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Am I My Brother's Keeper: Adult Siblings Raising Younger Siblings

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Adult siblings raising their younger siblings is a family configuration that rarely comes to mind; yet, in the United States adult siblings are the third largest relative caregiver group. The experiences of a sample of 77 adult siblings raising 154 younger siblings are described. The findings revealed that adult sibling caregivers may have multiple unmet service needs but they have a relatively high degree of parenting ability, which is increased by the availability of religious-based services, availability of friends and neighbors, and the ability to network with other caregivers. Additionally, adult siblings who are parenting a younger sibling who has special needs are more likely to commit to adopting that sibling. Social work practice strategies that can be used to address the service needs of adult sibling caregivers are provided.

Keywords: Caregiving, kinship care, parenting, siblings, permanency

INTRODUCTION AND BACKGROUND

Census data for 2010 indicate that 4% of the U.S. child population does not live with either biological parent (Kreider & Ellis, 2011). Most (54%) of these children who do not live with their biological parents reside with their grandparents. However, a sizeable number (21%) live with "other relatives," and 24% live with nonrelatives. Increasingly, adult siblings compose one of the largest "other relatives" categories. At 262,028, adult siblings are the third-largest relative caregiver group, behind grandparents at 4,388,908 and aunts and uncles at 844,768 (Kreider & Ellis, 2011).

Much is known about the children who do not live with their parents when they are in that predicament as a result of child welfare system intervention. For example, in 2009, 24% of children in foster care were placed with a relative, and 32% of the children adopted through child welfare were adopted by a relative (USHHS, AFCARS, 2010). Relative placements are prevalent in 36 states where preference is given to a relative caregiver and in 29 states where the adoption process

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is "streamlined" for relative caregivers when a parent approves the placement (U.S. DHHS, 2008, p. 3).

Although the literature is well developed with respect to grandparent caregiving (e.g., Courtney & Needle, 1997; Denby, 2011, 2012; Hairston, 1999; Terling-Watt, 2001; Testa, 2005), very little is known about adult siblings who raise their younger siblings. Moreover, even less is known about the influence of sibling attachment and socialization experiences on parenting capacity. The literature is virtually devoid of studies that provide an understanding of the perceptions and experiences of adult siblings and their quest to parent younger siblings. Many of these younger siblings are highly vulnerable; having faced a set of crisis-oriented circumstances that led to their placement with their adult sibling.

The purpose of this article is to report the findings of an empirical study that examined adult siblings' motivations for parenting their younger siblings, their parental readiness, and their child-rearing capacity. Levels of stress and strain, family involvement and social support, and service needs were also explored. Research questions were pursued through a quantitative study involving 77 adult siblings who were a subset of a larger ($N = 830$) comprehensive, multiphase study of relative caregivers. The theoretical framework used to develop the research questions and the study's measures was the stress-and-strain theory. Study findings cast the stress-and-strain theory in a new light given the unique needs of adult siblings.

EMPIRICAL FRAMEWORK AND LITERATURE REVIEW

Motivations for Caring

In a study of 207 informal relative placements (2% were adult siblings raising their younger siblings), researchers found that relatives' motivations were only one factor in a larger decision-making process that led children in need of care to a relative (Gleeson et al., 2009). Gleeson et al. described the process in which children come to the care of a relative as often "unexpected" and, when unexpected, it was usually in response to an emergency. The three factors that account for why children come to be cared for by a relative include the reason for parental incapacitation, caregiver motivations, and the pathways that children take to a caregiver's home.

First, like other relatives, adult siblings care for their younger siblings as a response to a family crisis precipitated by parental incapacitation that may have been caused by addiction, child neglect or abuse, incarceration, lack of parenting experience, instability, mental health issues, illness, or death (Gleeson et al., 2009). Second, the decision-making process to provide care for a relative's child is closely tied to the reason for parental incapacitation and is described as "simultaneous" and "overlapping," leading to the identification of several distinct subcategories (Gleeson et al., 2009, p. 303). However, the motivations were also observed to stand apart from the reason for parental absence, as these reasons were not the sole motivating factor (Gleeson et al., 2009). The study identified the following five motivations for caregiving by a relative: keeping children out of foster care, the safety and well-being of the child, family obligation, love of the child, and "spiritual influence" (Gleeson et al., 2009, p. 306). Finally, the routes that children take to a relative's home include the caregiver "stepped in"; the mother asked; the father asked; the child asked; another relative asked; the Department of Child and Family Services asked/diverted the child from the child protection system; and other multiple/complex pathways (p. 304).

Sibling Interaction and Experiences

Siblings share a common and unique bond that is further cemented by the amount of time spent with one another, understanding of a similar place in the family structure, and the complex manner

in which they have an effect on one another's lives (Kramer & Conger, 2009). These factors play an important role in the manner in which siblings are socialized and how they feel about their participation in their family structures (Kramer & Conger, 2009). Kramer and Conger describe five categories in which siblings socialize one another: observations, interactions, identity formation and goal setting, shared experiences, and non-shared experiences.

Although parents provide formal instruction and guidance, older siblings often demonstrate by example more informal instruction and guidance in some areas (e.g., in relationships with peers at school; Kramer & Conger, 2009). This modeling can be either positive or negative as a younger child may learn to deal with peer pressure by developing coping skills to reject peer pressure or by succumbing and engaging in high-risk behaviors based on the example of their sibling (Kramer & Conger, 2009). Observations are one mode of engagement among siblings, but researchers have also learned considerable information from the examination of sibling interactions. These interactions can influence the way children interact with others during their adult relationships (Kramer & Conger, 2009). Kramer and Conger note that parents spend more time trying to maintain their relationship with their children and manage any conflicts they may have with their child, while sibling interactions require a different skill set when managing conflicts. These interactions are critical to their socialization, as they draw a distinction between the expectations of conflict resolution with parents versus that of siblings.

Further conflict may arise when an older sibling establishes a standard of achievement for younger siblings through their actions and achievements (Kramer & Conger, 2009). While younger siblings may in fact rise to the challenge and surpass the achievements of older siblings, other times younger siblings find the task daunting and may even become resentful toward those siblings (Kramer & Conger, 2009). Kramer and Conger (2009) suggest that siblings are sometimes eager to demonstrate their own abilities and uniqueness in light of the accomplishments of the elder sibling. This can be seen in their personal goal setting and the manner in which they choose to demonstrate their own abilities (Kramer & Conger, 2009).

Shared and non-shared experiences within a family affect socialization, as children's responses to their common experience and their perceived different experience can have consequences on their development. Bryant and Crockenberg (1980) reported that shared experiences are important factors when parents are dealing with challenges that may render them less available and more dependent upon an older sibling for support (as cited in Kramer & Conger, 2009). Older children learn to provide essential caretaking functions in the absence of their parents, and younger children learn that they can depend on the elder sibling for some of the functions previously provided to them solely by their parents. While shared experience may connect children through a common family struggle, non-shared experiences may create resentments when siblings perceive differences in treatment, thereby creating a breakdown in the quality of the sibling relationship (Kramer & Conger, 2009).

Stress and Strain

The manner in which siblings are socialized can affect their relationship with one another in ways that have consequences during a family crisis. This relationship is complex and may only be further complicated in the absence of parents. When an older sibling assumes care for younger siblings, questions of whether to maintain a sibling-to-sibling relationship or begin a parent/sibling-to-sibling relationship loom. The transition is complex and becomes convoluted by the fact that many adult sibling caregivers have already provided day-to-day direct care of their younger siblings.

Hunt (2003) describes caregiver strain in terms of excess "physical or mental exertion" and draws a direct correlation to the stress of that exertion as it relates to caring for another. The "bio-psychosocial effects" of caring for another have been described in a variety of ways throughout the research on the effect of caregiving on the caregiver (Hunt, 2003, p. 28). Caregiver strain is

one characterization of these effects and describes the stress involved when volunteering to care for a family member (Hunt, 2003). Caregiver strain can be categorized into the following three components: exhaustion, emotional arousal, and goal discrepancy distress (England & Roberts, 1996 as cited in England, 2000).

Each caregiving relationship deserves an examination that considers the relationship prior to the precipitating crisis that originated the caregiving relationship. The adult sibling-to-younger-sibling caretaking relationship renders a unique form of caregiver strain. The strain experienced by an adult sibling is influenced by the complexity of the sibling relationship, age and development of the caregiver, and the grief and loss experienced by both the adult sibling caregiver and the child(ren) when losing a parent. All of these elements can be examined in the context of the three components of caregiver strain: exhaustion, emotional arousal, and goal discrepancy distress (England & Roberts, 1996).

Exhaustion as it relates to caregiving involves a "state of energy depletion" that is directly related to providing care for another (England, 2000, p. 167). The adult sibling caretaker is at high risk for experiencing this state of exhaustion as it may take months, even years, to reach a point of equilibrium after the exit of a parent. One of the most time-consuming aspects of caretaking can involve managing the initial crisis, which may include seeking assistance from state agencies (e.g., financial assistance, child welfare intervention) or seeking guardianship through the courts. State agencies and courts are highly bureaucratic systems, and the navigation of these systems can be a daunting task for even the most efficient parent. The level of exhaustion experienced from these legal tasks by adult siblings in addition to the newfound daily task of parenting young children or adolescents who most often are experiencing emotional and behavioral issues connected to the family crisis can be overwhelming. While caregivers tend to the emotional and behavioral response of the children, their own emotional response to the crisis involving their parent is inevitable.

The emotional arousal experienced by caregivers can be defined as a heightened emotional response to the "unpleasant and over-stimulating" events surrounding the caretaking activity (England, 2000, p. 167). The circumstances surrounding the loss of a parent to drugs, alcohol, death, mental illness, incarceration, and so forth are emotionally charged. The adult sibling-to-sibling caretaking relationship produces a heightened emotional response because of this crisis within the family, the emotional responses to the initial crisis by the children, and the grief and loss issues suffered by all involved when faced with an absent parent. The adult sibling caretakers must work through their own emotional response, which is understandably heightened due to their age, their connection to the parent, and their own sense of loss. The emotional strain of caretaking may be greater for adult siblings than for other relative caretakers because of these factors and the disruption of their own development while caring for the lives of their siblings.

The disruption of development or pursuit of life goals has been defined as goal discrepancy distress by researchers noting the imbalance between a desire to care for a family member in need and the desire to pursue one's own life goals and needs (England, 2000). This may be especially true for the adult sibling caretakers for whom, because of their age, caretaking activity would most likely occur during the pursuit of major life developments such as their own personal development, education, career goals, marriage, or family life. The adult sibling caretakers may have to postpone their own plans or desires to address the present family crisis. The uniqueness of the experience of goal discrepancy is tied to the greater likelihood that adult sibling caretakers may be less personally and financially stable and in pursuit of that stability at the time of the family crisis, creating higher levels of caregiver strain than would be found in other relative placements.

Parenting Readiness and Capacity

The caretaking relationship among siblings offers a unique perspective of caregiver strain as the

sibling relationship transitions through crisis, changes to family roles, and pursuit of life goals while attempting to parent younger siblings. The adult sibling caregivers' preparedness in taking on the care of their younger siblings depends on a variety of factors, including the supports and services available in the community. Research has shown that caregiver strain and lack of supportive resources further affect the children receiving care in terms of entry or reentry into the foster care system or other mental health residential facilities (Heflinger & Taylor-Richardson, 2004). It is important for sibling caregivers to feel competent and confident, as self-efficacy and self-worth are noteworthy in determining the success of the placement (Zlotnick, Wright, Cox, Te'o, & Stewart-Felix, 2000). Caregivers who feel competent, prepared, and confident inevitably pass these feelings on to the children involved as well as any opposing feelings of despair (Zlotnick et al., 2000).

Sibling caretakers, like other caregivers, must have or acquire knowledge and ability in areas pertaining to the child's well-being. The parental environment cluster model (Burke, Chandy, Dannerbeck, & Watt, 1998) suggests that when caregivers adequately maintain each of the components of the model, the overall well-being of the child increases. Burke et al. describe three essential elements of parenting: knowledge of child development/child rearing skills, family involvement/support, and resource management.

First, parenting skills are an essential function in the well-being of children, and caregivers must have or acquire skills to sustain a child through his or her development (Burke et al., 1998). Burke et al. describe these skills as an understanding of parent-child communication, providing daily care, maintaining a clean environment, cooking skills, and disciplinary techniques. For the sibling caregiver, who may not already be a parent, this implies the rapid development of these skills and in the midst of critical circumstances. Sibling caregivers may require assistance with the further development of parenting skills, in particular, parenting skills as they apply to the circumstances surrounding the placement of the children. Burke et al. note that parents who lack minimal skills in this area place children at a higher risk for neglect and should therefore receive additional supports.

The second element, family involvement and support, is another essential child well-being factor. Caregivers must be able to communicate and interact with their social support system in a manner that elicits continued support (Burke et al., 1998). Essentially, if adult sibling caregivers have positive communication with their family members, they are more likely to solicit support and assistance (Burke et al., 1998). For kinship caregivers, the support received from family members including birth parents may center on their ability to negotiate decisions on care, visitation, and the encouragement of favorable relationships with birth parents and other family members (Ziminski, 2007). Consequently, their ability to effectively communicate with family will invariably determine their level of family support. Adult sibling caretakers may be at various stages of learning in terms of their communication styles with family members and therefore may require greater outside support and training in this area.

The third element, resource management, postulates that caregivers must be able to access resources including those provided by organizations or their community in order to promote the well-being of the child (Burke et al., 1998). The resource component can be further classified into three categories: financial, material, and socio-emotional (Burke et al., 1998). McLean and Thomas (1996) demonstrate the importance of services and resources in their study of 60 families of kinship caregivers who ranked legal assistance as their most desired service need, followed by financial assistance and health care for the children involved. Legal assistance is a common need for all kinship placements, because custody of the child must be legally recognized and would be considered the most immediate need in terms of a family member's ability to legally care for the child(ren). Financial, material, and socio-emotional resources includes an array of services not limited to daycare, respite, legal assistance, monetary assistance, counseling, health care, transportation, or housing. With respect to adult sibling caregivers, age and stability are

factors that can increase the need for these services and whether the adult sibling caregiver has the ability to advocate for their service needs.

Permanent Nature of Parenting

The parental environment cluster model emphasizes how three factors (i.e., childrearing skills, family involvement, and resource management) are integral parts of a child's well-being. The research on kinship care indicates that children placed with kin are less likely to change placement or to enter group homes (Courtney, 1994; Courtney & Needle, 1997). Children placed with kin usually reunify with birth parents at slower rates but are also less likely to return to foster care upon permanent placement with relatives (Barth & Berry, 1994; Courtney & Needle, 1997). This fact could be partially attributed to the motivations for caregiving expressed by family members. The motivations are often connected to the children involved, which may positively influence the caregivers' commitment to the three components of the parental environment cluster model. While commitment to the children and their well-being can be seen in the outcome data on kinship placement, the effect on caregivers should be noted to determine ways to strengthen family systems when children must be placed outside of their birth home.

STUDY DESIGN AND METHOD

Overview

The study reported here was a university-community partnership involving a multiphase survey research approach. The overall purpose of the study was to examine the experiences of kinship caregivers and, in doing so, determine their level of capacity, readiness, service needs, and stress and strain. The analysis discussed herein focused on examining a sub-set of the entire sample, that is, adult sibling caregivers. The research questions that guided the analysis are as follows:

1. What motivates adult siblings to parent their younger siblings?
2. To what degree are adult siblings ready for parenting?
3. What is the childrearing capacity of adult siblings?
4. What are adult siblings' level of stress, family involvement, social support, and service need and do these levels vary by socio-demographic characteristics?
5. Is there a relationship among stress, family involvement and support, service needs, and adult siblings' parental readiness and childrearing capacity?
6. What are adult siblings' plans for caring for their younger siblings on a long-term basis and what, if anything, predicts which adult siblings plan to be a permanent resource (i.e., adoption) for their younger sibling?

Description of Sample

The sample was recruited in cooperation with and assistance from a study advisory board comprising state and county representatives from the local county child welfare and state welfare systems. After obtaining institutional review board approval, researchers requested that the state's temporary assistance to needy families (TANF) office, the local child welfare authority, and a community-based parent advocacy organization identify kinship caregivers who fell into one of three categories: (1) licensed relative care placement or unlicensed relative care placement under the supervision of child welfare authorities; (2) relative caregiver receiving or had recently received state financial assistance through the TANF program; or (3) relative caregiver who had

no involvement with formal, public child and family assistance programs. Researchers provided the community partners with coding instructions that limited the potential sample by specifying parameters associated with the timeframe in which the case was opened and the elimination of cross-over listings. Additionally, the research team provided the community partners with a grid that they used to generate a random sample from the frame that they had prepared. Ultimately, the community partners generated mailing labels representing the randomly chosen caregivers, and they mailed the surveys to them.

The sociodemographic characteristics of the adult siblings are presented in Table 1. A vast majority (89%) of the 77 adult sibling respondents were female ($n = 67$). A plurality (38%) of respondents were African American followed by 18% European American and 16% Latino/a American. One-fifth of respondents did not report their ethnicity. More than half (53%) of the respondents were between the ages of 30 and 39. The sample derived its income almost exclusively from employment (95%). For those who reported their income range, half earned $20,000 or less, and half earned more than $20,000. The adult siblings were either married (42%), single (45%), separated (9%), or divorced (4%). A plurality of respondents (36%) have had some college, while slightly more than one-fifth (23%) had less than a high school education.

Most (92%) of the respondents lived in urban areas, and nearly half (48%) resided in rental properties. One-fourth of the sample owned (or were purchasing) their homes, and 23% received housing assistance through a government program. Almost half of sibling respondents (45%) were caring for only one of their younger siblings. About one-third (34%) were caring for two children. Almost 40% of the respondents had no children of their own or there were no other children other than their younger sibling(s) in the household. The remaining respondents had one (23%), two (21%), three (9%), or four (9%) children other than their younger sibling living in the house with them and for whom they were providing care at the time of the study. Most (79%) of the caregivers had one other adult in their home. As for the children's characteristics ($n = 154$), the average age was 10, with a range of 1.5 to 18 years. Almost half of the children were between the ages of 11 and 18. The children were nearly evenly split with respect to gender. Slightly more than one-third (38%) of the children in the care of siblings were said to have special needs. Forty-five percent of the children had been in their adult sibling's care for 1 to 3 years. Forty-one percent of the children had no income source but did receive Medicaid. Twenty percent of the children received food stamps, and 15% received TANF. With respect to the involvement of the biological parent, most children (68%) had at least some contact with their biological parents.

Data Collection Procedures

The respondents in this study received a survey via U.S. mail and were provided with prepaid return instructions. The research participants received $25 Wal-Mart gift cards for their participation in the study. (Note: The gift card amount is accurately reported in Denby, 2012.) Data collection procedures were guided by Dillman's total design survey method and the tailored design method (Dillman, 1978; Dillman, Smyth, & Christian, 2008) and included the use of repeat mailings, postcard reminders, and follow-up letters. The attempted statewide sample was 1,200 kinship caregivers. The data collection period spanned nearly 2 months and reached a return rate of 70% resulting in 830 surveys. Of the 830 kinship caregivers, only ($n = 77$) represented the category "sibling caregiver."

Measures

The primary measure used was the Kinship in Nevada (KIN) tool (Denby, 2011, 2012). The KIN tool is a 150-item Likert scale used to measure relative caregivers' perceptions and experiences

TABLE 1
Sociodemographic Characteristics of Adult Sibling Caregivers ($N = 77$) and Children ($N = 154$)

Caregiver or Child Characteristic	*Frequency*	*Percent**
Caregiver's source of income:		
Employment	56	95
Social Security Insurance	1	2
Social Security Disability	2	3
Caregiver's gender:		
Male	8	11
Female	67	89
Caregiver's age:*		
Below age 0	35	46
30–39	41	53
40–49	1	1
*Mean age is 29.50; Range is 19–40		
Caregiver status:		
Child Welfare System (Licensed or unlicensed caregiver)	8	10
TANF System (TANF or non-needy Caretaker Program)	54	70
Community-at-large (no affiliation w/formal system)	15	20
Caregiver's yearly income:		
Less than $10,000	19	25
$10,000–$20,000	19	25
$20,001–$30,000	17	22
$30,001–$40,000	12	16
$40,001–$50,000	7	9
$50,001–$60,000	1	1
$60,001–$70,000	1	1
Caregiver ethnicity:		
African American	29	38
Asian American	1	1
European American	14	18
Latino/a American	12	16
Native American	5	6
Not disclosed	16	21
Marital status:		
Single	33	45
Married	31	42
Separated	7	9
Divorced	3	4
Caregiver's educational background:		
Less than high school education	17	23
GED	11	15
High school diploma	11	15
Some college	27	36
Associate's degree	5	7
Bachelor's degree	3	4
Housing status:		
Government-assisted housing	17	23
Renting	35	48
Homeowner	18	25
Living w/family or friends	3	4

(*continued*)

TABLE 1
(*Continued*)

Caregiver or Child Characteristic	*Frequency*	*Percent**
State region:		
Urban area	57	92
Rural area	6	8
How many of your relative's children are you caring for:		
One child	35	45
Two children	26	34
Three children	7	9
Four children	7	9
More than four children	2	3
Number of other children in the household:		
None	21	38
One	13	23
Two	12	21
Three	5	9
Four	5	9
Number of other adults in household:		
One	46	79
Two	11	19
Three	1	2
Ages of children:*		
Under 1 year	2	1
1–5 years of age	41	27
6–10 years of age	34	23
11–18 years of age	72	48
*Mean age is 10; Range 1.5 yrs–18 yrs.		
Child's gender:		
Male	78	51
Female	76	49
Child's contact with parent:		
Regular contact	19	26
Every now and then (termed intermittent contact)	31	42
No contact	23	32
Child's contact with parent:		
Regular contact	19	26
Every now and then (termed intermittent contact)	31	42
No contact	23	32
Child's source of income:**		
TANF	17	15
No income but the child/ren receive Medicaid	46	41
Food stamps	23	20
SSI	4	4
Social Security Survivor's Benefits	6	5
Employment	8	6
Child support	2	2
Foster care stipend	9	7
**Multiple responses are possible		

(*continued*)

TABLE 1
(*Continued*)

Caregiver or Child Characteristic	*Frequency*	*Percent**
Child's special needs status:		
Yes, at least one child has one or more special needs.	28	38
No, none of the children have special needs.	45	62
Number of years child has been in caregiver's care:		
Less than a year	19	25
1–3 years	35	45
More than 3 years	23	30

*Rounding resulted in some percent categories totaling slightly less or more than 100%.

by positioning them to answer using one of five choices: *all of the time; most of the time; sometimes; never;* or *NA*. The tool comprises 11 subscales: Reasons for Caring for Relative's Children; Caregiver Motivation and Sustaining Factors Scale (CMSF); Caregiver Perceptions and Experiences Scale (CPE); Service Needs and Community Resources; Caregiver's Perception of Children's Needs and Well-being; Childrearing Experiences; Caregiver Readiness and Capacity Scale; Family Involvement and Social Support Scale; Caregiver Strain Scale; Permanency Intentions; and Caregiver, Child, and Family Characteristics. The psychometric properties of the tool were established through pilot testing with smaller cohorts of relative caregivers similarly matched with the sample reported here. Reliability scores for the subscales range from .82 (i.e., Caregiver Motivation and Sustaining Factors subscale) to .94 (i.e., Caregiver's Perception of Children's Needs and Well-being subscale). The labeling and coding of scale values for the analysis reported here follow the measurement plan detailed in Denby (2012) where the *all of the time* anchor was given a scale rating of 4, *most of the time* was coded 3, *sometimes* was coded 2, and *never* was coded 1. (Note: The analysis reported here and Denby (2012) differ from Denby (2011) because we reassigned the value labels for more ease in reporting and discussion of findings and so that the numerical representations would be more intuitively understood.)

Analysis

Descriptive statistics (frequencies and means) were used to examine the results of research questions 1 to 3. Additionally, several inferential statistics were used in these analyses, namely, independent sample *t*-test and one-way analysis of variance (ANOVA), and correlations were computed to determine the results of research questions 4 to 6. For example, independent sample *t*-tests were used to compare the means of the *caregiver readiness/capacity*, *childrearing/parenting ability*, *stress/strain*, *family involvement/social support*, and *service needs/resources* measures between socio-demographically determined groups (both the adult siblings' and their younger siblings' characteristics) to determine whether there was a statistically significant difference between the groups. The *t*-tests are reported here with a p value of at least .05, which is the probability that the difference is not real and is due only to chance variation in the data. Moreover, a one-way ANOVA was used to test group differences on the above-stated measures when there were more than two values (e.g., ethnicity). In most cases in these analyses, when an ANOVA showed no statistically significant difference between groups on a measure, the measure was recoded into dichotomous values to see whether a *t*-test would result differently. Correlation tests

were used to measure the statistical strength of the linear relationship between the adult siblings' readiness/capacity and their level of family involvement/support. Also, correlations were computed to determine the relationship between the adult siblings' childrearing abilities and the presence of family involvement/support. As it specifically relates to research question 6, correlations were run to test the relationship between the adult siblings' intentions to adopt their younger siblings and the levels of readiness/capacity, childrearing ability, stress/strain, family involvement/support, and their service needs. Correlation values were expressed with a Spearman correlation coefficient, which ranged from −1, meaning a perfect negative relationship, to +1, meaning a perfect positive relationship. A correlation of 0 indicated that there was no statistical relationship between the variable.

A post hoc power analysis was conducted using G*Power software to determine the general likelihood that this sample size ($N = 77$) would be sufficient to detect mean differences between two subgroups of equal size (for example, comparing caregiver capacity scale means between two groups defined by the median income level of the sample). With a p value of 0.05, $N_1 = N_2 = 38$, and a medium effect size of $d = 0.5$, the power ($1 - \beta$ err prob) to detect a significant difference is only 0.576, or 58%. However, to detect a large effect size ($d = 0.8$), the power is 93%. A sample size of $N = 128$ would be required to achieve an 80% probability of detecting a medium effect size ($d = 0.5$). The current analysis is exploratory in nature. Additional data collection will enable the formulation of expected effect sizes of the various tests, which can then be used to determine the exact power levels and the sample sizes required.

RESULTS

Motivations for Providing Care

Respondents were asked to select the one statement that best captured their motivation for currently caring for their younger sibling. Table 2 is a rank ordering of their responses. The top five factors that motivated adult siblings to parent their younger sibling include volunteering to do so, because their parent was experiencing a set of difficulties (e.g., substance abuse, no income, mental health difficulties, and undesirable caregivers around the child) that the sibling thought would eventually lead to the child's placement in the foster care system; parent voluntarily gave the younger sibling to the adult sibling; child protective services removed the younger sibling and placed him or her with the adult sibling; the parent is incarcerated; and the child transitioned from living with other relatives and came to live with his or her adult sibling.

TABLE 2
Motivations to Provide Care for Younger Siblings

Motivation	*n*	*Percent*
I volunteered, I did not want my sibling in foster care.	26	34
My parent asked me to care for my sibling (voluntarily).	13	17
Child Protective Services removed my sibling and placed him or her with me.	12	16
My parent was arrested and later sentenced to an extended period in prison.	8	10
My sibling was living with other relatives or friends and then came to live with me.	7	9
My sibling was in foster care (non-relative placement) and then came to live with me.	3	4
Everyone (my parent and sibling) initially lived with me, and then my parent left and left the children.	3	4
My mom died.	3	4
My sibling asked if he or she could live with me.	2	2

Caregiver Readiness/Capacity and Childrearing/Parenting Ability

The *Caregiver Readiness and Capacity Scale* is composed of 13 items. For example, the scale positions respondents to rate the extent to which they are overwhelmed by the children's needs and conversely the extent to which they feel prepared to parent. The *Childrearing/Parenting Ability Scale* is composed of 11 items including such questions as the following: the extent to which you are making a difference in the child's life, ability to help the children deal with emotional issues related to the absence of their parents, and the ability to engage the children in appropriate school and community activities. On both scales, a higher score indicates a *higher* level of readiness/capacity or ability. Where necessary, items' directionality was recoded so that all item directionality was the same. The mean of all the component items was used to create a scale mean for each respondent and then a group mean (i.e., the mean of the respondent means) was computed. The scale mean was used so that all the scales would have the same range (1–4). Arguably, the scale sum for each respondent could have been used instead of the mean. Given the fact that scale sums were readily available, they were also tested to see whether they led to different results, but they never did (i.e., when two groups showed no difference on the mean of the scale mean, they also did not show a difference on the mean of the scale sum).

On both *Caregiver Readiness/Capacity* and *Childrearing/Parenting Ability* scales, as depicted in Table 3, the mean score of the sample was above the midpoint of the value range (*Caregiver Readiness/Capacity*: $M = 3.07$; *Childrearing/Parenting Ability*: $M = 3.14$). No scale had any respondents with a mean score at the two lowest levels of the value range. Taken together, this suggests a relatively high level of capacity and ability for the sibling respondents in the sample. Readiness and ability scores were analyzed against the respondents' sociodemographic features. No statistically significant differences were found for the various sociodemographic variables and caregivers' overall readiness to parent or overall parenting ability.

Caregiver Readiness and Childrearing/Parenting Ability

The *Caregiver Strain* scale is composed of 11 items. Examples of the questions include the following: I have experienced financial hardship as a result of caring for my sibling; I had to change my housing situation as a result of caring for my sibling; and I feel frustrated by being a caregiver. The mean scale score of the sample was 2.20, which is slightly below the midpoint of the value range and suggests a relatively low level of strain (results are displayed in Table 3).

TABLE 3
Adult Siblings' Readiness/Capacity, Ability, Stress/Strain, Family Involvement/Support, and Need/Resources

Scale	*N*	*Minimum*	*Maximum*	*Mean*	*SD*
Caregiver Readiness/Capacity	74	2.08	4.00	3.07	.44
Childrearing/ Parenting Ability	76	2.29	4.00	3.14	.38
Caregiver Stress/Strain	70	1.00	4.00	2.20	.56
Family Involvement/Social Support	66	1.00	4.00	2.30	.79
Service Needs	71	1.23	4.00	2.70	.58
Community Resources (Part A)—Access, Knowledge, and Availability	70	1.00	4.00	2.68	.65
Community Resources (Part B)—Frustration and Dissatisfaction	73	1.00	4.00	3.01	.40

Family Involvement and Social Support

The mean score for the 5-item *Family Involvement and Social Support* scale (*FISS*) was 2.30 of 4, which is slightly below the midpoint of the value range and suggests a relatively low level of family involvement and support. Additional analysis was conducted to determine whether *Family Involvement/Social Support* scale scores correlate with caregiver *capacity* and *ability* scores.

The Spearman's rho revealed a statistically significant relationship between the *Family Involvement/Social Support* scale and the *Caregiver Readiness/Capacity* scale ($rs[63] = .32$, $p < .01$). Likewise, *Family Involvement/Social Support* scale scores correlate with positively with the *Childrearing/Parenting Ability* scale, ($rs[63] = .36$, $p < .01$).

Further analysis was conducted to determine which of the five items in the *FISS* scale correlate most highly with the *Caregiver Readiness/Capacity* and *Childrearing/Parenting Ability* scales. The *Caregiver Readiness/Capacity* scale correlates most highly with Item 2 ("The help that comes from my church or religious-based services is a big support in the care of the children"), ($rs[35] = .54$, $p < .01$); Item 3 ("My friends and/or neighbors are a big support in the care of the children"), ($rs[61] = .42$, $p < .01$); and Item 5 ("Networking with other relative caregivers is a big support to me") of the *FISS* scale, ($rs[37] = .39$, $p < .05$). In fact, these are the only items with statistically significant correlations to the *Caregiver Readiness/Capacity* scale, so they account for all the correlation of the *FISS*. Likewise, the *Childrearing/Parenting Ability* scale correlates most highly with Item 3 ($rs[61] = .41$, $p < .01$); Item 2 ($rs[34] = .36$, $p < .05$); and Item 5 ($rs[36] = .33$, $p < .05$), of the *FISS*.

Service Needs and Community Resources

Two scales capture service needs and community resources, and together they comprised 33 items. The *Service Needs* scale ranges in value from 1 to 4, where a higher score indicates a high level of need and is composed of such items as "respite care would be helpful" or "I need assistance securing emergency funds services." The *Community Resources* scale assesses the extent to which a specified need is being met. The *Community Resources* scale examines two phenomena: (1) caregivers' access to formal resources, the availability of resources, and caregivers' knowledge of community resources and (2) the extent to which a caregiver has become frustrated with community resources and services. The range is from 1 to 4, where a higher score in Part A means that access, availability, and knowledge of resources is not a problem, and a higher score in Part B suggests that a caregiver experiences frustrations with community resources and services.

Cases with fewer than 10 valid items were excluded from calculations. Items were recoded for directionality where necessary. The *Service Needs* scale had a relatively high sample mean, which suggests that sibling caregivers may have a high level of need. *The Community Resources* (Part A) scale has a mean above the midpoint, which suggests that, on average, adult sibling caregivers are knowledgeable about community resources and seem to be accessing services. However, the mean for Part B of the scale is also high, which measures the level of frustration and suggests that adult sibling may experience a degree of dissatisfaction or exasperation with the services that they access.

Permanency Intentions

Two items on the survey ask the respondent about permanency intentions regarding adoption or guardianship. In order to conduct analyses of which sociodemographic variables and scale scores influence permanency intentions, the permanency items were recoded into dichotomous variables with values of "Likely" and "Not likely." There are 43 sibling caregivers (56%) who are likely to adopt and 61 (79%) who already have legal guardianship or plan to seek it. Because the

guardianship item skews heavily toward existing permanency, only the adoption item was used to test the sociodemographic and scale differences in permanency intent.

T-tests were conducted to determine whether there were sociodemographic differences between those who planned to adopt and those who did not. The adoption-intent groups were compared by the dichotomous recodes of the major sociodemographic characteristics. There was a significant effect for the younger sibling sociodemographic variable: *special needs*, $t(63) = 2.07$, $p < .05$, those adult sibling caregivers likely to adopt are the ones whose younger siblings have been determined to have a condition classified as *special need*. A correlation test confirms the relationship between sibling adoption intent and special needs children ($R = -.239$, $p < .05$). Of the 28 children with special needs, 20 (74%) have caregivers who are likely to adopt. Of the 42 children without special needs, only half ($n = 21$) have caregivers who are likely to adopt.

Additionally, *t*-tests were conducted to determine whether there were differences in scale scores (i.e., *caregiver readiness/capacity*, *childrearing ability/parenting*, *stress/strain*, *family involvement/support*, *service needs/resources*) for those who planned to adopt and those who did not. Using the *t*-test, one of the scales that showed a statistically significant difference in the mean scores by adoption intent was the *FISS* scale. There was a significant effect for *FISS*, $t(59) = -2.86$, $p < .01$, those who are likely to adopt had a higher level of family involvement and social support (a higher score on the scale). A correlation test confirms the relationship between caregiver adoption intent and *FISS* score ($R = -.349$, $p < .01$). Additionally, tests were conducted to determine whether there were correlations between any of the scales and the ordinal adoption variable (which ranges from 1 for least likely to 5 for most likely to adopt). There were statistically significant correlations for three of the scales. *Caregiver Readiness and Capacity* correlated positively with adoption ($R = .300$, $p = .012$), meaning those who rated higher *capacity* are more likely to adopt. *Family Involvement and Social Support* also correlated positively with adoption ($R = .364$, $p = .004$), which reinforces the result of the *t*-test that caregivers with more support are more likely to adopt. The *Community Resources* scale (Part B) correlated negatively with adoption ($R = -.485$, $p = .007$), meaning those with higher levels of frustration with community resources are less likely to adopt.

Data Limitations

A *p*-value of less than .05 (or 5%) is generally accepted as necessary to label a difference as statistically significant. With a small sample size, the difference between groups would have to be more pronounced than with a larger sample size to conclude a statistically significant difference. The relatively small size of this sample ($N = 77$) is therefore a potential limitation in extrapolating these results to any larger population. In other words, the fact that there were not significant differences on some measures in this sample does not mean that it is not possible that those differences would be significant in a larger sample. Last, we used correlation, a measure of the statistical strength of the linear relationship between different variables. Correlation values here are expressed with a Pearson correlation coefficient, which can range from -1, meaning a perfect negative relationship, to $+1$, meaning a perfect positive relationship. A correlation of 0 indicates there is no statistical relationship between the variables. The major limitation of this analysis is that it captures only a linear relationship between variables, so variables that have a strong nonlinear relationship may not have a statistically significant Pearson correlation, or the correlation coefficient may not show the full strength of the relationship.

The study design involved the primary use of a measure that sought adult siblings' self-reports of capacity, abilities, and overall experiences. The limitations inherent in the use of self-reported data apply to this study, including biases associated with respondents potentially overstating positive effects and minimizing negative effects.

DISCUSSION

For the adult siblings in this study, the pathway to parenting was quite similar to conditions previously identified in the literature (Gleeson et al., 2009). However, although there were a number of adult siblings who were asked by their local child welfare authority to care for their younger sibling, it is important to note that child welfare involvement actually ranked third in the list of factors that motivate care. First among all motivators, the adult siblings in this study reported an enduring set of circumstances (e.g., parental drug abuse or mental health difficulties) that led them to voluntarily assume the care of their younger siblings so that they would not experience the child welfare system. Also, a number of adult siblings were asked by their parent whether they would agree to take in a younger brother or sister.

The proactive nature of adult siblings is noteworthy. Sensing that their younger siblings' well-being is at jeopardy and wanting to spare the children what they perceive as a potentially negative consequence of child welfare system involvement, adult siblings are willing to make necessary sacrifices to assume the role of parent. Perhaps this motivation to care is the result of sibling socialization and shared experiences (Kramer & Conger, 2009). In fact, a surprising finding among this sample was the low level of stress and strain. However, given that previous research (Kramer & Conger, 2009) has found that many adult siblings have already been engaged in providing essential caretaking functions for their siblings, even prior to the parent's departure, they may not endure as high levels of stress as those who acquire the children unexpectedly. Also, the fact that the transition into the role of parent is voluntary for some siblings may explain the lower stress and strain rates observed among this sample. This finding points to a direction for follow-up study where an appropriate research question might be, To what extent do shared family experiences among siblings, especially as it pertains to dealing with their parents' challenges, serve as a buffer or mitigate the levels of stress and strain that siblings experiences in their role as caregivers? Stated differently, unlike other relative caregivers, adult siblings may have already been engaged in the direct, day-to-day care of a younger sibling, and as a result of this caregiving milieu they are better prepared to transition into the role of full-time parent.

The adult siblings in this sample report low levels of family involvement and social support available to them in the parenting of their younger siblings. Moreover, the adult siblings have low incomes and several unmet needs, and they report that although they may be knowledgeable about community resources and do access them to a certain degree, they are dissatisfied with services. However, those adult siblings who indicate high levels of readiness and high levels of childrearing capacity are in fact those with the greatest amount of family involvement and social support, particularly in the areas of availability of religion-based services, availability of friends and neighbors, and the ability to network with other caregivers. The level of family involvement and social support that adult siblings have is also associated with their commitment to permanently care for their younger siblings. Adult siblings are more likely to adopt their younger siblings if they possess high levels of family involvement and social support. The critical nature of family and support networks has been noted by other studies (Burke et al., 1998; Ziminski, 2007). Likewise, those adult siblings who report higher levels of readiness/capacity and lower levels of dissatisfaction with resources are more likely to provide care for a younger sibling on a permanent basis.

Finally, we also find that adult siblings are more prone to adopt their younger sibling when that sibling has a special need (e.g., chronic medical condition or physical disability, emotional/behavioral disorder, learning difficulties). Such a finding was surprising, and the data reported here cannot provide a complete explanation of why this might be the case. However, such a finding may suggest a need to reassess stress-strain theories as they relate to sibling parenting, given that some adult siblings voluntarily commit to caring for younger siblings with such high levels of need. This is not to suggest that sibling caregivers do not experience stress and strain,

but perhaps the emotional arousal described by England (2000) is mitigated by the fact that adult sibling caregivers may have already been serving as surrogate parents even when their parents where present.

Implications and Future Research Direction

Social Work Practice

Social work practitioners and other human service professionals can play a critical role in supporting adult siblings in their parenting of younger siblings. Depending on the social work practice setting, adult sibling caregivers may come into contact with a social worker based on needs that the child may be experiencing with respect to school/education, mental and physical health care, or legal assistance, just to name a few. This study pinpoints three important practice considerations for social workers who may be engaged with adult siblings who are raising a younger brother or sister: parent education, emotional support, and service needs and resources. Given the connection between parenting ability and positive child well-being (Burke et al., 1998; Zlotnick et al., 2000), engagement with adult sibling caregivers might involve an assessment of their parenting abilities. Although the findings of this study suggest high levels of parenting readiness and childrearing capacity, adult sibling caregivers may benefit from education and support concerning parenting abilities that are required as children progress through various developmental phases of their life. Adult sibling caregivers who have developed tremendous strengths and abilities may still benefit from guided intervention designed to increase the well-being of the children in their care. Parent education models should become more tailored to factor in the specific needs and experiences of the adult sibling whose role it is to parent a younger sibling. Parent education and support models become critically important in the context of child welfare system-involved children given that adult siblings are willing to provide permanency for their younger siblings, especially when those siblings have a special need. Given the challenges associated with finding adoptive parents for children who have special needs (Denby, Alford, & Ayala, 2011; Smith, 2010), and the importance of family connections (Collins, Spencer, & Ward, 2010; Herrick & Piccus, 2005), it is important that parent education and support programming target the needs of adult sibling caregivers. Additionally, these findings may offer important implications for attending to the emotional support needs of adult sibling caregivers. As this study revealed, opportunities to network and connect in a supportive fashion with their peer caregivers increase adult siblings' sense of childrearing abilities. Professionals should encourage and make available peer socialization opportunities for adult siblings as a way to increase emotional support and help them avoid isolation.

Finally, the findings concerning unmet service needs and high levels of exacerbation with community resources offer critical direction with respect to social work practice with families. Adult sibling caregivers are probably the last group that comes to mind when professionals think of relative caregiving, as the focus in relative caregiving is largely on the grandparent caregiver. In this study, we learned that adult sibling caregivers have unmet needs, and although they access community services, they are not satisfied with those services. Practitioners may have to expand their definition of the "nontraditional" family to include adult siblings and then ensure that this group receives appropriate targeting for services.

Social Work Research

This study sheds light on a few key aspects of the experiences of adult sibling caregivers. However, several important questions arise, defining an opportunity for further investigation. For example, future research should try to ascertain the level of well-being of the children who are

being raised by their adult siblings. Research findings that are able to pinpoint a connection between particular types of abilities and capacity among adult sibling caregivers and levels of child well-being would be informative in the development of future parent education and support programming. Also, given the connection between caregiver self-efficacy and children's self-efficacy (Zlotnick et al., 2000), future research studies with large sample sizes could reveal what other environment factors, beyond family involvement and social support, produce capacity in adult sibling caregivers and mitigate against the effects of income challenges and unmet service needs.

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