

## Involvement of Kin in Caring Children with Developmental Disabilities

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### Abstract

This case study research explored the involvement of members of the kin who assumed responsibility in taking care of the children with developmental disabilities. The study is based on the proposition that the children's school performance is influenced by the quality of care they receive from the members of the kin who takes care of them. A total of fifty-two children with developmental disabilities were assessed of their school performance based from the Department of Education (DepED) Order 72, series 2012. Data derived the children's school performance became the basis for the selection of five caregivers who participated in the case study. The analysis of the interview results showed that members of kin involved in children with developmental disabilities represent a powerful psychological and emotional experience and affects the development of the children. Implications for kinship care policies are discussed.

**Keywords:** School performance; kinship care; Children; and developmental disabilities.



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### 1. Introduction

Although it is the parents' responsibility to provide quality care to their children, not all parents can perform such role. In numerous instances, it is the relatives who perform such responsibility for various reasons. Some of the reasons why parents are unable to provide care to their children include: drug and alcohol abuse, HIV, parental neglect, abuse or abandonment, divorce, death of the child's parent due to illness, suicide or accident and parental mental or physical illness or incarceration (Merck, 2005; U. S. Senate, 1992). Children may be left to other relatives such as their grandparents, aunts and uncles or older siblings. This phenomenon is known as kinship care which refers to the full-time caring and nurturing of children by the relative of parents when parents are absent, unwilling or unable to effectively parent them (Gibson, 2002; Hegar and Scannapieco, 1995); (Sowers, 2006). Kinship care also others in the community who are not biologically or legally related to the child but with whom the child shares a kinship bond (e.g., teacher and family friend (Bell and Romano, 2017). In the Philippines, "children are put under kinship care due to a large number of solo parents, broken families, and parents who are overseas migrant workers." (Capuno and Javier, 2012).

Children may find it difficult to be separated from their parents and is considered an important risk factor in their future development which could affect their academic achievement (Coyne and Beckman, 2010; Kendler *et al.*, 2002). Even if the children's behavior will not show it, their sensitivities are affected once they are separated from their parents. Although there is little data supporting the hypothesis that children's academic achievements are strongly affected by parental death and separation (Kendler *et al.*, 2002); observations, confirm that while behavior may not fall directly under the heading of academic achievement, poor behavior can lead to poorer grades and eventually academic performance. In this study the selection of cases was based on the children's school performance as anchored on the Department of Education (DepEd) Order No. 73. S 2012. School performance refers to the extent to which the students have achieved their educational goals and how they were able to accomplish the task given to them by their teachers.

Although kinship caring is practiced across cultures (Paxman, 2006) their exact numbers are not accounted for. This includes children with developmental disabilities who, for some reasons, were left by their parents to their relatives. The limited information in kinship care can be attributed to the fact that such relationship can be a private arrangement made by family members independent of the legal system, and is not under the auspices of the child welfare system (Paxman, 2006). Merck (2005) reported that in the U.S., the number of children being raised by grandmother has more than doubled during the last 30 years; from 2.2 million in 1970, to 4.5 million in 2000 (Thomas, 2009). The Philippines has no available statistics that would provide empirical data in the existence of such phenomenon. A study of Capuno and Javier (2012) indicates that kinship caring exist in the Philippines. Grandparents usually attend to taking care of their grandchildren while both parents are at work (Chase and Hill, 2006; Gattai and Musatti, 1999; Kresak, 2011; Merck, 2005; Tumbarello, 2010). Likewise, the involvement of aunts and uncles in providing primary care to their nieces and nephews has not been fully documented. Although Milardo (2005) reported that important role of uncles in serving as parents to their nephews, their numbers are still undocumented. Sowers (2006), on the other hand, reported that decisions to become kinship care providers to nieces and nephews are grounded in cultural expectations of the roles within families.

## 2. The Theoretical Context

Jean Watson's Human Caring Theory is used as the basis for this research (Cara, n.d.). Caring involves an action when a caregiver and the child come together in such a way that an occasion for human caring is created (Parker, 2006). This happens when a caregiver takes care of children with developmental disabilities. While the children are being cared, there exists a human-to-human transaction, wherein their feelings, thoughts, spiritual beliefs, goals, expectations, environmental considerations, and meaning of one's perceptions are shared together and may have an effect to each other's life. Further, Bronfenbrenner's Ecological Systems Theory is also used as the basis of this study. This theory organized the contexts of human development into five nested environmental systems, with bi-directional influences within and among the systems (Johnson, 2010). Finally, Symbolic-Interaction theory is also used as a theoretical basis of this research. Based on the writings of George Herbert Mead, the theory considers how people create meanings regarding symbols and events and then interact on the basis of those meanings (Ballantine and Roberts, 2011).

This research is based on the proposition that the children's school performance was influenced by the quality of care they received from their caregivers. This proposition is advanced on the ground that given the developmental disabilities of these children, their school performance would be somewhat similar. However, as observed, some children outperformed the others.

This research aims to explore the relationship that exists between the members of the kin and the children with developmental disabilities who were the recipient of their care. Specifically, it sought to answer the following questions: a.) what is the quality of care provided to the children with developmental disabilities? b.) what are the dynamics involved in the relationship between the relatives and the children with developmental disabilities?

## 3. Methods

This research followed the case study approach of Yin (2014). A case study is an empirical inquiry that "investigates a phenomenon in depth and within in context especially if the boundaries between the phenomenon and context is not clearly defined" (p. 16). In case study the researchers retain the holistic and meaningful characteristics of real-life events but provides an extensive description of a single unit or bounded system, such as an individual, program, event, group, intervention, or community. Because of the emphasis on the individual, case studies have played a very important role in special education (Merck, 2005).

### 3.1. Participants

A total of fifty-two children with developmental disabilities enrolled in inclusive classrooms under kinship caring were used as respondents of the study. The nature of their disabilities include: mild or moderate intellectual disability (ID) (20 or 38.46%); learning disability (LD) (9 or 17.31%); attention deficit-hyperactivity disorder (ADHD) (11 or 21.15%); and autism spectrum disorder (ASD) (12 or 23.08%). Based from the academic performance of fifty-two children, five were chosen and their caregivers were interviewed.

### 3.2. Procedure

Initially, the researcher sought the help of school principals in identifying children with developmental disabilities who were under kinship care. A meeting with teachers to identify children was facilitated. The members of the kin were contacted for an initial meeting explaining to them the nature and purpose of the research and their approval was sought. Those who agreed were asked to sign a consent form allowing the researcher to proceed the data gathering. Those who refused, were excluded as participants of the research.

The students were evaluated according to their school performance using DepEd Order 73 series 2012 which categorized the children's performance into academic and non-academic component. Using the rubric as stipulated in DepEd Order 73 series 2012, five children were chosen as respondents in the interview as shown in Table 1.

Table-1. Results of the Children's School Performance

Cases (name of children )	Academic Performance* (Mean)	Observable Values and Attitudes** (Mean)	Character Building Activities*** (Mean)
Maria	1.6 (B)	1.5(NOO)	1.78( E)
Paul	1.0(B)	2.4(NO)	2.21(D)
Yuan	2.0(D)	3.6(SO)	3.51(B)
Cheers	3.3(AP)	2.6(MO)	2.28(C)
Daryl	2.0(D)	2.6(MO)	2.57(D)

\*Academic performance were classified as either B for Beginning; D for Developing; AP for Approaching Proficiency; P for proficient and A for Advanced.

\*\*Observable Values and Attitudes were classified as either NOO for No Opportunity to Observe; NO for Not Observed; MO for Moderately Observed; SO for Strongly Observed.

\*\*\*Character Building Activities were classified as either E for Poor; D for Fair; C for Good; B for Very Good and A for Outstanding.

### 3.3. Measures

#### 3.3.1. Demographic information

From the children's school performance results, five children were identified and their caregivers were scheduled for interviews. For purposes of easy discussion, the caregivers and the children were given assigned names as shown in Table 2. All the caregivers were female, their age, educational attainment, socioeconomic status varied greatly. The eldest is seventy-one years old and the youngest is forty-one years of age. Two finished elementary and high school education while one grandmother finished college education. Three of the five respondents are unemployed and two work on a part-time basis. Two aunt-caregivers receive some form of remuneration from the parents of the children they were caring. This is on top of the financial support the parents provide for their children. Of the three grandmothers, two admitted that they receive full financial support from both parents of the child; while the other grandmother does not receive any help from either parents of the child.

Table-2. Profile of Caregivers

Cases		Age	Relation to Child	Educational Attainment	Employment Status	Socio – economic Status (Income/month)
Caregiver	Child					
Ruby	Maria	41	Aunt	High School diploma	Unemployed	P8,000.00
Aileen	Paul	71	Grand mother	Elementary Diploma	Unemployed	Dependent from parents of the child P25,000.00
Lourdes	Yuan	41	Aunt	High School Diploma	Self - employed	P5,001.00 – P10,000.00
Yvette	Cheers	62	Grand mother	College Diploma	Self - employed	P 20,000.00
Ofelia	Daryl	63	Grand mother	Elementary diploma	Unemployed	P0 – P5,000.00

#### 3.3.2. Interview Schedules

The basis for the inclusion in the study include those who performed very well, had an average performance and those who performed the least among the group. The caregivers of the five children were interviewed to determine the quality of care they provided to these children which may have influenced their school performance. Field notes were also used to support the interview data. Analysis of the data was done through pattern matching and cross cases analysis. Themes were developed and became the basis for policy implications.

Table-3. Example of Creating Codes from Significant Statements

Significant Statements	Codes
<i>She is my niece. She is the daughter of my sister who is now in Taiwan. (Maria)</i> <i>He is my grandchild. (Paul)</i> <i>He is my nephew since his mother is my sister. (Yuan)</i> <i>We have an only son who's studying fine arts in a university; however he had a girlfriend from another school. We disapproved, but the girl was the persistent one until she got pregnant. (Cheers)</i> <i>He is my grandson. (Daryl)</i>	Informing the relationship
<i>Because her mother had to work because her father was dead. It is the mother, who is my sister, who works to earn a living for them. (Maria)</i>	Mother having work
<i>The father died of stroke, which is why her mother applied for work in Taiwan as a factory worker. That is why Maria is with me and I had to take care of her. (Maria)</i>	Sudden death so the mother has to work
<i>My other sibling was taking care of her. But I don't know why all of a sudden she just brought Maria to my house telling me that I should take care of her. (Maria)</i> <i>I took care of him because his parents left him with me. We are still in the province at that time until we moved here in the city. (Paul)</i>	Sudden arrival of the child at home
<i>Both his Mom and Dad are overseas, but his Mom is currently in the country for a vacation (Yuan)</i>	Parents working abroad

## 4. Results and Discussion

The caregivers seized the opportunity to share their experience in caring the children. Some had difficulty in expressing their experiences and needed to be prompted while others were spontaneous in providing description of their experiences. The cross case analysis of the data based on the interview yielded these major themes:

**Table-4.** Example of How the First Theme “Torn between Caring and Abandonment” was created from Different Codes and Categories

<b>Informing the Relationship</b>	<b>Relational Factors</b>	<b>Torn Between Caring and Abandonment</b>
Mother having work	Circumstantial events	
Sudden death so the mother has to work		
Sudden arrival of the child at home		
Parents working abroad		
Describing the circumstances of parents		
Acceptance of care	Contextual factors	
Acknowledging the circumstantial events of the child		
Informing of the child’s disabilities		
Non acceptance of the child due to his disabilities		
Parent marrying again		
Parent not visiting the child		
Dealing with parental separation		

**Table-5.** The Final Thematic Map

Theme 1: Torn between caring and abandonment	Theme 6: Working the ins and outs of hostility
<ul style="list-style-type: none"> <li>• Relational factors                             <ul style="list-style-type: none"> <li>- Informing the relationship</li> </ul> </li> <li>• Circumstantial events                             <ul style="list-style-type: none"> <li>- Mother having work</li> <li>- Sudden death so the mother has to work</li> <li>- Sudden arrival of the child at home</li> <li>- Parents working abroad</li> <li>- Describing the circumstances of parents</li> </ul> </li> <li>• Contextual factors                             <ul style="list-style-type: none"> <li>- Acceptance of care</li> <li>- Acknowledging the circumstantial events of the child</li> <li>- Informing of the child’s disabilities</li> <li>- Non-acceptance of the child due to his disabilities</li> <li>- Parent marrying again</li> <li>- Parent not visiting the child</li> <li>- Dealing with parental separation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Managing opinion of others                             <ul style="list-style-type: none"> <li>- Being accused and blamed by relatives</li> <li>- Being accused by the mother</li> <li>- Confronting hostility of other people</li> <li>- Avoiding confrontation</li> <li>- Knowledge of teasing the child</li> <li>- Defending the child</li> <li>- Expressing emotions</li> </ul> </li> <li>• Managing own concerns                             <ul style="list-style-type: none"> <li>- Feeling guilty</li> </ul> </li> <li>• Managing expert advise                             <ul style="list-style-type: none"> <li>- Recognizing professional help</li> <li>- Acknowledging professional opinion</li> <li>- Yielding to the teacher’s opinion</li> </ul> </li> <li>• Managing personal reactions                             <ul style="list-style-type: none"> <li>- Ignoring behavior as a means to stop misbehavior</li> <li>- Ignoring behavior</li> <li>- Feeling ignored when issues are raised</li> </ul> </li> </ul>
Theme 2: Being accustomed through time	Theme 7: Sustaining the caregiver-child relationship
<ul style="list-style-type: none"> <li>• Length of care                             <ul style="list-style-type: none"> <li>- Period of care</li> <li>- Time started caring the child</li> <li>- Informing the length of care</li> </ul> </li> <li>• Time of care                             <ul style="list-style-type: none"> <li>- Caring the child at a very young age</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A strong feeling of the relationship with the child                             <ul style="list-style-type: none"> <li>- Slight improvement in speech</li> <li>- Continuous contact</li> <li>- Recognized as relatives</li> <li>- Recognizing the caregiver as parents</li> <li>- Contentment in caring the child</li> <li>- Acceptance of role</li> <li>- Upholding the role as caregiver</li> <li>- Claiming responsibility</li> <li>- Acceptance of the responsibilities</li> </ul> </li> <li>• Recognizing the role                             <ul style="list-style-type: none"> <li>- Claiming as mother as reflected in caring</li> <li>- Taking over the role as parent</li> <li>- Claiming as mother</li> </ul> </li> <li>• Compensation                             <ul style="list-style-type: none"> <li>- Helping for the payment of my child’s education</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Receiving financial support</li> <li>- Services rendered are paid</li> </ul>
Theme 3: Home and school involvement of caregiver	Theme 8: Strategies of providing care
<ul style="list-style-type: none"> <li>• Providing educational support             <ul style="list-style-type: none"> <li>- Availability of information</li> <li>- Yielding to professional opinion regarding education</li> <li>- Educational support at home</li> <li>- Bringing the child to school every day and helping him with his studies</li> <li>- Enrolled in Kumon</li> <li>- Financially supporting the child</li> <li>- Involvement in the enrolment of the child</li> <li>- Enrolled the child in a kindergarten program but informed as special child by the teacher</li> </ul> </li> <li>• Passing on of the educational support             <ul style="list-style-type: none"> <li>- Relying on school</li> </ul> </li> <li>• Concern for the child's school performance             <ul style="list-style-type: none"> <li>- Reasons for analyzing the child as special education pupil</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Providing leisure activities             <ul style="list-style-type: none"> <li>- Taking time for leisure</li> <li>- Yielding to what the child wants to do</li> <li>- Letting the child do what he wants</li> </ul> </li> <li>• Acknowledging the child's internal locus of control             <ul style="list-style-type: none"> <li>- Relying on the child's initiative</li> <li>- Dealing with the child's disabilities and understanding his behavior</li> <li>- The child can only write four letters from his name</li> </ul> </li> <li>• Providing every day support             <ul style="list-style-type: none"> <li>- Giving daily care</li> <li>- Providing help in speech</li> <li>- Preparing the basic needs of the child</li> <li>- Meeting the everyday needs of the child</li> <li>- Taking charge of caring the child every day</li> <li>- Accompanying the child to school</li> <li>- Provisions of resources</li> <li>- Giving therapy support</li> <li>- Giving transportation services</li> <li>- Promise of giving care and support</li> </ul> </li> <li>• Providing guidance             <ul style="list-style-type: none"> <li>- Giving advice to the child</li> <li>- Giving emotional advice and recognizing child's attitudes</li> </ul> </li> <li>• Providing guidance and spiritual growth             <ul style="list-style-type: none"> <li>- Giving advice and spiritual knowledge</li> </ul> </li> <li>• Providing opportunity for spiritual growth             <ul style="list-style-type: none"> <li>- Teaching the child about spirituality</li> </ul> </li> <li>• Managing the decision making skills             <ul style="list-style-type: none"> <li>- Doing home chores</li> <li>- Volunteerism</li> <li>- The child deciding for himself although given advice</li> <li>- Child deciding for himself</li> <li>- Child exercising freedom in doing home chores</li> </ul> </li> </ul>
Theme 4: The ups and downs of dealing with the child's behavior	Theme 9: Financial struggles in the midst of crisis
<ul style="list-style-type: none"> <li>• Dealing with the child's behavior             <ul style="list-style-type: none"> <li>- Instance of stubbornness</li> <li>- Expression of discontent</li> <li>- Ignoring behavior as strategy to deal with the child</li> <li>- Explaining financial situation and telling the benefits of the actions</li> <li>- Dealing with the child's manners</li> <li>- Difficulty in giving discipline</li> <li>- Acknowledging violent physical actions of the child</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Concerns about money matters             <ul style="list-style-type: none"> <li>- Scarcity of limited funds</li> <li>- Aspirations towards financial situations but acceptance of life's conditions</li> </ul> </li> <li>• Managing limited resources             <ul style="list-style-type: none"> <li>- Aspirations curtailed due to financial constraints</li> </ul> </li> <li>• Financial considerations             <ul style="list-style-type: none"> <li>- Dealing with financial constraints</li> </ul> </li> </ul>



<ul style="list-style-type: none"> <li>- Corporal punishment as a form of discipline</li> <li>- Providing verbal discipline</li> <li>- Citing child's misbehavior</li> <li>- Child expressing aggressive behavior</li> <li>- Ignoring as a means to stop child's misbehavior</li> <li>- Child being difficult to feed</li> </ul> <ul style="list-style-type: none"> <li>• Feeling proud             <ul style="list-style-type: none"> <li>- Acknowledging good behavior</li> <li>- Describing the attributes of the child</li> <li>- Recognizing the child's positive behavior</li> </ul> </li> <li>• Coping with the child's behavior             <ul style="list-style-type: none"> <li>- Understanding child's actions</li> <li>- Yielding the child's misbehavior</li> </ul> </li> <li>• Dealing with the child's demands             <ul style="list-style-type: none"> <li>- Recognizing what the child wants</li> <li>- Yielding to what the child wants</li> <li>- Yielding to what the child wants especially when he is mad</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Realization of financial situation</li> <li>- Aspirations despite limited financial resources</li> </ul> <ul style="list-style-type: none"> <li>• Financial support             <ul style="list-style-type: none"> <li>- Government assistance</li> </ul> </li> </ul>
<p>Theme 5: Strategies in the recognition of one's role</p>	<p>Theme 10: Fear of the unknown</p>
<ul style="list-style-type: none"> <li>• Managing the child's behavior             <ul style="list-style-type: none"> <li>- Volunteerism as a means of attaining financial gain</li> <li>- Giving advice and correcting behavior</li> <li>- Giving advice so she can take care of herself</li> <li>- Instances of tantrums</li> <li>- Child expressing silence as reaction</li> <li>- Child expressing silence as reaction but mumbling incomprehensible words</li> <li>- Monitoring child's actions</li> <li>- Knowledge of what the child can do</li> <li>- Dealing with the child's wants</li> <li>- Dealing with the sibling's conflict</li> <li>- Keeping the child to stay at home to avoid playing but cannot be averted</li> <li>- Child having unwanted behavior</li> <li>- A truancy in providing control</li> <li>- Child manifesting physical violence</li> <li>- Instances of good and bad behavior of the child</li> <li>- Behaving rightly when the desires are met otherwise engages in verbal and physical violence</li> <li>- Acknowledging what the child's went through resulting into anger to parents</li> <li>- Child's anger towards parents</li> <li>- Child expressing his anger towards parents</li> <li>- Child expressing anger and violence</li> <li>- Difficulty in convincing the child because of his physical size</li> <li>- The child being remorseful and feeling sorry</li> <li>- The child manifesting inquisitiveness</li> <li>- Difficulty in imposing discipline due to being inquisitive and always has a reason to say</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Concern for the child's well-being             <ul style="list-style-type: none"> <li>- Giving advice because of pity</li> <li>- Dealing with the speech condition</li> <li>- Describing the development of the child</li> <li>- Initiative in looking after the child's health</li> <li>- Child's conditions with the previous caregiver</li> <li>- Aspiring the child will become slim</li> <li>- Seeking ways to help the child</li> <li>- Giving advice</li> <li>- Aspirations to develop speech and concern as regards taking care of oneself</li> <li>- Educational, behavior and career aspirations for the child</li> <li>- Knowledge of the situation of the child</li> <li>- Participation in the medical examination</li> <li>- Involvement in the child's health</li> <li>- Aspirations towards child's conditions to improve</li> <li>- Aspirations for a better behavior</li> </ul> </li> <li>• Distressed about the child's well-being             <ul style="list-style-type: none"> <li>- Worrying over the child's condition and yielding to professional opinion regarding health</li> <li>- Dealing with the child's conditions</li> <li>- Dealing with the child's conditions</li> </ul> </li> <li>• Aspirations for improving behavior             <ul style="list-style-type: none"> <li>- Caregiver expressing hope the child improves his behavior</li> </ul> </li> <li>• Acceptance of life's conditions             <ul style="list-style-type: none"> <li>- Assessment of the present situation</li> </ul> </li> <li>• Concern for the present condition of the child             <ul style="list-style-type: none"> <li>- Child following the behavior of his</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>- Giving discipline o the child will submit himself</li> <li>- Exercising authority</li> <li>- Exercising authority but fails</li> <li>- Providing guidance and punishment</li> </ul> <ul style="list-style-type: none"> <li>• Managing child’s demands             <ul style="list-style-type: none"> <li>- Satisfying the child’s wants</li> <li>- Promise as a way to satisfy the child</li> <li>- Finding a way to accommodate requests</li> <li>- The child wants to be with the mother</li> <li>- The child wanting to be with the mother</li> <li>- Recognizing child’s requests</li> </ul> </li> <li>• Handling the child’s disappointment             <ul style="list-style-type: none"> <li>- Upbraid about promise</li> <li>- Recognizing the child’s reaction</li> <li>- Ignore the child’s behavior</li> <li>- Recognizing one’s own shortcomings</li> <li>- Expressing discontent and questioning the financial resources</li> <li>- Blaming caregiver and questioning financial resources</li> <li>- Recognizing reasons for fighting</li> <li>- Acknowledging the child’s demands and frustrations</li> <li>- Quite stubborn especially when reprimanded</li> </ul> </li> <li>• Managing the child’s well-being             <ul style="list-style-type: none"> <li>- Behaving accordingly as a woman</li> <li>- Develop appropriate behavior and concern for the future well-being</li> <li>- Acceptance of the child’s situation</li> </ul> </li> </ul>	<p>classmates</p> <ul style="list-style-type: none"> <li>- Child imitating the behavior of others</li> <li>- Childs regressing behavior</li> </ul>
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#### 4.1. Torn Between Caring and Abandonment

This is a situation wherein a caregiver was confused whether to provide care to the child left on her custody or simply ignore the child and pass such responsibility to other relatives. Although these children were their relatives, the circumstances that brought them to their present caregiving endeavors were entirely different. The caring happened due to the circumstances which include the sudden death of the father, the separation of parents which eventually led to the total abandonment of the mother, and both parents working abroad or away from home. Given the circumstances and reasons why the children were brought to their kin, the decision to become caregivers demonstrated human agency, the ability to make one’s own choices even though the decisions were based on expectations of other people that being relatives they have obligations to fulfill (Sowers, 2006). Initially, the caregivers were hesitant in providing care to these children. In fact, one caregiver only took care of her grandson when the mother completely abandoned the child. Another caregiver was even surprised when the child was brought to her to ward.

Given the circumstances that brought these children to their kin, it could be noted that these caregivers acknowledged these children. This acknowledgement led them to care for the children. None of the caregivers interviewed mentioned returning the children to the biological parents; rather, they embraced the responsibility of caring for these children. A symbolic interaction among the caregivers ensued when they created meaning out of the situations (Ballantine and Roberts, 2011). This creation of meaning eventually led the caregivers to take care of the children.

#### 4.2. Being Accustomed Through Time

Most of the caregivers were unprepared in taking care of the children, however, the passage of time changed their perspective in caring for them. With time, one become accustomed to performing tasks and responsibilities that were initially not welcomed at the start. Four out of the five caregivers had been caring for these children for the last seven years while the other took care of the child for almost nine years. The length of time in caring for these children resulted in a strong bond between the caregivers and the children. As one caregiver mentioned “His parents left him under our custody since he was two years old...we’re the ones who’ve taken care of him.” The statement indicates a bond of attachment expressed by feelings of affection between the grandmother and the child (Gattai and Musatti, 1999). These feelings of affection were observed through the caregivers’ facial expressions and gestures

during the interviews. Similarly, the age of these children when they were left to the caregivers made an impression of their helplessness, the inability to care for themselves (Sowers, 2006). Because of the length of time and the perception of the helplessness, the caregivers became accustomed to caring these children without any element of abuse (Bell and Romano, 2017).

### 4.3. Home and School Involvement of Caregiver

The home and school involvements of the caregivers were also influenced by their social network. Their involvement started when their social network informed them of the opportunity of sending the children to school. The value of sending the children to school despite their disabilities stemmed from the belief in the importance of getting an education as a necessary part of productive life (Gibson P., 2005).

Aside from identifying the schools where they can enroll the children, their network also provided professional opinions as regards bringing the children to a medical doctor; providing therapy; or enrolling the children to a special education program. All these advises were followed by the caregivers. However, it is also noted that the caregivers made decisions based on their own understanding as to how the children can best learn.

Another school involvement shown by the caregivers was to bring the children to school every day. This validates Sowers (2006) findings indicating the willingness of the caregiver to prepare the children to participate successfully as citizens of the wider society and Gibson P. (2005) who posited that the caregivers took a strong role in the education of the children. In fact, four out of five caregivers personally brought the children to school with the exception of one caregiver who availed a school bus services. Other forms of school involvement include asking their biological son to tutor the child as exemplified by Ruby to Maria. The enumerated strategies can be considered as measurable ways in which the caregivers express the quality of care they gave to the children. After all, why would one bother to bring the child to school every day knowing she has her own child to attend to? Or why would a grandmother send her grandson to a learning center knowing that the child has disability? These imply that the caregivers were giving these children the quality of care they believe the children need and which they can provide.

### 4.4. The Ups And Downs of Dealing with the Behavior of the Child

Dealing with the children's behavior involved ups and downs on the part of the caregivers. The ups imply that the caregivers' were feeling proud and happy when the children do something good. The reason for having such feeling is when they recognize that these children exhibited good behavior or performed something good. This is a common strategy used by caregivers to manage their parenting relationship by expressing pride to the accomplishments and progress of the children under their care (Merck, 2005). An acknowledgement of good behavior of the children can be a source of pride on the part of the caregiver. However, the caregivers also had challenges in dealing and managing the behavior and demands of the children. These include stubbornness, discipline issues, dealing with their violent physical actions, providing corporal punishment or even up to the point of explaining to them the financial situation they are in. Examples of these include: children answering back to the caregiver, engaging in play in spite of being told several times to study their lessons, or worse a child asking the caregiver to get out of the house. These misbehaviors made the caregivers utilized varied techniques including spanking, silent treatment, yelling, and other restrictions (Merck, 2005). At worst, the caregivers applied corporal punishment to the children. As Lourdes stated: "Sometime I hit him" or as Aileen expressed: "I can't help but hit him."

Gattai and Musatti (1999) discussed discipline issues among children. The forms of discipline used vary according to the age, gender, previous history of abuse and neglect and personalities of the child (Sowers, 2006). Sowers' findings revealed that majority of caregivers used corporal punishment. However, Gattai and Musatti (1999) study revealed that grandmothers were more restrained in giving corporal punishment. Results of this study corroborate the findings of Gattai and Musatti (1999) wherein not all caregivers give corporal punishment to children who misbehaved. The restraint in giving corporal punishment stem from the fact that these children have their own parents and the final responsibility of disciplining the child rest with their parents. In some situations, the symbolic-interaction theory hold true when the caregivers also make way in understanding and recognizing what the children really want. As expressed by Aileen, "We understand each other, I try to understand Paul." This statement implies that the caregiver has full understanding of the child's moods and idiosyncrasies brought about by his disability. Not only did they understand the conditions of the children, they often yielded to what the children wanted. As Aileen said: "Sometimes, we tolerate his demands, but sometimes we don't give in to his whims."

The abovementioned circumstances indicate the caregivers' willingness to help the children because they care. It is easy to feel proud of them, however, dealing with their stubbornness and taking time disciplining them involves a caring relationship. After all, why would you spend much time disciplining a child if you do not care for him or her? Gattai and Musatti (1999) indicated, giving discipline is part of being a mother, and mothers discipline their children because they care for them. Thus, caregivers' utilization of discipline to these children is an indication of the quality of their care.

### 4.5. Strategies in the Recognition of One's Role

The acceptance of one's role would often demand strategies in carrying out one's duties. Managing children's behavior does not only imply taking charge of their demands and well-being but also finding ways in dealing with their disappointments. This implies managing a spectrum of behavior which ranges from tantrums to complete silence. This would also include monitoring their actions, such as when the child volunteers for work but with hidden plans in mind. As Ruby recounted of Maria, "She sometimes initiates to do the chores, however, she usually



would ask for money.” In some instances, managing behavior would include acknowledging what the child is going through as a result of parents’ separation and becomes physically violent as the case of Cheers when he would throw the plates if given food to eat. The range of behaviors also includes behaving rightly when their desires are met or being remorseful if they have done something wrong. Also included in the recognition of one’s role is to handle the child’s disappointments as a result of broken promises. As Ruby confessed, “She tells me I promised her, then it will not be fulfilled.” Another source of disappointment is when the child starts to question the financial situation as shared by Ruby about Maria’s statement: “Where’s the money mom sent? Shouldn’t I have something to spend on?” Or maybe, it is just the child’s longing to be with the mother. Given the disappointments experienced by these children, it was just necessary for the caregiver to provide the vital support because they care for these children. As Watson (1978) cited in Parker (2006) indicated, caring is extended to anybody who needs help. This may have been the reason why after recognizing their role in the life of these children, they eventually sought strategies to improve how to deal with them.

#### 4.6. Working the Ins And Outs of Hostility

Most of the caregivers encountered hostilities while taking care of the children. These involved not only with the professionals they interacted or with strangers whom they do not even know but even with closed family members. The range of hostilities include simple constant teasing of neighborhood children or being blamed for the condition of the child. When asked how they managed such situation, Ruby replied: “I remind her playmates not to tease her because it’s wrong.” However, dealing with relatives is a different story as shown by the mother of Maria blaming her as to what happened to the child. When asked how she handled the situation, she simply uttered, “Sometimes, I cry it off.”

Also, the caregivers have to deal and acknowledge the opinions of other people including the teachers who sometimes would make it more difficult on their part to accept. As Ofelia shared, “Daryl’s teacher said he has learning disabilities.” When asked if she agreed with the teacher, she added, “I don’t know, but Daryl is a slow learner; so maybe she is right.”

In certain instances, the caregivers have to manage their own personal reactions. For example, issues may start when the children ask for certain favors which they cannot simply provide. Often the failure on the part of the caregivers to give in to the demands of the children, result into misbehaviors. This situation demands specific reaction from the caregivers like ignoring the behavior of the children. Given the hardships that the caregivers endured just to care for these children, there are times when they feel guilty because they realize that by helping these children too much they fail to perform their primary duties to their own biological children; as Ruby recounted: “My child goes to school on his own, while I still bring Maria to school every day.”

It is a known fact that no person is willing to suffer for another human being unless he or she cares for him or her. Thus, the primary reason why the caregivers have to endure negative comments from other people, even from immediate relatives is because they care for these children. It is sad to note that while giving these children quality care; their caregivers have to manage the ins and outs of hostility.

#### 4.7. Sustaining the Caregiver-Child Relationship

One may wonder how the caregivers endure the difficulties, hardships and challenges red as a result of taking care of these children. Most caregivers had their roles altered once they took over the caring of the children. Jendrek (1993) posited that grandparents altered their routines and plans as a result of providing care to their grandchildren. Sowers (2006) discussed that aunts assume the parental role when biological mothers or fathers were not available to take care of their children. Merck (2005) said that grandmothers endured the difficult task of raising their grandchildren as if they were raising their own children. Results show that the length of their relationships with these children have helped them established a strong bond together. This strong bond of relationship actually started with their recognition of their role as caregiver. The commitment to take care of the children was recognized when one caregiver recounted that even if the child’s parents are around, the child prefers to be near and sleep beside her. Thus, one reason for caring is because grandmothers simply enjoy the satisfaction of knowing that they spared their grandchildren from a life of dysfunction (Thomas, 2009).

Other caregivers mentioned that the acceptance of their roles as caregivers resulted into “strong physical involvement” and/or attachment to the children (Gattai and Musatti, 1999). Involvement include caring the children from the moment they wake up to their time of sleep. The relationship with the children was also strengthened by their claiming of the responsibility. For Ruby and Yvette, the relationship was strengthened when they were recognized by the children as their parents, having been called Mama by the children. Further, what sustained the relationship between the caregivers and the children was their recognition of their role as primary caregivers. As Ruby stated, “I’ve become a mother to her to the point of pouring care to her more than my own child.”

However, some respondents admitted of receiving financial support from the parents of the children. This situation validated that exchange theory takes place among caregivers, as it implied that caring happened because these caregivers receive financial rewards from the parents of these children. Although they explicitly admitted that their relationship with the children was strengthened by the period of time spent with them, it could not be denied that to a certain extent what pulled them together was the financial assistance they received. The financial compensation received from the biological parents of these children, may have actually contributed to the quality of care they provided, something that the caregivers may not have done if no financial reward was involved. Moreover, the giving of financial compensations to the caregivers actually sustained the caring relationship they had with the

children unlike other caregivers that the caring relationship was sustained simply because they felt a certain level of accomplishment in providing care for them.

#### 4.8. Strategies in Providing Care

Providing quality care to children demanded not only time and money but also an enormous amount of energy of the caregivers. The support extended vary from giving their everyday needs, to providing leisure activities, to guiding these young children, even spiritually. These actions of the caregivers validated the efficacy of Bronfenbrenner's ecological systems theory which resulted in different molar activities between the caregivers and the children. Although the giving of support required some form of strategies on the part of the caregivers, ultimately, the goal is to help prepare children to participate successfully as citizens of the wider society (Gibson P., 2005; Sowers, 2006).

Results showed that the caregivers provided daily support to the children in various ways such as taking care of their needs, bringing the children to school, providing transportation service, preparing their food, making sure the children doesn't get sick; and bathing them and even helping the children develop their speech. The caregivers also gave guidance and spiritual support to the children. This involved teaching the children the concept of self-determination which is the long-term goal of individuals with special needs. After all, self-determined individuals act with authority and self-regulate their behaviors (Wehmeyer and Field, 2007). Yvette demonstrated this to Cheers when she not only advised him not to get mad with his parents for not taking care of him but provided some spiritual advice as well and by encouraging Cheers to go to mass with her. Based from how Yvette handled the situation, she was not only concerned with the daily sustenance of the child but also his spiritual growth and welfare. The giving of religious training to children has been found to be an integral part of child rearing (Piercy and Chapman, 2001).

The caregivers also provided support to the decision-making capability of the children by letting them choose the food they wanted to eat, although the caregivers constantly remind them to only balance meal foods. In other instances, opportunities to make decisions for children can be in a form of doing household chores. A caregiver admitted that she made the child decide the kind of work he wanted to do, like, choosing between sweeping the floor or washing the dishes or cleaning the house. The abovementioned instances clearly show that the caregivers helped the children decide for themselves, thereby giving them the chance to develop their decision making skills. These testimonies can be surmised that indeed the caregivers have various strategies in providing support. Finally, the enumerated strategies are an indication of the caregivers' concern for the improvement of the welfare of the children.

#### 4.9. Financial Struggles in the Midst of Crisis

Financial concerns was one of the most pressing problems encountered by the caregivers while providing care for the children. Although some biological parents send money to the caregivers, the amount may not be enough to sustain the needs of the children. The financial shortage that these caregivers experienced explain the reason why the children were never given any therapy support to help improve their conditions. The caregivers wanted to bring the children for a therapy but is constrained by the limited financial resources which is not even enough for the daily food and transportation expenses of the children. Ofelia and Yvette explicitly shared about giving therapy but they simply couldn't afford it. Yvette, even brought Cheers to a developmental pediatrician, but stopped because she could no longer afford it. Although she plans to bring the child when opportunity comes. The financial hardships that these caregivers experienced are even felt by the children themselves when the children do not asked anything like food or toy from them.

The above-stated situations illustrate the financial struggles in the midst of crisis each caregiver experienced as a result of taking care of a child. Coming from poor families, these caregivers are often unaware of preventive medical measures that could help the children but are pre occupied with the day-to-day survival skills (Enwefa and Jennings, 2006). The plight of the caregivers was validated by the UNICEF (2013) report on *Children and Young People with Disabilities Fact Sheet (2013)* which stated that due to poverty there is lack of services for children with disabilities in fields such as speech therapy, physiotherapy and sign language instruction as well as providing basic medications. This explains why therapy support has never been the priority of these caregivers.

In spite of the financial constraints experienced by the caregivers, the care they provided to their ward was beyond question. Although the support and services provided to these children were limited due to financial constraints, the testimonies of their kin hoping to provide better care through therapies and support when financial conditions improve is an indication of how much they care for the children.

#### 4.10. Fear of the Unknown

The caregivers were not only concerned with the present situation, conditions and circumstances of the child, but also their future. To them the future is unknown. There is an element of fear that can be implied from the statements they shared. The fear of the unknown refers to the feeling of insecurities of the caregivers to the unknown circumstances that may come as a consequence of taking care of these children. These include concerns and the feeling of being distressed for the children's well-being; the concern of the present situation of the children; their acceptance of their standard of living and even aspirations for improvement of the children's conditions.

The caregivers' concerns for the children's well-being include giving advice to the children out of pity because of their situations and conditions but expressed aspirations for their ward. Another concern was knowing the situation but cannot do anything about it. Ofelia's concerns is on the difficulty of Daryl to write and learn in school.

Accordingly, the child cannot control his hands. The reason why he is unable to write; also his memory is really weak. He can't remember things being taught to him. He has friend, but could only remember them by their faces. All these make Ofelia worry about Daryl's present condition; however, she felt she cannot do anything about it. And given her limited financial resources, she explicitly stated, "since we're trying to make both ends meet most of the time what I can do is leave it to fate"

Finally the fear of the unknown of the caregivers stemmed from their concern that they will not be around when these children grow up. Hence, they engaged themselves in giving advice with the hope that their conditions improve if they are followed. Having such aspirations as the improvement of their behaviors, or to become normal like any other children and eventually be out of the special education program, were actually hoped, aspired and wished by their kin.

## 5. Conclusion

Findings reveal the themes reflected the depth and quality of care given to the children. These themes were classified according to how they affect the caregivers; some themes were emotionally driven since it involved the feelings of the caregivers in providing quality care to the children. Behavioral driven themes involved strategies which the caregivers used to express the quality of care they provide to the children. Financially-driven themes involved financial aspirations of the caregivers in the hope of improving the quality of care they can provide to these groups of children.

## 6. Recommendations

It is imperative that the caregivers be recognized for their efforts and provided support. Since most caregivers were having difficulty in terms of dealing with the different challenges in terms of the children's behavior and other people's reactions, it is vital that the government will provide support in terms of the necessary training in taking care of these group of children. The trainings would include strategies and techniques in handling children's behaviors. Likewise, the caregivers will be trained to teach children how to make correct decisions for themselves.

Since most of the caregivers had been caring the child for a while, it is necessary that they be provided support by the government in a form of discounted or free therapy services for the child to ease the burden on the part of the caregivers. The caregivers must be provided benefits such as free hospitalization in the different public hospitals and discounts to private hospitals for their personal check up; free medicines through the different barangay centers; and schedule leisure activities to be facilitated by the Department of Social Welfare and Development in coordination with the different barangay centers.

To improve the children's school performance, the children will be given some financial support to help the caregivers sustain the expenses incurred in bringing the child to school every day. The caregivers can be given additional financial support so that they may not worry about meeting the material needs of the child. By providing financial support or aid, the number of hours of care provided by the kin to the child can be utilized effectively since they do not have to worry about meeting the needs of the child. This can result into quality time between the caregivers and the child thereby giving them opportunity to assist the child with their school works.

Finally since most of the caregivers felt fear for the future of the child; it is important for the government to recognize such context. Children with developmental disabilities should be provided greater opportunities to improve their conditions by giving them educational support, other medical and related services. Every child should be required to have an Individualized Educational Plan (IEP) which should be strictly enforced and evaluated so as to monitor the children's school performance and eventually provide them opportunity for transition services which could lead to the development of their functional and independent living skills.

## 7. Policy Implications

Due to the informality of the structure wherein caregivers are just merely requested to take care of the children and no legislative requirement is needed, it is the hope of this research that legitimate structure be placed to support the people who are involved in the activity. Findings of this research highlighted the need for policies by the government to protect not only the children but also the kin. The findings that caregivers are having financial difficulties which affect the services and support they provide to children calls for immediate attention from the government. Specifically, aside from their daily sustenance, therapy supports are needed to help in the development of children. Since children have different needs brought about by their disabilities cash assistance may be needed for their maintenance (Sowers, 2006).

The research also highlighted that the educational attainment of the caregivers were limited. Hence, a support network that could help them better understand the disabilities of the children is imperative. This could provide the caregivers opportunities to talk about problems they encounter while raising the children. In addition, other members of the support network can provide assistance to members in need of help. Finally, since the findings indicate that the caregivers were having the "fear of the unknown" the support network can also provide the necessary counseling that the caregivers badly need.

## 8. Limitations

While a number of children have been identified under the kinship care, some children, however, were not allowed by their school authorities to participate in the research. Also, some schools allowed the researcher to gather the data, but the caregivers of these children expressed their concerns and apprehensions in the research

resulting to their nonparticipation. Another limitation pertains to the identification of the caregivers as participants of the study. Although the researcher exhausted all possible sources of caregivers, some members were more likely to have been missed out. Particular attention is given to those belonging to the higher socioeconomic status. Had the caregivers belonging to this socioeconomic stratum participated in the study, the results could have been different. Initially a number of kin identified belonged to this socioeconomic strata but their refusal to participate in the study is believed to have altered the results.

## 9. Implications for Future Research

Results showed a need for further research in kinship caring and its effect on children's school performance. Future research can help identify strategies in kinship care that can positively influence the school performance of the children; and there is a need for more information on how the kin implement such positive strategies.

Future researchers who will examine kinship care should use varied and more samples to facilitate more comparative and generalizable analyses. Variations in the samples would include children enrolled in private educational institutions who receive various types of therapy services and kinship caregivers who belong to different socioeconomic strata.

Future research can also focus on interviewing the partners of the primary caregivers, their biological children to facilitate a more accurate understanding on the impact of this family arrangement on all involved. Research indicate that the partners of the primary caregivers were supportive of the setup of caring these children but no indication points to whether they were consulted on this life-changing decisions (Bullock, 2005 cited in (Sowers, 2006).

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