

Examining maternal and paternal involvement as promotive factors of competence in African American children in informal kinship care

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Abstract:

Grandparents or other relatives are raising over 2.7 million children in the United States; and research suggests that the birth parents of these children maintain varying levels of involvement with them and their relative caregivers. However, the impact of parental involvement on children's developmental outcomes remains largely unexplored. This study sought to understand the role of maternal and paternal involvement (each parent's contact with the caregiver, contact with the child, friendliness to the caregiver, and quality of relationship with the child) on competence levels of African American children in informal kinship care. Exploring these relationships are pivotal, especially given the various psychosocial benefits associated with social and academic competence. Findings from the SEM analysis suggest that paternal involvement in informal kinship care is a significant predictor of competence among this sample of African American children. Maternal involvement only revealed a positive trend with competence; however the quality of the mothers' relationship with children was associated with children's competence levels. Implications for future research and social work practice are discussed.

Keywords: Grandparents raising grandchildren | Birth parents | Fatherhood | Social skills | Academic achievement | Child Behavior Checklist

Article:

1. Introduction

Kinship care refers to relatives, godparents, or others with strong kinship bonds raising children when biological parents are unable or unwilling to do so (Annie E. Casey Foundation, 2012). According to the 2012 American Community Survey 1-Year Estimates (Table S0901),

approximately 5.5 million children in the United States (US) live in a household that is headed by at least one of their grandparents and an additional 1.7 million live in a household headed by other kin (U.S. Census Bureau, 2012a and U.S. Census Bureau, 2012b). The majority of these households are multigenerational, with the children's parents also living in the home and assuming primary care of their children; however, grandparents or other kin are the primary caregivers of approximately 2.7 million of these children (Annie E. Casey Foundation, 2012).

Even when grandparents or other relatives have primary caregiving responsibility, one or more of the child's parents may reside in the home or have contact with their children and the caregiver. In most formal kinship care arrangements, parents are not allowed to live in the same home with the child and parent contact with the child may be regulated by the child welfare system. No such restrictions or regulations exist in most informal kinship care arrangements, since the child is not in the custody of the child welfare system. Of the 2.7 million householders who report that they are responsible for raising their grandchildren (U.S. Census Bureau, 2012a and U.S. Census Bureau, 2012b American Community Survey 1-Year Estimates, Table S1002), only 907,742 report that neither of the grandchildren's parents live in the household—approximately one-third. An analysis of the 2009 Survey of Income and Program Participation (SIPP) reported higher numbers; of the nearly 3.1 million children in the U.S. living in a household that did not include either a parent or a stepparent, more than 1.8 million lived with a grandparent, and 632,000 lived with other relatives (Kreider & Ellis, 2011). However, both the Census and SIPP data may overestimate the number of parents who actually live in the home on a continuous basis. Gleeson et al.'s (2008) study of informal kinship care, revealed that some parents were “in and out” of the home. At times they were homeless, moving back and forth between the kinship caregiver's home, and a partner's or associates' residences. Some parents of children in kinship care do live in the home on a daily basis but are unable to function as the child's primary caregiver due to disability, illness, employment status, or other competing demands (Gleeson and Seryak, 2010, Gleeson et al., 2008, Gleeson et al., 2009 and Goodman, 2003).

Parent contact with children living with kin is also common when parents do not live in the same home. A number of studies have demonstrated higher rates of parent–child contact when children in the custody of the child welfare system are placed with kin compared to nonrelated foster parents (for example, Berrick et al., 1994 and Chapman et al., 2004). Other studies report greater parent–child contact and shared parent–kinship caregiver decision-making about the child in informal compared to formal kinship care arrangements (Goodman, Potts, Pasztor, & Scorzo, 2004).

Steadily increasing numbers of children being raised by relatives, as well as the frequency and nature of parental involvement, have garnered public attention and generated questions about the children's functioning and overall well-being. The majority of research that has examined the

functioning of children in kinship care has focused on formal kinship care (Gleeson, 2012). The weight of the evidence from this research indicates that, on average, children in formal kinship care experienced greater placement stability, at least equivalent safety, healthier behavioral and mental health functioning, and greater reductions in behavioral problems over time compared to children in foster care with non-relatives. Less is known about the functioning of children in informal kinship care. The limited existing research suggests that these children display a higher average level of functioning compared to children in formal kinship care arrangements, but there is considerable variance (Goodman et al., 2004 and Swann and Sylvester, 2006). Based upon their analyses, Goodman et al. (2004) speculate that much of the variance in children's functioning is accounted for by parental circumstances and the frequency and nature of parent involvement with their children and their children's kinship caregiver. Further research is needed to understand the range of involvement of parents in their children's kinship care arrangements, and the impact that this involvement has on the functioning of these children.

1.1. Why focus on children's competence?

A number of studies have focused on behavioral and mental health problems of children to assess the well-being of children in kinship care, compared to children in other living arrangements (Gleeson, 2012). However, well-being is more than the absence of problems; it is the achievement of positive outcomes, such as academic and social competence. It is important to examine factors that may promote children's competence because research reveals that both social and academic competence protect children against delinquency, substance abuse, and teen pregnancy (Fraser et al., 2004, Landy, 2002 and Schneider, 1993), and contribute to children and adolescents' self-esteem, mental health, and high school graduation rates (Landy, 2002 and Valiente et al., 2008).

1.1.1. Development of competence among African American children

The research on predictors of competence in African American children in the general population reveals associations with family-level variables such as positive parent-child interaction, adequate social support, and healthy family functioning (Brody et al., 1995, Oravec et al., 2008 and Toldson et al., 2006). Nevertheless, little is known about whether these and other family-level factors predict competence for African American children who do not live with their biological parents. The current study examines whether and in what way overall involvement of mothers and fathers is associated with competence levels of their children who live in informal kinship care.

Our study builds directly on Washington, Gleeson, and Rulison's (2013) examination of the relationship between family-level factors and the development of competence of African American children in kinship care. Research that focuses primarily on understanding the development of competence for African American children in kinship care is justifiably

important because of their much higher likelihood of spending time in kinship care. While kinship care is common among all races and cultures, the 2012 American Community Survey 1-year estimates (table S1002) indicate that African Americans are more likely to be responsible for raising their grandchildren than any other U.S. racial or ethnic group. African American's represent 17.8% of grandparents in the U.S., but 21.9% of those assuming primary caregiving responsibility for their grandchildren. In addition, an analysis of the 2009 Survey of Income and Program Participation (SIPP) indicates that African American children are more likely than any other racial or ethnic group to live in a household without either parent present and to be raised by kin (Kreider & Ellis, 2011). Furthermore, there is some evidence that African American caregivers may assume primary care of the child due to a wider range of reasons related to the parents' situations and that parental involvement in kinship care may be viewed differently by caregivers of different racial and ethnic groups (Goodman & Silverstein, 2006). These views may have differential impacts on the well-being of caregivers and indirectly on the children they are rearing.

1.1.2. Development of competence among children in kinship care

A minute number of studies examine the competence of children in kinship care, and all reveal higher levels of competence for children in formal kinship care compared to children in non-relative foster care. For instance, Keller et al. (2001) evaluated the competence of children in kinship foster care compared to children in foster care, using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). Their study's sample was drawn from children in 14 states who participated in the Casey Family Program. The children in formal kinship care displayed higher levels of social and total competence than children in foster care, and the competence levels of children in formal kinship care did not appear very different from children's competence levels in the general population. Two studies conducted outside the United State also used the CBCL to measure competence in children in kinship care and non-relative foster care and reported similar results (Holtan et al., 2005 and Tarren-Sweeney and Hazell, 2006). Additionally, Shin (2003) assessed academic competence using the Wide Range Achievement Test-Revised among 152 foster youth in one Midwestern state, and he found children placed in formal kinship care had higher reading levels than children in non-relative foster care. While these studies are important in helping us understand competence of children living in kinship, they did not examine predictors of children's competence nor did they focus on African American children in informal kinship care.

1.1.3. Development of competence among African American children in informal kinship care

We know of only one published study conducted by Washington et al. (2013) that examined predictors of African American children's competence who reside in informal kinship care. This study analyzed 4 waves of data collected from African American caregivers of African American children in a study of informal kinship care conducted by Gleeson et al. (2008). Consistent with

research on predictors of competence among children in the general population, Washington et al. (2013) report that children's competence increased with age, and it was positively associated with healthy kinship care family functioning. Changes in kinship care family resources and kinship care family functioning over time were related to corresponding changes in children's competence levels. Their study also found that the caregivers' ratings of the quality of the relationship between biological mothers and fathers and their children were positively associated with competence in this population.

1.2. Parent involvement and its effect on kinship care children's outcomes

Given the increased numbers of kinship care families and the likelihood that biological parents will be involved with kinship care families, particularly informal kinship care arrangements, it is imperative to explore the relationship between parental involvement and children's outcomes. King, Mitchell, and Hawkins (2010) analyzed data from the National Longitudinal Study of Adolescent Health to examine associations between relationships adolescents have with their nonresident parents. Their nationally representative sample included 502 children with two nonresident parents and 4746 with one non-resident parent. The adolescents were living in a variety of family structures, including grandparent and other relative headed families. The relationship with each parent was measured by the adolescent's rating of closeness (1 = not at all close, 5 extremely close) and the average of how often in the last 12 months the adolescent had stayed overnight with the nonresident parent, talked to the parent in person or by phone, or received a letter from the parent (0 = not at all, 5 = more than once a week). Results indicated that adolescents had more contact and reported being closer to their nonresident mothers than their nonresident fathers. Adolescents with two nonresident parents have more contact with their mothers than their fathers. Regardless of family structure, closeness to a nonresident parent was associated with fewer internalizing (depressive symptoms, negative outlook, low self-esteem) and externalizing (nonviolent delinquency, violence, substance abuse) problems.

Parent involvement with their children is, in part, associated with the reasons the children are unable to live with the parent. Some of these reasons are developmental. For example, kin may provide primary care for a child for several years while teen parents complete school or establish themselves in a job. Others include, but are not limited to parental substance abuse, abuse/neglect, unstable housing arrangements, unemployment/insufficient economic resources, general inability to care for their offspring, illness or death (Gleeson et al., 2009, Goodman et al., 2004 and Jendrek, 1994). In their analysis of interview data collected from 373 grandmothers providing informal (private) kinship care and 208 providing formal (public) kinship care, Goodman et al. (2004) found that children were 2.7 times more likely to be in the custody of the child welfare system and formal kinship care for reasons related to parental substance abuse and 60% more likely due to child neglect, but these reasons contributed to 40% of informal kinship care arrangements in their sample as well. Parents were more likely to be involved in decisions regarding their children in informal compared to formal kinship care arrangements.

Goodman and colleagues have conducted a number of analyses of data collected through a survey of grandparents of children in the Los Angeles schools (Goodman & Silverstein, 2006). They incorporated measures based upon Lamb's multidimensional conceptualization of parent involvement (interaction, accessibility, and responsibility), which has been used by a number of scholars to assess parent involvement (McBride, Schoppe, & Rane, 2002). A subsequent analysis of these data revealed that 459 grandmothers reported greater life satisfaction and lower rates of depression when they rated their relationships to both the child and the child's parent as close; grandparents' also reported more positive children's behavioral functioning when they rated the children as close to the parent or caregiver (Goodman, 2007). Grandparents reported the highest levels of behavioral dysfunction for children who were emotionally isolated from their parents and grandparent and those in families with no close bonds between any members of the triad.

Green and Goodman (2010) analyzed data collected from a subsample of grandparent caregivers (212 formal and 147 informal) meeting the criteria of having two living parents. They combined ratings of mother and father accessibility, interaction and responsibility to create a single parent involvement measure. Using cluster analysis, they categorized parent involvement for each family as high involvement, moderate involvement, or low involvement. Parent involvement was likely to be high if the kinship care arrangement was informal rather than formal and the relationship with the caregiver was close. The study did not distinguish predictors of mother involvement and father involvement.

Washington et al. (2013) included single item measures of the quality of mother's and father's relationship with their child in their study of predictors of African American children's competence who reside in informal kinship care (no relationship/no contact, very poor, poor, neither poor nor good, good, very good). The kinship caregiver's ratings of the quality of the mother-child and father-child relationships were positively associated with children's competence. The current study expands upon this analysis by incorporating additional items related to frequency of the mother's and father's contact with their child, the frequency of the mother and father's contact with the kinship caregiver, and the friendliness of the mother-caregiver and father-caregiver relationships.

2. Conceptualization, theoretical framework, and research hypothesis

Our conceptualization of parental involvement in kinship families focuses not only on biological parents' involvement with their children, but with the caregivers as well. From the available variables in the dataset, we conceptualize parent involvement to include frequency of contact with the child and the caregiver, quality of relationship with the child, and friendliness of the relationship between the parent and kinship caregiver. This study's conceptualization of parental involvement is based on kinship care research that indicates dimensions of birth parent

involvement includes frequency of contact between birth parent and child (Goodman et al., 2004, Green and Goodman, 2010 and King et al., 2010), and research that uses the nature of the birth parents' relationships with their children and caregiver to assess children's outcomes (Goodman, 2007 and King et al., 2010). Additionally, research on African American families suggests no child is raised exclusively by his or her biological parents (Boyd-Franklin, 1989 and Hill, 1999); it is a collective effort among biological parents, grandparents, and other kin. Thus, it is reasonable to assume parent involvement in African American kinship care families should include triads consisting of the interactions among relative caregivers, the child, and the birth parents. Utilizing our conceptualization of parent involvement, we hypothesized that maternal and paternal involvement are positively related to competence in African American children in informal kinship.

Our analysis is influenced by the risk and resilience theoretical framework and Fraser et al.'s (2004) and Smokowski, Mann, Reynolds, and Fraser's (2004) conceptualization of promotive factors. We conceptualize the factors that predict competence among African American children in informal kinship care as a promotive factors rather than protective factors. Whereas protective factors exert little effect when risk is low, but their effect emerges when risk is high, promotive factors directly increase the likelihood of a positive outcome across low, moderate, and high risk groups.

3. Methodology

3.1. Design and sample

This research analyzed existing longitudinal data from a U.S. Children's Bureau funded study about informal kinship care families (Gleeson et al., 2008). The original study conducted interviews with the primary caregiver in an initial interview and again every six months over an 18-month period. The families interviewed were recruited from Cook County (which includes Chicago) and the Collar Counties surrounding Chicago (see original study for additional information on recruitment strategies). Families were eligible to participate in the original study if they were caring for at least one relative child, between the ages of 18 months and 11 years, for whom they were not the parents; and the child was not involved with the Department of Children and Family Services (DCFS) at the time of initial interview. Additionally to be eligible the child could not be adopted by the caregiver and not previously involved with DCFS and discharged to the relative caregiver through subsidized guardianship. If more than one child in the family met the eligibility criteria, one child was randomly selected as the focus of data collection. In the original study, a total of 207 relative caregivers completed the initial interview (Gleeson et al., 2008).

In the current study, we focus specifically on the variability in competence among African American children that could be accounted for by parental involvement of the biological mothers

and fathers at study entry (Wave 1). The decision to use Wave 1 data was important for two reasons. First, it allowed us to capture data from all participants before any were lost due to attrition, and so perhaps avoiding resulting potential sample bias. Secondly, study participation was less likely to influence parental involvement at Wave 1 than at subsequent waves (e.g., simply knowing that data were being collected about kinship care could influence involvement of biological parents). Because the CBCL competence scales are included only in the version of the CBCL form that is applicable to children ages 6 to 18 years of age, only children who were old enough to have a competence score at Wave 1 were included in this analysis. Therefore the final sample consisted of 124 African American children who at Wave 1 were between the ages of 5.9 years to 11.2 years, with a mean age of 8.5 years (102.1 months).

The most common relationship between the caregiver and child was grandparent (61.3%), followed by aunt or uncle (24.2%), great aunt or uncle (5.6%), cousin (3.2%), sibling (4%), and great grandparent (1.6%). The caregivers were primarily female (95.2%), African American (92%), not married (77.4%), and ranged in age from 22 to 70 years old ($M = 47.8$ years). Approximately, 78% of the caregivers are related to the children's birth mothers and 22% are related to the children's birth fathers.

3.2. Measures

3.2.1. Competence

Children's competence was assessed by the relative caregivers' ratings of the CBCL Competence Scale. This scale is designed to assess the competencies of children as reported by parents and others who see children in homelike settings, and it has also been used in research with children from various racial and ethnic backgrounds (Achenbach & Rescorla, 2001). Additionally, the content and criterion validity of items on the CBCL Competence Scale have been supported by nearly four decades of research, consultation, feedback, and refinement.

There are 16 items on the CBCL Competence Scale, and these items form three subscales that capture different aspects of competence: activities (6 items, e.g., participation in sports, jobs, and/or chores.), social (6 items, e.g., group activities and social relationships), and school (4 items, e.g., performance in academic subjects, grade repetition). The total competence score is attained by summing the raw scores of the activities, social, and school competence subscales. For the current study, we used total competence T-scores because they are standardized by children's gender and age group (Achenbach & Rescorla, 2001).

3.2.2. Mother and father involvement

Parental Involvement was not directly observed in the original study; therefore, we formed two latent variables to assess parental involvement for the current study. The latent construct for maternal parental involvement in kinship care (MOM) was created using observed variables for maternal contact with the caregiver, maternal contact with the child, friendliness of the mother–caregiver relationship, and quality of the mother's relationship with the child. Similarly, the latent construct for paternal parental involvement in kinship care (DAD) was created using observed variables for paternal contact with the caregiver, paternal contact with the child, friendliness of the father–caregiver relationship, and quality of the father's relationship with the child. The factor indicators for both DAD (Cronbach Alpha = 0.953) and MOM (Cronbach Alpha = 0.913) showed good reliability. Fit indices obtained from confirmatory factor analysis indicated acceptable to good construct validity of both DAD (CFI = 0.975, TLI = 0.926, SRMR = 0.026, WRMR = 0.624) and MOM (CFI = 0.975, TLI = 0.926, SRMR = 0.055, WRMR = 0.745) as well. Descriptive information for the components of the latent variables, as well as all other observed variables in the model, is listed in Table 1, and bivariate correlations are listed in Table 2.

Table 1.

Descriptives.

Variable	Mean	SD
Maternal contact with the caregiver	2.84	1.79
Maternal contact with the child	2.73	1.79
Friendliness of the mother–caregiver relationship	2.85	1.77
Quality of the mother's relationship with the child	3.33	1.80
Paternal contact with the caregiver	1.44	1.73
Paternal contact with the child	1.51	1.79
Friendliness of the father–caregiver relationship	1.87	2.01
Quality of the father's relationship with the child	1.98	2.13
Child's age	102.11	17.33
Kinship family function	3.90	0.73
Total competence	39.34	9.41
Caregiver education level	Frequency (%)	
Some grade and grade graduate	5 (4%)	
Some high school	31 (25%)	

Caregiver education level	Frequency (%)
High school graduate/GED	21 (17%)
Some college/trade school	49 (39%)
College graduate	12 (10%)
Graduate school	6 (5%)

[Table options](#)

Table 2.

Bivariate correlations.

	cgcw m	cgcwf	childc wm	childc wf	friend m	frien df	childr wm	childr wf	chag e	cged u	sfi_a vg	tco _t
cgcw m												
cgcwf	0.07											
childc wm	0.956 .956	0.063										
childc wf	0.082	0.919 .919	0.097									
friend m	0.698 .698	0.089	0.677 .677	0.073								
frien df	-0.031 -.031	0.817 .817	-0.03	0.796 .796	0.074							
childr wm	0.650 .650	0.05	0.671 .671	0.094	0.692 .692	0.016						
childr wf	-0.005 -.005	0.817 .817	0.016	0.860 .860	0.062	0.862 .862	0.112					
chag e	-0.122 -.122	-0.086 -.086	-0.127	-0.058 -.058	-0.19 -.19	-0.036 -.036	-0.141 -.141	-0.085 -.085				
cged u	-0.101 -.101	0.063	-0.143	0.062	0.005	0.108	-0.132 -.132	0.078	-0.145 -.145			
sfi_avg	-0.122 -.122	0.009	-0.102	0.006	0.159	0.111	0.02	0.033	-0.059 -.059	0.188 .188		
tco_t	-0.018 -.018	0.239 .239	-0.005	0.275 .275	0.162	0.237 .237	0.121	0.302 .302	0.084	0.301 .301	0.328 .328	

Note: Variables include quality of the child's relationship with the father (childrwf), friendliness of the father-caregiver relationship (friend), caregiver's contact with the father (cgcwf), child's contact with the father (childcwf), latent variable representing the father's involvement in informal kinship care (DAD), quality of the child's relationship with the mother (childrwm), education level of the caregiver (cgedu_r), child's age (chage), family function (sfi_avg), and total competence (tco_t).

□

p less than 0.05.



p less than 0.01.

3.2.3. Control variables

The control variables for this study include: caregiver's education level (some grade school/grade school graduate, some high school, high school graduate/GED, some college/trade school, college graduate, graduate school) and child's age (in months). An additional control variable is kinship family functioning as measured by the 19-item Family Health/Competence Subscale of the Beavers Self Report Family Instrument (SFI), which is based on the Beavers–Timberlawn Model of Family Competence (Beavers, Hampson, & Hulgus, 1990). The scale items are rated on a five-point scale (1 = yes, fits our family very well to 5 = no, does not fit our family). The scores were recoded so higher scores reflect higher levels of family health & competence.

4. Results

Data screening revealed non-normality in several independent variables that could not be corrected with transformations. Therefore, maximum likelihood method (MLM) estimation was used, as it is robust against non-normality. Examination of the correlation matrix suggested possible instances of collinearity between caregivers' contact with the birth parents and children's contact with birth parents. It is reasonable to suppose that the caregiver's contact and the child's contact with the biological father or mother could often coincide, and so it is likely that there is some degree of shared variance between these variables. Therefore, the parameter between these two variables was also estimated in the models.

Next, using Mplus, Version 7 (Muthén & Muthén, 1998–2012), an initial structural equation modeling (SEM) analysis was performed to estimate the variance in total competence accounted for by maternal and paternal involvement in kinship care, while controlling for caregiver's education level, family functioning, and the age of the child. The chi-square test of model fit was statistically significant ($\chi^2 = 82.2$, $df = 47$, $p < 0.05$), but other indices of model fit ranged from acceptable to good ($\chi^2/df = 1.75$; RMSEA = 0.078, CI90 = 0.049–0.106; CFI = 0.968; TLI = 0.958; SRMR = 0.058). In this model, paternal involvement in kinship care had a statistically significant positive path to total competence (standardized coefficient = 0.255, $p < 0.01$). However, the latent variable representing the involvement of the mother in kinship care (MOM) did not load significantly onto total competence at the $p < .05$ level; but it approached statistical significance with a p value of .055. This initial model accounted for 27.6% of explained variance in total competence.

Due to the non-significant loading of MOM onto total competence, another SEM analysis was performed to examine whether the path from maternal involvement to total competence would

achieve significance if paternal involvement was not present in the model. Consequently, in this model maternal involvement was still not significant at the $p < .05$ level, and the indices of model fit were inadequate. Therefore, the model was respecified by dropping MOM from the model. Since previous research with this population has found that the quality of the mother's relationship with the child, a dimension of maternal involvement, affects competence (Washington et al., 2013), it was still considered an important factor to be accounted for and was included as a predictor in the final model.

4.1. Final model

For the final model, model fit indices ranged from acceptable to good fit ($\chi^2 = 31.3$, $df = 20$, $p > 0.05$, $\chi^2/df = 1.57$; RMSEA = 0.067, C190 = 0.000–0.111; CFI = 0.982; TLI = 0.974; SRMR = 0.041). This model indicated that paternal involvement in informal kinship care had a statistically significant positive path to total competence ($b^* = 0.265$, $p < 0.001$). A statistically significant path from quality of the biological mother's relationship with the child to total competence was also observed ($b^* = 0.157$, $p = 0.028$). Lastly, the control variables, caregivers' education ($b^* = 0.278$, $p < 0.001$), kinship care family functioning ($b^* = 0.274$, $p < 0.001$), and the age of the child ($b^* = 0.182$, $p = 0.015$) were all significantly positively associated with total competence. This model accounted for 27% of explained variance in total competence. The final model is displayed as Fig. 1.

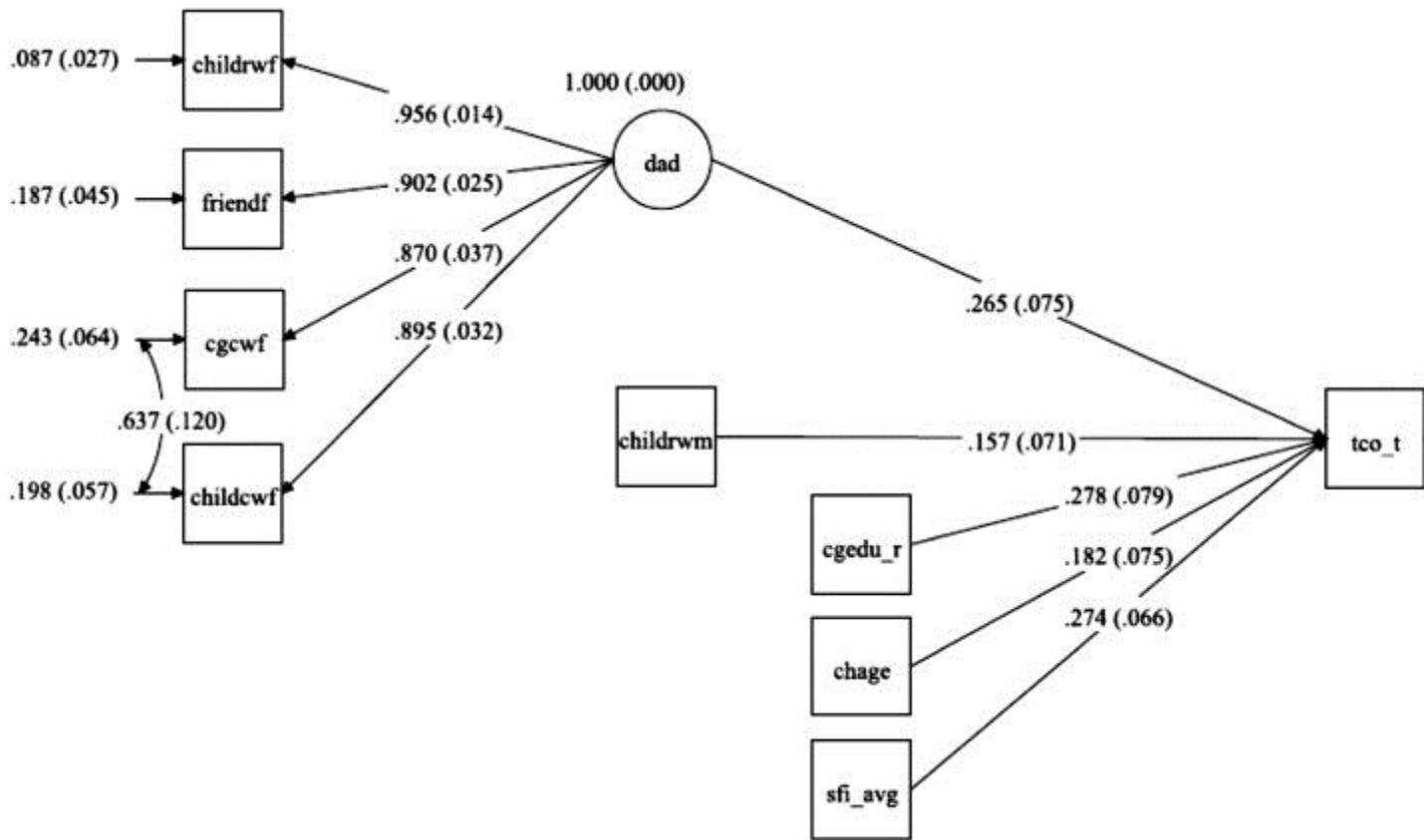


Fig. 1.

Final model of paternal involvement in informal kinship care.

5. Discussion

The current study analyzed the first wave of existing longitudinal data collected through interviews with caregivers of related children in informal kinship care arrangements. The purpose of our study was to determine whether and how maternal and paternal involvement are associated with competence levels in African American children in informal kinship care. We hypothesized that maternal and parental involvement are positively related to competence in African American children in informal kinship. Findings were partially consistent with our hypothesis, with only paternal involvement positively related to children's competence.

5.1. Paternal involvement

The most notable finding from this study is that paternal involvement in informal kinship care has a statistically significant positive path to African American children's competence. As anticipated, the final model indicates that on average when fathers have more contact with children and caregivers and when the fathers' relationships between children and caregivers are more positive, then on average children's competence levels are higher. This finding is similar to previous research that found the quality of the relationship between biological fathers and their

children promote competence (Washington et al., 2013). However, it goes a step further by also demonstrating the importance of caregiver's relationship and contact with birth fathers, as well as the importance of contact birth fathers have with their children on competence levels. This finding also supports scholars' arguments that African American kinship care families have strengths and resources within their families to help successfully rear children (Hong, Algood, Chiu, & Lee, 2011 and Washington, Clark, Cryer, & Hong, submitted for publication).

Moreover, the finding regarding paternal involvement as a promotive factor of competence is also consistent with the risk and resilience literature that states positive relationships between parents and children serve an important protective function for children (Fraser et al., 2004, Garmezy, 1985, Garmezy, 1991 and Rutter, 1979).

5.2. Maternal involvement

This study also examined the role of maternal involvement on competence in African American Children in informal kinship care. Our findings yielded the unexpected result that there was not a statistically significant association between maternal involvement and competence. However, it is important to note that the study's findings do indicate a trend for maternal involvement on children's competence levels. In this study, a trend emerged that suggests on average when mothers have more contact with children and caregivers and when the mothers' relationships between children and caregivers are more positive, then on average children's total competence levels are higher. We speculate that maternal involvement was not a significant predictor because of differences between how mothers and fathers parent, as well as differential expectations that caregivers have for them. Maternal involvement is defined in this study as, mother's contact with the caregiver and child, how friendly mother's relationship is with the caregiver, and the quality of the mother's relationship with the child. This definition may not have accounted for what caregivers feel are essential aspects of motherhood that should have been demonstrated in maternal involvement, especially, since mothers are typically considered to be primarily responsible for providing caretaking and nurturing duties. Thus, caregivers may have rated birth mother differently than birth fathers. Also, perhaps maternal involvement would have been a statistically significant predictor of competence if this study's sample size was larger.

In the final model, we included the quality of the mother's relationship with child, a dimension of maternal involvement as a predictor since prior research indicated an association with competence (Washington et al., 2013), and it was determined that this relationship predicted children's competence for this study's sample as well. The higher caregivers' rated the quality of the relationships between children and their biological mothers, the higher children's competence levels, even when paternal involvement and other predictors of competence were included in the model.

5.3. Control variables

Consistent with empirical and conceptual competence literature (e.g., Heath and MacKinnon, 1988, Landy, 2002, Levendosky et al., 1995 and Schneider, 1993), caregiver's education level and child's age were significant and positively associated with competence in the final Models. Kinship care family functioning was also found to significantly predict children's competence. This finding supports Gleeson et al., 2008 and Washington et al. (2013) studies' conclusions that healthy family functioning is associated with better outcomes for children in informal kinship care.

6. Limitations and directions for future research

Although findings from this study suggest that paternal involvement has a significant positive effect on the competence levels of African American children in this sample, the mechanism for this effect remains unclear. For example, when caregivers report the frequency of contact between the fathers and children, the study's measure does not specify if contact means face to face, telephone, or letters. The measure also does not provide a clear understanding of why the caregiver perceived the quality of the relationships between fathers and children as very good when they rated the relationships. Therefore, future research should also enlist a mixed methods approach to better understand the aforementioned relationships. Using qualitative methods would allow for a more refined understanding of the dimensions of paternal involvement that impact children's competence levels, as well a more in-depth understanding of the ways in which birth parents are involved in their children's lives at home, at school, and in the community. Additionally, utilization of standardized parenting scales or creation of parent involvement scales in future kinship care studies with strong reliability and validity would strengthen findings.

Our analyses are limited due the utilization of secondary data. For example, caregivers were the sole reporters of information used in this study; thus, single respondent bias may have impacted the study outcomes. Future research should seek to ascertain information directly from each biological parent, kinship caregiver, and child (age permitting) involved in the kinship care arrangement. This approach would allow for a clearer understanding of intergenerational family dynamics that impact the relationship between parental involvement and children's competence levels. Further, for our study, we conceptualized parent involvement with the parenting variables available in dataset. Perhaps, there are other unmeasured parenting variables that contribute to children's competence.

Despite the statistically insignificant finding regarding maternal involvement and competence, we still believe that maternal involvement is an important aspect of informal kinship care children's development. Mothers in our study were more likely to have at least some contact with their children in the past year compared to fathers. Caregivers reported that 78% of mothers had at least annual contact with their children but 50% of fathers had no contact with their children. It

is clear that this study and other studies (e.g., Goodman, 2007 and Green and Goodman, 2010) have demonstrated that many biological parents of children in kinship care, especially mothers, will be a part of their children's lives whether they are the primary caregiver or not. Thus, it is important to further investigate the effects of biological mother's involvement on competence and other developmental outcomes. Our findings may imply that the current measures used in this study may not adequately assess the various dimensions of maternal involvement, in that they do not capture the unique characteristics that may be synonymous with non-custodial motherhood within African American families. To better assess maternal involvement and to further understand paternal involvement, we also suggest future research that incorporates standardized parenting scales or creation of parent involvement scales with strong reliability and validity.

7. Implications for practice

Some relative caregivers hesitate to involve birth parents with the rearing of children due to past negative experiences, such as family conflict or birth parents not showing up for visitation, which subsequently disappoints children. However, in informal kinship care arrangements there normally are no legal restrictions preventing parental involvement. Even when kinship caregivers have private guardianship of the child, parents retain the rights to their children and the right to have contact with their children in most cases. Given the inability of most caregivers to restrict all interactions between parents and children and given this study's findings that suggest the importance of paternal involvement and the quality of the mother-child relationship on children's competence, it is clear that practitioners should work with informal kinship care families to help facilitate positive interactions among biological parents, caregivers, and children to foster children's competence.

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