Review

Strength and Resilience for Kinship Caregivers Raising Children: A Scoping Review

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Abstract: Kinship care is a preferred living arrangement for children when they have to separate from their birth parents due to various reasons. Although kinship care emphasized family and cultural value of connection, kinship families haven been considered as a vulnerable population since they often face myriad and longstanding challenges on both caregivers and child levels. Previous studies have described the challenges and needs that kinship families had, but there has been a continued call for shifting the paradigm from a problem-focused approach to a strengths-focused perspective. After searching in seven research databases, this scoping review identified 25 studies that examined resilience factors that were related to kinship caregivers raising their relative's child/ren. Both qualitative and quantitative studies were included in this review. The findings showed that the resilience factors are involved with the following five aspects: caregiver characteristics, motivation, stress coping, caregiver's family, and support. Through summarizing and discussing the resilience factors, this review calls for attention to be paid to the strengths of kinship families. This finding encourages future social work practitioners and researchers to build resilience in kinship families so that positive outcomes for kinship families can be promoted.

Keywords: kinship caregivers; strengths-based; resilience factor

1. Introduction

Kinship care refers to the care of children by relatives or fictive kins (e.g., godparents; members of a tribe or clan; teachers) [1]. It includes formal and informal kinship care, distinguished by whether the child welfare agency intervenes in the care arrangement [1]. The benefits of placing children with kinship caregivers are well-documented in the literature, which includes increased stability [2], safety [3], and well-being [4], as well as maintaining family connections and cultural ties [5]. Given these advantages, the number of children in formal kinship care has steadily risen from 24% (112,643 children) to 32% (133,405 children) over the past decade [6,7]. In addition to formally arranged kinship care, most kinship children live with their relatives without any involvement from the public child welfare agency. To date, more than 2.6 million children live with kinship caregivers, accounting for 4% of U.S. children [8]. The previous literature has identified kinship families as a vulnerable population in need of services and support. This study adopts a strength-based perspective in understanding kinship families. Therefore, the research question in this scoping review is: what are factors contributing to resilience among kinship caregivers when they take care of their relatives' child/ren in the previous literature?

1.1. Characteristics of Kinship Caregivers and Children in Kinship Care

Kinship caregivers are typically more vulnerable than non-kin foster parents. The second National Survey of Child and Adolescent Well-Being (NSCAW II) provides nationally representative data on formal and informal kinship families who have had contact

with the child welfare system in the United States. In terms of formal kinship caregivers' characteristics, NSCAW II indicates that the majority were female (91.3%), aged between 30 and 59 (80.3%), had a high school education or below (63.8%), were married (52.1%), and were not employed (45.8%). Over one-third (33.5%) of them lived below the federal poverty line. In terms of race, 39.6% were White, followed by Hispanic (27.6%) and Black (27.4%) [9]. The NSCAW II report notes that informal kinship caregivers shared similar characteristics with formal kinship caregivers [9]. As to characteristics of children placed in kinship care, research aligned with NASCW II found that 60.3% were female, 33.7% were between 6 and 10 years old, and over half of them had experienced substantiated child maltreatment (54.2%) [10]. In terms of child's race/ethnicity, 47.8% were White, followed by African American (32.9%) and Hispanic (13.8%). More than one-third of these children experienced behavioral problems [10,11].

1.2. Challenges Facing by Kinship Families

Kinship families face myriad and longstanding challenges at both the caregivers and child levels. Due to the child's prior exposure to adverse life events, such as child abuse and neglect, parental incarceration, death, mental illness, domestic violence, substance use, and removal from biological parents [12,13], kinship caregivers need to address the children's trauma history and its related consequences on their emotional and behavioral well-being. For instance, a study on informal kinship care found that 28% of children in kinship care experienced neglect, 11% experienced physical abuse, while 55% of their mothers had a history of mental illness, 52% had a history of substance misuse, and 12% had a history of incarceration [14]. These traumatic experiences increase the risk of emotional and behavioral problems in kinship children [15]. Previous research suggested that 32% of children in kinship care had behavioral problems [11], a rate higher than that in the general population. Although there are service needs, many kinship caregivers, especially those from minority racial groups (e.g., African American and American Indian kinship caregivers), may distrust the child welfare system due to their historical traumas, which may further influence their decision-making [16–19].

In addition to the traumatic history and behavioral problems of kinship children, kinship families face other interrelated challenges, such as economic hardship, caregivers' psychological strain, and parenting stress, as well as complex family relationships [20–23]. Specifically, about one-third of kinship families live below the federal poverty line [9], yet more than one-third do not receive any financial assistance (i.e., TANF and foster care payments) [24]. Previous studies have also indicated that kinship caregivers experience a high level of psychological strain and parenting stress [20]. For some elderly kinship caregivers (i.e., grandparent kinship caregivers), their declining physical and mental health further contributes to their increased psychological strain and parenting stress [25,26]. Furthermore, kinship care alters and impacts family dynamics, and many kinship caregivers experience feelings of loss, ambivalence, guilt, and powerlessness [27,28]. Given the complex family dynamics, managing relationships with the child's biological parents and other family members adds additional stress to kinship families [22,25]. Although kinship families face many challenges, each family has its own strengths and resilience that may help them confront these difficulties.

1.3. Definitions of Resilience

Resilience is defined as the ability to rebound from disruptive life challenges and become more resourceful. It can stem from various sources, including individual traits, family resources, and social support [29]. As the concept of resilience evolves, it extends beyond individual levels to encompass family resilience. McCubbin and McCubbin (1988) defined family resilience as the characteristics, dimensions, and properties of a family that enable them to solve problems, find solutions, and enhance the adaptability of family members when faced of disruptive life changes and crisis situations [30]. In other words, family resilience encompasses individual strengths and delves further into positive and supportive

relationships both within and beyond the family [31]. Moreover, family resilience considers the role of culture and social context in nurturing resilience [32]. Black and Lobo (2008) summarized some key factors that promote family resilience: a positive outlook, spirituality, family member agreement, flexibility, open and collaborative family communication, effective financial management skills, dedicated family time, shared recreational activities, established routines and rituals, and robust support networks [32]. In summary, family resilience is a dynamic and multi-layered concept that aids in understanding a family's reactions in the face of adversity [33]. It is nurtured by protective factors and hindered by risk factors; however, protective and risk factors can be altered in different contexts [34].

1.4. Theoretical Framework

This study is guided by a strengths-based perspective and family resilience theory. A strengths-based perspective emphasizes individual and environmental strengths [35]. Similarly, family resilience theory examines individual and family strengths and treats the family as a functional system from an ecological and developmental perspective [33]. More specifically, family resilience theory integrates an exosystemic and developmental perspective to view family stressors dynamically and aims to identify family strengths in belief systems (e.g., meaning-making, positive outlook, spirituality), organizational processes (e.g., flexibility, connectedness, social and community resources), and communication/problem-solving processes (e.g., clear information, emotional sharing, and problem-solving) [36]. Guided by these two theoretical frameworks, we aim to identify the factors contributing to kinship caregiver's resilience in raising a relative's child.

1.5. Research Gaps and the Current Study

Kinship care is a culturally responsive intervention for children who are involved in the child welfare system or whose biological parents are unable to raise them. This type of care itself emphasizes family and cultural resilience; hence, it is essential to employ a strength-focused and resilience-oriented perspective to examine factors contributing to kinship caregivers' resilience. These factors will help us identify family strengths and promote the well-being of the child and family. In child welfare research, there has been a continuous call to shift the paradigm from a problem-focused and deficit-based approach to a strengths-focused and resilience-oriented approach [37]. Based on the scope and topic of this scoping review, we conducted a literature search on previous systematic/scoping review. We found that there that was only one scoping review from a strengths-based approach focusing on factors contributing to grandparent caregiver's well-being [38] (Stephan, 2023), and these factors were positive emotions, engagement, relationships, meaning, and accomplishment. However, few previous studies have systematically reviewed factors contributing to overall kinship caregivers' resilience. Thus, this scoping review can fill the research gaps and it aims to identify the factors contributing to kinship caregivers' resilience when raising children.
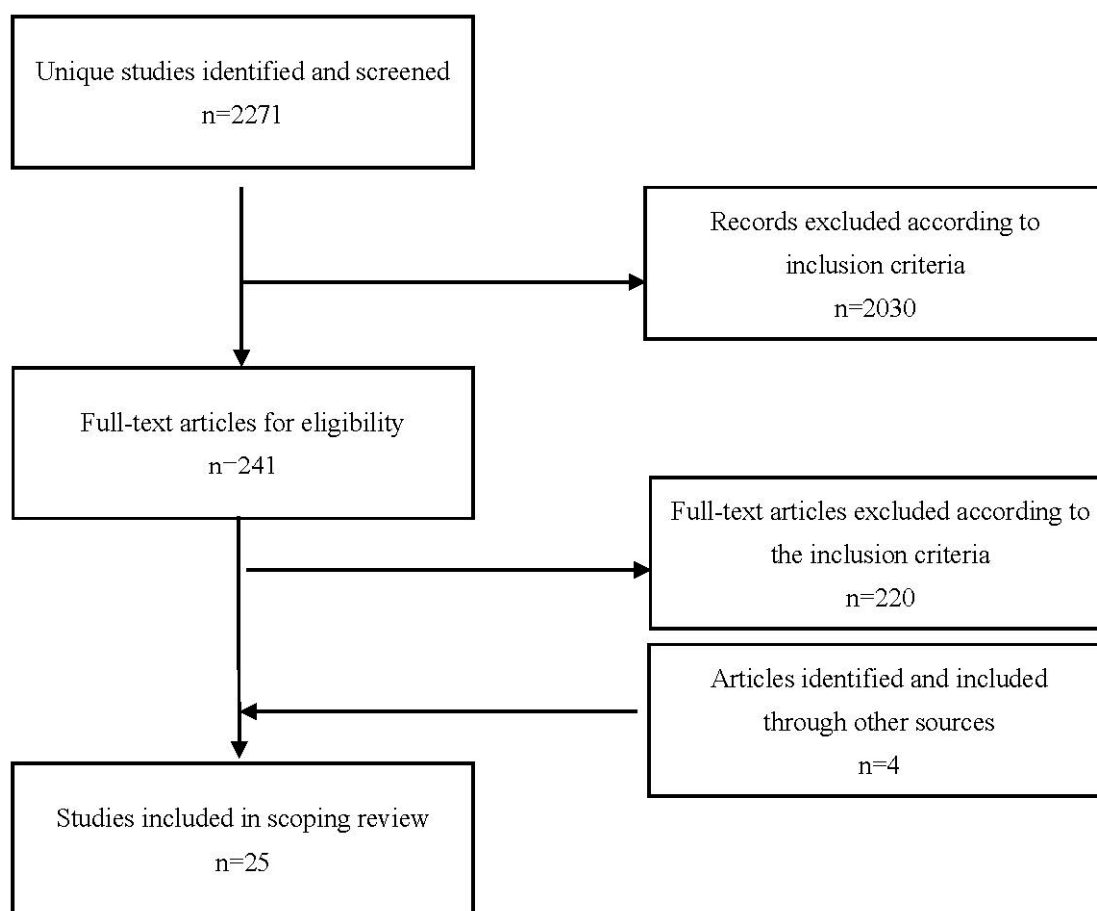
2. Method

This scoping review followed Arksey & O'Malley's five-stage framework (2005) [39]: (1) identify a research question, (2) identify relevant studies, (3) select studies, (4) chart the data, (5) collate, summarize, and report the results. After identifying the research question (stage 1), the search team identified relevant studies (stage 2) through the following search databases: APA PsycINFO, ERIC, Families studies abstracts, Medline, Social Services Abstracts, Social Work abstracts, and Sociological Abstracts. The key terms used in the search were kinship, factors, resilience, and grandparents. The following search string was used: (strength* OR resilience OR (resilience factor*)) AND (kinship OR kin OR relative OR relatives OR (relative caregiver) OR grandparent* OR grandmother* OR grandfather* OR grandfamil*) AND (child OR children OR grandchild OR grandchildren OR kid*). In terms of the study population, the search terms showed that this review included all types of kinship caregivers, including both formal and informal kinship caregivers. Because

many children cared for by their grandparents were not part of the foster care system, "grandparents" was listed as one of the search terms so that this review will not miss any of the literature that studied informal kinship caregivers. Thus, "grandparents" was included as a key search term to guarantee the inclusion of all pertinent literature on grandparent who may be informal kinship caregivers.

In stage three (study selection), articles that met the following criteria were included in this review after the full text of the articles were reviewed: (1) focused on kinship families caring for relatives' children; (2) centered on the strength and factors associated with caregiver's custody of the children; (3) were empirical studies, including quantitative or qualitative studies; and (4) were published in peer-reviewed English language journals. Studies where children's birth parents were co-living in kinship families were excluded. Theoretical papers, book chapters, systematic reviews, or opinion pieces were also excluded because this review only aimed to summarize the findings from empirical studies directly.

In total, 2271 unique and potentially relevant citations were identified from the electronic database. First, three authors from the research team independently reviewed abstracts and titles to determine whether the article met the inclusion criteria, resulting in the exclusion of 2030 articles. Subsequently, during full-text screening, 220 articles were further excluded. Common reasons for exclusion included: (1) grandparents were not the primary caregivers of the children; (2) birth parents were co-living with the kinship caregivers; (3) outcomes focused solely on child outcomes, or were not related to caregiver responsibilities; (4) the article addressed family relationship rather than resilience for kinship caregivers raising the child; and (5) the authors discussed the experiences and perception of kinship caregivers without mentioning the strength or factors contributing to kinship caregiver resilience. Additionally, four articles were identified from other sources (e.g., references in the identified studies, but not found through the databases search using the keywords) during this process. In total, a final set of 25 articles were included in the current scoping review. To ensure the reliability of this review, any disagreements or discrepancies during the screening phase were discussed by four authors in relation to the inclusion criteria. Figure 1 displays the study identification flowchart.

In stage four, the research team recorded and summarized each of the studies in an Excel file. Charting the data in this review included numerical summaries for quantitative studies and the thematic analysis for qualitative studies. For all the mixed-methods studies, because the quantitative analysis was used to describe their sample rather than examining the relationship between any factors and resilience outcomes, this review only conducted the thematic analysis for those studies. Results from this review were reported and summarized in stage five.

Figure 1. Study Identification Flow Chart.

3. Results

3.1. Research Designs

The studies identified in this review utilized various methods for data collection and analysis. Of the 25 studies, 13 employed quantitative methods, nine were qualitative studies, and three used mixed methods. Among the quantitative studies (see Table 1), seven employed a cross-sectional design [40–46], while six utilized a longitudinal design [47–52]. Four articles [47,49,50,52] were intervention studies, which employed pre-test and post-test assessments to examine the impact of interventions provided to kinship caregivers on caregiver and child outcomes. Musil et al.'s study (2013) collected data at three time points to address their research question [51]. Following data collection, the identified quantitative studies in this review employed various statistical techniques including descriptive statistics, ANOVA, Cochran ad Chi-squared Q tests, regression analysis, logistic regression analysis, hierarchical linear regression analysis, and structural equation modeling method.

Table 1. Summary of identified quantitative studies.

Study	Research Design	Study Location	Sample	Sample Characteristics	Statistical Analysis	Measures	Significant Factors	Outcomes
Bailey et al., 2019 [40]	Cross-sectional study	Montana, the U.S.	144 grandparents	Native American (n = 81); 74% women, average age 58.7; European American (n = 63): 52% women, average age 59.6	Hierarchical linear regression analysis	1. Coping Stress Management: Health–Promoting Lifestyle Profile II subsidies 2. Resilience: Wagnild and Young's (1993) Resilience Scale	1. Low economic stress 2. High levels of stress management; 3. Government assistance	Resilience
Denby et al., 2017 [41]	Cross-sectional study	Southwest state, the U.S.	747 kinship caregivers and 1301 children	Average age: 54 Urban: 91% Non-married: 65% Female: 90% People of color: 60%	Regression analysis	Kinship in Nevada (KIN) tool: 150-item Likert scale	1. Caregiver readiness/capacity 2. Childrearing/parenting skills 3. Motivation/sustainability 4. Family involvement/support	Perception of child well-being
Fox et al., 2022 [47]	Longitudinal study	Washington, DC, the U.S.	149 grandparents	Average age = 62, Hispanic or Latino-14.1%, Not Hispanic or Latino-78.5%, Married-51%, Female-78.5%	Descriptive Analysis, Linear mixed effects analysis	Perceived social support: 5-point scale	1. Intervention focused on self-care 2. Perceived social support	Self-efficacy
Gómez, 2021 [42]	Cross-sectional study	The U.S.	2635 kinship caregiver-child dyads	Average age = 55.25, Female-75.68%, Married or living with their partner-61.48%, High school diploma or below −51.41	Multiple linear regression analysis, Logistic regression analysis	1. 2017–2019 National Survey of Children's Health 2. Family resilience: four survey items, four-point scale	Family resilience	1. Caregiver health 2. Caregiver mental health 3. Parenting stress 4. Child health 5. Child behavior problems

Table 1. *Cont.*

Study	Research Design	Study Location	Sample	Sample Characteristics	Statistical Analysis	Measures	Significant Factors	Outcomes
Hayslip et al., 2014 [48]	Longitudinal study	The U.S.	79 custodial grandparents	Mean age: 68.9 years old Racial background: 87.3% Caucasian/White, 7.6% African American, 5.1% Hispanic Employment status included 19.7% working part-time, 37.3% full-time, and 42.7% retired Marital status: 19% were divorced, 65.8% married, 10.1% widowed, and 5.1% single	Cross-lagged analyses	1. Grandparent physical heath: short form-36 General Health Survey 2. Grandchild well-being: The Strengths and Difficulties Questionnaire 3. Grandparent resilience: the Resilience scale 4. Parental role strain: the Structure of Coping Scale 5. Hardiness: Personal Views Survey 6. Grandparenting satisfaction: 15 items Caregiving appraisal: nine-item scale 7. Life disruption scale 8. Parenting stress index-short form 9. Relationship with grandchildren: Positive Effect Index, and Negative Effect Index. 10. Overall psychological well-being: items from the Bradburn Effect Balance Scale and the Life Satisfaction Index A	Better perceived health	Well-being of caregiver and children [48]
Kelley et al., 2019 [49]	Longitudinal study	The U.S.	549 African American low-income grandmothers	Average age: 56.27 years old	Descriptive analysis, and ANOVA	Psychological symptom patterns: Brief Symptom Inventory	The interprofessional intervention that helped grandparents in accessing resources, and provided support groups.	The intervention that helps to access resources and to provide support has relationship with decreased distress scores.
Littlewood et al., 2021 [50]	Longitudinal study	Southeastern state, the U.S.	1551 kinship caregiver	Peer to peer navigator plus:255; Peer to peer kinship navigator only: 236; Traditional kinship navigation: 858, Usual Care: 202	Repeated measure ANOVA	Resilience factors Survey: 20-item measure	Kinship navigator program	1. Family functioning 2. Concrete supports 3. Child development 4. Nurturing 5. Attachment

Table 1. *Cont.*

Study	Research Design	Study Location	Sample	Sample Characteristics	Statistical Analysis	Measures	Significant Factors	Outcomes
Mendoza et al., 2018 [43]	Cross-sectional study	The U.S.	74 grandparent caregivers	Average age: 62.7 years old Gender: 93% female Racial background: 45% nonHispanic White, 30% Hispanic, 10% Black, 9% American Indian, 6& other. Marital status: 52% married or cohabitating, 34% divorced or separated, 13% single or widowed 47% lived below the federal poverty line	Structural equation modeling	Stressors: The hassles Scale Social support: The Multidimensional Scale of Perceived Social Support Support satisfaction: Social Network Questionnaire & Friendship scale Coping: The Resilience Scale Life satisfaction: The Satisfaction with Life Scale	1. Social Support 2. Coping	Caregivers' life satisfaction
Musil et al., 2013 [51]	Longitudinal study	Ohio, the U.S.	107 grandmothers without parents in the home	Average age = 55.3; 61.7% White; 56.1% married; 15.9% < high school; 21.9% employed;	Structural equation modeling	1. Resourcefullness: Self-control schedule 2. Depressive symptoms: Center for Epidemiological Studies (CES-D) scale	Resourcefulness	Depressive symptoms
Nanthamongkolchai et al., 2012 [44]	Cross-sectional study	Two Northern Providences, Thailand	400 grandmothers raising children ages 1–12)	Average age = 61.1. All grandmothers were Buddhist, 55.3% finished primary school, 59.7% were widowed/divorced, and average family monthly income of 4309.90 baht.	Descriptive, bivariate, and multiple regression analyses	1. Social support: financial support, emotional support, appraisal support, social participation support, and information support 2. Family relationship: was measured by a scale of three responses developed using the concept of Friedman M M, Morrow WR and Wilson RC	1. Younger age 2. Good family relationship 3. High social support	Self-esteem

Table 1. *Cont.*

Study	Research Design	Study Location	Sample	Sample Characteristics	Statistical Analysis	Measures	Significant Factors	Outcomes
Smith et al., 2015 [45]	Cross-sectional study	The U.S.	733 custodial grandmothers (CGM)	Mean age: 56 years old 65.8% of custodial grandmothers provided care to a target grandchild (TGC) born to a daughter	Structural equation modeling	1. TGC adjustment: subscales from the Strengths and Difficulties Questionnaire 2. CGM psychological distress: Center for Epidemiologic Studies Depression Scale 3. Low nurturance: Parenting Stress Index 4. Ineffective disciplines: items derived from the Oregon Social Learning Center's discipline questionnaire 5. Social support: Expressive Support Scale 6. Coping strategies: Ways of Coping Checklist	1. Social support 2. Active coping	1. CGM distress 2. Ineffective parenting
Smith et al., 2018 [52]	Longitudinal study	California, Ohio, Maryland, and Texas, in the U.S.	343 custodial grandmothers	Average age: 58.46 years old Racial background: Caucasian-44%) or African American-43% Most (62%) were unmarried, were unemployed (58%), and had completed at least some college (64%).	Latent growth model	1. Psychological distress: Center for Epidemiological Studies-Depression Scale 2. Parenting practice: Parenting Practice Inventory 3. Internalizing and externalizing difficulties: the Strengths and Difficulties Questionnaire	Behavioral parent training (BPT), and cognitive-behavioral therapy (CBT)	Skill development and behavior changes bring positive outcome for custodial families
Valdemoros San Emeterio et al., 2021 [46]	Cross-sectional study	Northern part of Spain	357 grandparents raising grandchildren aged between 6 and 2 years.	Female-74.7%, Under the age of 65–25.2%, Between 65 and 74–51.8%, 75 years old or older-21.6%	Descriptive Analysis, Cochran and Chi-squared Q-tests	Any type of leisure activity, leisure time, space, the reason that lead grandparent to share leisure with their grandchild, benefits provided by leisure shared with the grandchild	Shared festive leisure	Benefits for grandparents, e.g., creativity, physical condition, happiness, relationship with grandchildren, new manual and technical skills.

Regarding qualitative studies (see Table 2), different approaches were used to collect the data. For example, Ruiz's study (2008) used focus groups [53], while Dolbin-MacNab et al.'s study (2021) [54] and Lee et al.'s study (2015) [55] used interviews. Marken et al.'s study (2010) utilized both interviews and videos [56], three studies combined focus groups and interviews [57–59], and two studies used alternative data collection methods such as the photovoice methodology [60] and interaction reports from help lines [61]. All the three mixed method articles [62–64] used descriptive data analysis to describe the sample, and qualitative data analysis to explore the factors contributing to kinship caregivers' resilience. Therefore, only the qualitative results of these three studies were summarized in this scoping review.

3.2. Sample

Most of the identified studies (n = 20; 80%) collected their study samples and conducted research in the United States. Six studies conducted their research in other countries, such as Spain [46,59], Thailand [44], Scotland [61], and Australia [64]. The majority of samples in the identified studies consisted of grandparents (n = 20; 80%), and nine of these studies specifically focused on grandmothers or great grandmothers [44,45,49,51–54,56,63]. The remaining five studies included all types of kinship caregivers in their samples [41,42,50,59,61]. The majority of identified studies recruited samples with diverse racial backgrounds, while two studies [49,53] focused exclusively on African American participants. In terms of sample size, the range for quantitative studies was from 74 to 2635; for qualitative studies, it was from 23 to 149, and for mixed-methods studies, it was from 5 to 88.

3.3. Objectives or Outcomes of Identified Studies

Kinship caregivers involved in raising children encompass various aspects. The objectives or outcomes of the identified studies were all related to caregiver's resilience in terms of their caregiving behavior. Given that resilience encompasses a broad spectrum, including skills, strengths, family characteristics, and properties, any outcomes showing a beneficial relationship with caregiver's caregiving behavior were summarized.

For the identified qualitative and mixed-methods studies, the objectives can be classified into four different types. The first type pertained to caregiving experiences. For instance, some researchers were interested in understanding caregiver's experience of grandparenting and exploring the strengths and factors that contributed to family resilience [55–57,59,60,64,65]. The second type focused on family roles or family functioning, and how kinship caregivers perceived such family dynamic [53,61]. The third type dealt with reunification. For example, Dolbin-MacNab et al. (2021) examined how grandmothers navigated the reunification process [54]. The fourth type involved examining the role of religion and spirituality in the coping process.

Regarding quantitative studies, most of the outcomes were related to caregivers' health [41], mental health [42,45,49,51], self-esteem [44], self-efficacy [47], overall well-being [48], family function [50], resilience [40], parenting or relationship with children [42,45,46,52], and life satisfaction [43] (Mendoza et al., 2020). Three studies also included child outcomes in their research, such as child health [42] (Gomez, 2021) and well-being [41,50].

Table 2. Summary of identified qualitative studies and mixed method studies.

Study	Data Collection	Study Location	Sample	Sample Characteristic	Objective of Interview	Themes
Bachay & Buzzi, 2011 [57]	Focus group & interview	Florida, the U.S.	50 grandparents	Age range: 45–81; Over 90% female from high-risk communities; 58% Black, 28% white, and 6% Hispanic; Over 46% married participants	1. Describe the health and stress of grandparent caregivers of young children 2. Gain a deeper understanding of the experience of grandparenting	1. Belief in the authority 2. The respect from grandchildren 3. The consistency due to years of experience as parents
Capous-Desyllas et al., 2020 [60]	Photovoice methodology	Los Angeles, the U.S.	24 grandparents	Age range: 46–74; 4 males and 20 females; More than half of participants reported a median family income less than 50,000 USD annually; Race: 7 Black, 7 Latino, 5 White	1. Capture the lived experiences, strengths and challenges of grandmothers and relative caregivers 2. Explore the strengths and challenges associated with caregivers' situation and how they narrate resiliency and how navigate the various experiences in life.	1. Re-conceptualizing identify as a caregiver in later life 2. Navigating constant state of grief 3. Embracing the responsibility 4. Identifying sources of strength and resilience • Grandchildren's love • Faith and spirituality • Peer support
Dolbin-MacNab et al., 2021 [54]	Interview	Arizona, California, Illinois, Ohio, Maryland, Michigan, and Texas, the U.S.	17 grandmothers	Average age = 64; 52% African American, 23% White, 17% Latino, 6% other, 100% female; Average age of grandchildren = 12 (65% African American, 12% White, 12% Latino, 35% other, and 75% of them were female)	To examine how custodial grandmothers navigated the process of the grandchildren being reunified with their biological parents.	1. Relying on faith 2. Accessing resources and support 3. Engage in open communication 4. Fulfilling obligations 5. Prioritizing the grand children 6. Supporting the reunification 7. Navigating triadic relationships 8. Maintaining role clarity
Dunfee et al., 2021 [62]	Mixed methods	Kentucky, the U.S.	26 rural grandparent caregivers	Gender: 25 women and 1 man 46% were unmarried Mean age: 67.7 years old All participants were white	To examine the role religion and spirituality play in coping	Religion and spirituality facilitate coping by: 1. Providing a sense of purpose and perspective 2. Fostering peace and perseverance 3. Promoting stability and social cohesion
Fruhauf et al., 2022 [58]	Focus groups and interviews	Colorado & Hawaii in the U.S.	149 grandparents	Average age: 62 years old (range from 39 to 83 years)	To examine how self-care and life-skills intervention affect health behavior change for grandparents and grandchildren.	1. Engagement in physical and leisure activities 2. Ability to manage emotional stressors 3. Establishment of social and community support systems

Table 2. *Cont.*

Study	Data Collection	Study Location	Sample	Sample Characteristic	Objective of Interview	Themes
Fuentes-Pelaez et al., 2016 [59]	Focus groups and interviews	Spain	62 kinship foster families	Marital status: 33.87% single and 66.12% couples Relationship: 55.4% grandparents, 35.6% uncles and aunts, 4.5% brothers and sisters, and 1.1% others	To understand how social support enhances family resilience in kinship foster families, and to examine the factors contribute to the development of family resilience.	1. Feeling able to look for solutions when facing problems 2. An increase in formal support in their network 3. Being able to offer support to other foster families 4. Feeling that the support they give to parents' foster children is socially recognized.
Lee et al., 2015 [55]	Interviews	The U.S.	23 caregivers including 22 grandmother caregivers and 1 grandfather caregiver	Average age: 60 years old Racial background: 12 were White, 10 were African American, and 1 was Hispanic.	To better understand the vulnerability and resiliency of grandparent-headed multigenerational families.	1. Family trauma with multigenerational impact 2. Multiple stressors impacting the custodial grandparents 3. Family resilience that can promote healing and growth
Manns et al., 2017 [63]	Mixed method	The U.S.	Five grandmothers	Age: 57, 54, 56, 52, and 53 years old	To understand the experiences of custodial grandparents.	Grandmothers reported spending much of their day engaged in care related tasks associated with their grandchildren, often bringing grandmothers pleasure.
Marken et al., 2010 [56]	Interviews and videos	Kentucky, the U.S.	8 caregivers (including three Custodial great-grandmothers, one custodial grandmother, and four typical age mothers	Ages: 26, 61, 28, 63, 33, 73, 29, and 67; Race: one African American, and Seven White	To understand the occupational nature of late-life parenting among grandmothers who care for infants and toddler	1. Physical challenges of custodial grandmothering 2. Reorganizing routines when a new baby is in the house 3. Piecing together the daily routines; 4. Routine shaping home space; 5. Routines for careful use of energy
Rose et al., 2022 [61]	Interaction reports from help line	Scotland	106 interaction reports with 63 kinship caregivers	Grandmother-59% (37), Aunt-25% (16), Grandfather-5% (3), Uncle-5% (3), Great grandmother-3% (2), Brother-2% (1), Sister-2% (1)	This study aims to better understand help-seeking kinship caregivers' understanding of family dynamics	1. Balancing act 2. Agency and control 3. Changing families
Ruiz, 2008 [53]	Focus group	Five North Carolina counties, the U.S.	99 African American grandmothers	Age range: 38–88 (mean = 58) 74% were single heads of household The average years of schooling was 11.5; Average income = $21,100	To highlight traditional family roles, demographic characteristics, reasons for assuming the caregiver role, burdens and blessings, and psychological responses to custodial caregiving	1. Sense of obligation to grandchildren 2. Want to keep their grandchildren out of the system 3. Hold traditional family and social values

Table 2. *Cont.*

Study	Data Collection	Study Location	Sample	Sample Characteristic	Objective of Interview	Themes
Taylor et al., 2018 [64]	Mixed method	Perth, Australia	88 custodial grandparents residing in metropolitan	Average age: 66 years old (ranging between 43 and 85 years old)	This study examines the issue of grandparent enjoyment as a motivating force behind custodial grandparenting caregiving investment.	1. Child-centred nurturance (1) Providing security (2) Mentoring 2. Dyadic engagement (1) Shared activities (2) Reciprocal affection 3. Grandparent-centred pleasure (1) Revitalization (2) Maturational growth (3) Achievement gratification

3.4. Factors Contributing to Kinship Caregiver Strength and Resilience

The identified studies uncovered several factors or themes that were beneficial for kinship caregivers' resilience when raising children. These factors can be classified into the following five aspects: caregiver characteristics, motivation, stress coping, family, and support.

3.4.1. Caregiver Characteristics

The majority of caregivers for children raised by their relatives are grandparents [65]. Grandparents often face health challenges brought on by their advanced age, which may affect their abilities to meet childcare responsibilities [66]. Hayslip et al. (2014) found that good health is a strength for caregivers [48]. Marken et al. (2010) analyzed interviews and videos, discovering that younger caregivers may have better abilities to carry out essential caregiving tasks [56]. Denby et al. (2017) found that the caregiver's readiness and capacity mediated risk effects on caregivers' perception of child well-being outcomes [41]. This readiness and capacity included factors such as the caregiver's health, patience, and level of involvement with the child, examining the overall capacity of kinship caregivers in terms of raising the children.

Three studies found that caregivers' experiences and parenting skills were also instrumental for the caregiver's child-rearing behavior [41,57,60]. Kinship caregivers felt that their years of experiences as parents contributed to the consistency in the process of caregiving [57]. For grandparents, caregiving grandchildren was usually unexpected in their later years. Grandparents needed to re-conceptualize their roles as grandparents to parental figures, and how well they did in this role also affected their parenting [60]. All these characteristics, such as caregiver's younger age, capacity, experiences, parenting skills, and their perception of the family role, contributed to the resilience of kinship caregivers in terms of caring for their relative's children.

3.4.2. Motivation

Among the 25 identified studies, four studies found that kinship caregivers' motivation to care for the child was one of the important factors influencing their child-rearing behavior [41,53,54,60]. When a child needs to have a new living arrangement because the birth family cannot care for them due to various reasons, kinship caregivers may feel a responsibility and obligation to take care of the child [53,54,60]. Ruiz (2008) also found that if kinship caregivers held traditional family and social values, they assumed caregiver roles [53]. In many cases, relatives wanted to keep children out of the child welfare system, so they were willing to take care of them even if they might face challenges [53]. Manns et al. (2017) found that grandmothers found great pleasure in caring for their child [63], which motivated them to take on the caregiving responsibilities [64]. Therefore, the strong motivation of kinship caregivers in raising children also contributes to the resilience of kinship caregivers.

3.4.3. Coping Skills

Caregivers often face stress and challenges when caring for children, especially when they take on the responsibility due to family crises rather than by choice [40]. Stress can arise from parenting stress, economic stress, family stress, and more. Five of the identified studies found that how kinship caregivers coping with stress is related to their resilience in terms of raising relative's children [40,43,45–47,52,54,60]. A more common coping strategy used by kinship caregivers was faith and spirituality. For example, Dunfee et al. (2021) found that religion and spirituality can facilitate a caregiver's coping [62]. Capous-Desyllas et al. (2020) found that faith and spirituality was critical source for grandparents to maintain strength and hope because they helped grandparents navigate a system that did not provide the resources they needed, and it also affirmed their role as caretakers [60]. Dolbin-MacNab et al. (2021) stated that spirituality and faith helped grandparents cope with their concerns about child well-being and the success of reunification. It was also a coping mechanism

that can guide decision-making [54]. Additionally, kinship caregivers used other methods such as having shared festive leisure with the children to manage their stress, which further brought benefits for them, including increased creativity, improved physical condition, happiness, better relationship with children, and new manual and technical skills [46,58]. Fox et al. (2022) developed an intervention aimed at improving kinship caregivers' self-care skills [47]. Fox et al. (2022) and Fruhauf et al. (2022) found that when using self-care to cope with stress, caregiver's self-efficacy improved [47,58]. With improved stress-coping skills and abilities, kinship caregivers found it easier to address the challenges brought by raising the children.

3.4.4. Family

When kinship caregivers began to care for a child, the family role and dynamic started to change [61]. Facing these changes and developing strong family relationships are crucial factors. Eight studies discussed the importance of healthy family relationships in their research [42,44,54,56,57,59–61]. One significant relationship is between children and their kinship caregivers. Both Bachay and Buzzi (2012) and Capous-Desyllas et al. (2020) found that the respect and love the kinship caregivers received from the children contributed to their resilience [57,60]. As for the relationship between kinship caregivers and other family members, open communication, role clarity and balancing, and navigating triadic relationships were deemed necessary [54,61]. Additionally, due to changes in family dynamics, new family routines need to be established [56]. When kinship families face challenges, the caregivers felt empowered to seek solutions [59]. This type of family resilience was further positively related to the caregiver's health, mental health, reduced parenting stress, child health, and child behavior problems [42].

3.4.5. Support

Eleven identified studies found that a key factor was the support that kinship caregivers received or provided [41,43–45,47,50,51,54,58–60]. This support included family support [41], peer support [50,60], and social support [44,47,59]. Government assistance programs like Temporary Assistance for Needy Families (TANF), Medicaid, Children's Health Insurance Program (CHIP), food stamps, Women Infants and Children Program (WIC), and adoption/guardianship subsidies provided financial support to kinship families [40]. An increase in kinship caregivers' network of such formal support and having access to resources strengthened caregivers' mental health and enhanced family resilience [51,54,59]. In addition to the support kinship caregivers received, they also provided support to other families [59]. The socially recognized support kinship caregivers provided also contributed to family resilience [59].

4. Discussion

Many kinship caregivers face challenges and experience stress when caring for relatives' children due to their poor physical and mental health, financial strain, and complex family dynamics [67]. Especially for those caregivers who were contacted by child welfare agencies at the last minute, they often assume the responsibility without adequate preparation [68]. Previous researchers often viewed kinship caregivers as a vulnerable population and focused on the challenges they face when caring for relative's children. However, it is important to emphasize the resilience that kinship families possess, enabling them to better cope with challenges and difficulties. Adopting a strength-based perspective rather than a problem-based one points to a different direction of intervention. Identifying kinship families' strengths promotes the development of family resilience, identifies positive change mechanisms, and provides a hopeful approach to empower both children and kinship caregivers. Through a comprehensive review of the literature, this scoping review aimed to identify the factors or aspects that contribute to the resilience of kinship caregivers. The findings of this review showed that the factors can be categorized into five aspects: caregiver characteristics, motivation, family, stress coping, and support.

Regarding caregivers' characteristics, the finding that younger age is related to a higher level of caregivers' self-esteem differs from more recent studies examining the relationship between caregiver age and child-rearing abilities. For instance, both Kelley et al. (2000) and Wu et al. (2022) found that younger caregivers were associated with greater levels of psychological distress and increased stress [26,69]. More research is needed to examine whether old or young age is a protective factor of child-rearing behaviors. Consistent with the previous literature, kinship caregivers' parenting experience and skills, as well as caregiver's capacity, contributed to kinship family resilience. This result underscores the importance of continually providing evidence-based parenting intervention to kinship caregivers [70].

Consistent with the previous literature, the sense of caregiver obligations and strong motivation to raise relatives' children was a strength unique to kinship care compared to other types of out-of-home placements. Kinship care has been an expression of cultural bonding [71], which fosters more positive feelings for kinship caregivers when raising children. Therefore, children in kinship care often experience more stable outcomes than children in non-kinship care [72,73].

The findings of this review indicated that when kinship caregivers face challenges or stress, they have their own ways of coping. Consistent with previous studies, faith and spirituality are common practices that kinship caregivers use for stress coping [74,75]. Developing faith-based intervention can encourage kinship caregivers to draw strength from their religious beliefs when dealing with the challenges of child-rearing. The identified factor of shared festive leisure in this review also encourages social work practitioners to motivate kinship caregivers to spend more quality time with the children in their care. This may help to increase interaction between kinship caregivers and children, strengthen cultural bonds within the family, foster mutual understanding, and improve the caregiver-child relationship.

The findings also indicated that both healthy family relationships and support for caregivers contributed to family resilience in kinship families, aligning with the previous literature. Earlier studies have shown that kinship caregivers may have conflictual relationships with biological parents or other family members [76,77]. Understanding the importance of strong family relationships in developing family resilience encourages the development of more interventions focused on relationship building and development. Conflict resolution services, such as family counseling and therapy, are needed. Family team meetings can be organized to facilitate open communication among different family members to discuss the best interests and strategies for child development. In addition to fostering good relationships and support among different family members, future studies should also develop support programs for kinship caregivers. The kinship navigator program is an evidence-based initiative that assists caregivers in accessing various resources and support. Peer support can also be promoted, encouraged, and recognized among different kinship families.

4.1. Limitations

There are several limitations to this review. First, the definition of "resilience for kinship caregivers raising children" is broad, and there was no standard measure for assessing raising behaviors in this scoping review. As a result, the outcomes and objectives of the identified studies varied. Second, it is possible that some articles were not included in this scoping review. Since we focused solely on the strength or resilience of kinship families, our search terms were limited to terms like "strength", "resilience", and "resilience factor". Some studies may have explored the relationship between different factors and family well-being outcomes, finding positive associations, but may not have used the specific terms we employed in our search. Consequently, these articles might not have been included in our database. Additionally, due to our inclusion criteria, book chapters and academic reports were not considered in this study, potentially leading to the omission of important research findings related to factors influencing kinship families' resilience and strength. Therefore,

the summary of findings from this scoping review should be interpreted with caution. Third, different types of kinship caregivers may possess distinct strengths. This review did not distinguish between formal and informal kinship care, licensed and non-license kinship care, and grandparent versus other types of kinship care. Although some studies focused on grandparents, there were few studies that clearly stated that they were focusing on informal kinship caregiving. Thus, informal kinship caregivers were under-represented in the literature. Future research could explore the unique characteristics and resources of various types of kinship caregivers and subsequently develop interventions that more precisely target specific types of kinship families. Researchers should also explore more on the population of informal kinship caregivers since this is the group that may need more support.

4.2. New Challenges and Future Research

Kinship caregivers have been considered a vulnerable population by previous researchers. The COVID-19 pandemic has further exacerbated the vulnerability of kinship caregivers due to the economic crisis in many families [23,78], increased psychological distress [79,80], and reduced access to services and resources [79]. With many children losing their parents or primary caregivers, an increasing number of children are not living with their kinship families. Given the new challenges brought by COVID-19 for kinship families, understanding the strengths that these families possess is crucial in empowering them to navigate these difficulties.

This scoping review highlights that kinship families demonstrate several strengths that contribute to building family resilience. This insight is valuable for developing strengths-based programs that empower and support kinship families. The passage of the Family First Prevention Services Act (FFPSA) in 2018 also underscores the commitment to providing greater support to kinship families at the policy level. However, there is still much work to be done in helping kinship families leverage their strengths to adapt to the changes that COVID-19 has brought to their lives and to understand the potential post-COVID effects on their caregiving behaviors.

In future social work research, scholars may want to delve into the literature concerning kinship families' experiences during and after the COVID-19 pandemic, examine the factors that support kinship families' resilience during and after such crises, explore whether any new strengths have emerged in families since the pandemic, and assess the effects of interventions, particularly those utilizing technology. Promoting the resilience of kinship caregivers and developing strength-based programs will be pivotal for these families to navigate the new challenges.

In conclusion, this scoping review has summarized the factors influencing kinship caregivers' resilience in raising their relative's child/children. Future research should focus on developing intervention studies that target these factors to enhance the resilience of kinship families. For instances, more services or interventions focusing on coping skills may be tailored for kinship caregivers. The effectiveness of these interventions should be evaluated, contributing to evidence-based kinship practice. Recognizing the positive impact of family obligation, motivation, and family relationships on kinship caregiver's caregiving behavior, future research should explore how to best utilize these motivations and relationships while providing support to kinship families. Different cultures may have varying expectations and interpretations of relationship and family roles. Thus, understanding diverse cultural perspectives and developing culturally sensitive intervention research to enhance kinship family function is imperative for improving outcomes for both children and caregivers. Moreover, considering that the majority of identified studies in this scoping review focused on grandparent(s) as the sample, future research should examine different types of kinship caregivers and how these factors function in the resilience of these families.

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