR)			.41 (.49)	.41 (.48)	.34 (.49)
CG-Child Relationship (CGCR)			.12 (.09)	.11 (.09)	.08 (.10)
Child's Gender-Male				2.42 (1.76)	2.24 (1.78)
Child's Gender-Female				0[a]	0[a]
Non-Resident Father (NRF)				-.89 (1.95)	-1.07 (1.40)
Resident Father (RF)				0[a]	0[a]
Paternal Caregiver				-1.77 (1.83)	-1.89 (1.76)
Maternal Caregiver				0[a]	0[a]

Externalizing Behaviors

	Model 1	Model 2	Model 3	Model 4	Model 5
	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)
FCC * MCR					-.14 (.32)
FCC * CGMR					-.06 (.37)
FCC * CGFR					.37 (.27)
FCC * CGCR					-.03 (.05)
FCC * Child-Male					.81 (.70)
FCC * Child-Female					0[a]
FCC * Paternal Caregiver					-.94 (.81)
FCC * Maternal Caregiver					0[a]
FCR * MCR					-.78 (.56)
FCR * CGMR					.49 (.51)
FCR * CGFR					-.44 (.47)
FCR * CGCR					-.12 (.08)
FCR * Child-Male					-1.02 (1.29)
FCR * Child-Female					0[a]
FCR * NRF					.04 (2.41)
FCR * RF					0[a]
FCR* Paternal Caregiver					.05 (1.21)
FCR * Maternal Caregiver					0[a]

a. Set to zero because this parameter is redundant.

b. **Predictor is significant at the 0.01 level (2-tailed).

c. *Predictor is significant at the 0.05 level (2-tailed).

The demographic variables (child's gender, father's residential status, and whether or not the caregiver was a paternal or maternal relative) were added in model 4. The significant predictors in this model were the same as the previous model, child's age ($\beta = .09$, SE= .03, $p < .01$) and father-child relationship ($\beta = -1.62$, SE= .64, $p < .01$). Neither father-child contact nor any of the demographic variables were significant predictors of externalizing behaviors in this model.

Model 5 included the addition of the interaction terms (see Table 15). Although child's age ($\beta = .09$, SE= .03, $p < .01$) remained as a significant predictor of child externalizing behavior, father-child relationship was no longer a significant predictor after the addition of the interaction terms. Neither father-child contact nor any of the interaction terms were significant predictors of externalizing behaviors in this model.

F. Summary of Key Findings

This study sought to test two hypotheses related to father-child contact and father-child relationship quality as predictors of children's internalizing and externalizing behaviors. The results of this study suggest that neither hypothesis was fully supported.

The first hypothesis purported that father-child contact and father-child relationship quality would both be inversely related to child internalizing behaviors. Although there was a significant association between father-child relationship quality and child internalizing behaviors, no such relationship was found between father-child contact and child internalizing behavior among this sample.

After accounting for the kinship triad relationship variables that were hypothesized to moderate the relationship between internalizing behaviors and the father involvement variables, father-child relationship quality remained significantly associated with child internalizing behaviors. Caregiver-child relationship was the only kinship triad relationship variable that was a significant predictor of child internalizing behaviors. Similar results were found after accounting for the family demographic variables that were hypothesized to moderate the relationship between internalizing behaviors and the father involvement variables. Father-child relationship and caregiver-child relationship remained significant predictors, however none of the family demographic variables were significant.

In the final GEE model related to the first hypothesis the hypothesized interaction terms were entered. The addition of these terms suppressed the significant association between father-child relationship quality and child internalizing behaviors, however caregiver-child relationship remained significant. The interaction between father-child relationship and caregiver-child relationship was the only significant interaction term in the final model.

The second hypothesis purported that father-child contact and father-child relationship quality would both be inversely related to child externalizing behaviors. Although there was a significant association between father-child relationship quality and child externalizing behaviors, no such relationship was found between father-child contact and child externalizing behaviors among this sample.

After accounting for the kinship triad relationship variables that were hypothesized to moderate the relationship between externalizing behaviors and the father involvement variables, father-child relationship quality remained significantly associated with child externalizing behaviors. None of the kinship triad relationship variables were significant predictors of child externalizing behaviors.

Father-child relationship quality remained a significant predictor after accounting for the family demographic variables that were hypothesized to moderate the relationship between externalizing behaviors and the father involvement variables. None of the family demographic variables were significant predictors of child externalizing behaviors.

After the hypothesized interaction terms were entered in the final GEE model related to the second hypothesis, the main effect of father-child relationship quality was suppressed. None of the interaction terms were significant predictors of externalizing behaviors in this model.

VI. Discussion

This chapter begins with a critical discussion of the findings that were reported in chapter five. Next I discuss the study's limitations. This is followed by a discussion of the study's implications for social work practice, social welfare policy, social work education and social work research.

1. Research Findings

The purpose of this study was to fill a gap in our knowledge regarding father involvement in informal kinship care and its impact on the emotional and behavioral wellbeing of children in care. Although this study was neither exclusively a fatherhood nor a child welfare study, it has the potential to contribute to the knowledge base of each area. The study was guided by the principles of family systems theory, which highlight the interconnectedness of family members and the ways in which family interactions impact individual wellbeing. This study specifically explored the relationship between two dimensions of father involvement, father-child contact and father-child relationship quality, as they related to the internalizing and externalizing behaviors of children living in informal kinship care. These outcomes were specifically in relation to children living in informal kinship care for whom both biological parents have maintained some type of relationship with the child and kinship caregiver. The relationships between mother-child, caregiver-mother, caregiver-father and caregiver-child were considered, as family systems theory suggests the relationship between father involvement and child wellbeing could not be sufficiently understood without using a triadic approach.

The study's first hypothesis predicted that both father-child contact and father-child relationship quality would be inversely related to children's internalizing behaviors when controlling for factors that significantly predicted internalizing behaviors in the Informal Kinship

Care Study. Sub-hypotheses further predicted that mother-child, caregiver-mother, caregiver-father, and caregiver-child relationships would moderate the relationship between the two dimensions of father involvement and internalizing behaviors. In addition, it was hypothesized that child's gender, father's residential status and whether or not the caregiver was a maternal or paternal relative would each serve as moderating variables. The GEE models, which tested these relationships, suggests that the first hypothesis was partially supported.

Although child's age, caregiver's age, caregiver's race, caregiver's employment status, caregiver's parental distress, perception of social support, perception of family functioning and household income were found to be significant predictors of internalizing behaviors in the Informal Kinship Care Study (Gleeson et al., 2008), only three of these variables (parental distress, social support and family functioning) were found to be significant predictors of internalizing behaviors in the current study. The findings related to caregiver's experience of stress in their parenting role, caregiver's perception of social support and perceptions of family functioning were consistent with the findings of the Informal Kinship Care Study (Gleeson et al., 2008).

Although counterintuitive, the finding that increased social support is related to an increase in internalizing behaviors may be related to the sources of social support (i.e. helping professionals) identified by the caregivers in this study. Further work is recommended in this area to assess whether or not exposure to these types of supports heighten caregivers' recognition of internalizing behaviors or whether heightened internalizing behaviors lead caregivers to seek out helping professionals for social support. Concerning the control variables that were not significant predictors of internalizing behaviors, there may be differences among the original sample and the current sample given the inclusion and exclusion criteria that rendered the subsample for the current study. There may be fundamental differences among families engaged

in informal kinship care where both biological parents are living and have a relationship with the kinship caregiver and child compared to those where one or both biological parents is deceased and no such relationships exist, or among those with living parents whom the child nor caregiver have a relationship with.

Father-child relationship quality was the only dimension of father involvement that was observed to be a significant predictor of children's internalizing behaviors in the GEE models prior to the introduction of interaction terms. However neither dimension was significant in the final model. The finding that father-child contact was not a significant predictor of internalizing behavior is consistent with previous empirical findings in the fatherhood literature (Adamsons & Johnson, 2013; Amato & Gilbreth, 1999). Many of these previous findings resulted from research with children from divorced or never married families. The current findings add to the diversity of familial types that support the proposition that father-child relationship quality is an important factor to consider when assessing child wellbeing, even among complex family formations. These findings also support the notion that father-child contact alone is an insufficient indicator of father involvement.

The main effect of caregiver-child relationship quality was an interesting finding. This variable was a significant predictor in every model in which it was included and suggested that lower levels of dysfunction in the caregiver-child interactions are associated with lower levels of internalizing behaviors. Although family theorists highlight the importance of understanding the role of parent-child relationships (Cox & Paley, 1997, 2003), this relationship has not been widely explored in the context of kinship care.

While it was surprising that the main effect of father-child relationship did not hold in the final model, this finding is consistent with the wholeness principle of family systems theory. As such, when the relationship dynamics among other subsystems within the informal kinship care

family were considered as predictors of children's internalizing behaviors, father-child relationship quality was only a significant predictor when it interacted with caregiver-father relationship quality. This finding suggests that children display lower levels of internalizing behaviors when their biological fathers have better relationships with the child and their caregiver. Such findings highlight complex subsystem dynamics related to the impacts of parent-child interactions, the coparent subsystem, and child wellbeing (Cox & Paley, 2003; Lamb & Lewis, 2013; Perry, 2009).

The study's second hypothesis predicted that both father-child contact and father-child relationship quality would be inversely related to children's externalizing behaviors when controlling for factors that significantly predicted externalizing behaviors in the Informal Kinship Care Study. Sub-hypotheses further predicted that mother-child, caregiver-mother, caregiver-father, and caregiver-child relationships would moderate the relationship between the two dimensions of father involvement and externalizing behaviors. In addition, it was hypothesized that child's gender, father's residential status and whether or not the caregiver was a maternal or paternal relative would each serve as moderating variables. The GEE models, which tested these relationships, suggests that the second hypothesis was partially supported.

Similar to the first hypothesis, only a few of the control variables were found to significantly predict children's externalizing behaviors. These variables included child's age and family functioning. The direction of each of these variables was consistent with the findings of the Informal Kinship Care Study (Gleeson et al., 2008). As hypothesized, higher quality father-child relationships were significantly associated with lower levels of child externalizing behaviors. This finding is consistent with the empirical and conceptual fatherhood literature (Lamb & Lewis, 2013). This association however was not moderated by any of the kinship triad relationship variables or family demographic variables. Once the hypothesized interaction terms

were entered into the model, there was no longer a father-child relationship quality main effect. While this was similar to the findings related to internalizing behavior, father-child relationship quality did not significantly interact with any of the kinship triad relationship variables. This difference may be attributed to the relational aspects of internalizing behaviors (i.e. anxiety, depression) that are atypical of externalizing behaviors. The latter may be better explained by contextual or environmental factors such as parental monitoring and control, punishment style or exposure to family and community violence. Further research in this area is warranted to gain a better understanding of these phenomena, especially as they relate to father-child interactions.

Overall, the fact that father-child relationship quality was a significant predictor of child behavioral outcomes in six of eight models highlights the importance of considering how biological fathers are involved in the lives of children in informal kinship care. This is especially important given that caregivers reported that majority of the children in this sample had good or very good relationships with their biological fathers; the majority of whom were nonresident fathers. Given that the frequency of father-child contact was not a main effect in any model, this study provides further support for not considering father-child contact alone as a sufficient indicator of father involvement. Given the moderate correlation found between father-child contact and father-child relationship, future work should explore the potential impacts of the interaction of these dimensions on child wellbeing outcomes. For example, the frequency of father-child contact could be experienced negatively when there is a poor father-child relationship, and vice versa when there is a very good father-child relationship; perhaps indicating that father-child contact is a significant predictor of child wellbeing under certain circumstances. Although it was surprising to find that the mother related variables were not significant moderators in any of the study models, it is still important to consider the subsystem dynamics related to mothers in future work with fathers of children in informal kinship care.

Further investigation is also warranted to better understand the nature of the coparent subsystem (caregiver-mother, caregiver-father relationships, and father-mother).

2. Study Limitations

There are several methodological issues that serve as limitations, many of which arise from the fact that the Informal Kinship Care Study was not primarily designed to explore paternal involvement in informal kinship care. These limitations include same- informant bias as a result of having a single respondent for data collection, the use of single item father involvement measures, lack of contextual data and traditional threats to internal and external validity.

a) Same-Informant Bias

According to Pleck (2007) and Adamsons and Johnson (2013), the field of fatherhood research has evolved in that it is now standard to collect data regarding father involvement and child outcomes from at least two sources that are familiar with the family's dynamics. First, the data regarding father involvement was only collected from informal kinship caregivers. Therefore, this analysis lacked the opinion of the remaining members of the kinship care triad, which includes the biological parents and children in care. This is a limitation because previous research related to father involvement suggests that there are often discrepancies in mothers' and fathers' reporting of father involvement (Adamsons & Johnson, 2013; Coley & Morris, 2002). While this finding specifically relates to reports of father involvement when the child's caregiver is the biological mother, it can be surmised that a similar discrepancy may exist when the caregiver is another relative. Informal kinship caregivers may also hold fathers to different involvement standards than mothers; especially if the caregiver is a maternal relative (Perry, 2009; Stack & Burton, 1993). This type of differentiation may impact reports of father

involvement, but were not captured by the measures in the Informal Kinship Care Study because its main purpose was not to assess birth parent involvement. Additionally, the exclusion of data from the biological parents and children's perspectives limits our understanding of the dynamics of the father-child relationship.

b) Single Item Father Involvement Measures

Further limitations are present given the strength of the measures that were used to assess father involvement. As discussed in the literature review, previous research has used a more nuanced approach to explore various dimensions of father involvement (i.e. financial responsibility, engagement in daily activities, and nurturance). However, given the available data, the current study explored two dimensions of father involvement (i.e. levels of contact and caregiver's perception of father-child relationship quality) using single item measures. I therefore have to be clear in reporting that the results are only in relation to these limited, global ratings of these two dimensions of father involvement.

c) Lack of Contextual Data

As discussed in the literature review, there are several father-related contextual factors that have been found to be indictors of father involvement; many of which vary with time (Roy, 2006; Roy & Smith, 2013). Such context might include demographic information about the father (i.e. age, education, marital status, number of children, employment status, involvement with the criminal justice system, and physical and mental health outcomes). Additional contextual information that may be important includes the father's residential history since the focus child's birth and the nature of his relationship with the focus child's mother. Again, these data were not available given the purpose of the Informal Kinship Care Study.

d) Threats to Internal Validity

As discussed in the literature review, there is evidence that the relationship between child wellbeing and paternal involvement is symbiotic. Therefore, fathers impact child outcomes and vice versa (Hawkins et al., 2007). Temporal ambiguity is thereby a threat to the current study, given the lack of historical data regarding the nature of the father-child relationship prior to data collection. Waller and Swisher (2006) would argue that such information is important because father-level risk factors such as a history of engaging in child abuse, domestic violence or substance abuse may have contributed to the need for kinship care. History is an additional threat, as there may have been traumatic events in the home, neighborhood and school settings that occurred over the course of the 18-month study that impacted child wellbeing, but not across all cases and were unknown to researchers. Lastly, exposure to the same measurement instruments over the course of the study could have impacted caregiver's reports on all study variables.

e) Threats to External Validity

Given that the Informal Kinship Care Study used convenience-sampling methods to collect data from a restricted geographic location, the results of the current study cannot be generalized beyond the current sample of caregivers and children who are engaged in informal kinship care and who have some type of relationship with both of the child's biological parents. Although several recruitment strategies were utilized (i.e. visiting churches, report card pick-up, door to door flier distribution and advertisement on public transit), selection bias is an additional threat that impacts the current study. For example, caregiver characteristics, such as having access to support groups, social service providers, public transportation and/or attending church or school meetings may have influenced the caregiver's probability of knowing about the study and consequently deciding to participate. This limitation might also be prevalent given that those caregivers who were in most need of support services and raising particularly difficult children

may have chosen to participate as a means of engaging with helping professionals. As a result, there are probably families engaged in informal kinship care that are underrepresented in the sample (Costigan & Cox, 2001). These underrepresented families may include those with significant financial and material resources or those with no connection to support.

3. Study Implications

The purpose of the profession of social work is to promote human and community wellbeing. This purpose is actualized through social work practice, social welfare policy analysis and advocacy, the generation of knowledge and the education of competent professionals (CSWE, 2008). However, in 1990 a review of 5 social work journals spanning 26 years found information on fathers was sparsely contained within the social work literature (Greif & Bailey, 1990). Twenty years later, a comprehensive review of 5 social work journals spanning 5 years yielded similar results (Shapiro & Krysik, 2010). Researchers thereby concluded that the significant lack of research on and including fathers was inconsistent with the values and mission of the profession of social work, stating that is it "problematic for social workers …to engage and intervene with fathers without adequate knowledge" (Shapiro & Krysik, 2010). Noting the relative lack of attention that fathers have received in the social work literature, Strug and Wilmore-Schaeffer (2003) caution that social workers need more resources about fatherhood to better inform the development and implementation of father-focused policies and interventions. The current study will add to this literature base and has several relevant implications for social work practice, social welfare policy, and social work education. Each of which can inform future research related to paternal involvement in informal kinship care.

a) Social Work Practice

Practicing within the guidelines of the National Association of Social Workers' Code of Ethics, professional social workers are charged to work towards strengthening relationships among people to promote, restore, maintain and enhance the wellbeing of individuals and families (NASW, 2008). In so doing, it is important for social workers to implement practices that are informed by social work research. Although social workers have served families engaged in informal kinship care and similar complex family formations (i.e. formal kinship care) for several generations, there is a lack of empirical knowledge about fathers of children in informal kinship care, their levels of involvement and the outcomes of these children as it relates to paternal involvement. Although the results cannot be generalized beyond the current sample, findings from the current study have the potential to begin a much-needed conversation between researchers and practitioners to help advance the state of knowledge as it relates to best practice with this vulnerable population.

Such conversation may include the need for the development of family-level interventions that include informal kinship caregivers, children in care and their biological parents. The results of the current study suggest that child behavioral outcomes are impacted on some level by the characteristics of their caregivers and biological fathers. Therefore interventions aimed at improving the outcomes of children in informal kinship care should not solely focus on the child's relationship with one member of the triad. Especially given the reports of caregivers in the current sample, these interventions should not be approached from a deficit perspective, as the majority of caregivers reported the existence of good father-child, mother-child, caregiver-mother, caregiver-father, and caregiver-child relationships. Noting the complexity of this family system and that there were instances where children had good relationships with one member of the kinship triad but poor relationships with others, any such

intervention should be aimed to enhance existing coparenting and parent-child relationships.

b) Social Welfare Policy

One of the most significant areas the current research has the ability to impact is social policy. The delivery of effective social work services is sometimes precluded by the lack of relevant and effective social policy. To date, in the U.S. there have been no bills introduced which might specifically address father involvement among families engaged in kinship care. While government officials have separately acknowledged the challenges faced by families engaged in kinship care and children living in father absent homes, there is not much work which supports addressing these as compound issues; especially in situations where parental rights have not been terminated. In 1994, while introducing the first father specific legislation in the U.S., Rep. Barbara-Rose Collins stated: "Government cannot create families or hold them together. But we can provide important supports for family life and provide hope and opportunity" (Collins, 1994).

In line with Rep. Collins' ideal, the government has attempted to provide important supports for family life for those that are engaged in formal kinship care. These measures were specifically supported within the Adoption and Safe Families Act of 1997 and most recently in the Fostering Connections to Success Act of 2008. The latter legislation ensured better financial incentives for formal kinship care providers, however there were no such incentives for informal providers. While the legislation did fund navigator programs to assist both formal and informal caregivers to gain access to services and supports for which they might be eligible, no such programs exist for parents of children in kinship care. Introduced in June of 2013 but not passed, the most recent version of the Julia Carson Responsible Fatherhood and Healthy Families Act proposed federal funding for fatherhood programs and activities that support responsible fatherhood. The passage of such fatherhood legislation in the U.S. might be the key to

overcoming the aforementioned potentially detrimental oversight. In doing so, the funding provided by such legislation could be used to target fathers who have children in informal kinship care. Results from the current study could be used to highlight the impacts of father-child relationship quality as a means of support for funding.

Additionally, although current legislative efforts posit that responsible fatherhood is mechanized through healthy marriage, the results of the current study suggest that some dimensions of responsible fatherhood can take place outside of marriage. Given caregivers' reports of lower levels of internalizing and externalizing behaviors displayed by a sample of children with mostly nonresident fathers, this is an important policy issue to consider. As such, it will be important for father-focused policy to consider family formations where marriage may not be an attainable family goal.

c) Social Work Education

Undergraduate and graduate level instructors in family studies have noted the importance of integrating father-focused material across courses within the training programs of human service professionals, thereby highlighting the opportunity to make a practical connection between research, theory and practice (Stueve & Waynert, 2003). Given the similarity in training goals, this stance is relevant to social work education. Social work educators are obligated to develop curricula that are informed by the Council on Social Work Education's Educational Policy Standards (CSWE, 2008). The following standards are particularly relevant to discussions of father involvement in informal kinship care within the social work classroom.

Educational Policy 2.1.4—Engage diversity and difference in practice.

The definition of family in the United States is no longer monolithic and is ever changing. Given the dearth of research and literature available concerning the role of fathers in the lives of children living in informal kinship care, it can be surmised that this topic is not a substantive

focal point in social work practice courses. In order to provide effective services to the rising number of families engaged in informal kinship care, educators must prepare students to understand the strengths and challenges of informal kinship families. Given that this is not a traditional non-resident father family formation, the results from the current study have the potential to add an important dimension to the social work literature, and thus provide new material for instructors to utilize in social work practice courses in regards to vulnerable children and their fathers.

> *Educational Policy 2.1.6—Engage in research-informed practice and practice-informed research.*

There is currently a concerted effort among social work scholars to institutionalize the use of evidenced based practices by prioritizing its use in the social work classroom. Although there have been arguments regarding the practicality of this practice framework, there is wide support for its implementation (Mullen, Shlonsky, Bledsoe, & Bellamy, 2005). As evidenced by the extant literature on father involvement it is clear that fathers play an important role in child development. This assertion can also be supported by "practice wisdom". In order to strengthen the relationship between research and practice in regards to families engaged in informal kinship care, scholars must be engaged in work in this area. The methods used to recruit families in the Informal Kinship Care study highlight the difficulties implicit to engaging in research with informal kinship care triads. However, the available data also point to the fact that it is possible to recruit these families and sustain engagement in longitudinal research. Therefore, the results of the current study have the potential to highlight the need for additional research and collaboration among practitioners, families, and researchers in order to develop family-focused informal kinship care interventions. Discussions about the process of developing, implementing and evaluating such interventions are important to have in social work research courses. These ideas can be solidified and expounded upon using course assignments in Child and Family

research classes that require students to assess the need for, develop and implement, and/or evaluate the use of such interventions in their field placements.

> *Educational Policy 2.1.8—Engage in policy practice to advance social and economic wellbeing and to deliver effective social work services.*

Each year thousands of social work educators and their students participate in Social Work Advocacy Day. During this time they gather at their state capitals and lobby on behalf of issues that impact the wellbeing of their clients. Given the aforementioned policy implications of the current study, the results will potentially equip educators and students from Cook County and elsewhere with important information regarding the dynamics and needs of families engaged in informal kinship care. While some may believe that biological parents are not involved in the lives of their children in relative care, students can use the results of this study to help refute this belief and advocate for policies, programs and funding to help support enhanced parental involvement in informal kinship care.

d) Social Work Research

Social work researchers have noted that the "relative lack of father-related research is problematic for social work, since it is this research that is most likely to inform practice and policy" (Shapiro & Krysik, 2010, p.5). The current study adds to the social work father-related research knowledge base, but also sheds light on remaining gaps. Future studies should focus on the biological father as a source of data, and seek to understand the experiences of each member of the kinship triad as it relates to father involvement. Given that father involvement and child wellbeing both differ over time, these areas of inquiry should be pursued from a life course perspective.

Shapiro and Krysik (2010) suggest recruiting fathers as research participants. In the context of informal kinship care, this would allow researchers access to a richer context of

fathering experiences. Future exploration of these contextual factors should include a history of the significant relationships in the fathers' lives, such as those with their children, the mother(s) of their children, their children's relative caregiver(s), and the relationship between fathers and their parents (if they are not the relative caregivers). Roy (2007) suggests that this level of context is best ascertained through qualitative interviews with fathers.

The findings of the current study also point to a need for qualitative and quantitative research with each member of the kinship triad to better understand the nature of father-child relationships and their impact on child wellbeing. This will assist with the development of interventions that are targeted to assist a variety of families that are engaged in informal kinship care. For example, the current study only explored father-involvement among families engaged in informal kinship care where there was an existing relationship between the caregiver and the child's biological parents and a relationship between the child and his/her biological parents. Future research in this area should seek to understand the impact of father-child relationships among these families (1) when there is not a relationship with both biological parents, (2) given the differences and/or similarities that exist when the relative caregiver is a maternal or paternal relative, (3) when the child in care is male or female, (4) when the father has multiple children living in informal kinship care, (5) when children are at different developmental stages in life (i.e. childhood, adolescences, emerging adulthood), and (6) when there are father figures such as grandfathers, uncles, brothers, godfathers or social fathers present in the family system. Although father's residence was not a significant predictor of the child wellbeing outcomes in the current study, it would be interesting to compare additional and more nuanced child outcomes when the biological father is resident vs. non-resident.

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Appendix

Individual and Social Protective Factors for Children in Informal Kinship Care Caregiver Initial Interview Protocol

(Note: The Child Behavior Checklist and Parenting Stress Index-Short Form are not included to adhere to copyright protections)

Date of Interview:___/___/___ Start Time:___:___AM/PM Interviewer's Initials: _____

Identification Number: _____

Thank you for agreeing to participate in this study. Before we begin the research, I would like to ask you a few questions to make sure that we have permission to include your family in this research. I will begin by asking you some questions about your family and the children you are raising.

1. How many children under the age of 18 currently live with you in your home?	2. How many of these children are yours by birth? _____
3. How many of these children are children of relatives? _____	4. How many of these children of relatives are between 2 and 10 years of age? _____

If there are no children of relatives between the ages of 2 and 10 years living in the home, explain to the caregiver that you are unable to conduct the research interview. Explain that the research only includes families who are caring for children of relatives, and that these children must be between the ages of 2 and 10 years at the time of the initial interview. Thank the caregiver for her/his time and terminate the interview.

5. Are any of the children in your care involved with the Department of Children and Family Services (DCFS)? [ ] no (0) [ ] yes(1)

If the answer to #5 is no, proceed with the interview. If the answer is yes (one or more of the children is involved with DCFS), explore whether the child is in the legal custody of DCFS through the following questions:

(a) Does the child have a DCFS caseworker? [ ] no [ ] yes

(b) Do you (or the child) have to go to juvenile court to discuss with a judge or lawyer to decide whether the child can return to live with her/his mother or father or if the child should continue to live with you? [ ] no [ ] yes

If the answer to either a or b is "yes", explain to the caregiver that you are unable to conduct the research interview. Explain that you do not have permission from DCFS or the University to conduct research with families that have children who are involved with DCFS at the time of the initial interviews. Thank the caregiver for her/his time and terminate the interview.

Thank you. Now, I want to explain the research project and answer any questions you may have.

Give a copy of the informed consent form to the caregiver. Read the informed consent form with the caregiver. As you read the informed consent form with the caregiver, periodically ask the caregiver if she/he has any questions. Respond to these questions before continuing to read the informed consent form. When you have completed reading the informed consent with the caregiver, ask the caregiver the following questions (checking ° each question as you ask it.).

[ ] Do you have any questions about the research?

[ ] Can you tell me in your own words why this research is being done?

[ ] Are there risks to participating in this research?

[ ] Can you refuse to participate in this research?

[ ] Once you agree to be in the research, can you refuse to answer specific questions?

[ ] Can you change your mind later and decide that you no longer want to continue to participate in the research?

[ ] Will anything bad happen to you if you decide now or later that you do not want to be part of this research?

[ ] Are there any benefits to you or your family if you participate in this research?

Ask the caregiver to sign the informed consent form only after all of her/his questions have been answered, any misunderstandings have been corrected, and she/he agrees to participate. Once the caregiver has signed the informed consent form, proceed with the interview.

6. Could you share with me how you became involved in raising your relative's child(ren)?
[continued-*use reverse side if necessary*]

7. Beginning with the youngest, what are the ages of the children who live with you, are they boys or girls, and what is your relationship to these children? Also, please indicate how long each child, other than your children by birth, have been living with you, the reason they are living with you, and whether you have legal guardianship of the child.

Age of Child in years and months	**Gender of Child**	**Relationship of Caregiver to Child**	**Are you related to the child's mother or father?**	**How long has the child been living with you? (other than birth children)**	**Do you have legal guardianship of this child?**	**What are the reasons that the child is living with you?**
a) ____years & ____months	(1)Female (2)Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
b) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
c) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
d) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
e) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	

Age of Child in years and months	Gender of Child	Relationship of Caregiver to Child	Are you related to the child's mother or father?	How long has the child been living with you? (other than birth children)	Do you have legal guardianship of this child?	What are the reasons that the child is living with you?
f) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
g) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
h) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
i) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
j) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	
k) ____years & ____months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____years & ____months	(0) No (1)Yes (99)NA/adopted or birth child	

8. Are the parents of any of the related children you are raising living with you? (0) No (1) Yes

If yes, please explain:_____

_____

_____

9. How many adults, other than the parents of children in your care, are living in the home with you? _____

What are the relationships of these adults to you and the children living in the home? _____

_____

_____

10. What is your current marital status?

(1)married (2)divorced (3)separated (4)widowed (5)single

11. What is your yearly household income?

(1)$4,999 or less (2)$5,000 - $9,999 (3)$10,000 - $14,999 (4)$15,000 - $19,999 (5)$20,000-$24,999 (6)$25,000-$29,999

(7)$30,000-$34,999 (8)$35,000-$39,999 (9)$40,000-$44,999 (10)$45,000-$49,999 (11)$50,000 or more

12. Caregiver's Race: (1) African American (2) Other (clarify):_____

13. Caregiver's Level of Formal Education: (1) Some Grade School (2) Grade School Graduate (3) Some High School

(4) High School Graduate (5) Some College or Trade School (6) College Graduate (7) Other (Explain): _____

14. What are the sources of income in your household?

a) Are you employed?	(0)No (1)Yes, part-time (2)Yes, full-time
b) Are others living in your home employed?	(0)No (1)Yes, part-time (2)Yes, full-time
c) Do you receive a pension or Social Security Retirement?	(0)No (1)Yes
d) Do you receive Temporary Assistance to Needy Families?	(0)No (1)Yes
e) Do you or anyone living with you receive SSI Disability?	(0)No (1)Yes (If yes, please clarify who receives SSI)
f) Are there other sources of income (e.g. child support, food stamps, unemployment compensation, other sources?)	(0)No (1)Yes (if yes, please describe)

Listed below are people and groups that oftentimes are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to your family.[6] Please circle the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, circle the NA (Not Available) response.

How helpful has each of the following been to you in terms of raising your relative's child (DURING THE PAST 3 TO 6 MONTHS):	**Not Available**	**Not at All Helpful**	**Sometimes Helpful**	**Generally Helpful**	**Very Helpful**	**Extremely Helpful**
1. Your parents	N/A	1	2	3	4	5
2. Your spouse or partner's parents	N/A	1	2	3	4	5
3. Your relatives/kin	N/A	1	2	3	4	5
4. Your spouse or partner's relatives/kin	N/A	1	2	3	4	5
5. Spouse or partner	N/A	1	2	3	4	5
6. Your friends	N/A	1	2	3	4	5

[6] Adapted from *Family Support Scale,* Source: Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA: Brookline Books.

How helpful has each of the following been to you in terms of raising your relative's child (DURING THE PAST 3 TO 6 MONTHS):	**Not Available**	**Not at All Helpful**	**Sometimes Helpful**	**Generally Helpful**	**Very Helpful**	**Extremely Helpful**
7. Your spouse or partner's friends	N/A	1	2	3	4	5
8. Your own children	N/A	1	2	3	4	5
9. Other parents	N/A	1	2	3	4	5
10. Co-workers	N/A	1	2	3	4	5
11. Parent groups	N/A	1	2	3	4	5
12. Social groups/ clubs	N/A	1	2	3	4	5
13. Church members/ minister	N/A	1	2	3	4	5
14. Your family or child's physician	N/A	1	2	3	4	5
15. Early childhood intervention program	N/A	1	2	3	4	5
16. School/ day-care center	N/A	1	2	3	4	5
17. Professional helpers (social workers, therapists, teachers, etc.)	N/A	1	2	3	4	5
18. Professional agencies (public health, social services, mental health, etc.)	N/A	1	2	3	4	5
19. Others (Specify):	N/A	1	2	3	4	5
20. Others (Specify):	N/A	1	2	3	4	5

15. Please describe any services you or others who live with you are currently receiving from agencies, health care settings, or other organizations.	
Type of Agency/ Setting/Organization	Services Received
16. Please describe any services you or others who live with you need but are not receiving.	
Type of Agency/ Setting/Organization	Services Needed

This next set of questions is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family as a whole as well as the needs of individual family members.[7]

For each item, please circle the response that best describes how well the need is met on a consistent basis in your family (that is, month in and month out).

To what extent are the following resources adequate for your family:	Does Not Apply	Not at All Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
1. Food for 2 meals a day.	N/A	1	2	3	4	5
2. House or apartment.	N/A	1	2	3	4	5
3. Money to buy necessities.	N/A	1	2	3	4	5
4. Enough clothes for your family.	N/A	1	2	3	4	5
5. Heat for your house or apartment.	N/A	1	2	3	4	5
6. Indoor plumbing/water.	N/A	1	2	3	4	5
7. Money to pay monthly bills.	N/A	1	2	3	4	5
8. Good job for yourself or spouse/partner.	N/A	1	2	3	4	5
9. Medical care for your family.	N/A	1	2	3	4	5
10. Public assistance (SSI, TANF, Medicaid, etc.)	N/A	1	2	3	4	5
11. Dependable transportation (own car or provided by others)	N/A	1	2	3	4	5
12. Time to get enough sleep/rest.	N/A	1	2	3	4	5
13. Furniture for your home or apartment.	N/A	1	2	3	4	5

[7] *Family Resource Scale*, Source: Dunst, C. J., Trivett, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA: Brookline Books.

To what extent are the following resources adequate for your family:	**Does Not Apply**	**Not at All Adequate**	**Seldom Adequate**	**Sometimes Adequate**	**Usually Adequate**	**Almost Always Adequate**
14. Time to be by yourself.	N/A	1	2	3	4	5
15. Time for family to be together.	N/A	1	2	3	4	5
16. Time to be with your child(ren).	N/A	1	2	3	4	5
17. Time to be with spouse or partner.	N/A	1	2	3	4	5
18. Time to be with close friend(s).	N/A	1	2	3	4	5
19. Telephone or access to a phone.	N/A	1	2	3	4	5
20. Baby sitting for your child(ren).	N/A	1	2	3	4	5
21. Child care/day care for your child(ren).	N/A	1	2	3	4	5
22. Money to buy special equipment/supplies for child(ren).	N/A	1	2	3	4	5
23. Dental care for your family.	N/A	1	2	3	4	5
24. Someone to talk to.	N/A	1	2	3	4	5
25. Time to socialize.	N/A	1	2	3	4	5
26. Time to keep in shape and look nice.	N/A	1	2	3	4	5
27. Toys for your child(ren).	N/A	1	2	3	4	5
28. Money to buy things for yourself.	N/A	1	2	3	4	5
29. Money for family entertainment.	N/A	1	2	3	4	5
30. Money to save.	N/A	1	2	3	4	5
31. Time and money for travel/vacation.	N/A	1	2	3	4	5

Next, I will ask you some questions about how your family functions and how members of your family get along.[8]

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.	**YES:** **Fits our family very well**		**SOME:** **Fits our family some**		**NO:** **Does not fit our family**
1. Family members pay attention to each other's feelings.	1	2	3	4	5
2. Our family would rather do things together than with other people.	1	2	3	4	5
3. We all have a say in family plans.	1	2	3	4	5
4. The grownups in this family understand and agree on family decisions.	1	2	3	4	5
5. The grownups in this family compete and fight with each other.	1	2	3	4	5
6. There is closeness in my family but each person is allowed to be special and different.	1	2	3	4	5
7. We accept each other's friends.	1	2	3	4	5
8. There is confusion in our family because there is no leader.	1	2	3	4	5
9. Our family members touch and hug each other.	1	2	3	4	5
10. Family members put each other down.	1	2	3	4	5
11. We speak our minds no matter what.	1	2	3	4	5
12. In our home, we feel loved.	1	2	3	4	5
13. Even when we feel close, our family is embarrassed to admit it.	1	2	3	4	5
14. We argue a lot and never solve problems.	1	2	3	4	5

[8] Beavers, W. R., Hampson, R. B., & Hulgus, Y. F. (1990). *Beavers systems model manual: 1990 edition*. Dallas, TX: Southwest Family Institute.

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.	**YES:** **Fits our family very well**		**SOME:** **Fits our family some**		**NO:** **Does not fit our family**
15. Our happiest times are at home.	1	2	3	4	5
16. The grownups in this family are strong leaders.	1	2	3	4	5
17. The future looks good to our family.	1	2	3	4	5
18. We usually blame one person in our family when things aren't going right.	1	2	3	4	5
19. Family members go their own way most of the time.	1	2	3	4	5
20. Our family is proud of being close.	1	2	3	4	5
21. Our family is good at solving problems together.	1	2	3	4	5
22. Family members easily express warmth and caring towards each other.	1	2	3	4	5
23. It's okay to fight and yell in our family.	1	2	3	4	5
24. One of the adults in this family has a favorite child.	1	2	3	4	5
25. When things go wrong we blame each other.	1	2	3	4	5
26. We say what we think and feel.	1	2	3	4	5
27. Our family members would rather do things with other people than together.	1	2	3	4	5
28. Family members pay attention to each other and listen to what is said.	1	2	3	4	5
29. We worry about hurting each other's feelings.	1	2	3	4	5
30. The mood in my family is usually sad and blue.	1	2	3	4	5
31. We argue a lot.	1	2	3	4	5

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.	**YES:** **Fits our family very well**		**SOME:** **Fits our family some**		**NO:** **Does not fit our family**
32. One person controls and leads our family.	1	2	3	4	5
33. My family is happy most of the time.	1	2	3	4	5
34. Each person takes responsibility for his/her behavior.	1	2	3	4	5

35. On a Scale from 1 to 5, I would rate my family as:

1 — My family functions very well together

2

3

4

5 — My family does not function well together at all. We really need help.

36. On a scale of 1 to 5, I would rate the independence in my family as:

1 — No one is independent. There are no open arguments. Family members rely on each other for satisfaction rather than on outsiders.

2

3 — Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside the family.

4

5 — Family members usually go their own way. Disagreements are open. Family members look outside the family for satisfaction.

When you completed these ratings of your family, which of the following persons were you including as part of your family?

37. Persons who live in your home with you (0) No (1) Yes

38. Other relatives who do not live in your home with you (0) No (1) Yes

39. Persons who are not related to you by blood or marriage (0) No (1) Yes

(i) *I would like to ask you a couple of questions about your health and the health of members of your family:*

1. On a scale of 1 to 4, how would your rate your own health?	(1)Very Unhealthy	(2)Somewhat Unhealthy	(3)Fairly Healthy	(4)Very Healthy
2. Do you feel less healthy, about the same, or healthier than you did six months ago?	(1)Much less Healthy	(2)About the Same		(3)Much Healthier
Please explain your ratings for #1 and#2 (use back of form if necessary):				
1. On a scale of 1 to 4, how would your rate the health of other members of your family?	(1)Very Unhealthy	(2)Somewhat Unhealthy	(3)Fairly Healthy	(4)Very Healthy
2. Are other members of your family less healthy, about the same, or healthier than they were six months ago?	(1)Much less Healthy	(2)About the Same		(3)Much Healthier
Please explain your ratings for #3 and #4 (use back of form if necessary):				

Next I will be asking you a number of questions about the behavior of one of the related children you are raising. The child we will focus on needs to be between the ages of 2 and 10 years of age and be the child of one of your relatives. (If more than one child in the home fits this description, the caregiver will be asked to identify the related child between 2 and 10 years of age whom the caregiver believes will be living in the home for at least the next two years (to allow for four data collection points over 18 months). If there is more than one child who fits this description, caregivers will be asked to select the child who is expected to be in the home for two or more years, who is between 8 and 10 years of age. If there is still more than one child who fit this category, the interviewer will select the child using a random selection process, for example, flipping a coin or writing names on pieces of paper and drawing one blindly)

[ ] Complete the Child Behavior Checklist with the caregiver. Use the 1½-5 version for a child five years of age or younger. Use the 6-18 version for children older than five years of age.

[ ] *Complete the Parental Stress Index Short Form <u>with</u> the caregiver, with a focus on the same child that was the focus of the Child Behavior Checklist.*

I have a couple of questions about the parents of the related child that we have been talking about.

1. How much contact do you have with the child's mother?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
2. How much contact do you have with the child's father?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
3. How much contact does the child have with his/her mother?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
4. How much contact does the child have with his/her father?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
5. How friendly is your relationship with the child's mother?	(0) not applicable-no contact	(1) not at all friendly – lots of conflict	(2) not very friendly-some conflict	(3) friendly – some conflict	(4) very friendly – minor conflict	(5) very friendly and no conflict
6. How friendly is your relationship with the child's father?	(0) not applicable-no contact	(1) not at all friendly – lots of conflict	(2) not very friendly-some conflict	(3) friendly – some conflict	(4) very friendly – minor conflict	(5) very friendly and no conflict
7. Please describe the child's relationship with his/her mother?	(0) not applicable-no contact	(1) very poor	(2) poor	(3) neither poor nor good	(4) good	(5) very good
Please explain your rating:						
8. Please describe the child's relationship with his/her father?	(0) not applicable-no contact	(1) very poor	(2) poor	(3) neither poor nor good	(4) good	(5) very good
Please explain your rating:						

Is there anything else that we have not talked about, that is important for people to understand, about raising a relative's child?

Thank you for sharing your time and your experiences with us. *Ending Time:____:___AM/PM*

[ ] If the child who was the focus of the Child Behavior Checklist (CBCL) and Parental Stress Index (PSI) is between the ages of eight and ten years of age, ask the caregiver if she/he will consider allowing you or another research assistant to interview the child, if the child agrees. If the caregiver is willing to consider allowing the child to be interviewed, review the caregiver permission form with her/him. Only the child who was the focus of the CBCL and PSI is eligible to be interviewed.

[ ] Ask the caregiver is she/he is willing to have you interview the biological mother or father of the child who was the focus of the Child Behavior Checklist and PSI ratings. If the caregiver agrees, ask the caregiver for contact information for the parent or, if the caregiver prefers, give her/him your card and ask that she/he give it to the parent and ask the parent to call to schedule an interview.

[ ] Schedule the six-month follow-up interview with the caregiver. Write the date and time on the Follow-up Interview Contact Sheet and on your business card. Give the card to the caregiver. Complete the remainder of the form. Ask caregiver to provide the names of addresses and phone numbers of three close friends or family members who will know the caregiver's whereabouts and can make contact with the caregiver, if the interviewer is unable to reach her/him as the follow-up interview approaches. Record this information on the Follow-up Interview Contact Sheet.

Interviewer Reaction Form

Record your reactions to this interview, or any observations that you made during the interview that may be helpful in understanding the caregiver's experience of raising a relative's child.

Vita

Qiana R. Cryer

1040 W. Harrison, Room 4436

Chicago, IL 60607

Qcryer2@uic.edu

Education

PhD Social Work- 2015

Jane Addams College of Social Work, University of Illinois at Chicago

Dissertation: Father Involvement in Informal Kinship Care: Impacts on Child Well-being

Committee: James P. Gleeson, PhD (chair); Chang-ming Hsieh, PhD;

Von E. Nebbitt, PhD; Henrika McCoy, PhD; Waldo E. Johnson, Jr., PhD

MSW Clinical Social Work- 2008

University of Maryland at Baltimore

Certificate: Child, Adolescent and Family Health

BA Psychology- 2006

Illinois Wesleyan University

Thesis: The Influence of Racial Socialization on the Development of White Identity

Areas of Specialization

Fathering| Informal Kinship Care |Social Determinants of Child, Adolescent and Family Health| Community Intervention Research| Race & Social Welfare History

Teaching Interests

Research Methods| HBSE | Community Practice | Child and Family Policy

Research Experience

Research Assistant

Strengthening Coparenting to Facilitate Successful Community Reentry Of Mothers Detained for Substance Abuse Related Crimes

Principal Investigators – James P. Gleeson, PhD; Patricia O'Brien, PhD; Creasie F. Hairston, PhD

University of Illinois at Chicago, Fall 2008-Spring 2013

Conducted literature and measure reviews, prepared IRB application materials, data entry, data management, qualitative and quantitative data analysis, supervised undergraduate and masters-level research assistants, contributed to national conference presentations and convened a Community and

Scientific Advisory Board for the development and pilot testing of a coparenting intervention for mothers detained for substance related crimes and the relatives raising their minor children.

Field Researcher
Chicago Center for Youth Violence Prevention (Families and Communities Research Group)
Principal Investigator- Deborah Gorman-Smith, PhD
Chapin Hall at The University of Chicago, Summer 2010-Spring 2012

Neighborhood Matters
Recruited and interviewed residents from 30 Chicago neighborhoods to evaluate how neighborhoods impact the educational, behavioral, and emotional outcomes of children and adolescents.

Children, Schools, Families and Education (SAFE & SAFE-E)
Conducted in-home interviews with 3rd grade children, 14-17 year old adolescents and their parents to test the longitudinal effects of a CDC-funded comprehensive family-based violence prevention intervention.

Research Assistant
Police Offer Response to Emotionally Disturbed Persons
Principal Investigator- Amy Watson, PhD
University of Illinois at Chicago, Summer 2010

Recruited and interviewed Chicago Police Officers for a study exploring their responses to calls involving citizens with mental illness.

Project Coordinator
Residential Mobility and Neighborhood Change
Principal Investigator- Andrew Greenlee, PhD
University of Illinois at Chicago, Summer 2009

Coordinated agency and participant recruitment, and conducted interviews for a study exploring the residential location choice of low-income families participating in the Federal Housing Choice Voucher Program.

Research Assistant
Youth Activism and Resiliency Project
Principal Investigator- Cassandra McKay-Jackson, PhD
University of Illinois at Chicago, Fall 2008- Spring 2009

Conducted focus groups and transcribed interview data from youth attending the Chicago Freedom School for a study investigating the influence of out-of-school programming on the development of autonomy, social competence and problem solving skills among youth.

Research Assistant
Clinical Psychology Lab
Principal Investigator- Kira Hudson Banks, PhD
Illinois Wesleyan University, Fall 2004- Spring 2006

Completed literature reviews, study recruitment, data collection, data entry, transcription, and data management for studies exploring racial identity development and psychological adjustment.

Peer-Reviewed Publications

Alleyne-Greene, B. Grinnel-Davis, Clark, T.T. & **Cryer-Coupet, Q.R**. (in press). The role of fathers in reducing prevalence of dating violence and sexual risk behaviors among a national sample of Black adolescents. *Children & Youth Services Review*.

Doyle, O., Clark, T. T., **Cryer-Coupet, Q.R.**, Nebbitt, V. E., Goldston, D. B., Estroff, S. E., & Magan, I. (in press). Unheard voices: African American fathers speak about their parenting practices. *Psychology of Men and Masculinity*.

Alleyne-Greene, B. Grinnel-Davis, Clark, T.T., Quinn, C.R., & **Cryer-Coupet, Q.R**. (in press). Father involvement, dating violence, and sexual risk behaviors among a national sample of adolescent females. *Journal of Interpersonal Violence*.

Nebbitt, V.E., Lombe, M., **Cryer-Coupet, Q.R**., & Stephens, J. (in press). Exposure to deviant peers and delinquent behavior in African American adolescents living in U.S. urban public housing: How does exposure really matter. *Journal of Children and Poverty*.

Washington, T., **Cryer-Coupet, Q. R**., Coakley, T. M., Labban, J., Gleeson, J. P., & Shears, J. (2014). Examining maternal and paternal involvement as promotive factors of competence in African American children in informal kinship care. *Children and Youth Services Review*, 44, 9-15.

Nebbitt, V. E., Lombe, M., Salas-Wright, C. P., & **Cryer-Coupet, Q**. (2014). Individual and ecological correlates of attitudes toward help seeking among African American adolescents in urban public housing. *Families in Society: The Journal of Contemporary Social Services*, *95*(1), 67-75.

Nebbitt, V., Tirmazi, T. M., Lombe, M., **Cryer-Coupet, Q**., & French, S. (2014). Correlates of the sex trade among African–American youth living in urban public housing: Assessing the role of parental incarceration and parental substance use. *Journal of Urban Health*, 91(2), 383-393.

Book Chapters

Phillips, S. D., & **Cryer-Coupet, Q. R.** (2012). Parental incarceration as a social determinant of male African-American adolescents' mental health. In. H.M. Treadwell, C. Xanthos, & K.B. Holden (Eds.), *Social determinants of health among African-American men* (pp.83-96). San Franciso, CA: Jossey-Bass.

Peer-Reviewed Presentations

Cryer-Coupet, Q. R., Gleeson, J.P., & Washington, T. (2015, January). Parenting stress among African American informal kinship caregivers: Understanding the influence of paternal involvement. In W. E. Johnson (Discussant), *The social and behavioral importance of African American fathers: Enhancing the prosperity of vulnerable youth and families.* Symposium conducted at the 19th Annual Conference of the Society for Social Work and Research, New Orleans, LA.

Doyle, O., **Cryer-Coupet, Q. R.**, Goldston, D. B., Estroff, S. E., & Magan, I. (2015, January). "It's gonna be all about how you couch it:" African American fathers' visions of prevention interventions for at-risk youth. In W. E. Johnson (Discussant), *The social and*

behavioral importance of African American fathers: Enhancing the prosperity of vulnerable youth and families. Symposium conducted at the 19th Annual Conference of the Society for Social Work and Research, New Orleans, LA.

Nebbitt, V. E., Lombe, M., Doyle, O., & **Cryer-Coupet, Q.R.** (2014, January). Paternal typologies and internalizing behaviors in African American youth living in urban public housing: A discriminate analysis across latent classes of fathers. In W. E. Johnson (Discussant), *African American fathers' parenting practices: Constructions and consequences within local contexts*. Symposium conducted at the 18th Annual Conference of the Society for Social Work and Research, San Antonio, TX.

Doyle, O., Nebbitt, V. E., Magan, I., **Cryer-Coupet, Q. R.**, & Lombe, M. (2014, January). "Don't wait for it to rain to buy an umbrella:" The intergenerational transmission of values from African American fathers to sons. In W. E. Johnson (Discussant), *African American fathers' parenting practices: Constructions and consequences within local contexts*. Symposium conducted at the 18th Annual Conference of the Society for Social Work and Research, San Antonio, TX.

Doyle, O., Clark, T. T., Nebbitt, V. E., **Cryer-Coupet, Q.R.**, & Magan, I. (2014, January). Unheard voices: African American fathers speak about their parenting practices. In W. E. Johnson (Discussant), *African American fathers' parenting practices: Constructions and consequences within local contexts*. Symposium conducted at the 18th Annual Conference of the Society for Social Work and Research, San Antonio, TX.

Walton, Q.L. & **Cryer-Coupet, Q.R.** (2013, January). An exploratory analysis of father involvement and depression among middle class Black women. Paper presented at the 17th Annual Conference of the Society for Social Work and Research, San Diego, CA.

O'Brien, P. & **Cryer-Coupet, Q.R.** (2012, November). Out of jail to the community: Building relationships between mothers, caregivers and children for success". Paper presented at The American Society of Criminology Annual Meeting. Chicago, IL.

Walton, Q.L. **& Cryer-Coupet, Q.R.** (2012, November). Exploring historical trauma as a social determinant of African American mental health. Paper presented at the Council on Social Work Education Annual Program Meeting. Washington, D.C.

Gleeson, J.P., O'Brien, P., Bonecutter, F.J., & **Cryer-Coupet, Q.R.** (2012, April). Engaging mothers in jail and kin caring for their children in an intervention to strengthen and support coparenting relationships. Paper presented at the Office on Child Abuse and Neglect 18th National Conference. Washington, D.C.

Washington, T., **Cryer-Coupet, Q.R**., Coakley, T. (2012, January). Family factors and competence: African American children in informal kinship care with low competence levels. Paper presented at the 16th Annual Conference of the Society for Social Work and Research. Washington, D.C.

Rolock, N., **Cryer, Q.R**., Thomas, K., & Dettlaff, A.J. (2011, October). Is White always right: determining the appropriate comparison group in racial disparities research. Paper presented at the Council on Social Work Education Annual Program Meeting. Atlanta, GA.

Gleeson, J.P. & **Cryer, Q.R**. (2011, March). Parent involvement in informal kinship care: Impact on children and caregivers. Paper presented at the Child Welfare League of America National Conference. Arlington, VA.

Cryer, Q.R. & Gleeson, J.P. (2011, January). Deconstructing the family functioning-caregiver stress relationship in informal kinship care: The impact of parent-child contact and parent-caregiver relationships. Paper presented at the 15th Annual Conference of the Society for Social Work and Research. Tampa, FL.

Cryer, Q.R. (2010, October). Informal kinship care: Caregiver's perceptions of father involvement. Paper presented at the Council on Social Work Education Annual Program Meeting. Portland, OR.

Cryer, Q.R. & Quinn, C. (2010, May). Exploring father involvement and adolescent wellbeing. Paper presented at the University of Chicago Section on Family Planning, Fathering Urban Youth Conference. Chicago, IL.

Cryer, Q.R. & Banks, K.H. (2006, April). The influence of racial socialization on the development of White identity. Paper presented at the John Wesley Powell Annual Research Conference. Bloomington, IL.

Invited Presentations

Cryer-Coupet, Q.R. The engagement and involvement of fathers in the delivery of child welfare services. One-day workshop presented to the Jane Addams College of Social Work Child Welfare Traineeship. Spring 2014, 2013, 2012, 2011.

Cryer, Q.R. Exploring the history of lynching in the United States: How did social work respond? Implications for social work with African American males. Talk given at the University of Illinois at Chicago, Gender and Women's Studies/African American Studies Colloquium. March 14, 2011.

Cryer, Q.R. Empowering grandparents raising grandchildren: The use of educational support groups in Baltimore, MD. Lecture given during Jane Addams College of Social Work, School Social Work Practice Course. November 10, 2008.

Teaching Experience

Graduate

Practice Evaluation
Governors State University
Instructor- Spring 2015

Research I
Jane Addams College of Social Work
Instructor - Spring 2014, Fall 2012

Generalist Practice: Task Groups, Organizations and Communities
Jane Addams College of Social Work
Teaching Assistant for Von E. Nebbitt, PhD- Spring 2011

Undergraduate
Introduction to African American Studies
University of Illinois at Chicago Department of African American Studies
Teaching Assistant for Johari Jabir, PhD-Fall 2013

Developmental Psychology Lab
University of Illinois at Chicago Department of Psychology
Teaching Assistant for Julia Kim-Cohen, PhD- Spring 2015, Fall 2014

Practice Experience

Experiential Group Facilitator
Chicago State University - Department of Psychology, Chicago, IL
Developed and implemented a grief and loss experiential group for students enrolled in a Masters level course on Principles and Techniques of Group Counseling.
1/12-7/12

Psychotherapist I
Uhlich Children's Advantage Network, Chicago, IL
Provided in-home trauma informed individual and family therapy
5/08-4/09

Substance Abuse Counselor (Advanced Field Placement)
University of Maryland Medical System, Baltimore, MD
Provided ASAM Level I outpatient individual and group therapy
8/07-5/08

Group Facilitator
Grandparent Family Connections, Baltimore, MD
Developed and implemented psycho-educational parenting groups for grandparents raising grandchildren
5/07-5/08

Family Case Manager (Foundation Field Placement)
Family Connections, Baltimore, MD
Provided community based child abuse and neglect prevention services
8/06-5/07

Adolescent Substance Abuse Residential Counselor
Chestnut Health Systems, Bloomington, IL
Monitored daily activities and facilitated life skills groups
6/04-12/05

Awards and Fellowships

President's Research in Diversity Travel Award (2013)
University of Illinois System

Paula Allen-Meares Doctoral Student Award (2012)
National Association of Black Social Workers: Chicago

Graduate Student Presenter Award (2011, 2012, 2015)
Graduate College, University of Illinois at Chicago

Graduate Student Council Travel Award (2010, 2012, 2015)
University of Illinois at Chicago

Diversifying Faculty in Higher Education Pre-Doctoral Fellowship (2010-2014)
Illinois Board of Higher Education

Maternal and Child Health Leadership Development Fellowship (2007-2008)
University of Maryland School of Social Work /U.S. Bureau of Maternal and Child Health

Albert Schweitzer Fellowship (2007-2008)
University of Maryland

University Service

Board of Directors, Member-at-Large. Illinois Wesleyan University Alumni Association. 2014-Present

Doctoral Student Association, Founding Co-Chair. Jane Addams College of Social Work. 2010-2013.

Doctoral Committee, Student Representative. Jane Addams College of Social Work. 2010-2011.

Faculty Search Committee, Student Member. Illinois Wesleyan University, Department of Psychology. 2004-2006.

Licenses and Credentials

Licensed Social Worker, State of Illinois

Professional and Service Memberships

Council on Social Work Education
Delta Sigma Theta Sorority Incorporated
National Association of Social Workers
Society for Social Work and Research