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The Voices of Grandparents: Views on Support Services When Raising Grandchildren

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The Voices of Grandparents:
Views on Support Services When Raising Grandchildren

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The current trend in foster care has shifted toward kinship care, also known as relatives caring for relatives. In many cases, this relationship involves grandparents caring for their grandchildren. While it is not the first time these grandparents are parenting, they face new challenges the second time around. The purpose of this study was to determine what support services grandparents viewed as most beneficial in caring for their grandchild. A total of four grandparents and two great grandparents were interviewed for this qualitative study in order to determine their personal experiences as a kinship caregiver reaching out for support. Data was then coded and several themes emerged. Types of services used included counseling, and reaching out to others for support. Other themes also surrounded positive and negative feelings and beliefs about being in the parenting role again. While some of the findings matched well with previous literature, new areas for future study were also discovered including fear for the future of a grandchild and facing rejection from others after taking in a grandchild. These findings suggest the need for a variety of formal and informal supports that address the needs of grandchildren and grandparents. Advocating for changes in the system and process can provide caregivers with the tools necessary to find their voice in this experience.

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This research is dedicated to my grandparents, Kathryn and Lloyd Lorence. Without your willingness and commitment to my childhood, I would not have become half the woman I am today. Thank you for providing a roof over my head, food on the table and an eager appreciation for my learning and development.

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-KB

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Introduction

When children are no longer able to be cared for by their biological parents, they can face several housing options. In the past, many of these children would be placed in state custody and then foster care by approved and licensed care providers who were not biologically related to the children. In recent years, however, there has been a dramatic shift in the type of caregivers taking on the role of foster parent. There has been a national movement to attempt to have children live in the homes of relatives rather than strangers. This care can broadly be described as kinship care. The definition of kinship care, according to the U.S. Department of Health and Human Services, is “any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing” (2000). Oftentimes, it is a grandparent that steps into this role and much of the research on this topic involves grandparents raising grandchildren. Determining what support services grandparents utilize and find beneficial in their current situation can aid the future development of living arrangements with relatives.

Before kinship care became a popular method for finding suitable substitute homes, there were already many informal arrangements within families involving the care of children by relatives. An early historical example in the African American community suggests “[t]he duality of mothering as grandmothering emerged during the Great Migration of the 1920s and 1930s when Black adults from the South moved to the North to achieve upward mobility. Children remained in the care of their grandparents as a temporary measure until the biological parent(s) could send for them” (Gibson, 2005). The goal of this time-limited arrangement was to provide consistent, loving and cultural

care to children and these continue to be major goals behind current kinship care. Since 1970, the United States has seen a 76% increase in the number of school-age children living in homes headed by grandparents (Edwards & Ray, 2008). More recently, between 1990 and 1998, there was a 53 percent increase in not just school-age children under custodial care of a grandparent but all children being cared for primarily by their grandparents (Casper & Bryson, 1998 cited in Dannison & Smith, 2003). In fact, formal kinship care is now the fastest growing method of child placement in the child welfare system (Ehrle & Geen, 2002). The increase in kinship care can be ascribed to increases in the caseloads of child welfare workers, a decrease in the availability of traditional foster care settings and the child welfare service's stance that placement with relatives rather than traditional foster families is more beneficial for all parties involved (Dolan, Casanueva, Smith & Bradley, 2009). The Adoption and Safe Families Act of 1997 also influenced housing children with relatives as it included the federal recognition of kinship caregiving as an acceptable form of foster care (Dolan, Casanueva, Smith & Bradley, 2009).

As acceptance for kinship care increased, so did the number of children being cared for by grandparents. It is estimated that close to four million grandchildren have grandparents that serve as their primary caregiver. Of these grandparents, at least a quarter have been parenting their grandchildren for five or more years (Fuller-Thomson & Minkler, 2000 cited in Edwards & Daire, 2006; Gladstone & Brown, 2007; Simmons & Dye, 2003 cited in Dolan, Casanueva, Smith & Bradley, 2009). Of these grandchildren, three-quarters started living with their grandparents before the age of five (Fuller-Thomson, Minkler & Driver, 1997 cited in Dannison & Smith, 2003). Research

has also discovered that children in kinship settings are more likely to be removed from homes where birth parents were young, single and had drug or alcohol problems compared to the general foster care population (Ehrle & Geen, 2002). And yet, in comparison with other foster care placements, the majority of grandparents responsible for the care of their grandchildren do so informally without any legal custody of the children (Cox, 2007). These statistics show the uniqueness of this living arrangement in regards to its length, permanency and age of children involved.

Additional statistics support the unusual characteristics attributed to those providing kinship care. In a large review of available literature on kinship care, Cuddleback (2004) found that most kinship caregivers are not only African American, but single, older, less educated, unemployed and from a lower socioeconomic status than caregivers who are not related to the child. Ehrle and Geen (2002) also reinforce these findings and suggest that these characteristics could negatively affect the care of the child or place them at greater risk than children in non-relative care settings. Cuddleback's (2004) determination about employment and socioeconomic status is in line with the research of Hayslip and Kaminiski (2005) who found that many kinship grandparents also face financial strain and some 19% of these caregivers live below the poverty line. This is the highest percentage rate of any other type of family with children. These researchers also discovered that a third of children in grandparent-headed households are without health insurance. Faced with many challenges, these grandparents and grandchildren may reach out for support services to address their distinct needs and navigating these services and finding the most beneficial for their family's success is imperative.

Literature Review

When parents are no longer able to adequately care for their child or children, relatives are stepping into the role of surrogate parent with greater frequency. Grandparents are caring for their grandchildren in increasing numbers. As a result, many agencies and services have been specifically developed to address this new family unit. In order to better understand the purpose of this research, a review of previous literature is useful. The areas that will be covered include the circumstances under which these grandparents are taking on this role and what needs and stressors they may encounter raising a grandchild. The different types of formal and informal supports available will also be considered along with views about the role of social work in supporting these grandparents. This information will lay a foundation for the current research regarding how grandparents view the services available to them as grandparents raising grandchildren and what they have found to be most beneficial.

Circumstances

While the reason for each kinship setting is unique to each family's situation, research suggests that most cases fall under a handful of circumstances. Edwards and Daire (2006) summarize these major family stressors that impact whom a child can live with. The researchers' assert:

[g]randparents who assume the surrogate parenting role often do so as a result of the death of their adult children, their children's divorce, unemployment, and teenage premarital childbearing. Parental deaths as a result of violence and AIDS particularly contribute to the increase in these alternative families. Additionally, physical and emotional child abuse as well as drug use and incarceration among

some parents resulted in social service agencies removing sizable numbers of children...

While these situations are extremely stressful on the parent and child, having a child in a grandparent's custody can be a very comforting solution for all parties involved.

Taking on the primary care of a minor family member can be very reassuring, but it also allows for additional positive facets to foster care that are not found in non-relative care options. Grandparent caregivers express that they feel more responsibility for the care of their grandchild due to several reasons including a blood connection, a background in the same cultural group as the child and they may already have an emotional connection and bond with the grandchild (Gibson 2002; Edwards & Daire, 2006; Dolan, Casanueva, Smith & Bradley, 2009). As grandparents have a blood connection with their grandchildren, they also tend to have higher expectations which in turn led to more positive outcomes for the child (Berrick, Barth & Needell, 1994 cited in Gibson, 2005). Looking specifically at culture as an important part of the child's identity, placing a child who is African American in foster care or adoption only occurs when family is not available as it places the child in a home with adults who are not related. This violates family values found within this ethnicity (Stokes & Greenstone, 1981). The blood connection, culture and family values and a previous relationship ensure the child knows their family.

In addition to the circumstances surrounding kinship care, there are additional factors present that influence family interactions and length of time in this arrangement. Researchers found that formal adoption of a relative is less likely to occur in kinship caregiving settings. This is because adoption is a termination of the parental rights of the

birth parents. Adoption in these situations may also terminate certain support services and supplemental payments for caregivers (Leos-Urbel, Bess & Geen, 2002; Cuddleback, 2004). Specific to these familial settings, parenting by a relative is designed to be temporary and provide the opportunity for the birth parents to be reunited with their child. However, it has been suggested that compared to those in non-kinship foster care, children in kinship settings are reunified with their birth parents at a slower rate (Cuddleback, 2004). This could be due in part to the trust the parents place in the relative taking care of the child or it could also be the result of the parent remaining incapacitated (i.e. parent is in prison). This extended care can also be positive as children placed in a relative's care are more likely to maintain contact with their birth parents and also experience less prior placements than children in non-relative caregiving settings. (Cuddleback, 2004; Ehrle & Geen, 2002). Kinship care plays a very important role in the lives of millions of families and it generally contributes to a positive outcome for the child.

Needs and Stresses

Statistics show the prevalence and circumstances surrounding kinship care. It serves as a favorable alternative for children and their families, but like any change in living arrangement, there are many distinct needs and stressors attached to grandparents raising their grandchildren. These challenges are present in all aspects of life including physical, mental, financial and educational elements. The role social service agencies play also influence the way in which grandparents raise their grandchildren and seek out support in ameliorating their situation.

Kinship caregivers face new roles, difficult parenting situations and their own personal problems. For many grandparents that take on the role of parenting again, they are challenged by their dual role and struggle to strike a balance between being the indulgent grandparent and a firm parent. Typically, the caregivers would overindulge in an attempt to compensate for the absence or neglect of the biological parents (Stokes & Greenstone, 1981). In addition to this role conflict, studies of kinship caregivers (which included grandparents, aunts or cousins) discovered that the children in these arrangements had higher levels of attention deficit hyperactivity disorder, conduct disorder, learning problems, depression or fetal alcohol syndrome than children found in the overall population (Edwards & Ray, 2008). These can be the direct result of the pregnancy or early parenting by the birth family or an unfortunate occurrence.

Raising a child with special concerns and needs is stressful enough but grandparents also face their own hardships. Generally, grandparents serving as primary caregivers have higher rates of depression and fatigue as well as more health problems in comparison to grandparents who are not the main caretaker or others of a similar age (Minkler & Fuller-Thompson, 2005 cited in Gladstone, Brown & Fitzgerald, 2009; Cuddleback, 2004; Ehrle & Geen, 2002). With an already challenging situation, grandparents are not able to enjoy an empty nest, retirement or other milestones someone their age may be able to participate in.

The strain of taking care of a grandchild and taking care of you can be daunting for a caregiver, even without bringing in additional individuals and support. Grandparents have cited several reasons for not reaching out for services. These include fears about being “misunderstood, criticized or hassled” (Gibson, 2002). Parents do not usually

welcome the criticism of others surrounding their parenting and grandparents are no different, especially when they may have already experienced critical onlookers due to the decisions of their grandchild's birth parents. A study of grandmothers and their perception of personal barriers to support included self-imposed stress, not being prepared to work with the agency, not having access to the right documents, being unsure of where the biological mother is located and wanting to keep their life private while still needing services and feeling shame for asking for help (Gibson, 2002). Changing these perceptions and barriers may open new channels of support to address the multiple areas affected by kinship care.

Physical Challenges. Taking on the addition of a child or children at an older age after already having parented can create additional strains to the physical health of the adult. The new role of grandparent as parent can also compound already present conditions. Grandparents are more likely to rank their health as poorer than non-caregivers (Cox, 2007). They may also be less mobile or have stress-related conditions such as high blood pressure. These physical ailments may already have been present before taking custody of the child but research indicates that adding the role of parent exacerbates physical concerns. Findings show that grandparents caring for their grandchildren have reported greater rates of depression, health problems and fatigue compared to grandparents who are not primarily responsible for the care of their grandchildren (Minkler & Fuller-Thomson, 2005 cited in Gladstone & Brown, 2007; Cuddleback, 2004). These physical concerns can be serious enough to impair the ability to provide custody.

Additional stressors related to health are also involved. When these older adults have physical ailments, they may not be forthcoming with their own medical conditions for fear that it will affect their eligibility to continue raising their grandchildren (Cox, 2007). In seeking custody, grandparents may face greater scrutiny from service providers and agencies regarding their fitness to parent. This can be a very stress-provoking situation and is cyclical in the manner in which stress influences health and vice versa. Leder, Nicholson and Torres (2007) studied grandparents' stressors and health outcomes and found a negative correlation between a grandparent's physical health and the experience of stress related to parenting. Finally, the grandchild's behavior problems were also linked to the experience of more physical and emotional difficulties for the grandparents (Leder, Nicholson & Torres, 2007). The added physical conditions also impact the mental health of the care provider.

Mental Health Challenges. When grandparents parent their grandchild, they may also face the added challenges of emotional stress and mental health concerns that impact their relationships with their grandchildren, spouses and friends. Many of these challenges are related to parenting again and having to change their routine. Kinship caregivers can be faced with mental health issues surrounding unresolved grief and loss about parenting again and losing their freedom and activities (Cox, 2007; Gladstone & Brown, 2007). Many times, grandparents may be retired or empty nesters and now have to work within the parameters of school, finding work and the loss of their ability to simply go-out without worrying about children. If the change in custody is related to the long-term or permanent loss of a parent, the grandparent also faces grief around the absence of their own child. Kinship grandparents are twice as likely to be diagnosed with

clinical depression as non-caregiving grandparents (Robinson & Wilks, 2006; Gladstone & Brown, 2007). Living with depression greatly impacts interactions with others.

Personal experiences can bleed into other relationships and inhibit the ability to utilize a support system. Several studies of kinship caregivers suggest that kinship grandparents express a limit placed on their social life due to taking care of their grandchildren (Gladstone, Brown & Fitzgerald, 2009; Gladstone & Brown, 2007; Cuddleback, 2004). Limits related to parenting are similar to those birth parents face. The spousal relationship is also tested in these families. Several researchers found lower levels of marital satisfaction in couples parenting again (Gladstone & Brown, 2007; Cuddleback, 2004). In the African American community specifically, Stokes and Greenstone (1981) found the placement of an additional emotional strain to be on the marriages of grandparents who were parenting again. A review of research points to the value of accessing services that are sensitive to the unique mental health needs of grandparents. These could include individual, couple and family therapy, support groups or obtaining aid from school support professionals. These supports will be discussed later.

Financial Challenges. In addition to the physical and emotional strain in a kinship caregiver's life, being financially responsible for grandchildren is wearing and can involve many laws, agencies, lawyers and paperwork. In the United States, each state has its own set of policies around payments and monetary support of kinship care providers. Leos-Urbel, Bess and Geen (2002) utilized data collected through a 1999 national survey of child welfare administrators to investigate the policies around evaluating and supporting kinship caregivers. They discovered a discrepancy between

how foster caregivers and kinship caregivers are supported. Only ten states in this study required kinship caregivers to meet the same standards as foster parents. This can affect the financial payments the government will provide. This same study found that while states can offer Temporary Assistance to Needy Families (TANF), these payments are often significantly less than those offered to foster care providers. Research has also revealed that state policies regarding foster care and payments differ from kinship care settings (Gladstone & Brown, 2007).

The differences in state policies brought forth a response nationally. The U.S. Department of Health and Human Services, in an effort to create a more universal method of licensing foster and kinship care using the Adoption and Safe Families Act of 1997, ruled that states that want Title IV-E federal reimbursement for kinship payments may only do so if the kinship caregivers meet the same licensing standards as non-relative foster caregivers (Leos-Urbel, Bess & Geen, 2002). However, there is a continued revision to how relative foster caregivers are financially compensated as this familial arrangement continues to receive attention.

Many other options exist to monetarily support these families, but only if the families are eligible. Children being taken care of by grandparents are twice as likely to receive public assistance (Robinson & Wilks, 2006). These forms of assistance include: TANF, SSI, Food Stamps, Free and Reduced Lunch, Social Security and Medicaid (Ehrle & Geen, 2002). While this is a lengthy list, only the child is eligible for some benefits and not all families qualify for the others.

Additional cost factors include expensive agency recommended programs or legal fees. Child welfare workers encourage grandparents to place grandchildren in community

and recreation programs, often at the caregiver's expense (Gladstone, Brown & Fitzgerald, 2009). Grandparents may comply to appease child welfare or pay these fees out of fear of losing the grandchild for not being able to access these programs. Financial costs associated with raising grandchildren also include expenses related to seeking legal custody to ensure permanency or risk the children being sent into foster care (Gladstone, Brown & Fitzgerald, 2009). Pair these financial expenses with statistics about unemployment and being a single-parent and it is evident how taxing this responsibility becomes to a grandparent.

Education Challenges. For most grandparents, the school years are distant memories and what was included in their lesson plans have evolved dramatically. When a grandchild has a learning disability or exhibits problem behaviors, the unfamiliarity with the current education system is magnified. In a school setting, older relatives may face problems working with schools and advocating for their student due to a lack of comfort, familiarity and knowledge (Cuddleback, 2004). This can affect the ability to help with homework, schedule appointments and meetings with teachers and administrators and aid their student in finding and receiving appropriate services such as special education, speech, language and occupational services and counseling. Some kinship caregivers may not have the expertise to help with school work. Lessons and the use of technology can be daunting to caregivers. These grandparents may also have limited access to transportation which can lead to missing important meetings with school teachers and counselors (Edwards & Daire, 2006).

When the kinship caregiver is uncomfortable, this can translate into trouble for the grandchild who is unable to receive help at home. Research by Cuddleback (2004)

suggests children being cared for by relatives have more behavior problems, struggle more with homework completion and score below average in most areas including: reading, math, cognitive functioning, problem solving, reasoning and listening comprehension. However, they have higher scores in oral expression in comparison to children in the general population. With education being such an integral part of a child's development, finding a source of support is imperative.

Informal Supports

Support and services can be found in vast array for kinship grandparents and can include informal relationships, groups and recreation as well as more formalized classes, support and education groups and focused financial assistance. For most adults parenting a second time, informal support is easier to access and can also be safer or more familiar for the individual.

Informal support can include asking for assistance from family and friends for respite care, role modeling and favorable interactions. Kinship grandmothers in Gibson's (2005) study about inter-generational parenting discussed the utilization of family and friends to provide respite for grandmothers. Grandparents in this study also stated that these other adults serve as positive role models for the grandchildren. Pulling in the support of close friends and family, when accessible, can lift part of the burden a grandparent faces when raising their grandchild.

While technology and corporations cannot take the place of a physical person walking alongside the grandparent on this journey, they can be a place for information and additional services that a family member or friend is unable to supply. One of the major sources for information about parenting a second time can be found on the

Grandparent Resource Center page of the American Association of Retired People (www.aarp.org/relationships/friends-family). They not only keep a current list of different support groups available for grandparents, but the website also features numerous articles regarding all facets unique to this family situation. A basic internet search also turns up many pertinent articles for grandparents and the adults who work with these grandparents and grandchildren. Most states also have a kinship caregivers association and their websites provide useful information and a collection of supports and unique events. Finally, the Brookdale Foundation offers seed money to help create groups for kinship caregivers as well as provide technical support through their Relatives as Parents Program (Cox, 2007). With a willingness to reach out, the internet and various organizations can lead to services and a sense of community.

A common source of informal support can also be the grandparent's spirituality or religious institution. There have been a significant number of studies that demonstrate the role of religion in these families. In a study about supports utilized in kinship care, all of the 17 grandparents interviewed involved their grandchildren in religious activity (Gibson, 2005). Researchers also found strong religious convictions to provide strength and support for kinship grandparents (Robinson & Wilks, 2006). Similarly, faith or spirituality was helpful when working with social service agencies, according to grandparents interviewed about beneficial supports (Gibson, 2002). These findings can be explained in many ways, but faith or spirituality is often very family-oriented and inter-generational in nature and many religious institutions are able to reach out to the young and old in ways other settings may be unable to do.

Utilizing informal supports can continue to be a practical solution, but it also serves another goal: aiding in the grandparents' overall positive well-being. Sands, Goldberg-Glen and Thornton (2005) looked at the impact of casual supports in the lives of kinship caregivers. They found that when there is a significant number of informal supports, community social services or respite care, grandparents experienced greater overall well-being. However, support groups were not found to increase or decrease overall well-being. While it is unclear if grandparents are simply unaware of formal services or not, they tend to prefer and rely on informal supports more often than formal supports (Le Prohn & Pecora, 1994 cited in Ehrle & Geen, 2002). Informing grandparents of additional formalized resources in these casual settings can bridge the gap between resources.

Formal Supports

The importance of informal supports cannot be overlooked, but formalized services are valuable in other ways. Inquiring into formal supports may be a necessity for grandparents seeking specific financial or legal avenues. Support and education classes are also common in kinship caregiving.

While informal supports are easily available, more may need to be done to serve as many needs as possible. Research on kinship grandmothers suggests that while grandmothers prefer to utilize informal social supports, they need to pursue more formalized supports due to economic, social and political needs (Gibson, 2002). Government aid, education and custody arrangements are areas that can lead to an increased need for formal services. A study by Gerard, Landry-Meyer and Roe (2006) looked at grandparents raising their grandchildren and the potential for social supports to

mediate some of the stressors associated with parenting again and increase their overall well-being. Gerard, Landry-Meyer and Roe describe social supports as “emotional, instrumental, and informational assistance from others”. These include both formal and informal supports. The researchers found that while social supports were beneficial, they did not mediate the negative influence of stressors related to caregiving and overall positive well-being. This conclusion is similar to the earlier statement about support groups and their neutrality related to overall well-being. It appears that support groups are beneficial, but may need to be targeted to meet the needs of grandparents.

Support groups are one of the most common formal supports available and accessed by grandparents. It can be an inexpensive method of reaching and teaching many kinship grandparents at one time. However, there are numerous areas of interest, methods of teaching and program interventions that navigating support groups can be the greatest barrier to utilization. When grandparents are partnered with a support group, Dannison and Smith (2003) suggest that several elements be present in order to be most effective and beneficial. These elements include the teaching of age-appropriate activities grandparents can use with their grandchildren, an opportunity for grandparents to share their personal stories, a consistent routine and the benefit of co-facilitators. They suggest at least one of the facilitators be similar in age and ethnicity to the composition of the group. Similarly, African American kinship caregivers are especially concerned with formal services which are not in line with cultural norms and cultural sensitivity is critical (Gibson, 2003). These are sweeping guidelines valuable for all groups working with kinship caregivers.

Research also describes more specific concepts related to support groups. Edwards and Ray (2008) provide a long list of different interventions and topics to be offered as formal interventions. These include individual and group therapy, especially as it relates to feelings around grief, loss and abandonment. Other areas to focus on include parenting skills and behavioral management training, navigating the school system, understanding childcare and daycare and tools to help manage finances (Edwards & Ray, 2008). These types of interventions may prove helpful as Cuddleback's (2004) findings demonstrate that foster care by non-relatives often included more physical affection, praising and verbal and behavioral attending than settings in which relatives cared for relatives. Kinship caregivers also were more often favorable to physical discipline than non-kin care providers. Teaching and training kinship caregivers the same way foster caregivers are can increase the grandparent's knowledge and self-confidence.

Related to support groups are educational interventions. Edwards & Daire's (2006) research suggests services for grandparents should also include school-based interventions. These interventions can include support groups for caregivers led by school professionals and school social workers facilitating access and referrals to services. School social workers can also support the grandchildren through social and learning skills training groups and creating stability with classmates and teachers each year for the grandchildren and caregivers. When the school invests in kinship families, the benefits will be experienced in both the grandparents and grandchildren.

Finally, the White House Conferences on Aging suggest numerous interventions in line with other research. These interventions include: comprehensive programs for caregiving grandparents (respite care, legal assistance, advocacy services,

health care, and financial, social, and legal support); changes in policy to facilitate access to assistance programs (Temporary Assistance for Needy Families, food stamps, WIC); programs through the U.S. Administration on Aging to provide support services (support groups in senior citizens centers, intergenerational programs to strengthen the family); and education for human services providers about caregiving grandparents (rights and needs, legal-surrogate procedures, use of federal, state, and local revenue streams for grandparents) (Dolan, Casanueva, Smith & Bradley, 2009).

These formal services cover the full breadth of challenges grandparents face: physical, mental, fiscal and educational. While all of these services are valuable, it can be difficult to access without the aid of individuals familiar with attaining services. That is where social work steps in.

Role of Social Work

Social workers and child welfare workers are at the leading edge of providing the much needed support and services for grandparents raising grandchildren. Some of this support is well-received by kinship caregivers while barriers may exist between the two parties and their ability to work together. Perceptions are important in this partnership. Grandparents felt supported by social workers when they provided messages of affirmation, especially about the grandparent's effectiveness as a caregiver (Gladstone, Brown & Fitzgerald, 2009; Gladstone & Brown, 2007). This strengths perspective is the hallmark of the social work field. While affirmation is important, it is not the only way to aid grandparents. Social workers are challenged by Sands, Goldberg-Glen and Thornton (2005) to assist grandparents by changing perceptions regarding stress, continuing to

provide and help access resources, reframe their situation in a positive light and promote the use of and connection between informal and formal supports.

Differences between Kinship and Non-Kinship Caregivers. Traditional foster care by non-relatives has been recognized federally for many more years than kinship foster care and this length of recognition appears to impact the services kinship caregivers have access to. Previous findings demonstrate that non-kinship caregivers met with caseworkers more frequently than kinship caregivers and they also received additional services of higher quality, including parenting courses prior to being permitted to legally foster children (Gibson, 2002; Dolan, Casanueva, Smith & Bradley, 2009; Gladstone & Brown, 2007, Cuddleback, 2004). Kinship caregivers as a general rule also received less training, support and services than non-relative foster caregivers mainly due to informal arrangements and a lack of any contact with child services (Cuddleback, 2004). In addition to these differences, studies of kinship caregivers found grandparents are less likely to have contact with child welfare agencies than traditional foster parents (Gladstone, Brown & Fitzgerald, 2009; Gladstone & Brown, 2007, Ehrle & Geen, 2002). It has been previously mentioned that not all grandparents have formal custody arrangements. This can explain some of these discrepancies, but it also points out the differences between relative and non-relative foster families. Cuddleback (2004) states that it is “unclear if kinship foster families receive less training and support and fewer services because kinship families don’t request, don’t need, or refuse such services or if these differences are due to the practices of child welfare workers...”. It would be disappointing if services are not utilized because of a child welfare worker, but research points out the barriers that exist between social services and grandparents.

Social Service Providers Advantages and Barriers. An abundance of research has been completed to discover the experience of kinship grandparents in relation to services. There are the positive experiences and the negative experiences. A total of 133 grandparents who were the primary caregivers for their grandchildren were interviewed about the effect of social supports on their stress and well-being. The percentages that follow are formal services that grandparents have not made use of. These services are “counseling services for self (71%), kinship navigators (67%) [kinship navigators are a part of the National Kinship Caregivers Support Act], support groups (61%), counseling services for grandchildren (53%), school counseling (42%), formal children services (33%), and medical clinics (16%)” (Gerard, Landry-Meyer & Roe, 2006). A similar study conducted by Leder, Grinsted and Torres (2007) asked 42 grandparents in support groups what services were of benefit to them emotionally. A total of 88% stated support groups, 86% expressed emotional benefit from knowing others were in similar situations, 55% reported assistance with child-rearing as positive while 41% discussed the helpfulness of the legal system, 29% utilized financial help and 29% saw the social service system as emotionally beneficial to them. These statistics suggest that reaching out to professional social service workers are not the ready response of grandparents. Barriers encountered may explain these percentages.

Kinship grandparents already experience a degree of challenges before they attain services, but they are also exposed to challenges once they reach out or are contacted. In a study asking grandmothers what barriers they encountered to accessing services, grandmothers described social service workers as behaving in ways that were unhelpful or even adversarial and placing blame on them for the actions of their adult children

(Gibson, 2003). Gladstone, Brown and Fitzgerald (2009) also found grandparents to perceive social workers as being “unapproachable”, insincere and unable to see things through. Kinship caregivers can find the social worker’s young age or focus on theoretical rather than practical knowledge to be off putting which can lead to a lack of trust. This lack of trust can then prompt the withholding of information and thereby prevent possible help (Gladstone, Brown & Fitzgerald, 2009).

Early involvement and policies of social service providers can also create challenges. Strained relationships with child welfare workers can result when the grandparent is unaware of the grandchild entering foster care before being allowed the option to have the child live with them (Gladstone, Brown & Fitzgerald, 2009). An additional policy around means testing requirements and having required documents such as birth certificates to process services assume the grandparents has access to this information like a biological parent. This is not always the case (Gibson, 2003). These policies shine light on the power and influence social service providers have over kinship grandparents. A study of grandparents and social workers perceptions of each other pointed out the idea of a power differential between grandparent and social worker with the social worker or child welfare working being able to provide or withhold services. The researchers suggest that the grandparents, however, are the ones with the power and they need to feel they are the experts when it involves the care of their grandchildren (Gladstone & Brown, 2007). A cooperation and general appreciation for each other may take time and energy but it can improve the relationship between caregiver and service provider.

Finally, child welfare workers can also find barriers when working with this population. Child welfare workers have been found to be hesitant to place children in kinship caregiving settings when grandparents have already parented children with social problems. They may fear the inter-generational transmission of deficient parenting (Gibson, 2005; Gladstone & Brown, 2007). While this fear may appear rational at the outset, individuals in the helping field should desire to be supportive rather than adversarial. However, these responses may also be ingrained in state policies regarding kinship caregiving. A national survey of child welfare workers discovered that more than half of all states that place children who are not yet in state custody with relatives were only required to share with kinship caregivers about their eligibility for TANF payments and offer referrals but no other services and supports (Leos-Urbel, Bess & Geen, 2002). Fears coupled with agency or state policies may need revision to address the relationship between social service providers and the grandparents obtaining them. Taking the experiences of all parties involved and working toward positive goals around helping grandparents and their grandchildren navigate kinship care can provide positive steps.

A review of previous literature begins to develop a case for this current topic. As formal kinship care is a relatively new form of care, new information is always being gathered and services are being created. The differences between formal and informal services and needs coupled with conflicting information about what grandparents have utilized and found beneficial supports this current study to determine not only what services grandparents are currently using, but which of these are found to be most beneficial to them.

Conceptual Framework

Any study that involves relationships between children and adults would be remising to not utilize an attachment perspective as a conceptual framework. Rooted in relationships and the desire to seek out safety with significant caregivers, Bowlby and Ainsworth developed a theory that explains how grandchildren experience a shift in caregivers.

In a 2003 article, Poehlmann discusses the application of attachment theory to kinship caregiving. The researcher points out five reasons that support the inclusion of this theory to explain the relationship between grandparent and grandchild in relative foster care. The first point is that attachment theory focuses on the “formation and disruption” of a relationship between two people rather than the development of an individual. As grandparents are in relationship with their grandchild, understanding how their relationship is formed and the relationship with birth parents is disrupted is applicable. Second, attachment theory is intergenerational and covers the entire lifespan, not just infancy or childhood. Grandchildren are in various stages of development when their care is transferred to a relative and attachment theory accounts for these different stages. Attachment theory’s emphasis is placed on interactions between the many parts of each person including: behavioral, cognitive, emotional, interpersonal and social-contextual. Most theories focus on one of these dynamics but attachment theory recognizes the many facets that compose each person. The fourth reason to make use of attachment theory is Bowlby and Ainsworth’s study of the “effects of parental deprivation, separation, and loss”. Grandchildren in kinship settings experience this separation and loss by a parent on a large scale. Finally, attachment theory is useful to

explain the adaptive and maladaptive patterns of children in relationships. How a child responds to this new situation can target interventions and supports for grandparents and grandchildren. These five valid points support the use of this theory.

Along with these reasons for using an attachment perspective, Poehlmann (2003) also proposes three processes that take place simultaneously in the development of a kinship relationship. The first process is the disruption of previous attachments. This is seen when the birth parents are unavailable or removed from the child's life. Related to this disruption is the formation of a new or different relationship with the grandparent as a shift in caregiving takes place. Finally, the grandchild and grandparent adapt their internal working models of attachment as they respond to new changes and challenges. Parenting styles, discipline and behaviors are tested in the confines of a new setting.

Kinship care benefits from an understanding of how relationships are initiated, disrupted and transformed over the course of the entire lifespan. Children seek out protection, comfort and love from safe and secure caregivers and parents and grandparents influence how these children explore and understand their world. Adding an attachment perspective to previous research lays the foundation for kinship caregiving and the inclusion of various supports to reinforce relationships.

Methods

The question for this research is: How do grandparents view the services available to them as grandparents raising grandchildren and what have they found to be the most beneficial?

Research Design

In determining what support services are considered most beneficial by grandparents, a sample of grandparents raising their grandchildren was taken from a collection of grandparents attending support groups in the Minneapolis area that were being facilitated by Lutheran Social Services of Minnesota and their GrandFamily Connection Program. These grandparents were given a flyer (Appendix A) inviting participation. These grandparents then could pass the information along to other grandparents they knew who fit the criteria of the study. Working with this program, non-probability snowball sampling was utilized to find a sample for this study. A snowball sampling of current grandparents in a support group and their cohorts assured that at least some level of services were being accessed. This study consisted of a short quantitative measure to gather demographic information. A qualitative interview consisting of 11 questions followed the survey. The survey contained eight basic questions to gain a better understanding of the population. The interview questions were based on previous literature and the aim of the current study. Interview questions were ordered in such a way as to funnel the participant's answers toward the research question (See Appendix B).

Population

Grandparents with the following qualifications were selected for participation: (a) The grandparents must not have one or both of the grandchild(ren)'s parents residing with them. This exclusion is applied as added parental support has been shown as a variable in lessening depression and a change in well-being effects in grandmothers (Hayslip & Kaminski, 2005). (b) The child being raised is between six months old and up

to eighteen or not yet a graduate from high school, if receiving transitional services. (c) The grandchild needed to have been living with the grandparent for at least 6 months of time and (d) the grandparents must be accessing some type of services related to grandparents raising grandchildren.

A total of four grandparents and two great grandparents participated and completed the study. Ages ranged from 59 to 69 years old with a mean age of 64. Only one grandfather participated in the study. Five of the six grandparents were married or life-long partners. The other participant was divorced. All of the participants were Caucasian. The eight grandchildren being cared for ranged in age from four to 20 years old and most had been living with the grandparent for at least four years. Finally, three grandchildren are living informally with a grandparent while five have been legally adopted or have permanent custody with a grandparent.

Protection of Human Subjects

Prior to research taking place, the St. Catherine University Institutional Review Board approved the study. All participants in this study completed a consent form (Appendix C) preceding the start of the study. Content collected from the interviews were kept locked and was only accessible by the researcher and the supervising professor. No identifiable information was used in reporting and confidentiality was assured.

Data Collection

The instrument was developed based on questions posed in previous literature. Physical invitations along with email invites to participate in the study were sent out in March and interested parties were able to contact the researcher to schedule an interview.

Interviews then took place in April at either the participants' home, a support group meeting location or a convenient public setting such as a restaurant.

The survey is modeled after work by Gibson (2003) that looks specifically at barriers and lessons learned by grandmothers in kinship care. The study provides the basis for many of the questions about demographics as well as supporting some of the interview questions. A tape recorder was utilized to record the interview and for transcription purposes only. The tape was then erased after the final research was submitted for publication.

Data Analysis

Content analysis was used to analyze the interview data in order to discover patterns or themes. The researcher first transcribed the interview and then coded to provide further content validity; a research partner also coded the same transcript. The research partner completed a confidentiality agreement (Appendix D). Each researcher then compared patterns and themes with the other to ensure agreement or disagreement related to personal interpretation.

Results

Descriptive

Each of the grandparents in this study interacted with services that they found useful as they raised a grandchild. Some of the supports accessed were the same in several families while others were unique to current needs and accessibility. The themes regarding services utilized included a variety of formal and informal supports with the following being mentioned by grandparents: (a) reliance on experts, (b) counseling for mental health, (c) finding connections with others, (d) the use of family for respite care

and (e) struggles to find services that ‘fit’ for the family. In addition to these services, several additional themes came out through the research involving the experiences of these kinship caregivers. These beliefs and concerns impact how the grandchild is parented and they play an important role in how this relationship between generations is viewed. The thoughts and feelings themes discovered were: (a) parenting better the second time, (b) fear for the grandchild’s future, (c) feelings around abandonment and aloneness and (d) feelings of connection and joy. These honest expressions provide a further glimpse into the real day-to-day realities of being a grandparent raising a grandchild.

TABLE 1. Demographics of Kinship Grandparents (n = 6)

Categories	n
Relationship to Grandchild	
Grandparent	4
Great-Grandparent	2
Age	
55-59	2
60-65	1
66-70	3
Marital Status	
Single	1
Married/Partner	5
Divorced	0
Widowed	0

Categories	n
Education Some High School High School Diploma/GED Some College/Technical Training College Graduate Graduate or Post-Graduate Schooling	 0 2 1 2 1
Ethnicity Caucasian (Not Hispanic) African American Latin American Native American Middle Eastern Other (please specify)	 6 0 0 0 0 0
Number of Individuals Living in Household Two Three Four	 0 4 2
Number of Grandchildren Living in Household* One Two	 2 4* *Two grandparents are from the same family

Categories	n
Ages of Grandchildren	
Six months-four years	1
Five years-ten years	0
Eleven years-fifteen years	6
Fifteen years-twenty years	1
Months/Years Caring for Grandchild(ren)	
Six months-two years	1
Three years-five years	3
Six years-ten years	2
Eleven or more years	2

Themes Surrounding Services Utilized

Relying on experts. When grandparents find themselves parenting again, they discover that what may have worked for their children is no longer sufficient when trying to care for a grandchild. Changes are everywhere. They include new ways of communicating, increased technology and new dangers. However, with greater distractions, there is the possibility for greater opportunities. Grandparents are reaching out to others in order to navigate the changing world of parenting.

Many grandparents in this study relied on ‘experts’ in various fields to help facilitate services. Providers of advice and support included school counselors, pediatricians, foster parents and even younger parents. Offering guidance and a listening ear is beneficial for these grandparents.

A 59-year-old grandmother raising her 11-year-old grandson shared that she relied heavily on the boy's school for resources. The school recommended a mentoring program but that is the only service that had been utilized outside of mental health services. When asked about why she chose the mentoring program, she stated that, "I didn't. The school recommended it. I didn't know. I had no idea about any of it.... whatever they said, I just did." The school acted as the only resource for this family and it is clear that the grandmother would follow through with any recommendations they made for her grandson.

Also relying on professionals in public settings was a 66-year-old grandfather parenting two granddaughters ages 11 and 15. His family looked to the school for support and both girls had Individualized Education Plans (IEP) that set-up accommodations for the girls in the classroom in case they need them. However, these IEPs were the result of what he considers the most important support services other kinship caregivers can utilize. He asserted that grandparents need to, "make sure [the grandchild's] medical/psychological needs are being cared for- and get the right people. Just don't go to anybody." He expanded on this suggestion by stating that "...having a good pediatrician is important... that understands the situation and in terms of both in the diagnosis they do... or evaluation they do, any medications they prescribe. They need to understand the situation pretty deeply..." Finding a school or family doctor that is willing to take the time to fully understand the situation for the family as well as be the expert in situations where the grandparent is now provides a significant amount of support.

Foster parents and even younger parents who have children close in age to the grandchild can also be considered experts. A 59-year-old grandmother raising her 11-

year-old granddaughter and 13-year-old grandson after they were placed in foster care discussed keeping in touch with the foster parents while the grandchildren lived in the foster home and even after they came to live with her. She recalled the relationship and the foster parents mentioning that, “we’ve never had a grandparent that’s been so interested...” This interest in the lives of the grandchildren also translated into “a good relationship” between former foster care and the current kinship care. Forming connections with younger parents was also key for the grandmother who found support through her at-home daycare that “open[ed] up a new avenue of communication” with other parents and allowed her to “balance [her grandchildren’s] activities with input from younger parents on what kids like to do these days...” Finding relationships with others who may be more seasoned in certain areas can also bring about feelings of more confidence in a grandparent’s own ability to parent again.

Counseling. Grandchildren who find themselves in their grandparent’s care have experienced loss, feelings of abandonment or betrayal and sometimes even abuse. Many caregivers are left struggling with the emotions and feelings of their loved ones and turn to counseling for their grandchildren as a critical service. A total of five out of eight grandchildren were involved in some level of counseling or mental health services. Four of these five grandchildren did not have any contact with either biological parent. Feelings of being left alone or deserted, anger and even diagnoses of Post-Traumatic Stress Disorder (PTSD) and Attention Deficit Disorder (ADD) speak to the significant need for counseling services in these families.

The experience of loss and trauma can be challenging to address in a family. A grandparent recalled how a biological mother, though now out of the picture, continued

to impact an 11-year-old girl. He stated that, “the psychologist... says she definitely has a degree of Post-Traumatic Stress. That she suffered some trauma, she’s internalized that trauma and says that as a result... cognitively she’s above average, emotionally/developmentally she is at a four/five level.” Struggling with symptoms of PTSD also translates into the grandchild’s “need to be heard and it doesn’t matter whether she is interrupting you.” In response to this diagnosis, the grandparent stated that “it’s been challenging.”

It has also been challenging for a grandmother caring for her 13-year-old grandson who struggles with anger. She claimed: “I had a hard time with [the grandson].... He has a problem with anger.... He’s a hot-head and him and [my husband] can get into some pretty big shouting matches.” Counseling was accessed to attempt to work through the teenager’s anger and ease family tensions. Reaching out to the mental health community was imperative for most of the grandparents in this study.

Connections with others. Grandparents caring for their grandchildren can be in a foreign situation. Their friends may be empty-nesters and can’t relate, they may be struggling with health problems with their own parents or even themselves and activity levels may have decreased overtime. The participants in the study made it very clear about the importance of making friendships with others and reaching out to find support. These informal relationships were located in support groups, through sports the grandchild participated in or even the local Girl Scout troop.

Each of the grandparents in this study had attended at least one support group for grandparents raising grandchildren. For half the grandparents, this was considered useful. “Coming here [to the support groups] has been useful. Um, people here have been

useful.” Another 66-year-old grandmother taking care of her 15-year-old grandson and a 20-year-old grandson with developmental delays relied heavily on the support group explaining, “...you meet other people that have similar situations... I’ve talked to [the group facilitator] and she’s given me information about... legal service areas that I can contact for help.” This grandmother, in addition to the support group for her and counseling services for her grandsons discussed a relationship she had with another grandmother caring for her grandchildren after meeting in a support group. “...We found out we went to the same church so I see her every Sunday. I talk to her every Sunday and I get to know her kids, her grandkids... and we’ve socialized outside of [the support group], too.” Connecting with others through support groups is one of the many methods used by these participants to reach out.

Grandparents also discussed the benefit of organizations their grandchildren participated in actually supporting them. For a grandmother caring for her 11-year-old granddaughter, the girl’s Girl Scout troop had been positive. She stated that, “I’ve gotten some, a lot of sympathy... from [granddaughter’s] girl scout troop. The leader said, ‘...You have enough on your hands. Don’t even worry about volunteering for anything’, which is really nice.” For the troop leader to recognize the situation and remove some of the pressure was encouraging for this grandmother. The grandfather raising his two granddaughters also discussed how the grandchildren’s participation in organizations positively impacted his own experience saying, “it connects you with a lot more things that you wouldn’t connect with. I’ve got some friends because of that. Some church connections because of [the granddaughters]... just even sort of being active in young people’s lives and going to sports events...” The grandchildren have forced these

grandparents to reach out and befriend groups of people that they normally would not interact with.

Respite care and family members. Being a parent can be exhausting. Being a grandparent parenting again can be even more exhausting. Finding family members willing to lift some of the burden by providing short-term supervision and care for the grandchild allows for much needed respite. Several families shared how grateful they were to their family for willing to step in and help with childcare.

Temporary childcare for these kinship caregivers, when available, positively impacted the grandchild and the grandparent as evidenced by the participants in this study. For 65-year-old and 69-year-old partners and great grandmothers to a four-year-old girl, family is at the core of supports. Having daughters and granddaughters allowed for more family to reach out and help. Their daughter took the little girl one night each weekend and a different granddaughter also took the 4-year-old “every once in a while”. Both great-grandmothers expressed “how much we rely on [our daughter].” Besides respite with family members, they also depended heavily on Head Start and the YMCA as their only other services. Both of these organizations also included elements of respite care as the couple could have time for “a two hour date night.... even though we’re working out!”

Similarly, the grandfather of 11 and 15-year-old girls used family for respite and relationships for the girls. He mentioned that “our daughter and our son-in-law- their two kids are six and eight- they take both these girls regularly. They [the granddaughters] want to go over there...” Having a support system in place within the family was certainly of use to these caregivers.

Not finding a ‘fit’ for services. Participants in this study shared about the struggle of finding services that ‘fit’ with their family and its current needs. These challenges included location of services, feeling that your problems did not match with other grandparents utilizing the service and not knowing what other supports might be available.

Most of the interviews of participants took place in the outer suburbs of the metropolitan area and involved at least four different counties. This can translate into service-delivery issues. Location was found to be a stumbling block regarding reaching out for services. One grandparent suggested, “there’s nothing out here for us, unfortunately. You know, but it is, it’s a little difficult to get all the way in to Minneapolis all the time, too... not that we don’t need [services].” Even if services are available locally, they may not feel appropriate or comfortable to everyone. A grandmother caring for her teenage grandson stopped attending a support group after one visit claiming that “it was just so loose and people just wandered in late. I didn’t really get much out of it because a lot of the moms were African American and the problems that they had were different...” As the interview continued, she mentioned that she prefers “real concrete solutions” that are more likely to be “very practical having to do with passing on clothing, food ideas, um game ideas.” Finding an appropriate ‘fit’ can be difficult for grandparents.

The grandparents in this study shared about what services they found beneficial. All six participants pointed to the need for connections with others. Whether these connections are formal and involve professionals or informal relationships with family, friends or co-workers, reaching out has helped these grandparents navigate parenting

again. However, even deeper than the supports on the exterior are the internal feelings about their situation and relationship with their grandchildren.

Thoughts and Feelings Themes

Positive feelings surrounding parenting again. It is rare to have a do-over in life, but kinship grandparents find themselves with this opportunity to raise a child again knowing far more than they did the first time around. For a few grandparents, a greater confidence in their ability to parent was described. Beliefs surrounding being a better parent can involve physical changes. One grandmother suggested that “I think I’m doing better than the first time around... I listen better to them...” Later in the interview, she discussed pulling previous parenting into the current situation to create ‘balance’.

“Realize that they’re [the grandchildren] are being pulled into the technology that we have but don’t forget about, you know, the old-fashioned fun that we used to have.”

Tying in previous parenting with parenting in the present was part of this family’s narrative. The grandfather with two granddaughters in his care also shared the belief that he was a better parent the second-time around concluding, “I think as a grandparent you are wiser. You’re almost more hands-on but it takes a lot of energy. Learning from the past can sometimes make the present easier as these grandparents believed. However, sometimes knowing the past can also bring about worries regarding the future.

Fear for grandchild’s future. The theme of fear shows itself in the narrations of grandparents who are challenged by sharing information about a parent, coping with a grandchild’s mental illness or seeking help with troubled behavior. Four grandparents worried about delinquency, criminal activity and homelessness if situations were not handled delicately.

One of the grandmothers discussed the dilemma surrounding who should tell her grandson that the man he thinks is his father actually isn't. The grandmother wanted to tell the boy when he was ten-years-old but the biological mother wanted to wait. She feared about waiting too long and shared that "we finally decided to tell him because, you know, kids should know and now he is 13... Better to be honest with him now... because if you tell them when they are 14, 15-years-old, they're angry anyway." She was concerned about his future identity as it relates to his biological parents.

For other grandparents, there are even greater concerns for their grandchildren. For one grandparent whose granddaughter was diagnosed with a mental illness, his fear was about what the future may hold. He asserted that "if [her mental illness] comes out at age 13, you've got a big problem... it would be a mess... because at that point now they're 13, now they're 15 and they're running away." While he did not control the actions of his granddaughter, he was concerned about what can happen after having a difficult childhood.

The final example of the theme of fear for a grandchild was seen in a 66-year-old single grandmother who did not have legal custody of her teenage grandson. She struggles with finding and accessing services due to her custodial status and expressed frustrations with the system. She shared her reality by observing that "I don't have any formal legal authority to do anything for this kid... It was just like they didn't care. They really need to [care], because if they don't, they are going to have kids getting into the criminal justice system or becoming homeless themselves." Her anxiety extended beyond her grandson and the child protection and police that she believed failed her. It reached to the other grandparents struggling to provide and protect their grandchildren without

possessing the legal authority to influence change. This impression of abandonment by the system is mimicked in other areas as well.

Abandonment by family members. Unfortunately for some grandparents, finding family members to support and uplift can be difficult and this theme of abandonment and aloneness is felt in a few families. There are two families where this issue greatly impacted the experience of being supported and cared for by family.

A single grandmother of two grandsons discussed the need to search out additional services after family shared their opinions of her decision to take in the boys. She shared that “I had some people in my life that, it’s like, ‘why did you take your grandchild in.’ You know, the family members don’t... understand why you’d do that. And they’ve been very cruel about it.” During the interview, she also shared that “I’m by myself.... I have had no break from them whatsoever.” Leaning on support groups and a few friends eased some of the burden but the cruelty of family member’s actions could be difficult to get past.

This theme surfaced multiple times during the interview with a grandmother who took her grandchildren after the foster family could no longer take care of them. As adoption became more likely, she was asked by the county about her support system. This grandmother shares that “it was really disappointing... because... one of the questions the county asked me is, ‘do you think you have support within your family?’ I said definitely.” Coming from a large family with thirteen other siblings, it was her belief that they would stop in and help. She then discussed the initial reactions from her family as the adoption continued. She claims she felt “isolated because a lot of my family members, their reactions were: ‘you’re doing what? I don’t think you should do it. I think

it's too much.' And knowing me, that I am prone to depression, she was probably right.”

The adoption and subsequent lack of family support only made the situation more difficult for this grandmother who continued to “...feel their disapproval. That they thought I wasn't doing the right thing and that I couldn't handle it. I felt pretty alone...” This lack of confidence drove this grandmother to reach out to others, including young parents and locate practical supports using the internet.

For any parent who feels unsupported or looked down on, it can be difficult to find other outlets or positive experiences. For grandparents picking up the parenting later in a child's life when the biological parents are unable to, they face an even more difficult battle when they are judged for the action of the child or viewed as incapable of taking over care. Thankfully, many grandparents had found outlets and experienced positivity or happiness as a result of taking over the care of their grandchild.

Unexpected feelings of joy and connection. Finding joy in what can be a very difficult, draining and chaotic experience for kinship caregivers and it is not always a matter of just bringing order to the home or removing a child from a bad situation. It is intentional as one grandparent points out. “How do you find some joy out of [negative chaos]? You should try to.... Not just focus on how do you manage the situation, how do you find joy in the situation and bring joy back into your life?” Each participant in the study admitted that they had hoped they wouldn't have to parent their grandchildren but each also found positives from the experience. For a handful of grandparents, the bond and ever-changing relationship that blooms over the years brought happiness. For others, it was a reminder to look at the world through the eyes of a child.

Providing for his grandchildren brought happiness to one grandfather's life. He shared that the "fact that you can take these children... and provide for them in a way that a child should be provided for- in a way that that child would not be provided for if you weren't there, that gives... joy." Addressing the needs of family was suggested as a generator of pleasure and a source of bonding.

Reciprocally, grandchildren could also be the source of a grandparent's positive feelings of delight. For a grandmother with a teenage boy, seeing his progress in school and in life was her highlight. She also discussed his maturity and better behavior. Maturity also generates positivity for a grandmother who didn't believe she would ever be raising her grandchildren. She expressed that as this 13-year-old continued to grow-up, he was "getting more interesting to talk to because he comes up with these ideas that are pretty adult." Small acts of kindness by grandchildren also provided pleasure as they "love doing things for us" and are "very very generous... even though [they] haven't had a lot in their lives". These compassionate gestures left one grandmother to state that they are "a reason to keep going and be positive".

Finally, using children as a guide to finding happiness was also described by caregivers. One great grandmother talked about looking at the world "through the eyes of a child... they see leaves on the trees that you have forgotten about....it's like we forgot caring about this somewhere along the line. I probably shouldn't have." Grandchildren, in their innocence, were able to bring to life perspectives that were lost along the way by grandparents.

Raising children in the 21st century can be a source of fear and concern, but it can also bring about feelings of pride and positivity. Kinship caregivers had much to say

about their experience when given the platform to share. The services and themes discovered in this study provided a voice for those who may not otherwise have the opportunity to share with the community.

Discussion

The four grandparents and two great grandparents in this study shared the positives and negatives within their experience of raising grandchildren. Many of the findings support previous literature as well as add to the knowledge base. In addition to the services and themes discovered, strengths and limitations of the study also impact application to further studies involving kinship caregivers.

Grandparents in this study discussed a variety of services they have come to depend on with their grandchildren. For many of them, most of the services focused on helping the grandchildren. The 2006 study by Gerard, Landry-Meyer and Roe mirrors many of the supports services described in this study including: kinship navigators/mentors, support groups, counseling services for grandchildren, formal children services and medical clinics. However, a striking difference in this study is the lack of counseling services being utilized by grandparents. Some of the participants may be receiving mental health services and chose not to share, but few participants discussed finding support personally outside of informal support groups, friends or respite care.

In addition to the findings of this study lining up with Gerard, Landry-Meyer and Roe's work, it also overlaps with research conducted by Leder, Grinsted and Torres (2007) in which the researchers sought to discover what services were of emotional benefit to grandparents specifically. Both the previous research and the current study included support groups. However, while the 2007 study found support groups to be

beneficial for four out of five grandparents, the findings in the study did not have as many grandparents involved in these services. Only half of those interviewed stated that they found support groups beneficial. In addition to support groups, finding emotional benefit from knowing others were in a similar situation is the hallmark of both studies. The results of this study support the use of connections as a service and finding joy through reaching out to others is also a theme. With two previous studies clearly supporting the use of services that were discovered through this study, what is available to grandparents and what they continue to access has changed little overtime and the services continue to be valuable.

Grandparents who were interviewed for this research also complimented findings of previous researchers regarding educational challenges for their grandchildren, concerns financially and increased physical health concerns. However, a surprising discovery in the study is the challenges many grandparents have faced with finding support from family and friends. Past research regarding barriers to obtaining services for grandparents has not included the difficulties of judgment and disapproval from individuals close to the caregiver. Typically, it has been access to documents that biological parents have retained, difficulties with service providers and how they handle situations or financial or legal challenges regarding obtaining custody. The grandparents in this study who faced harsh criticism from relatives suggest the need for more positive discussions about kinship caregiving. It may also suggest the need for personal counseling for the grandparent to cope with these negative interactions and to find encouragement in their situation. Finally, with family members disapproving of the situation and not being willing to step-in and provide short-term breaks for grandparents,

offering respite care or access to times of reprieve may be a shift that needs to occur in the service delivery for these kinship caregivers. This topic is certainly one that should be further studied in regards to creating a positive outcome for grandparent and grandchild.

Along with the struggle of family and friends not believing in the ability of a grandparent to care for their grandchild or refuse to provide breaks, the theme of fear for the grandchild's future is also striking. Previous literature did not explore fears of grandparents for their grandchildren. While many of these fears about their grandchild falling into similar situations as biological parents such as drugs, criminal activity or homelessness are unlikely to occur, they obviously are thought about enough for them to have come out in the interviews. An outlet to share fears, dismiss irrational thoughts and find resources to prevent these concerns from becoming reality many need to be incorporated in support services. A future study involving the fears of kinship caregivers would provide additional valuable insight into why and how these fears materialize and can be challenged.

The themes of parenting better the second time and feelings of joy and connection from the relationship are positive outcomes and also tie back to the research. Hayslip and Kaminski (2005) reviewed literature involving grandparents raising grandchildren and discovered that this experience could be "inherently rewarding as grandparents can enjoy an especially close relationship with their custodial grandchild." The study also looked at having a "second chance" to parent. There are many lessons to be learned from the opportunity to care for grandchildren that may not otherwise be a part of a normal grandparent-grandchild relationship.

Strengths and Limitations

This study has strengths and limitations that need to be considered when reviewing the results. The grandparents in this study were very forthright in sharing their experiences. Their honesty and vulnerability illustrates the ups and downs of being a grandparent caring for a grandchild. Both grandparents and the service providers benefit from this openness. Grandparents are the experts to their situation and can bring new and important insights and ideas to those in the service delivery role that then benefit from having a fuller and cleaner picture how what grandparents are looking and asking for. Targeting formal supports rather than assuming or generalizing what may work best is a positive contribution gained from this research.

Limitations of this study are linked to recruitment and small number of participants. While there is diversity in individual experiences and several counties were represented in the research, grandparents did not match many of the demographics of the previous literature. They were all Caucasian and most were married. Many were also employed and college educated. Additionally, recruitment using a specific service agency affects who is available to participate. Finally, email communication became an important recruitment tool and this technology does not always reach the generation these grandparents are from. Any future similar research should take these limitations into consideration when recruiting.

Implications on Social Work Practice

Social workers can and are involved in many of the service delivery areas that provide the much needed support for grandparents raising their grandchildren. However, the results of this study point out the gaps that social workers can attempt to fill in. The

profession is uniquely positioned to impact the numerous facets of the grandparent and grandchild's life. Social workers in social service agencies, schools and medical settings can reach out to the grandparent who relies solely on the recommendations of her grandson's school, the grandfather intrinsically linked to the expertise of medical professionals and the great grandmother who wants to use services but can't access due to location.

A fundamental role in the field of social work is challenging barriers and advocating for system change. The kinship caregivers in this study pointed out several areas in which changes still occur to improve the system. The grandmother who relied solely on the recommendations of her grandson's school is one area where simple education for the social workers that are already present in the school can be of benefit. Each school employs a social worker or mental health worker at least part of the week. Providing information in districts about different resources for kinship caregivers and even any caregiver regarding other supports services like counseling, groups, classes, organizations and respite care can dramatically alter the isolation and dependence of grandparents. This study involved grandparents who were connected with several counties and even a few different states. A common challenge was the lack of continuity between counties and services available as well as the accessibility of child protection workers. Unfortunately, the amount of cases in rural versus urban counties is dramatically different, but the challenge for the social work profession is to still be present and as available as possible for clients. It is also notable that a significant portion of grandparents have informal custody, they are not in contact with child protection or

government supports. The profession may need to advocate for change to allow for more interactions and supports for these families without legal custody.

In addition to advocating for system changes, there are also several areas in which barriers can be challenged, especially as it relates to informal arrangements. A grandparent discussed the troubles he faced obtaining Medicare for his granddaughter because he had assets. The county initially refused his petition, but an outside agency intervened and insisted that he could not be denied the financial support simply due to his holdings. Applying for a grandchild's health insurance was also an issue for some caregivers. Finally, a grandmother spoke about how her daughter received child support for several months even though the child was being informally cared for by her. These barriers are imbedded in the policies of the government and working to ensure that all children, regardless of their living situation have access to financial aid and health care should be taken up as a crusade by social workers.

Ultimately, social work comes down to encouraging the self-determination and strengths of grandparents. As the study points out, several grandparents were considered incapable of parenting by some of their closest family and friends. However, they were able to look past these doubts and concerns and embrace the role of parent again. Not every grandparent is going to make that decision for themselves. As a social worker, walking a grandparent through this life-altering decision to come to a conclusion that is best for the grandparent is the goal. These kinship caregivers have much to offer by way of wisdom and understanding. Social workers also have the responsibility to help identify and bring out the strengths of each grandparent. Being present in both formal agencies and more informal situations such as community and resource centers can match kinship

caregivers with social workers ready to help encourage grandparents to find their way in the ever-changing world of parenting.

Conclusion

A grandparent in this study astutely posed the question that all grandparents taking over parenting ask: “how do you do all of the things you should do in the context of being a grandparent?” This is the conundrum for millions of grandparents. Over the past few decades, kinship caregiving has blossomed into the premier form of foster care for children who are no longer able to live with their parents. For many of these families, grandparents are choosing to take over the primary care of grandchildren in spite of several challenges. This study sought to discover what services are being accessed and which have been most beneficial. The findings indicated that many of the services available for these families are being accessed and continue to prove valuable. However, as situations and policies continue to change, services need to follow suit. This study suggests looking further into respite care options as well as working to address the fears that grandparents have for their grandchildren repeating the actions of their parents. Social workers have the ability to challenge systems and policies and work closely with grandparents to increase the positive outcomes for these families. Nevertheless, grandparents have positive feelings about their role as parent declaring that “it is a major commitment but so worthwhile” and that their grandchild “is finally in a secure place to live.” Commitment and caring for the needs of a loved one can facilitate the ability to overlook the difficulties and aim for a better life experience for grandparent and grandchild.

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Appendix A

Are you a grandparent helping to raise at least one of your grandchildren?

Are you using services to receive support?

Would you like to share your experience with others concerned about support services?

If so, please consider being a part of a study about kinship caregiving and the views of grandparents about support services.

The purpose of the study is to determine what grandparents view as the most beneficial support services available in raising grandchildren. The study consists of a short questionnaire to better understand who is in the household and an in-person interview conducted by the researcher that includes eleven questions and should take approximately 45 minutes to complete.

Requirements for participation include:

- Grandparents that have at least one grandchild living full time in the household for at least six months
- The grandchild's biological parents must not be living in the home with the grandchild
- Grandparents must be accessing services related to grandparents raising grandchildren
- Grandchildren must be between the ages of six months and 18 years old or not yet a high school graduate

If interested in participating in the research study, please contact the researcher, Kaitlin Barrett (763-228-6284), by Monday, April 22nd to arrange for an in-person interview or to answer any questions about the study. The Researcher is a graduate student in the Master's Degree Program in Social Work at St. Kate's/St. Thomas. The interview will take place at a convenient location for the participant.

Disclaimer: Participation in this study will not affect services received by Lutheran Social Services or any other agency. This research is being completed as part of the graduation requirements for completion of a Masters in Social Work through St. Thomas/St. Catherine University and is being supervised by faculty.

Appendix B

Voices of Grandparents Instrument

K. Barrett

QUESTIONNAIRE

1. Age
2. Ethnicity
 - Caucasian (not Hispanic)
 - African American
 - Latin American
 - Native American
 - Middle Eastern
 - Other (please specify)
3. Marital Status
 - Married
 - Divorced
 - Single (never married)
 - Widowed
4. Level of Education
 - Some High School
 - High School Diploma or GED
 - Some College/Technical Training
 - College Graduate
 - Graduate or Post Graduate Schooling
5. Number of individuals living in household
6. Number of grandchildren currently living in household
7. Age(s) of grandchild(ren)
8. Months and/or years caring for grandchild(ren)

INTERVIEW QUESTIONS

1. What circumstances led to your current living arrangement with your grandchild(ren)
2. Is this arrangement informal or do you have formal legal custody?
3. What have been the greatest challenges you have encountered as a grandparent caring for a grandchild?
4. What have been the greatest joys you have encountered as a grandparent caring for a grandchild?
5. What services have you utilized in the past?
6. What services are you currently utilizing?
7. Why have you chosen these supports?
8. Which of these supports have been most beneficial to your living arrangement?
9. Are the services you seek out or have used primarily benefited you or your grandchild(ren)?
10. If you could recommend one support service to another grandparent in a similar situation, what would it be and why?
11. Is there anything else you would like to share about being a grandparent raising a grandchild?

Appendix C

The Voices of Grandparents: Views on Support Services When Raising Grandchildren

INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating what services grandparents utilize when raising their grandchildren and what supports have been beneficial to their situation. This study is being conducted by Kaitlin Barrett, a graduate student at St. Catherine University under the supervision of Pa Der Vang, Ph.D., a faculty member in the Department of Social Work. You were selected as a possible participant in this research because you are a grandparent raising a grandchild, currently attend a support group and do not have the grandchild's biological parent(s) present in the home. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to determine what support services kinship grandparents (grandparents raising grandchildren) utilize and which of these services are viewed as most beneficial/helpful in raising their grandchild and taking care of themselves. Approximately 10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to complete a short form asking about basic demographics and information. This will be followed up immediately with an interview that looks into what services have been used and how they have been positive or negative. This study will take approximately 45 minutes to one hour and includes only one session. The session will be audio-taped and transcribed for accuracy. A short debriefing will occur after the interview and additional support can be found in the grandparent support group.

Risks and Benefits of being in the study:

The study has minimal risks. First, there is the possible invasion of privacy of the participant and/or their family. Second, probing for personal or sensitive information in the survey or interview may occur. Participants will be asked to share about their family and the circumstances surrounding their current childcare arrangement. Participants will be able to skip questions during the interview if they feel uncomfortable sharing. Many of the participants will be recruited from a support group for kinship caregivers and they will be able to continue to receive support from the agency after this interview.

There are not any direct benefits to this study but participants may discover sharing their story is cathartic and helpful personally.

Compensation:

Participants will not be compensated for their time.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable.

I will keep the research results and taped recording of the interview in a locked file cabinet in my home and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 20th, 2013. I will then destroy all original reports, taped interview and identifying information that can be linked back to you.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with Lutheran Social Services or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, Kaitlin Barrett, at 763-228-6284. You may ask questions now, or if you have any additional questions later, the faculty advisor, (Pa Der Vang, 651-690-8647), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at 651-690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study and I agree to be audio-taped.

Signature of Participant

Date

Signature of Researcher

Date

Appendix D

Confidentiality Agreement

I, the undersigned, agree to keep in strict confidence the information contained in the research interviews performed by Kaitlin Barrett, MSW student at St. Thomas/St. Kate's. I will hold to the professional ethics of my profession and only use the information to assist in coding and finding themes for the current study: The Voices of Grandparents: Views on Support Services When Raising Grandchildren.

Signature of Research Partner

Date

Signature of Researcher

Date

Appendix E

October 20th, 2012

To Whom It May Concern:

I am writing to acknowledge our agency's support of Kaitlin Barrett's clinical research project: *Voices of Grandparents: A Perspective of Supports*. I give Ms. Barrett permission to conduct research with grandparents utilizing our agency's support groups by inviting them to participate in individual face-to-face interviews. Support group facilitators will pass out flyers for participates which will include the researcher's contact information and directions regarding how to be a part of the study. Ms. Barrett will use the research to gain insight into what support services offered to grandparents are considered the most beneficial.

I understand that Ms. Barrett's procedure to maintain our clients' safety and confidentiality will include a participant consent form to be signed at the interview. In addition, I understand that Ms. Barrett will be keeping forms, audio-taped interviews, transcriptions and coding material in a locked file cabinet and will destroy all identifying material after the completion of the research project which will occur on May 21st, 2013. I understand that our clients will make their own decisions regarding being in the study, and I also acknowledge that clients' participation in this study will not affect their participation in the support groups.

I understand that this study will not proceed until it has been approved by a clinical research committee and the Institutional Review Board at St. Catherine University. I am aware that this research is part of her clinical research paper which will be published and presented on May, 21st, 2013. All reports of this research will be done in a manner that protects the confidentiality of the participants and this agency.

I understand that there are no anticipated risks to our agency and that risk to study participants is minimal, including only negative thoughts or feelings regarding the caregiving arrangement or process. Study participants can address these concerns in support group or with agency staff. I understand that expected benefits include an increase in knowledge of practitioners who work with grandparents raising grandchildren.