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**THE GRANDPARENT-RAISING-GRANDCHILDREN
PHENOMENON IN MICHIGAN**

by

Linda Gail Kimball

**A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Public Administration
School of Public Affairs and Administration**

**Western Michigan University
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THE GRANDPARENT-RAISING-GRANDCHILDREN PHENOMENON IN MICHIGAN

Linda Gail Kimball, D.P.A.

Western Michigan University, 2001

Role theory, specifically the incongruous and time-disordered role fit confronted by grandparent caregivers, provides the theoretical basis for this inductive qualitative research study.

A cohort of thirty-five grandparent caregivers, predominantly White, middle-income, older and married, participated in this study. Also included were seven leaders of support groups for grandparents responsible for raising their grandchildren.

Instrumentation included 23 questions to elicit demographic information from the grandparent caregiver. Additionally, the grandparents and the support group leaders responded to a set of focused questions designed to identify (a) the issues facing grandparents who are primary caregivers for their grandchildren, (b) the implications for public policy initiatives that the grandparent-as-caregiver phenomenon brings, and (c) what role state government should play in this phenomenon.

The findings indicate grandparent caregivers were motivated to parent their grandchildren from a strong sense of family values. The transition from grandparent-to-parent was emotionally draining. The grandparents perceived that community programs and services for them and their grandchildren were limited and not easily accessed. Support groups and "church-family" were regarded as invaluable. Respite

services, which are largely non-existent, and free legal help ranked high among services the grandparent caregiver perceived as desirable. Guardianship laws were not perceived to adequately address the needs of either the caregivers or their grandchildren. Finally, the grandparent caregiver role was often cited as the cause of strained relations with family members and others.

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I would like to express my appreciation to the grandparent-caregivers and to the leaders of Grandparents-Raising-Grandchildren Support Groups who participated in the interview process. Without their help, none of the research would have been possible. They gave of their time and entrusted their stories to me out of a concern for other grandparent-caregivers as well as future grandparents who may one day find themselves in this role. I have learned much from this study, but first and foremost, how lucky Michigan is to have such caring individuals among its grandparent-caregivers, concerned with raising youngsters who will become productive and contributing members of society. Moreover, Michigan is also fortunate to have such a dedicated group of support group leaders who take their responsibility seriously, and who carry out their duties with such professionalism.

I hope this study provides insights on this amazing phenomenon that will lead to further research in the area.

Linda Gail Kimball

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CHAPTER I

INTRODUCTION

This is a qualitative study using a phenomenological approach that examines grandparents-raising-grandchildren. The study contributes to an understanding of the issues specific to grandparent caregivers in Michigan. Literature relating to the broader topic of kinship care provides a conceptual framework for identifying issues that result from caring for a grandchild and factors that impact the utilization of services intended to aid both the caregiver as well as the grandchild.

This study of Michigan grandparents raising their grandchildren involves the review of state agency records, along with interviews and observations. Examined is the chronology of the Michigan grandparent caregiver experience. Interviews are conducted with both grandparent caregivers and those who lead grandparent caregiver support groups. Observations are recorded of the grandparent caregivers in their homes, at work and at support group meetings.

Chapter II provides a full discussion of the purposes and significance of the study, addressing the three core questions defining the study:

1. What are the issues facing grandparents who are primary caregivers for their grandchildren?
2. What implications for public policy initiatives does the grandparent-as-caregiver phenomenon have?

3. What role should state government play in the grandparent-raising-grandchildren phenomenon?

Chapter III provides a snapshot of the grandparent-raising-grandchildren phenomenon, taking into consideration what precipitated the assumption of care, informal versus formal arrangements, the challenges facing the caregiver, health issues and other problems, the child's experience, and key events uncovered in state government's approach to the grandparent caregiver phenomenon.

Chapter IV focuses on a review of the literature and background materials from three separate perspectives, that of Michigan's experience, outside Michigan's boundaries and from the theoretical framework grounding this study, namely role theory.

Chapter V describes the methodology and the sources that were used, including almost 2,000 pages of transcripts from the interviews that formed the foundation for analysis. Also included in this section is a discussion of the research design, the rationale for conducting interviews, data collection and analysis procedures.

The core of the study are Chapters VI and VII, which present the demographic findings of this sample, along with the findings from the interviews of key informants.

In Chapter VIII, a summary and conclusions about the research are offered, including a discussion of the study's limitations, and recommendations for further inquiry based upon ideas that emerged from the Michigan-based research.

Chapter IX provides a set of recommendations for consideration by state

policy-makers and others with an eye towards practical solutions for complicated problems.

The Appendices include a list of definitions, instrumentation, the interview guide, recruitment letter and script for use with leaders of grandparents-raising-grandchildren support groups. The bibliography follows.

CHAPTER II

THE OBJECTIVES AND VALUE OF THE STUDY

Purpose and Significance

The purpose of this qualitative and exploratory study is to examine the issues that face Michigan grandparents who, for a variety of reasons; are now the primary caregiver of one or more of their grandchildren. This study seeks to better understand the experiences of these caregivers. More specifically, it is intended to investigate what issues are facing grandparent caregivers, what the implications are for state public policy initiatives that the grandparent-as-caregiver phenomenon brings and what role state government should play in this arena.

The phenomenon of grandparents raising their grandchildren falls within the parameters of kinship care studies. The task of parenting the second time around for grandparents is not, however, identical to that of an aunt, for example, raising her niece. Though often found to be in their early to mid-fifties (Chalfie, 1994; Fuller-Thomson, Minkler, & Driver, 1997), grandparent caregivers may be living on a fixed income, battling chronic health conditions or plagued by difficulties brought on by an incongruous role fit. Frequently they must put their own needs on a back burner to ensure that the grandchild does not go without basic necessities.

Further, kinship care studies most often focus on children who have been removed from their parents' care by the state and placed with relatives as "foster

care/kinship care" parents. Because many grandparents assume the care of these children long before the state takes custody of them, many cases of grandparents parenting their grandchildren are not represented in studies of kinship care families. Most states, Michigan included, do not acknowledge informal kinship care families.

This study is significant in that it focuses on both formal and informal relationships between grandparent caregivers and their grandchildren. It will contribute to the body of existing knowledge of the grandparent-as-caregiver phenomenon in Michigan and hopefully will be of assistance to policy-makers in state government.

Theoretical Framework of the Research

A study of grandparents-raising-grandchildren and its implications for policy-making on the part of state government could use various theoretical frameworks such as generativity in later life, social supports, family systems theory, or ethnic studies. Role theory was selected as the anchor for this research since grandparent caregivers often find themselves at odds with their own sense of role fit.

Study after study points to the notion that grandparents raising grandchildren have problems different from those of parents raising children. This becomes even more pronounced for the older grandparent caregiver who does not easily fit the mold of the typical parent, or that of the typical grandparent. This study draws on the work of several researchers. Landry-Meyer (1999b), Pinson-Millburn, Fabian, Schlossberg, and Pyle (1996), and Selzer (1976) assert that many of the problems that grandparent caregivers face evolve from the grandparents' incongruous role fit,

albeit, an outgrowth of time-disordered roles. In the 21st century people generally think of themselves as beyond the notion of age-appropriate roles, when in reality many have some predetermined picture of what the role of parenting is about, as well as what the role of grandparenting is about. When the natural progression of these roles is altered, as in the grandparent caregiver phenomenon, there is a marked separation in the way in which the life cycle progresses, increasing stress levels (Burton & Bengtson, 1995; Landry-Meyer, 1999a; Minkler & Roe, 1993).

The concept of the family life cycle is one of adapting to accepted behaviors for each family member along the life cycle continuum. As individuals mature, these roles change. The expected role for adults, generally starting in their fifties, is to experience the empty nest stage with "junior" off to college. Grandparenthood generally follows with the child's marriage and subsequent birth of one or more grandchildren. The activities of the grandparent caregiver present the surrogate parent with a life cycle that is out of the norm, that does not provide role expectations and that is often viewed as unacceptable by society. This divergence from normal role expectations for being a grandparent often causes internal conflict for the grandparent caregiver and confusion on the part of family and friends (Jendrek, 1993; Minkler, Roe & Robertson-Beckley, 1994). Many are simply uncertain about how such caregivers should be treated.

David Larsen (1990), reporting in an AARP publication, underscores the level of discomfort that grandparent caregivers often feel. Grandparent caregiver Barbara Kirkland remarked:

Friends whose kids are in college don't understand when they phone and you have to put them on hold while you get Tommy a glass of water. Or, they'll call you at 6 o'clock and invite you over, not realizing it's too late for you to get a sitter or that you're too tired to make the effort. (Larsen, 1990, p. 34)

Another grandparent caregiver, Johnnie Mae Short, a surrogate parent to three grandchildren said, "other older people don't want to see you come around with little kids. They don't stop being your friends—they just don't have you over like they used to" (Larsen, 1990, p. 34).

Several researchers (Chalfie, 1994; Fuller-Thomson et al., 1997) contend that incongruence of roles often finds grandparent caregivers on the outside of the circle looking in because they do not fit any stereotype, resulting in increased stress. They are either too young to receive traditional "aging" services or too old for services targeted to young parents (Landry-Meyer, 1999b). Or, the grandparent caregiver does not fit in because agency eligibility requirements are directed to "traditional family and guardianship situations..."(McCallion, Janicki, Grant-Griffin & Kolomer, 2000, p. 78). Whether the grandparent caregiver adjusts to the role is often influenced by their age at the time the caregiving begins, their own belief system and what has transpired in the past relative to their caregiving responsibilities (Landry-Meyer, 1999a).

As Marianne Takas points out in Kinship Care and Family Preservation: Options for States in Legal and Policy Development (1994), the child welfare system has not adjusted to the new paradigm of grandparents as parents. The plight of Mona and Terrence's grandmother, as described by Takas, underscores this all too common theme:

Mona, age seven and Terrence, age 6, entered agency custody due to parental neglect. Their grandmother wished to care for them and appeared suitable, but the only accommodations she could offer was a double sleeper couch in her living room. Agency regulations specify that children's bedrooms must be used exclusively as bedrooms and require a separate bedroom and bed for opposite sex children age six and older.

Takas says that in this case and similar instances, most states would deny the biological grandparent legal status because rules cannot be bent. She suggests that applicable state laws may not be suited to supporting an extended family role. Rather than making families change in order to conform to the rules, she states it is the system that is in need of changing (Takas, 1994).

Joslin and Brouard (1995) add to this notion of an incongruous role fit that is evident in agencies that plan for the grandparent caregiver family. They say health and social service agencies must address both the older adult and the child at state and local levels. The focus is often on the child's medical needs. Little thought is given to the chronic illnesses and stress of the caregiver, something that is often more pronounced with older grandparents raising their grandchildren.

In summary, the objective of this study was to add to the growing body of knowledge of the grandparent caregiver experience in Michigan, but to do so in ways that would illumine state public policy implications for the grandparent raising grandchildren phenomenon. The value of this study is that it sheds new light on the needs of the older grandparent caregiver who is often at cross-purposes with conflicting roles—that of parent and grandparent.

CHAPTER III

OVERVIEW OF THE GRANDPARENT-AS-PARENT PHENOMENON

According to the U.S. Department of Commerce (July 1, 1999) Michigan has a total of 2,448,546 children ages 0-17, of whom 114,472 are grandchildren living in their grandparent's household (Bryson & Casper, 1999, GP-1). This means that 4.7 percent of the children in Michigan under the age of 18 are being raised by a grandparent. This figure is believed to be lower than the actual percentage because the grandparent-raising-grandchildren phenomenon is under-reported. This same reference showed that Michigan ranked 29 out of 50 states in terms of the number of children reportedly being raised in grandparent-headed households, and was eight-tenths of a percentage point off the national average (5.5 percent) for children living in such households.

It is significant to note that in skipped generation households (comprised mostly of grandparents), an estimated 8,550 Michigan residents age 60 and older are raising an estimated 7,172 children between the ages of 0-17 (Wang, 1995). The Census 2000 included a multi-part question addressing the issue of grandparent caregivers. Data, however, are not expected to be available until 2001.

To a state government with a finite budget available for solving a myriad of problems, these statistics may not seem compelling enough to warrant the allocation of resources to grandparents in this situation. In truth, the majority of grandparent

caregivers nationwide do not receive financial assistance for raising their grandchildren (Chalfie, 1994; Woodworth, 1996). Only six percent of middle-aged and older adult grandparent caregivers nationally are reported to receive child support payments. This population represents the poorest of all types of nontraditional households studied by researchers, with 41 percent being either near-poor or living below the poverty level (Chalfie, 1994).

The consensus among organizations that advocate for grandparent caregiver families is that if grandparents were unwilling to take on the upbringing of their grandchildren, communities and society in general would pay a costly financial and emotional price. State government would be left to assume child-rearing expenses, and taxpayers would likely be the ones shouldering this responsibility (American Public Human Services Association, 2001; Grand Parent Again, 2001; GrandsPlace, 2001; Welfare Information Network, 2001). Further, national studies suggest that children in kinship settings appear to suffer less psychological trauma from separation and attachment and fare better physically than children in foster care (Solomon & Marx, 1995). Doucette-Dudman and LaCure (1996) claim:

Grandparents have a few things going for them that you cannot train into foster care providers or pay residential staff to do. Grandparents love their grandchildren. They offer children connections, roots and belonging. They think their grandchildren are the best things to come along since sliced bread--better. Ask them. (pp. 82-83)

Joslin and Brouard (1995, p. 400) state, "parenting by older relatives represents a valuable national resource that can help prevent children from entering the foster care system with all its tragedy and cost."

Research on the grandparent-raising-grandchildren phenomenon is increasingly becoming available in the literature. Robertson (1977) says that, overall, current research in this subject area "evokes considerable interest and speculation...but few facts exist to verify most of the speculation" (p. 165). The basic demographic picture of this phenomenon, according to Aldous (1995), is scant.

While some research has been conducted or is being conducted with an eye to policy implications in Michigan, such research is spotty at best. Aside from ongoing work by researchers at Michigan State University's School of Social Work, some interesting pilot programs and workshops conducted principally by faculty from Western Michigan University's Department of Family and Consumer Science, and some archival studies by faculty at the School of Nursing, Grand Valley State University, rigorous research efforts in the area of grandparent caregivers are lacking. Much remains to be uncovered to improve understanding of the issues facing grandparent caregivers and, hence, the framework for public policy decisions that could impact caregivers and taxpayers alike.

There is no evidence that this phenomenon is on the wane. The demands for service on social service agencies, mental health agencies and the courts, continue. In short, greater insight into the characteristics of grandparent caregiver families is called for in order to develop policies that will resonate with their needs. As research in this field gains momentum, it is expected that new avenues for further study will open. Some of those avenues will undoubtedly focus on the effectiveness of parenting classes used by the grandparent caregiver, the impact of respite care

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services on grandparent caregiver households and the financial impact that caring for a grandchild places on the household. The consensus among writers in this field (Solomon & Marx, 1995; Takas, 1994) is that policies that support rather than penalize these vulnerable families are needed. Without broadening the scope of understanding, such policy development may be limited, if not shortsighted.

Background of the Grandparent-Caregiver

Elena Vasquez writes in a *MetroTimes* (Detroit) article (October 2-8, 1996):

Robbie and Clarence Fennell, at ages 59 and 78, never envisioned themselves changing diapers and mixing Similac as a part of retirement. When the couple met while working at the Detroit Athletic Club, they were already middle age. They married in 1988 with intentions of traveling to 'enjoy the fruits of their labor.' But those plans went to the wayside...when Robbie's daughter was sent to prison leaving her with temporary custody of her grandchildren: three girls and a three-month old boy who Robbie's daughter had found in a crack house, abandoned by his mother.

The Fennell's experience is much more common than people realize. While grandparents often have risen to the occasion to assist with caregiving when a parent died, the grandparents-raising-grandchildren phenomenon has grown significantly for a variety of other reasons. This study addresses this phenomenon in Michigan. Various public policy issues are discussed.

This phenomenon has grown steadily since the latter part of the 20th century. In 1970, about three percent of youngsters under age 18 lived with grandparent caregivers. By 1998, this figure had risen to 5.6 percent (Lugalia, 1998). The largest growth was noted between 1980 and 1990 with a 44 percent increase (Jendrek, 1993; Roe & Minkler, 1998-99). Other studies point to one in every ten grandparents

having raised a grandchild for at least six months (Fuller-Thomson et al., 1997).

Divorce, teen pregnancy, the rapid growth in single-parent households, the AIDS epidemic, child abuse and neglect, homelessness, poverty, incarceration, mental illness, the death of one or more parents and welfare reform have been cited in the literature as reasons why grandparents assume a parental surrogate role (Barnhill, 1996; Burton, 1992; deToledo & Brown, 1995; Jendrek, 1993; Minkler & Roe, 1993; Minkler, Berrick & Needell, 1999; Ohio Grandparents Raising Grandchildren Task Force, 1999). Drug abuse, however, heads the list as a causal factor. Extensive research into the negative impact of drugs on families suggests that many children are touched by drug abuse before birth (Barth, 1991) and that the effects of drug abuse extend beyond the individual abusing the drugs to family members (Feig, 1990).

Joslin and Brouard (1995) predict that:

the projected number of children who will be orphaned due to...substance abuse indicates that future pediatric health programs in poor urban communities will serve growing numbers of families in which an older person, most likely a woman, will be the surrogate parent. (p. 400)

A glimpse at some prison statistics shows how drug abuse is rooted in the grandparent raising grandchildren phenomenon. Over half the children of imprisoned mothers in the U.S. are living with their grandparents (Greenfield & Minor-Harper, 1994). The number of incarcerated women in state prisons "grew 75% from yearend 1986 to yearend 1991, reaching 39,000 by June 1991" (Greenfield & Minor-Harper, 1994, p. 1). Two-thirds of these women were mothers of children under age 18, and collectively, they were mothers to more than 56,000 children (Greenfield & Minor-Harper, 1994). Women serving a sentence for drug offenses accounted for more than

half of the increase in women incarcerated in state prisons between 1986 and 1991 (Greenfield & Minor-Harper, 1994).

The reasons are often complex for why grandparents are raising a grandchild. The child may become a ward of the state due to parental neglect, but the neglect, for example, may be linked to alcoholism. Or, the parent may be unable to find employment and, impoverished, relinquishes the parenting responsibility to their own parent(s).

Informal and Formal Arrangements

Many grandparents become caregivers to their grandchildren through formal arrangements. A durable power of attorney may be executed by the parent, or another form of guardianship may be sought by the grandparent caregiver through the court. This allows the caregiver to assume long-term care without termination of parental rights. Or, in Michigan, grandparents may seek adoption of the grandchild or pursue becoming a Kinship Care/Foster Care Parent through the Michigan Family Independence Agency, formerly the Michigan Department of Social Services.

Other grandparents become caregivers through informal arrangements with their adult child. There are no statistics for grandparents raising grandchildren in informal arrangements. Nor does the state maintain a record on how many of these children are being raised by grandparents through some form of guardianship. Furthermore, because of the way in which data are collected the number of children who are in licensed kinship care/foster care homes is not available, although nationally,

approximately two-thirds of kinship caregivers are reported to be grandparents raising a grandchild (U.S. Department of Health & Human Services, 1997). State statistics, thus, do not provide a meaningful picture of the grandparent caregiver phenomenon.

A Snapshot of Grandparent Caregivers

A study commissioned by the American Association of Retired Persons in 1994 surveyed 479 grandparent caregiver records (AARP, 1994) and provides a snapshot of grandparent caregivers. Forty percent of callers to the Grandparent Information Center in Washington, D.C. had annual incomes of less than \$20,000. Half of the callers were living on fixed incomes. The average age of the caller was 55. Inquiries came from all parts of the U.S. and from both urban and rural areas. The majority of callers cited a case of substance abuse on the part of the adult children as the reason why the grandparents had assumed the caregiving role. Almost half had been in the parenting mode for more than two years. About one-third of callers indicated they had been caring for the grandchild for less than 12 months. Most of the grandchildren were reported to be between the ages of five and eleven.

Renee S. Woodworth (1996), former director of the Grandparent Information Center, says that AARP's analysis revealed that most grandparent caregivers were receiving "limited, if any assistance...and that most [did] not know...what [was] available or where to look for help" (p. 628). A significant 64 percent indicated they were not accessing state affiliated programs or services.

The most frequently requested item from grandparent caregivers contacting the Center was information about support groups. "Grandparent caregivers want to talk with, and seek advice from, other grandparents who are living similar lives," reports Woodworth (1996, p. 629). A subsequent study of the center conducted by AARP in 1997 showed that the income for almost a third of the callers was less than \$20,000, down from forty percent three years earlier, but that one-fifth of the callers earned more than \$50,000 annually. The mean age of the caller had increased to 58, up from 55 as defined in 1994.

A study involving 6,307 surveys of Ohio grandparents raising grandchildren, commissioned by the Ohio General Assembly (Ohio Grandparents Raising Grandchildren Task Force, 1999), revealed that 99 percent of the grandparents surveyed had never joined or attended a grandparent support group. However, 60 percent saw utility in the existence of such groups.

According to data from the March, 1992 Current Population Survey, an annual survey conducted by the U.S. Bureau of the Census, 68 percent (375,714) of grandparent caregivers are White, 29 percent (157,178) African-American, 10 percent (56,820) Hispanic, 2 percent (11,843) Asian/Pacific Islander, and 1 percent (6,289) American Indian (Saluter, 1992). African-American grandchildren have been found to be three times more likely to live with grandparents than their White counterparts (Caputo, 2000; Giarruso, Silverstein, & Bengston, 1996). The reason for this disproportionate representation of African-Americans among grandparent caregivers is rooted in a long tradition of caregiving that spans the generations in African-

American families and which is typically seen in West African culture (Fuller-Thomson et al., 1997). In addition to being African-American, other vulnerability factors for becoming a grandparent caregiver include being female, younger and a high school drop-out (Minkler & Fuller-Thomson, 2000). Families maintained by White grandparents are more likely to have both grandmother and grandfather present compared with African-American grandparents where the grandmother alone is more likely to be the caregiver. Slightly more than half of families of Hispanic origin are maintained by both grandparents (Saluter, 1992). Also, the greater number of adult children, the greater likelihood there is for providing care to a grandchild (Baydar & Brooks-Gunn, 1998).

Challenges Facing Grandparent Caregivers

National studies point to a number of challenges identified by grandparent caregivers. These include financial strain, social isolation, and alienation. In her book, Unplanned Parenthood--The Confessions of a Seventysomething Surrogate Mother, Liz Carpenter (1994) relays through her own experience why parenting in her seventies has been stressful and why, she surmises, it is stressful for others. She also discusses how issues of finances, social isolation, and alienation have affected her personally in this role as a surrogate parent.

A Texas journalist and one-time staff member to President Lyndon Johnson and his wife Lady Bird, Carpenter took on the role of surrogate parent at age seventy to three teen-age children. While technically she was an aunt to these children and

not a grandmother, her book is noteworthy in review of the grandparent-raising-grandchildren phenomenon because, given her age, it discusses many of the same issues faced by older adults raising youngsters. Here was an older woman aware that her energy level was on the wane. As she says, if her brother had asked her to take the children when she was fifty, it would have:

been bad enough. But I was seventy, with one bosom gone, one deaf ear, a swollen arthritic ankle, and the weakest bladder in Travis County. Even with my deep sorrow for my brother's plight and my sympathy for the teenagers...I had a sinking feeling inside that I was being overtaken. (Carpenter, 1994, p. 26)

Like many grandparents confronted by a similar situation, regardless of their own age or causal factor, Carpenter did what she believed was the right thing to do. She took on the role of surrogate parent because the children needed her. In adding to this snapshot of the grandparent caregiver, Carpenter's situation is a reminder that not all surrogate parents are impoverished or uneducated, but regardless of their backgrounds, they endure many of the same stressors.

Health Issues

Grandparent caregivers often suffer from increased incidences of depression, lack of sleep, and hypertension as well as back problems, stomach disorders, and other conditions attributed to the demands of their new role (Miller, 1991). Many grandparents trivialize the severity of their health problems in an effort to assure that state officials do not see these health problems as a deterrent to raising the children (Minkler & Roe, 1996). Earlier studies (Burton, 1992) found that caring for

grandchildren as a surrogate parent increased stress levels for grandparents, "with 86 percent of the 60 grandparents in the study reporting feeling depressed or anxious most of the time" (p. 749). Many grandparents want to remain active with their grandchildren but are restricted by age-related illness or low-energy levels and, when they fear their health is deteriorating, this causes emotional stress because of a lack of finances, time, or energy to follow-up on suspicious symptoms (Poe, 1992). Many grandparents are raising grandchildren with physical or emotional problems and this often translates to greater distress for the grandparent caregiver (Emick & Hayslip, Jr., 1999). "The presence of a grandchild with a developmental disability...is likely to add to the stresses experienced by grandparent carers" (McCallion et al., 2000, p. 59).

Other Problems

Grandparent caregivers face other isolated problems as well. A grandparent, without legal custody of the grandchild(ren), may have difficulty enrolling the children in school if the parent lives in a different district. Many private insurance companies refuse to cover grandchildren in the care of a grandparent. Finally, many grandparents are overwhelmed by the complicated maze of paperwork that accompanies their attempt to secure services and assistance for children in their care.

The Child's Experience

The children's ability to thrive under grandparent-headed households has

generated a mixed bag of findings. Their health may improve, but their academic performance is not on par with those children raised by biological parents. Solomon and Marx (1995), referenced in "To Grandmother's House We Go": Health and School Adjustment of Children Raised Solely by Grandparents, suggested these children have done well: "In terms of health status, children raised by grandparents [do] quite well relative to children in all other family structures" (pp. 389-390). Children in nuclear families, with two biological parents, however, it should be noted, were more successful academically than children in grandparent families. The work of Edwards (1998) substantiates the academic findings. Based on an intervention program with Broward County Florida public schools, the grandchildren studied in this school district, who were being raised by grandparent caregivers, had more psychological and academic problems in the classroom. They also scored lower in reading and math compared with students being raised by their biological parents. Sawyer and Dubowitz (1994) found similar evidence.

There is another issue facing the child, says Bloomfield Hills teacher Jill Lewis (Burk, 2000):

I've had students who don't relay the invitation to certain events because they are embarrassed about the circumstances under which their grandparents have custody. If the reason is due to parent's neglect, drug abuse or incarceration, the child is more hesitant to have the grandparent attend functions because their mere presence lends itself to questions that the child may have to publicly answer. (p. 33)

A Chronological Backdrop

Michigan is not without history in exploring the issue of grandparents raising

grandchildren. In 1995, working with the State Demographer, the state Office of Services to the Aging (OSA) developed a treatise on Grandparents Rearing Their Grandchildren, based on "Skipped Generation Households."

Although, as the demographer stated, "such households typically include a grandparent and a grandchild, other degrees of relationship are also represented" (Wang, 1995, p. 1). The demographer found that:

- There were a total of 15,722 persons identified living in skipped generation households in Michigan; 7,172 of these people were in the 00-17 age group and 8,550 were in the 60+ age group. Forty percent of the 60+ were in the 60-64 age range and 30 percent were in the 65-69 age range.
- In terms of the highest level of education completed, nearly 60 percent of the 60+ in skipped-generation households had not completed high school, and another 26 percent had no formal education beyond a high school diploma. Only 4 percent had attained a bachelor's degree or higher.
- Of the 8,550 age 60+ persons in skipped generation households, 61 percent were female and 39 percent male. As a group, 59 percent of the 60+ skipped generation households were currently married, 24 percent were widowed, 9 percent were divorced, 3 percent were separated (includes those married but not living together) and 5 percent had never been married. From this data it was determined that approximately 41 percent of the 60+ persons in skipped generation households were raising their grandchildren alone. The data suggested the majority of grandparent caregivers were women who, typically, it should be noted, receive lower Social Security benefits and smaller, if any, pension benefits.
- Within the 60+ skipped-generation households there were virtually equal percentages of Non-Hispanic Whites (48 percent) and Non-Hispanic Blacks (48.2 percent) in each category. Two percent of the 60+ persons in skipped generation households were of Hispanic origin (Hispanics can be of any race, and they are included in each of the other races as well as reported separately). One percent were Native Americans and less than one percent were Asian/Pacific Islanders.
- A total of 21 percent of the persons in skipped-generation households received Public Assistance. Public assistance income includes Supplemental Security Income (SSI) payments made by federal or state welfare

agencies to low-income persons who are 65 years or over, blind, or disabled; Aid to Families with Dependent Children (AFDC); and General Assistance. (Wang, 1995, pp. 1-2)

In 1996 Lieutenant Governor Connie Binsfeld's Commission on Children spearheaded legislation outlining 197 recommendations for improving conditions for abused and neglected children. Twenty-one bills, incorporating 63 of these recommendations, were passed and signed into law, confirming a greater awareness of the role of grandparent caregiver (Bowler, 2000).

In September of 2000, a phone interview conducted with Sabrenah Baker with the Wayne County Department of the Family Independence Agency (FIA) revealed the particulars for a Kinship Pilot Project that was to begin in October of 2000 within three districts of Wayne County FIA. The Project, as described by Ms. Baker, is to provide those families receiving Ineligible Grants (or more commonly known as child-only grants) equal to that of the current shelter rates. In other words, those grandparent caregiver families that have been receiving approximately \$99 monthly would be receiving approximately \$279, although she did say this would not be \$279 for each subsequent child being raised by the grandparent, but rather, a portion thereof. The project is being run for two years and includes 400 families in the sample. The intent, she said, is to also include what are called wrap-around services that can provide greater support to the families in need.

Reviewing data provided by the Michigan Family Independence Agency, records indicate that between 1/1/2000 and 2/8/2000

- There were 19,317 open cases of children in Michigan under jurisdiction of court-ordered supervision by the Family Living Independence Agency

(Family Independence Agency, Children Services Management Information System Monthly Report #CY-091). Of this number 5,973 were children in kinship care/foster parent living arrangements, which likely included grandparents-raising-grandchildren.

- Forty-four children were living under a court-approved guardianship, which may, or may not, have included grandparents raising grandchildren.
- For the year 1999 there were 747 children who, as permanent state wards, were adopted by a relative. This number does not differentiate by type of relative. It could include grandparents, aunts, uncles and other blood relatives. This number also does not reflect if the children who were adopted by kin had been living in the adoptees' homes previous to the adoption or if they were in foster care with non-relatives. (Statistics provided by S. Ranville, Michigan Family Independence Agency, March, 2000)

It is very difficult to determine accurately how many grandparents are raising grandchildren in Michigan. State officials suspect there are more informal arrangements than formal ones when it comes to this phenomenon. Within the child welfare system, grandparent caregivers are included as part of the relative care or kinship care category. Relative care placements are not necessarily considered as 'out of home' placements. Therefore, information on the numbers and needs of these families may not be accurately represented through state government statistics. Because grandparent caregivers often feel isolated and ashamed that they fail to raise adults capable of their own parenting, accuracy of the numbers of such families as reported through the U.S. Census Bureau is suspect.

In summary, while Michigan is positioned slightly above the norm for states with grandchildren being raised by their grandparents, the estimated number of grandparent caregiver households without the biological parent residing in the home is fairly small in Michigan. Accurately determining how many grandparents provide

custodial care for their grandchildren is compromised by grandparents who provide such care informally, by those who may have legal status for their grandchildren but who choose not to report their parenting function on Census intake forms, and by state reporting requirements that do not delineate grandparent caregivers from kinship care/foster care parents or guardians in general.

As defined by the literature, the reasons why grandparents elect to raise their grandchildren, and the issues they and their grandchildren encounter, are not dissimilar from state to state. Nonetheless, many avenues still remain for exploring the unique characteristics of the grandparent raising grandchildren phenomenon in Michigan as well as nationally.

CHAPTER IV

REVIEW OF RELATED LITERATURE AND BACKGROUND MATERIALS

This chapter reviews related literature and background materials starting with an examination of Michigan-based research, moving to studies undertaken outside Michigan's boundaries and concluding with the seminal work by researchers on role theory.

Michigan

Michigan has several research endeavors into the grandparents-raising-grandchildren phenomenon. Academic institutions, state government, private, non-profit agencies, and a number of public/private collaborative bodies under the state's Strong Families/Safe Children initiative have all played a role in furthering the understanding of the issues facing these non-traditional families. The number of such studies, however, has been limited. The literature review that follows captures the essence of a number of activities that have taken place to date aimed, in large part, at securing basic services and information needed by grandparent caregivers, as well as aiding these individuals in feeling better about their role as a caregiver. Literature available on this topic primarily addresses the issue from a prescriptive vantage point, i.e., studies exist that detail the issues faced by grandparents, that profile the "typical" grandparent in this situation, or that provide statistics about the ethnicity, gender,

and/or financial status of grandparents and grandchildren. Studies also exist that describe programs or partnerships that have been successfully employed in individual communities or by specific organizations to address the problems that surround this phenomenon.

Collaborative Efforts

Faculty at Western Michigan University, in collaboration with other state agencies and organizations, have devoted years to creating, assessing, and publishing information and advice that can be used by concerned groups to help grandparents better parent their grandchildren and, thereby, enhance the lives of thousands of young children in southwest Michigan.

In Skipped Generation Parents: Building Collaborative Partnerships to Support Custodial Grandparents, authors Andrea B. Smith and Linda Dannison (2000) discuss a unique partnership formed between the authors (Western Michigan University faculty) and Kalamazoo County, Michigan Extension. This partnership evolved into a curricular resource for grandparent caregivers, Second Time Around--Grandparents Raising Grandchildren: A Curriculum for Grandparent Support Groups, now in its fifth printing. The curriculum contains eight chapters, from understanding the grandparent caregiver role to planning for the future.

Discussion during a meeting of a Kalamazoo County Strong Families/Safe Children Coordinating Council (comprised of agency representatives and consumers) focused on grandparent caregivers in the spring of 1995.

This discussion led to one of the Council members, the County Extension Director, conducting focus groups of grandparent caregivers on educational topics being considered for inclusion at support group meetings for custodial parents. Data from the focus groups enabled the development of an eight-week pilot program for grandparent caregivers funded by the Department of Social Services (DSS), now Family Independence Agency. The sessions were forged as a partnership between local DSS staff and WMU Family Life Educational faculty. The grandparents were also questioned about what topics were of interest to them in addition to the ones covered in the focus group sessions.

The pilot program (Grandparents as Second Parents Workshop) was evaluated using criteria that gauged the grandparents' satisfaction with each session's offering, effectiveness of the facilitator and the amount of learning that took place. From an analysis of this evaluation and additional ideas for topics offered by the grandparent caregivers, development of a curriculum resource for use with grandparent caregivers support groups ensued.

A Curriculum Design Team accountable to a 22-member Project Advisory Committee, developed the final version of the curriculum. The curriculum was also pilot tested with two grandparent caregiver support groups, one located in a rural area, the other in an urban setting. The partnership was successful because of the active involvement of grandparent caregivers, use of a Design Team with expertise from a variety of disciplines, and the commitment and participation of a diverse Advisory Committee.

The pilot support group of custodial parents was also described by Dannison, Smith and Tammi Vacha-Haase (1999) in Grandparents as Parents: An Ecological Approach to Programming. This article provided a more in-depth examination of the Grandparents as Second Parents Workshop. The authors relayed that psycho-educational as well as other supportive services benefiting grandparent caregivers in a congregate setting are made possible, in part, from being able to share similar experiences.

Ten grandparents attended the eight sessions, meeting for two hours per session. Attendees were limited to grandmothers although grandfathers had been invited. The sessions were led by a clinical social worker and a graduate student from the University's Family Studies program. Child care and transportation to and from sessions enabled greater participation. The workshops supported the curriculum's future development.

A discussion of the eight-week sessions in terms of their effectiveness as an approach with grandparent caregivers is reviewed by these same authors Vacha-Haase, Ness, Dannison, and Smith (2000) in Grandparents Raising Grandchildren: A Psychoeducational Group Approach. Also co-authoring this work was Carin M. Ness, an intern at the University Counseling Service, University of Iowa.

Authors Smith, Dannison and Vacha-Haase (1998) also reviewed strategies for classroom teachers about the many students being raised by a grandparent in When "Grandma" is "Mom". These authors say teachers need to become aware of the fears these children often experience, as well as their embarrassment over their

different living situations. At times the children being raised by grandparents show anger or tremendous guilt. With a greater awareness of the grandparents raising grandchildren phenomenon on the part of teachers, educators can be more helpful to the child and the grandparent.

Additionally, the child's adjustment at school can be eased by such sensitivity. The home-school connection, they conclude, is even more important for grandparent caregivers than it is for more traditional families. Finally, the authors underscore the pivotal role teachers can play in advocating for students from grandparent caregiver households. Teachers can make a difference in the children's level of self-esteem, can encourage counseling when it appears warranted, and keep the lines of communication open. Teachers can also make a difference in the lives of grandparent caregivers by offering them encouragement, by seeking their participation at school activities, and by acknowledging the important role they are providing.

A Private-Non-Profit's Findings

Grandparents United: Intergenerational Development Education by LaNeice Jones and Jerutha Kennedy (1996) profiled a study of grandparent caregivers seeking services through Neighborhood Service Organization, a private, non-profit social service agency in Detroit. This five-year pilot program for intergenerational families funded by the Skillman Foundation, was initiated in July of 1992. At completion of the five-year program, continued funding was received through the Heron Foundation and subsequently through the Michigan Family Independence Agency and the Detroit

Area Agency on Aging to expand the program in Wayne County.

The examination of this population, according to the authors, was propelled by a custodial grandparent in 1989 seeking a food referral through their agency for three grandchildren in her care. The children's mother had died of a drug overdose. The father had been found to be neglectful of the children and spent money, given to him by the grandmother, on drugs, rather than on the intended items to care for the children.

The authors' examination revealed that where they assumed the phenomenon was close to five percent of the population they served, upon closer examination of their clients, it was actually closer to 20 percent. According to 1990 Michigan statistics for Wayne County, 59,975 grandchildren were living in households headed by their grandparents. At the time this article was published (Jones & Kennedy, 1996), the pilot program was in its fifth year and was meeting its objectives of reducing caregiver stress and enhancing the self-esteem of intergenerational families.

Approximately 10 percent of the referrals made to this project were from probate court judges during guardianship hearings; 25 percent by protective services and social workers; 20 percent by other agencies; 10 percent by friends and/or relatives and 35 percent by grandparents themselves.

Grandparents eligible for project services were defined through a needs assessment process addressing such issues as "transportation, child care, legal aid, crisis intervention, counseling, health care, economic support, government support, legal assistance, housing, social isolation and problems in rearing high-risk children"

(Jones & Kennedy, 1996, pp. 640-641). Once approved to be served by the project, families received training and education on substance abuse, violence prevention, and other topics through individual counseling and weekly group seminars.

Approximately 30 families were involved in the project in the first two years. The curriculum expanded to include information on parenting, stress management, physical, sexual, and child abuse, grief and loss, health and nutrition, and conflict resolution. The grandparents' involvement with the project averaged between 16 to 18 months. When the curriculum was completed, families graduated to alumni status. Alumni were encouraged to continue their participation by assisting other intergenerational families through peer support and mentoring. They were also encouraged to attend monthly meetings to ensure a successful transition.

During the third year of programming, there were 44 families with 130 children enrolled in the project; another 30 families were on a waiting list. By September of 1995 (year four), 36 families were actively involved, including 20 alumni grandparents who met monthly in a support group. Most of these participants, according to the authors, were African-American grandmothers parenting three or more grandchildren. The grandmothers ranged in age from 32 to 71. Family incomes were less than \$20,000 annually.

Sixty-seven percent of the grandparents reported excellent health at the outset of their participation, dropping to 58 percent when reassessed less than a year later. Twenty-two percent were widowed. The characteristics of participants in this project parallel the work of deToledo and Brown (1995) who noted reasons for children

being placed with grandparents were often parent neglect or abandonment, physical or sexual abuse, death of the parents by illness, accident or incarceration of the parent or mental illness.

At intake, approximately three-fourths of the children were under guardianships, were adopted, or were under legal custody of their grandparents. Five percent were working to establish a legal relationship; eight percent were working to return the grandchild to the parent.

A significant part of this project was the need to secure basic necessities for the participating families--help with utility bills, purchase food, furniture and appliances as well as housing needs.

Rather than a one or two week focus on substance abuse, the project's curriculum was changed, spending three months on codependency. This was necessary because of the high degree to which substance abuse affected the lives of these families.

A phone conversation with Crystal Cade White in May of 2000 revealed that, at present, the project serves seventy-five (75) families at two sites. This includes one hundred and ninety-nine (199) children. There are two weekly group meetings and a monthly alumni group meeting. The original design was to have grandparents in the program for two years and then to graduate them to alumni status. However, alumni continue to frequent the project sites weekly. A graduation for both sites was scheduled for July 2000. The outcome of this project has been the reduction of social isolation of grandparent families, provision of respite to grandparent caregivers, an

improved understanding of substance abuse, assistance in securing basic human needs including counseling, improved communication between grandparent caregivers and their grandchildren and improved physical fitness on the part of the grandparent caregivers.

Foundation-Funded Initiatives

News articles appearing in *The Detroit News* by reporter James Tobin (Oct. 11, 1995; Oct. 23, 1995) profile *The Grandparent Program* funded by the W. K. Kellogg Foundation. The program, as described, offered an eleven-session series to grandparents who have sole responsibility for raising their grandchildren as a result of substance abuse on the part of the biological parent. Mentioned was the program's content, which focused on sessions on how to control anger as a grandparent caregiver, how to establish rules for the grandchildren, and how to set goals for the grandparent caregiver so that their own identities are not lost. Sessions were offered at sites in Pontiac and Detroit. The sessions were led by researchers from Wayne State University. A follow-up phone call in March of this year to one of the sites referred to in this article was never returned. The phone numbers listed for the remaining sites no longer work.

A Federally-Funded Study

A three-year pilot *Kinship Care Project*, conducted by Eastern Michigan University (EMU) in concert with the Michigan Department of Social Services (now

called Family Independence Agency), began in 1992. It was funded by the *U.S. Administration for Children, Youth and Families*, and was intended "to promote permanence for children in kinship care by addressing systems barriers, and developing practice models and case planning and review mechanisms that support family continuity and that are culturally responsive" (Usher, Project Overview, 1992, p. 1).

This study was limited to four Southeastern Michigan counties where kinship care is used widely. The project afforded opportunities for EMU social work students and faculty field supervisors to have a field placement in Macomb, Oakland, Washtenaw or Wayne Department of Social Services Child Welfare Offices (DSS Interoffice Memorandum, March 6, 1996, p. 1). The students were teamed with foster care and adoption case managers and the faculty supervisors became members of the office's management team (DSS Interoffice Memorandum, March 6, 1996, p. 1).

The goals of the project included expanding permanency options in kinship care, implementing models for permanency practices, demonstrating methods of collaboration between agencies to assist these children, and developing better means of administering these cases (DSS Interoffice Memorandum, March 6, 1996, p. 1).

In this study 86 female children and 74 male children were studied. Fifty-four percent were African-American and forty-two percent were Caucasian. They ranged in age from less than one year to nineteen years (DSS Interoffice Memorandum, March 6, 1996, p. 3).

The mean age of the children was seven. Forty-three percent of the children in the project had special needs. The primary providers identified in the project were

grandparents (maternal 37%, paternal 10%) and maternal aunts (26%). Other kinds of relationships involved maternal uncles (5.2%), paternal aunts and uncles (5.8%), other relatives (3.8%) and fictive kin (2.6%) (DSS Interoffice Memorandum, March 6, 1996, p. 3). Fictive kin can be any non-blood relative that assumes the role of family.

Financial support most often provided to the children and families in this setting was in ranking order (high to low), AFDC (70.6%), Social Security (12.7%), Foster Care Payments (7%), State Ward Board and Care Funds (6.3%), and Adoption Subsidy Benefits (3.2%) (DSS Interoffice Memorandum, March 6, 1996, p. 4). The students worked with the families to access health and educational services, help with transportation needs, emergency financial support, respite and day care services, and advocacy. Students also made referrals to the community for assistance with housing needs, clothing and food, as well as recreational activities and counseling, (DSS Interoffice Memorandum, March 6, 1996, p. 4).

The relative placements among the kinship cases for the most part were found to be unlicensed (79.9%). Only 20% were currently licensed or in the process of being licensed for foster care. Sixty-seven percent of the children in kinship care settings had never been in a non-related foster care setting (DSS Interoffice Memorandum, March 6, 1996, p. 4).

At the point of final data collection, 63 of the active cases (75%) were still in the relative placement, 13 (15.5%) were with biological parents, 3 (3.6%) had been moved to institutional care settings and 1 (1.2%) had been moved to non-related foster

care. Twenty-nine (34.5%) of the cases noted active movement towards permanence without closure. In a number of these cases the court had been petitioned to terminate parental rights but the termination was not final. In some of the cases, the termination of rights was final and the case had been transferred to adoption. Nineteen (22.6%) of the cases noted a relative adoption in progress, 9 (10.7%) noted long term relative placement, 3 (3.6%) noted guardianship by relative and 1 (1.2%) noted emancipation of the child. In 23 (27.4%) of the cases there was no change in status, (DSS Interoffice Memorandum, March 6, 1996, p. 4).

As a result of this study, recommendations were made in the areas of training, family services policy, administrative procedures and legal options, (DSS Interoffice Memorandum, March 6, 1996, pp. 1-2 Final Recommendations). The Department subsequently instituted an implementation plan addressing the "appropriate and effective utilization of kin as a natural helping mechanism for children and families in their communities" (DSS Interoffice Memorandum, March 6, 1996, p. 5). Additionally, this work led to the present Kinship Care Pilot Project being evaluated in Wayne County by FIA (October, 2000).

Reflections on Kinship Care

While the Wayne County study is not an examination of grandparents-raising-grandchildren, it is included in the literature review because the sample was predominantly grandparent caregivers. Further, this study resulted in a redirection of policy on the part of state government, placing an emphasis on kinship care. Finally, it

points to a significant finding in that 43 percent of those children studied within the Project were identified as having learning disorders, requiring special education, medical and psychological services.

Earlier research on the use of kinship care in child welfare suggests that children in kinship placements remain in state custody longer than children placed in traditional foster care with non-related foster parents (Barth, 1992) and that children in kinship care are reunified with their parents at a slower rate than those placed in non-relative homes.

While the DSS Interoffice Memorandum referenced earlier states: "It is the intent of the Department to use these kin resources as a means to enhance the capacity of communities to support families" (Interoffice Memorandum, March 6, 1996, p. 5), social workers, according to anecdotal information obtained in informal conversations with grandparent caregivers, are often biased against grandparent placements because they believe grandparents are not always receptive to seeing the child reunited with the parent. Even many social workers and judges themselves readily admit their bias against grandparent placements feeling that, if there was a problem with the parent in the first place, putting a grandchild in the same environment where the parent was raised is just asking for trouble.

Anecdotal information (informal conversations with grandparent foster parents and staff at the Michigan Office of Services to the Aging) reveals that many grandparent caregivers feel pressured by state social workers (non-published interview with OSA staffer Bonnie Graham, March, 2000). And, while adoption indeed

provides children with a permanent home, it also has a negative effect. For those kin who choose to adopt without going through foster care placement, no subsidy is offered. Moving from a guardianship status to adopting grandchildren can, in some instances, actually cause the grandparent to lose money. Grandparent caregivers who are on fixed incomes and who would love to adopt their grandchild are not always in a position to do so financially. However, when state workers suggest that if the caregiver is not able to start adoption proceedings another placement may be forthcoming, grandparent caregivers experience acute anxiety (non-published interview with OSA staffer Bonnie Graham, March, 2000). Two grandparent caregiver families in this Michigan-based study spoke of feeling pressured to adopt under these circumstances.

Academic Studies

Kinship Care in Michigan—Creating Links To Sustain Families is a state-funded, one-year project that concluded in September of 2000. The project is being administered under the auspices of Michigan State University's School of Social Work through a state appropriation. The intent of this project is to serve as a foundation for continued research and services for relatives raising children in Michigan and to provide a set of recommendations to help strengthen existing policies while facilitating means for new policies. In tandem with this study, but through a separate funding source, this same department is currently overseeing the completion of interviews of grandparents raising grandchildren in an effort to better impact direct

services for the grandparent caregivers. A series of monographs, a statewide resource directory, and final reports are among the products that were projected to be available from these efforts late in September 2000 (Jones & Agbenyiga, 1999). The project also utilized an advisory board comprised of grandparent caregivers, policy-makers and others.

Another research endeavor has been the focus of professors in the School of Nursing at Grand Valley State University in Allendale, Michigan. Linda Nicholson-Grinstead and Sharon Leder, working with Susan Jensen and Linda Bond, did an archival study, *Children Raised by Grandparents: Stressors, Supports and Child Treatment Outcomes*, examining the mental health treatment records of 207 children raised by grandparent caregivers since 1983. The study was intended to examine treatment outcomes for children. The project began in 1998. This yet-to-be published study, according to Nicholson-Grinstead, had significant findings in three areas. Those children raised by two grandparent figures did better in treatment than children living in single parent households. Children in treatment begun at an early age responded better than those who began treatment when they were older. And those children who either had consistent contact with their biological father or no contact with the father responded better to treatment than those children whose father was involved sporadically in their lives. No difference in treatment was reported relative to the biological mother's contact with the children.

The Michigan Children's Trust Fund

There are multiple support groups for grandparents raising grandchildren throughout Michigan. The Midland/Gladwin Community Mental Health Strong Families/Safe Children Support Group was the only support group that received a grant through the Michigan Children's Trust Fund (1999-2000). The 1999-2000 grant is for \$2,216, intended for use in providing kinship caregivers skills to better parent and prevent problems with abuse and neglect. The target population is Gladwin County Kinship Caregiver Support Groups. Monthly support group meetings provide a forum for building peer support and exchanging ideas and information. A total of 16 families is expected to be served. The curriculum used for support group meetings is that of Kalamazoo County's Strong Families/Safe Children Program (The Michigan Children's Trust Fund, 1999/2000). Other support groups are funded through various sources, including foundation grants, and state and local dollars.

Legislative Involvement

Another form of recognition of this phenomenon in Michigan appears in House Bill 5154, introduced by Representative Doug Spade and numerous cosponsors. At the time of this writing (Fall, 2000), this bill was in Committee, but unable to secure a hearing by the Committee's chair. The bill is intended to give relative caregivers a voice in the legal system where it can be documented that a child has been living in the home of the caregiver for a set period of time. Up to this point,

grandparents who may have been caring for their grandchildren without legal standing were not recognized during court hearings. Grandparent caregivers in many areas of the state have advocated for this bill (Michigan House Bill No. 5154, introduced by State Representative Doug Spade et al., December, 1999).

Another bill, House Bill 4283, introduced by Representatives Hardman, Reeves, Rison, Garza and Daniel, would amend the Child Custody Act of 1970, allowing for what is in “the child’s best interest” to be redefined. Grandparent caregiver advocates believe this bill would assist grandparent caregivers seeking custody of their grandchildren (Michigan House Bill No. 4283, introduced by State Representative Hardman et al., February, 1999).

Regional Initiatives

Other investigations of the grandparent raising grandchildren phenomenon, albeit on a less formal scale, have included work by the I-B Area Agency on Aging (AAA I-B) located in Southfield, Michigan. The Area Agency on Aging I-B Advisory Council Ad Hoc Study Committee *Report on Grandparents Raising Grandchildren* (Nov., 1993) reflected the work of members (academicians, service providers, social service agency representatives, medical professionals, probate court, and grandparent caregivers) examining how existing organizations might meet the emerging needs of these families.

The Committee limited its investigation to grandparents age 60 and older raising their grandchildren in southeast Michigan before members came to realize that

most grandparent caregivers were younger than age 60 (Area Agency on Aging, 1993). Through a process of seeking testimony from various government agencies and grandparent caregivers themselves, the Committee determined that most grandparents in this situation need additional emotional support, information on child care benefits, parenting skill development, and legal assistance.

The Committee identified three barriers to the provision of services to older adults who are responsible for raising grandchildren: (1) limited public and professional awareness of grandparent caregivers' service needs and barriers; (2) limited targeted resources for program development initiatives to meet the growing needs of grandparent caregivers; and (3) a lack of formal advocacy efforts to encourage the expansion of funding and services for grandparents raising grandchildren (Area Agency on Aging, 1993).

The Committee offered recommendations to better coordinate services for this population, to seek additional information about grandparent caregivers through the U.S. Census, to develop materials giving a better understanding of dependent care relationships (guardianships, adoption, foster parenting) for use by the caregiver, and to promote advocacy that could result in fund-raising and greater awareness of the needs of this population (Area Agency on Aging, 1993).

State Office on Aging's Involvement

Dating as far back as July 1994, then Office of Services to the Aging (OSA) Director Diane Braunstein (July 1994) discussed The Family Preservation and

Family Support Act State Advisory Group, of which she was a member, noting that Aging had a vested interest in serving on this group because of the many grandparents who were raising their grandchildren. The director discussed a series of hearings spearheaded by the State's Families First Program, as well as a number of focus groups, intended to solicit comments on how services to vulnerable families could best be delivered. Braunstein pointed out that \$35 million in federal money slated for Michigan could be used for respite care to provide temporary relief for parents and other caregivers including foster parents. These monies were tied to the Omnibus Budget Reconciliation Act.

In December of 1994, Braunstein reported that 28 Michigan counties had sought to implement Family Preservation and Support Services Programs. Of particular interest here was the hope for better service supports for grandparents raising grandchildren, one of the expected outcomes from these initiatives. In this issue, grandparent caregivers in Michigan were profiled. A newly convened 40-member Advisory Council on Aging Grandparents as Parents Task Force was announced. The Task Force was called to make recommendations to the State Commission on Aging. This issue also included a list of Michigan Grandparents Rearing Grandchildren Programs/Support Groups.

In May of 1995, Director Braunstein reported on the work of the State Advisory Council's Task Force, showcasing its recommendation that would be sent with the Michigan delegation to the 1995 White House Conference on Aging. That recommendation was to: "Establish a unique legal status for families headed by a

grandparent caregiver that would afford them benefits available to Foster Care Providers and allow them to make decisions in the best interest of their grandchildren" (Grandparents as Parents - A Preliminary Report of the State Advisory Council on Aging, 1995, pp. 4-5). In part as a result of the strong advocacy role that the Michigan delegation played in Washington, D.C. at the White House Conference, a resolution was adopted on grandparent caregiving.

In keeping with the United Nation's designation of 1995 as the Year of the Grandparent, the OSA Director referenced the agency's plans to hold a special hearing at Senior Power Day that year in Lansing to encourage persons to testify on the topic of grandparents rearing grandchildren (Braunstein, 1995). Additionally, Braunstein was quoted in this same May 1995 issue of AIM:

Clearly, we must view grandparent-headed households as families in need of service. It is essential that all stakeholders in the family service network take responsibility and work collaboratively across the generations to ensure the future for each member of these families. This is a priority of the Office of Services to the Aging, and of the state Human Services Director. (p. 2)

In May of 1996, Acting Director Carol Parr discussed a newly issued report, *Systems Reform for Children and Their Families*, an outgrowth of the meetings between human service agencies and the Superintendent of Public Instruction. The report detailed plans for making the accessing of services more user-friendly and integrating services across systems, among others. Parr noted that 65 counties had now endorsed multi-purpose collaborative bodies and 17 were in the process of seeking an endorsement for their groups. No mention at this juncture, however, was made about how these entities or this report might impact the grandparent caregiver

population.

A call to Lori Ludington with the Family Independence Agency in March of 2000 revealed that 46 multi-purpose collaborative bodies have reported the delivery of services to kinship care families as was established for the collaboratives as one of their core goals. However, the level of services offered varies greatly between collaboratives. (Phone conversation documented with Family Independence Agency Staff, March 14, 2000).

In November of 1996 (Parr), the Office reported on seed grants awarded to two Michigan organizations by the Brookdale Foundation Group to expand services to grandparents or other relatives acting as surrogate parents. The grantees were Catholic Social Services of Ann Arbor and the Region IV Area Agency on Aging, based in St. Joseph. The office, during this same time frame, was named as one of five state units on aging to receive grant monies earmarked for expanding and developing a statewide network of Relatives as Parents Program (RAPP) projects in Michigan. As a result of this grant, the office was able to assist kinship care support groups, although on a somewhat limited basis. Since 1996, another two Michigan organizations, one in Macomb County, the other in Wayne County, have been recipients of Brookdale Foundation RAPP grants.

While Michigan is not lacking totally in programmatic information on grandparent caregivers, to date, practical assists for the grandparent caregiver, in large part, have been lacking. Much fertile ground remains to be uncovered for a greater understanding of the status and needs of grandparent caregivers and hence, the

framework for public policy decisions that will impact caregivers and non-caregivers alike.

Outside Michigan

While it is helpful to highlight significant markers in the evolution of the grandparent caregiver phenomenon in Michigan, something else can also be learned in looking beyond Michigan's geographic boundaries, even though this literature is in its infancy.

Demographic Information

A review of the literature provides demographic information, primarily from two sources: the 1990 Census Reports and self-reported surveys to the American Association of Retired Persons (AARP).

Elizabeth McConnell Heywood, in her literature review of Custodial Grandparents and Their Grandchildren (1999), cites the work of Ehrle & Day (1994) to suggest that custodial grandparent research of an investigative nature is a fairly recent event. Heywood says that the literature shows two types of grandparent-headed households, those in which at least one parent also resides in the home, and those in which only the grandparents and grandchildren are present (Heywood, 1999). She references Woodworth (1996) in stating that 1.35 million children in 841,000 households are being raised by grandparent-headed families where no parent is present.

While profiles of this population suggest that most grandparent caregivers are

Caucasian women, "the prevalence of grandparents raising their grandchildren is pronounced in African American families" (Heywood, 1999, p. 368) and particularly so for inner-city African American communities. "African-American children living with grandparents is a pattern of shared caregiving and coresidence" (Heywood, 1999, p. 368). African-American grandparent caregivers are more likely to be single, to have more grandchildren, to have more limitations in activities of daily living and to be depressed (Fuller-Thomson & Minkler, 2000). Single women, African-Americans and people with low-incomes are disproportionately represented as custodial grandparents (Fuller-Thomson et al., 1997).

Custodial grandparenting brings with it financial burdens. Custodial grandparents are reported as having a 60 percent greater likelihood of having incomes below the poverty level than non-custodial grandparents (Fuller-Thomson et al., 1997). Yet, it is ironic that in one year (1995) there was:

President Clinton lauding grandparent caregivers as a part of the International Year of the Grandparent, and the very next year [1996], funding for aid [to these caregivers] was contingent on going to work within two years of receiving aid, with a maximum lifetime payout limit of five years. (Heywood, 1999, p. 370).

Legal Problems

Legal problems are also well documented in the literature, from custody issues, to school enrollment, to day care, to obtaining routine medical and dental care, to the issue of simply paying the legal fees to obtain custody (Ehrle & Day, 1994; Samuel Sadin Institute on Law, 1997). Not all state departments of children and

family services aggressively recruit relatives to care for children in need of out-of-home placement (Wallace & Miner, 1998). According to the National Committee to Preserve Social Security and Medicare in *Grandparents' Guide to Navigating the Legal System* (1999), a grandparent's age and financial situation can also be a deterrent for a judge deciding who should have custody.

Emotional Difficulties

The emotional state of the grandparent caregiver is another dimension documented in the literature. "Custodial grandparents express feelings of personal loss, which include loss of their freedom, loss of their child, and loss of their peer group... These feelings combine with their own sense of guilt and questions about their ability to parent" (Ehrle & Day, 1994, p. 68).

A study by O'Reilly and Morrison (1993) of the therapeutic challenges facing grandparent-headed households suggested a need for the grandparents to resolve their anger targeted at their own children, anger that understandably stems from having children incapable of parenting. Such anger is also related to having limited income stretched, tasks so numerous that caregivers are overwhelmed and stress allied with custody disputes and issues of visitation over the grandchildren. The work of Stallings, Dunham, Gatz, Baker, and Bengtson (1997), however, suggested the emotional state of the grandparent has more to do with whether becoming a custodial caregiver was expected or unexpected. The work of Sands and Goldberg-Glen (2000), based on stress theory, found that there is a correlation between the grand-

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children's psychological and physical problems and the level of anxiety experienced by the grandparent caregiver. Daly and Glenwick (2000) in a study of 35 grandmother caregivers seeking outpatient services for their grandchildren, exhibited more evidence of depression, more negative perceptions of the child's behavior and were less satisfied with their parenting experience than other grandparent caregivers with grandchildren not referred for psychological services. Recent studies suggest that a lack of social support, family resources and poor physical health are factors that predispose the grandparent caregiver to psychological distress (Kelley, Whitley, Sipe & Yorker, 2000).

Grandchildren's Problems

Issues identified as problematic for the grandchildren are also complex. Depending on the factors that brought the child to the grandparent household in the first place, children have been found to have neurological disorders and developmental delays, feelings of loss and shame, guilt, isolation, emotional or psychiatric symptoms of depression, anxiety, or to be subject to victimization by other school children who perceive them as not fitting in (Pinson-Millburn et al., 1996). These problems often impact the mental state of the grandparent caregiver.

Support Groups

Another segment of the literature describes grandparents-raising-grandchildren support groups (Minkler et al., 1993; Vacha-Haase et al., 2000). While

this intervention is often suggested, research investigating the efficacy of such groups is not extensive. Reports from AARP (Woodworth, 1996) suggest that these groups are a real help to the grandparent caregiver, but Heywood (1999) says they are "often short-lived and poorly attended" (p. 370). Heywood further observes that when these groups are tied to social or mental health agencies, they fall short because funding does not exist for child-care or transportation to and from the support group site (Heywood, 1999; Minkler et al., 1993).

Self-Help Therapies

Another genre of literature is of a self-help nature. Books such as the one referenced earlier by deToledo & Brown (1995), Deborah Doucette-Dudman and Jeffrey LaCure's Raising Our Children's Children (1996), Carole B. Cox's Empowering Grandparents Raising Grandchildren (2000), and manuals developed by state agencies in Illinois (Starting points for grandparents raising grandchildren: A resource guide with information and services for grandparent caregivers, 1998, Summer), New York (The grandparents raising grandchildren book: Skipped generation family resource guide, 1995), Delaware (Grandparents raising and nurturing dependent children, May, 1997), Minnesota (Kinship caregiver resource manual, June, 1998), and Wisconsin (Grandparenting: A resource guide for Wisconsin grandparents seeking visitation rights or raising their grandchildren, 1995) offer the grandparent caregiver practical information for obtaining financial benefits, legal services, resources for children with special needs, counseling services, respite programs and

other forms of assistance. In particular, Doucette-Dudman's work, containing commentary by family therapist Dr. Jeffrey LaCure, offers perhaps one of the most realistic pictures of grandparent caregiving covering a wide scope of situations.

A Summary

A review of the literature outside the boundaries of Michigan reveals studies that are, in essence, demographic profiles of the grandparent caregiver, testimonies to the various issues grandparent caregivers encounter, psychological inquiries into the emotional state of the caregiver, interventions for custodial grandparenting, a look at ethnicity and the grandparent caregiver, an examination of grandparent caregivers raising grandchildren of drug-addicted parents, a genre of self-help works that are prescriptive in nature, and, to a lesser extent, a review of the problems children encounter when raised by grandparent caregivers.

Role Theory

The theoretical framework for this study is role theory. The study of role theory suggests that society has in place a prescribed role for appropriate behaviors and conducts. As Landry-Meyer explains in her doctoral dissertation (1999a), role theory speaks to characteristics that society places on an individual in a given situation.

Cultural Differences

In Anglo culture, the grandparent role is to spoil the child by doing extras for him or her and by not interfering in the parenting of the child. The expectations for these roles differ, however, based on family culture.

Studies show that African-American grandparents are more likely to take disciplinary action and other parenting functions with their grandchildren than their White counterparts (Longino & Earle, 1996). This is also true in Hispanic culture, Mexican-American families and Puerto Rican families (Mizio, 1983; Vega, Hough, & Romero, 1983). Likewise, Asian Americans typically see the extended family living in the same household or so close by that grandmothers, in particular, are commonly care providers to grandchildren as part of what they see as the norm (Detzner, 1996). Many Native American grandparents also assume care of a grandchild through an extended family system (Red Horse, 1980).

As suggested by the literature then, cultural differences would appear to impact the role-fit that comes from assuming the parenting of one's grandchild.

Understanding Role Theory

"The term 'role,'" says Landry-Meyer (1999a, p. 14), "was taken from the context of the theater. Individuals resemble actors on a stage." These individuals too follow a script that dictates the norms they are expected to act out as appropriate for a given role. "The grandparent caregiver role," she says, "can be characterized as ambiguous...due to a lack of consensus involving role norms" (p. 14).

Two perspectives anchor role theory thinking: the structural tradition and the interactionist (Marks & MacDermid, 1996). Structural traditionalists, say these authors, focus on roles as a cultural prescription. Here, the role of grandparent parallels the traditional concept of someone who comes in and out of the grandchild's life (much as a visitor), providing them with "extras." The grandparent with this perspective would not interfere with disciplining the child (Cherlin & Furstenberg, 1986) and would not prescribe how that child should behave. The interactionist, in contrast, sees behavior evolving from social interactions (Nye & Gecas, 1976), the role of the grandparent being more closely aligned with family than with societal position or structure. Barbara Hirshorn (1998) in *Grandparents as Caregivers...* "interactionism emphasizes the way in which individuals selectively perceive and process information regarding others to conform with previously established expectations" (p. 213). For example, she says, in some families there may be one person who is always viewed as the caregiver while another may always be seen as the care-receiver (p. 213). In sum, the interactionist view of role theory suggests the integration and modification of an individual's many roles occurs in order to achieve a sense of personal congruence (Marks & MacDermid, 1996).

As Landry-Meyer (1999a) says: "For grandparents who raise their grandchildren, behavioral regularities through interactions may redefine their role of grandparent to grandparent caregiver. While the structural tradition prescribes role norms, the interactionist perspective allows the flexibility to modify the norms" (p. 17).

Beatrice Neugarten (1979) suggests that being a parent when one anticipates

being a grandparent gives rise to crisis because it is an issue of off-timing with the normal cycle of life events. Crisis is an apt descriptor for those who face the prospect of long-term child-rearing responsibilities, she conveys, especially when the expectation is for greater independence in retirement, and more time spent pursuing leisure activities.

The transition from grandparent to grandparent caregiver is also tempered by the style of the grandparent. This style of interaction with the grandchild can range from already caring for the child in the child's home to having little contact with the grandchild, to living long distances away and visiting only on birthdays and holidays.

A study by Cherlin & Furstenberg (1986) revealed that the greatest number of grandparents in a national sample of 510 grandparents exhibited what was called the companionate style (55 percent), described as active in their grandchildren's lives but adhering to the norm of noninterference, compared with 29 percent for the next most popular style, described as the remote grandparent who had little contact with the grandchild. Only 16 percent of the sample expressed an involved style of grandparenting, described as having a high level of interchange with grandchildren and high levels of parenting behaviors. With close to one-third of all grandparents having little contact with their grandchildren, the transition from grandparent to grandparent caregiver, then, is understandably difficult.

Grandparent Caregivers and Role Fit

A review of the literature reveals an increased recognition of the lack of role-

fit for grandparent caregivers (Jendrek, 1993; Marks & McDermid, 1996). Those who become first-time grandmothers in their twenties and thirties are often not thrilled with the turn of events, much less the prospect of becoming a surrogate parent when they are still raising their own families (Minkler et al., 1994).

Burton's (1992) qualitative study of 60 African American grandparent caregivers raises the connection between age and role-fit. She found that the median age of grandmothers/great grandmothers was 57 and of grandfathers was 63. Grandparents, as a part of this study, expressed concern with a diminished energy level to meet the challenges of school-aged children and the added drain of having to care for multiple kin. What is at issue here is an incongruous role fit between role expectations and their enactment. The grandparent caregivers in this study expected to be able to rest a bit and take it easy in their retirement years. In reality, they had no time for rest and relaxation.

Another factor related to role-fit is the notion of ambiguity. There are no prescribed roles for grandparent caregivers. Some grandparent caregivers assume the parenting role because they wish to pass on certain cultural traditions and values, a situation often seen in many Native American tribes. In this case, the issue of role ambiguity is non-existent. However, a grandparent caregiver who lacks legal authority over the grandchild has higher role ambiguity. In addition to the unclear distinctions that surround this role, there is the precarious issue of "who's in charge." As Landry-Meyer points out (1999a):

Individuals who acquire roles with high ambiguity may be more likely to feel a general lack of control over their life due to the lack of expectations on how

to enact the role. The grandparent caregiver who has a sense of role-fit would be expected to have low role ambiguity and low role conflict. (p. 29)

Role Conflict

Role conflict is yet another dimension of role-fit. As Landry-Meyer states, in referencing the work of Crumbley and Little (1997): "Grandparents who assume a parental role must accept that they are the disciplinarian, provider, and authority figure in a parent-child relationship" (Landry-Meyer, 1999a, p. 38). Understandably, this often leads to anger and resentment on the part of the grandparent caregiver.

In a study conducted by Lenora Poe (1992) of Black grandparents as parents, a major concern of the grandmothers was:

the feeling that their children [had] turned them from loving grandparents into "angry and resentful old women"...As they approached retirement age, these grandparents [felt] taken advantage of by their children as they [dealt] with the demands of the total parenting responsibility for their grandchildren. (p. 48)

Grandparent caregivers who are best able to cope and do not report role conflict as an issue typically rely on family, friends and support networks to act as a needed buffer. Even the grandparent caregiver who has multiple friends can find himself or herself in strained relationships. Why? Because these friends, many times, are not "parenting." Further, even if the grandparent caregiver reports a large circle of friends and family, having access to such support and actually calling on such persons for help are two different things.

A Summary of Role Theory Literature

In short, this literature review shows us that we are acquiring statistics that reveal the demographic characteristics of this population. This type of literature addresses such characteristics as numbers, age, income level, social, economic, and physical problems. The literature does not indicate if and how the caregivers are coping. Do they cope, in large part, because they rely on state-funded services? Do they cope because they have strong family networks of support? Is their state of well-being controlled not by such help, but rather by their outlook on life?

This study investigates the phenomenon of grandparents-raising-grandchildren within the theoretical framework of role theory. Through interviews, it allows grandparents to speak for themselves about the issues they face when raising their grandchildren and about how local, state, and federal government agencies can begin to ameliorate the problems they face. The following chapters depict how grandparent caregivers perceive themselves in this role and how they are perceived by others. Such perceptions give rise to public policy implications.

The next chapter provides an in-depth description of the methodology used for this Michigan-based study as well as providing a rationale for the procedures undertaken.

CHAPTER V

METHODOLOGY

The focus of this chapter is on the research procedures used in this study, highlighting the methodology, data collection, instrumentation and data analysis. The research included demographic information and qualitative measures generated from face-to-face interviews with 13 grandparent-caregiver couples, seven grandmother-caregivers and two grandfather-caregivers, mostly White and middle-income. The research also included semi-structured interviews with seven leaders of grandparents-raising-grandchildren support groups. Both categories, grandparent caregivers and support group leaders, reflected additional interviews beyond the research design's protocol in order to achieve greater informational representation.

The interviews with grandparent caregivers were drawn from the 12 counties that encompassed both urban and rural communities. The interviews with leaders of grandparents-raising-grandchildren support group leaders were drawn from six counties that were comprised of primarily urban communities. To participate in the study, grandparent-caregivers had to be age 55 or older, have raised a grandchild for a minimum of six months and not have the child's parent living in the grandparents' home at the time of the interview.

The objective of this study was to examine issues facing Michigan grandparents who, for a variety of reasons, are now the primary caregiver for one or more

of their grandchildren. Questions were intended to uncover the issues of importance to the grandparent caregiver, their coping mechanisms, the extent to which they use state-funded programs and services, and the degree to which they perceive such help to be useful. The questions were also intended to explore what supports outside the realm of government services, i.e., family, friends, and support groups, were perceived to have made a difference in their ability to parent their grandchildren. Because the literature in this field indicates that older grandparent-caregivers often have more adjustments to make in caring for a grandchild with increased chronic health conditions and fixed incomes, this study targeted grandparent-caregivers age 55 and older.

A period of less than six months in the role of grandparent caregiver often reflects the experience of many grandparents whose adult children pass in and out of their lives along with their children, making any semblance of permanency in the lives of the grandchildren all but impossible. While this situation presents its own set of issues facing grandparent-caregivers, it was not the focus of this study. Thus, the benchmark of six months experience in this role was set.

To draw the sample, the intent was to work through support group leaders who would read a script provided them at one of their meetings, and then suggest potential informants. The first support group leader utilizing this method netted 15 potential informants, 11 of whom were used for this study.

Informants were identified through "open sampling," a form of theoretical sampling (Strauss & Corbin, 1990, p. 181). Open sampling is "open" to those

persons or situations that will provide the greatest opportunity to gather data about the phenomenon under investigation. The guidelines, as offered by these authors, were followed. Care was taken in not structuring the interviews too tightly, but rather allowing for uncovering of relevant data (Strauss & Corbin, 1990). The strength of this approach was in the greater ability to capture more of a range of experiences than random sampling would likely have achieved.

A statewide picnic for grandparent-caregivers and their families was held in August of 2000 sponsored by this same support group. Attendance at this event yielded 26 potential informants, nine of whom met the criteria and were interviewed. The remaining informants were identified through word-of-mouth and through attendance at a support group meeting in west Michigan. Three pre-tests of the survey and questionnaire instrument were made with grandparent-caregivers, determining that no questions needed to be altered. Interviews were conducted between August 1 and October 4, 2000. Each interview lasted approximately two hours. Informants who participated in the face-to-face interviews (grandparent caregivers) each received \$20 for their time and effort. No remuneration was offered the support group leaders who participated in the study.

During one grandparent caregiver interview, arranged by one of the support group leaders, it was revealed that the grandmother did not technically have grandchildren living with her at that time. Another grandparent couple revealed that they were both younger than 55. As a result, these persons were not included in this study. Finally, the wife of one grandparent couple indicated she was not yet age 55.

Therefore, in this instance, only her husband's comments (age 71) were included.

All but three interviews were conducted in the informant's homes. Of the three, one was conducted at the informant's place of business, the other two at the host agency where support group meetings are held. Grandparent-caregivers' living quarters ranged from a small trailer that was not air-conditioned, to a newly constructed, exclusive 5,000 square foot home in the suburbs.

One pre-test was run with a support group leader using the questionnaire and survey instruments. As a result, some changes in the questionnaire were made. Interviews with this group were scheduled between August 1 and September 28, 2000. Each interview lasted approximately two hours.

Rationale for Face-to-Face Interviewing

A quantitative experimental study would not have generated the rich detail that comprise the experiences of grandparent caregivers and which is so essential to a thorough understanding of the issues they confront. While several studies undertaken in this area have used a survey format, face-to-face interviews offered a better research instrument for drawing out a more detailed understanding. The researcher thus benefited from being able to listen to the stories told by informants, by having the time to reflect on these answers and by being able to probe those answers where the meaning was unclear.

Data Collection Procedures

The data collection technique can be described as a mindful conversation. Face-to-face interviews provided the best means for investigation. The procedures for the in-depth interviews used in this study followed closely the methodology developed by Kelley and Damato (1995). The process can be described as open, but purposeful. It is founded on the notion that interviews are interactively constructed and gain in meaning by the emergence of events.

The study incorporated Raymond L. Gordon's tips (1992) for interviewing techniques including the suggestion that all interviews be taped. The author's advice to tape all interviews in order to capture all the audible nonverbal cues, proved useful in this case. Gordon states that taping frees the interviewer from the distracting note-taking task to allow him or her to devote his or her full attention to the person being interviewed.

Research focus questions were selected on the basis of a review of the literature and were designed to discover the issues facing grandparent-caregivers, the implications of these issues for public policy, and the perception of the subjects to what role state government should play in the grandparent-raising-grandchildren phenomenon. The focus questions for both the grandparent-caregivers and support group leaders were used to provide structure to the interview for analytical purposes. They were developed so as to vastly narrow relevant data, while at the same time allowing for new concerns to arise not addressed by previous studies.

Grandparent Caregiver Focus Questions

1. Please tell me about your grandchildren (first names only, their ages, how long they have been in your care).
2. What do you usually do with your grandchildren for fun?
3. What, for you, are the most pleasant aspects of raising your grandchildren?
4. What, for you, are the most difficult aspects of raising your grandchildren?
5. What do you think your grandchildren find to be most difficult being raised by you?
6. What has been your experience in getting help to care for your grandchildren? Probe: What type of help do you find that you need (either for yourself, your adult children, or your grandchildren)?
7. What type of help do you find that you need (either for yourself, your adult children, or your grandchildren)?
8. How has raising your grandchildren affected your budget?
9. Who are the people who you usually turn to for emotional or social support in raising your grandchildren? Probe: Where did you meet these people?
10. How has raising your grandchildren affected your personal social life?
11. How has raising your grandchildren changed your relationship with other children you may be raising or with your adult children?
12. How often do your family or friends baby-sit so you can attend to your

own needs or interests?

13. How much does your spouse or significant other (if applicable) share in raising the grandchildren?

14. How come you decided to raise your grandchildren?

15. On a scale of 1-5 (5 being the best possible score) how would you rate yourself currently in this role of grandparent-caregiver compared with when you first started as a grandparent? Probe: How is it that you arrived at this number?

Grandparents-Raising-Grandchildren Support Group Leaders Focus Questions

1. How is it that you are leading the grandparent-caregiver support group in this area?

2. How many grandparent-caregivers generally attend your meetings?

3. How do you prioritize the agenda for your meeting and how do you vary it?

4. How have you seen the area of interest expressed by these caregivers change during your tenure as leader?

5. In your opinion, what is the greatest overriding issue faced by grandparent-caregivers?

6. What type of support to aid caregivers and their grandchildren are there in Michigan?

7. If you had a chance to talk to the politicians in Lansing, what would you tell them needed to be done?

8. Do members of your support group reside more typically in a rural or urban area? Please define:

9. Do you believe that the geographic area in which grandparent-caregivers reside has a bearing on access to services?

10. Does your attendance at your meetings vary according to seasons of the year?

11. In your opinion, what role should government be playing in serving grandparent-caregivers and their grandchildren, if any?

The interviews were audiotaped with the permission of the informants, and copious notes were taken. Each potential informant was contacted initially by phone. In the case of the grandparent caregivers, in all instances, an initial contact had already been made by a support group leader or by me, so the follow-up phone call was generally to confirm an interest in participating, eligibility, and how to handle the logistics of the interview. The informants were exceptionally cooperative and excited that research, of any type, was being pursued on this topic. The majority of the interviews with grandparent-caregivers were conducted during the evening or on the weekends. The interviews with support group leaders, in all cases but one, were conducted at the leader's place of business during regular business hours. Nearly 2,000 miles were logged in traveling to and from the interview sites. In many cases the grandchildren were present in the home during the interview, but there were no conversations directed at them.

Since the majority of interviews were conducted in the informant's home,

visual observations were possible. These observations made for a richer understanding of the grandparents' circumstances, something that would have been lacking if a phone interview were utilized. For example, one interview was conducted while the child, crouched under an end-table, was making noises throughout the entire interview process. This grandchild was age four. Another interview took place while the grandson ran in and out of the house approximately 22 times in the course of an hour-and-a-half, banging on furniture, puncturing the tire in his bike, pulling food out of the refrigerator, spilling chocolate milk all over the floor and whining for the attention of his grandmother. This child was age eight. I was told he was labeled A.D.H.D. or Attention Deficit Hyperactivity Disorder. Another family with three small grandchildren lived in a small house trailer with another family and another adult child who was home between jobs. These girls, ages three, four and six, immediately climbed on my lap when I sat down and began affectionately stroking my arm. All three were covered with what appeared to be mosquito bites and were wearing clothes that looked like worn hand-me-downs. One little girl wore a pair of patent-leather shoes with a strap across the top that, in many families, might be the type of shoe reserved for Sunday school, or for party occasions, rather than for everyday wear.

While the focus of this study was not the grandchildren of grandparent-caregivers, the special needs observed of so many of these grandchildren would suggest a caregiving responsibility that needs to be addressed. Demographic information was obtained during the interview process, the instrument for which is found in

Appendix B.

Analysis Procedures

The audiotapes were transcribed verbatim by three professional secretaries to provide as much data as possible on the informant. The data analysis process was aided by the use of a qualitative data analysis computer program called Ethnograph V5.0 (Seidel, July 1998). The program was useful in flagging data that led to broad topics for coding. Manually all the transcripts were coded following the suggestions of Miles and Huberman (1994) who suggest a first coding that simply summarizes segments of the transcribed tapes and then moving to generating patterns of codes that tie the data together. This made the process easier for making comparisons. Themes and patterns were validated using a computer analysis that provided a code map. This enabled the data to be summarized, synthesized and sorted into meaningful categories.

According to Marshall and Rossman, "categorizing the data can be the most awesome of tasks, but it can also be the most fun" (1995, p. 114). Actually, conducting the interviews was much more pleasurable.

Because of the limited number of participants, this research must be considered in a qualitative frame of reference. This information cannot be projected to a universe of like subjects. For the purpose of this study, however, the comments are deemed relevant and are intended to provide insight into the perceptions of this target group. These comments are used extensively as a part of the analysis and conclusions that follow.

CHAPTER VI

A DEMOGRAPHIC PROFILE

As follows in this chapter, a demographic profile is offered of the grandparent caregiver. Table 1 gives a composite view of this target population. Unlike many qualitative studies of this population to date, this research endeavor looked at a cohort of grandparent caregivers that were predominantly White, middle-income, older, married and, at a minimum, high school graduates. Among the families that participated, 35 people were interviewed. Twenty-one informants were female, 14 male. Thirty reported their ethnicity as White, three as African-American and two as Hispanic. Within those families 18 people were married, one was a widow and two were divorced. Nine indicated they were on their second marriage. Two Lesbians caring for one's grandchildren described themselves as a couple, so, for the purposes of this study, when couples are mentioned, they are included among the "couples" category. Seventeen reported their age as between 55 and 59, six between 60 and 64, seven between 65 and 69 and five between 70 and 75.

Under the couples category, seven reported earnings in excess of \$4,000 monthly, and four between \$2,800 and \$3,999 monthly. Thus, half the families in two parent households earned \$33,600 or more annually. The median annual income for heads of household in Michigan, according to 1998 U.S. Census figures, is \$44,491. This means that approximately one-third or more of those in two-parent

Table 1

Sociodemographic Profile of the Grandparent Caregiver Participants (N=35)

| | % | N |
|---------------------------------------------------------|------|--------------------|
| <u>Age</u> | | |
| 55-59 | 48.6 | 17 |
| 60-64 | 17.1 | 6 |
| 65-69 | 20.0 | 7 |
| 70-75 | 14.3 | 5 |
| <u>Gender</u> | | |
| Female | 60.0 | 21 |
| Male | 40.0 | 14 |
| <u>Marital Status*</u> | | |
| Married | 91.4 | 32 |
| Divorced | 5.7 | 2 |
| Widowed | 2.9 | 1 |
| <u>Ethnicity</u> | | |
| White | 85.7 | 30 |
| African-American | 8.6 | 3 |
| Hispanic | 5.7 | 2 |
| <u>Monthly Household Income</u> (Reported by household) | | (N= 22 households) |
| \$ 800 - \$1,990 | 9.1 | 2 |
| \$1,200 - \$1,599 | 27.3 | 6 |
| \$1,600 - \$1,999 | 0.0 | 0 |
| \$2,000 - \$2,399 | 4.5 | 1 |
| \$2,400 - \$2,799 | 9.1 | 2 |
| \$2,800 - \$3,999 | 18.2 | 4 |
| Over \$4,000 | 31.8 | 7 |
| <u>Education</u> | | (N=35) |
| Grade 11 or less | 20.0 | 17 |
| Grade 12 or higher** | 80.0 | 28 |
| <u>Employment</u> | | (N=35) |
| Retired | 42.8 | 15 |
| Self-Employed | 14.3 | 5 |
| Employed Outside the Home | 28.6 | 10 |
| Medically-Disabled | 14.3 | 5 |

* A couple interviewed for this study who are Lesbians defined themselves as lifelong partners. Thus, for purposes of calculating data, information from these informants were categorized as married and/or couple.

** Two informants completing their GED Certificate are included in the grade 12 or higher category.

households had annual incomes above the median. Only two heads of household had annual incomes near or below the poverty level. Forty-five percent of the families interviewed said they had not noticed a change in their level of income since assuming care for their grandchildren, yet when probed, made statements that would suggest their budgets were impacted. Said one grandmother whose grandchildren were covered under her husband's insurer and whose household income was reported as between \$2,400 and \$2,799 a month: "Our grandsons are covered under our health insurer, but it has \$1,000 deductible for the doctor for each of us, so that doesn't really help a lot. Since we adopted them [the grandsons] it's our problem now."

Chimed in her husband:

We have an awful hard time making it. Our one grandson plays football. He got a couple big boxes of candy to sell to get his football uniform and we bought his cleats for him. His cleats were \$17 and he had to have socks; six bucks for a pair of socks. But there's a lot of things like school dances and we hate to say well no, you can't do that cause we don't have the money.

Said another grandmother whose monthly household income was between \$800 and \$1,199:

I just got a bill from the last eye exam [for the granddaughter] that was \$165 and they paid \$30 of it. With both kids' eye exam, you're talking close to \$400. Our granddaughter's glasses were \$145 and they paid \$23 on it. I've looked into what programs are out there. But the kids couldn't even go to Head Start. I tried to get them into Head Start right away. But, we made too much money. So they were penalized. Even reduced [price] lunches would be a help. It doesn't have to be free.

Another grandmother reported worrying about what future medical costs their family might incur with her granddaughter's care, even though they reported having an income in excess of \$4,000 monthly:

She [the granddaughter] was born coke positive. But _____ County didn't tell us we could get any kind of supplement that would give them insurance until they turned 18. We didn't know about it until we adopted him [the second grandchild]. And it was too late. You have to apply before the adoption, and they didn't tell us. Nobody ever told us that we could get any kind of medical subsidy, because with the problems they said she [the granddaughter] had at birth and all, I'd have said yes to any kind of medical subsidy because it costs a lot to get insurance. I'm on Medicaid right now with the surgery I've been having. But, if I go back to work, then she [the granddaughter] can't get any Medicaid or any kind of insurance unless we buy it. Born with drugs in her system, I don't know if she might have problems later on. I don't know that she will. But I don't know that she won't.

In terms of years of education completed (see Table 2), ten reported earning a high school diploma, eight one to two years of college, six earning a Bachelor's Degree, three completing the eighth grade, two earning a Master's Degree, two completing the eleventh grade, two earning their GED certificate, one completing two years plus of college (but less than a Bachelor's Degree), and one earning less than one year of college.

Table 2
Years of Education Completed (N=35)

| Years of Education | # of Participants (n) | % of Participants |
|------------------------------------------------|-----------------------|-------------------|
| Eighth grade | 3 | 8.6 |
| Eleventh grade | 2 | 6.7 |
| High school diploma | 10 | 28.6 |
| GED Certificate | 2 | 6.7 |
| Less than 1 year of college | 1 | 3.3 |
| 1 to 2 years of college | 8 | 22.9 |
| > 2 years of college but < a Bachelor's degree | 1 | 3.3 |
| Bachelor's degree | 6 | 17.1 |
| Master's degree | 2 | 6.7 |

In response to questions about employment status, 15 stated they were retired, ten stated they were employed outside the home, five claimed they were self-employed and five reported they had a medical disability that prevented them from working. In this sample five grandparent caregivers were married, but their spouses were not part of the interviews. In this case, two of the five had spouses who were employed outside the home.

In these families, 33 children were being raised, 17 males and 16 females. The mean age of the children was eight. Fourteen of these families were raising one child, six families were raising two children, one family was raising three children and one family was raising four children (see Table 3). None of the grandparent caregivers in this study were still raising children other than their grandchildren. While one couple was caring for a 36-year-old profoundly disabled adult child in the home, for most of the grandparents, it had been ten years or more since their own children lived at home. And, while not an adult child, one couple was caring for an

Table 3

Number of Children Raised by Family (N=22)

| Number of Children in Family | Number of Families (n) |
|------------------------------|------------------------|
| 1 child | 14 |
| 2 children | 6 |
| 3 children | 1 |
| 4 children | 1 |

82-year-old mother. Another couple had the care in the home of the wife's 60-year-old developmentally disabled brother who could neither hear nor speak. On the average, the grandchildren had been in the grandparents' care for five years. Informants indicated in only three instances the ongoing care of an elderly relative, although many spoke of having weathered that experience prior to the parent's death. Only one grandparent was recorded as having raised grandchildren other than the ones they were currently raising.

In terms of legal responsibility, grandparent caregivers in some instances reported that, within their families, there were different legal standings for each of their grandchildren. The most prevalent legal status was adoption with ten responses, followed by full-guardianship with six responses. In many cases where adoptions had been sought, it was often a bad experience with the child's biological parent that made the grandparents realize the need for legal status beyond that of guardianship. And, while the second most frequently used form of legal status was recorded as guardianship, this does not belie the fact that several grandparents utilizing this form of legal status did so only because they were unsuccessful in their attempts to adopt their grandchildren.

Reflecting on the motivation for electing to adopt their grandchildren, one grandmother raising a nine-year-old said:

We had our granddaughter living with us [because] our daughter had given us Power of Attorney. She couldn't handle her so she gave her to us. Then she decided that she wanted her back and, of course, we didn't have any rights. We had had her all during the week, took her to day care and her mom picked her up for the weekends. Then she [the daughter] met this boyfriend and they decided they were going to Florida. So, they moved to Florida. Took my

-

granddaughter. And, then she calls us up and told us that she couldn't handle her and that we could come and get her. So we drive all the way to Florida. And she was then just a little over two. So she lives with us for awhile and then the mother came back and took her back again. So she's with the mother but a short time when the boyfriend is accused of doing something to her [the granddaughter]. I told the daughter to remove our granddaughter and to bring her to us. She didn't do that. She went to the counselor the next day and the counselor called Protective Services. We were lucky the court gave her to us. Even as a young child, I can still remember that she would get into her mom's purse and rip things up. As she got a little older, when she had to go back to her mother's, she tore sockets out of the wall, broke stuff. She was terrible. I knew then she didn't want to be there.

According to another grandmother, raising their 14-year-old grandson because the child's mother was murdered by his father, the process of adopting their grandson under these circumstances should have been straightforward. It wasn't.

We were directed to FIA, to ask to talk to the Adoption Unit. They will set you up, we were told. Then you're gonna pay this much money and this is for the birth certificate and because he's [the father] in prison for two years or more, that's an automatic termination [of parental rights]. No problem. That's all there is to it, and you're thinking, okay. So several hundred dollars later you're being told, no. It didn't go. None of that went. We were told even if the father's rights were to be terminated, they couldn't guarantee we'd be the ones that would be able to adopt him. So we continued to operate under full guardianship. When we moved up north we tried again with the FIA here. They sent somebody out and interviewed us, talked to us, and he [the caseworker] said I really believe you should try this again here. I said that if you can guarantee me that it's gonna go, I will. They couldn't guarantee anything. Well, I got up one morning and said, I've got to finish this. I can't let it lay. I've got to do something. We knew he [the father] who was also a drug dealer, could get out of prison, come back and pick [him] up. We knew this was more than an idle threat. Before he went to prison he kidnapped our grandson. And my other daughter and I, we had to track him down. We were down in the ghetto when we located him. So, we called this detective in the Narc Squad because they had a warrant for his arrest. They met us at a McDonald's restaurant. We showed them our pick-up orders, showed them our guardianship, showed them everything, and they went back and they busted in that apartment and got him [the grandson] out and got him to us and then we went down to court. And that's when we got our full guardianship.

This same grandmother indicated the ability of her and her husband to adopt the grandson was due solely to their hiring their own private attorney, something they said they should have done in the very beginning.

Another grandmother who is raising her nine-year-old grandson explained that she sought adoption because it was the only way that her grandson could gain any sense of permanency in his life.

My daughter had _____ when she was 15. The plan was for her to have this baby, to live at home. I was going to work day time. She was gonna take care of the baby. And when I got home at night, she was gonna take the car at night and go to night school to finish her education and I was gonna take care of the baby while she was gone. But, it never turned out that way. It was like everything else with her. I want it. I want it now. I'm gonna have it. And when she got it, within two or three weeks, she didn't want it no more. It was that way with everything in her life. I mean she wanted a cat. She gets a cat and keeps it two or three weeks and she don't want it. She wanted a guinea pig. The same thing, you know. And then two years after she turned around and got pregnant again. She has four children now with three different men. One of them [the child] has been taken away by the state. I tried very hard to get her before she went into foster care, but there again, I didn't have the money to fight the legal battles.

The grandmother said she felt compelled to adopt her grandson because the child's father was no more responsible than her daughter:

First there was the paternity suit. Then, because this child was born with severe club feet, he was in casts from the time he was two hours old. He was in casts for the first four-and-a-half years. Until he was two and a half, we didn't know if he'd ever walk or not. I mean I've had to move to five different towns because his father called the police and told them there were bombs planted in my house and threatened us with guns and put signs on my house, 'kill the crip,' because _____ was crippled. What kind of a father would make such a sign about his own child?

In addition to providing her grandson with a more stable environment, this grandmother said she sought the adoption because when she retired, she would be tapping

into her ex-husband's pension as a part of the divorce settlement. "And so, ____ will benefit from this because, being fully adopted, why he will draw it as if he was my own child."

As already stated, examples were numerous of grandparent caregivers caring for their grandchildren under a guardianship arrangement only because adoption did not appear to be an option.

One grandmother who was guardian to her nine-year-old granddaughter said she longed to be able to adopt her, but, in all likelihood, the child at some point would be returned to the biological mother. She claimed there were too many things working against the notion of adoption, such as the fact that her son was not married to the child's mother, the child's mother is Native American, and is answerable to a separate set of rules and regulations, and the courts had not meticulously followed through on ensuring the mother lived up to her court-ordered mandates. In the grandmother's opinion, there simply were not enough workers to adequately handle case-loads. The fact that she is a licensed and practicing social worker did not play in her favor, she said. Her perception was that due to her profession the courts actually listened to her less. What made the grandmother think adoption was in the child's best interest?

This mother has kids by four different guys. My son is a total drug addict, alcoholic. I expect any day to get a call from somebody to tell me he died of alcoholism. He's 38. This last August the mother's rights were suppose to be terminated. Six weeks before that she started doing a little tiny bit. She still lives in a shelter. She didn't even have a job. She got the job since August. Now she gets a job and she works from 5:00 p.m. at night to 2:00 a.m. in the morning. How is she gonna take care of this kid who she never sent to school before? Now that she works at night, is she gonna get up with her to get her

to school? She's still seeing a guy who the court ordered her not to see because he broke a window in the girls' bedroom because he was so mad because she left him for another guy who used crack with her. The court ordered her not to see him and yet he came to the hearing with her. The judge leaned over and said, you need to make a decision between your boyfriend and your kids. Well, she did. She made a decision. She's still with him. She's with a guy that cut her throat from ear to ear. She's with a guy that tried to hang himself. The kids have been taken away up to a million times by Protective Services for being left alone. But, it's like they don't want to know.

A grandfather, who with his wife, were raising their eight-year-old grandson, had also hoped to be able to adopt him.

His mother, our daughter, died. She had already left her husband. She moved back home when he was eight months old. We tried to adopt our grandson, but the father wouldn't release his rights. We spent many months trying, actually, years. The father doesn't even live around here. He is down in Louisiana, but he wouldn't sign off even though he is not capable of caring for him or even wanting to. But he still wants to think he is the father. He has never sent a penny to care for him or anything. But yet, he won't sign off. We did get through _____ County. We won to have his rights terminated. But then it went to appeal of the Appellate Court and they found a clause to turn us down.

This same grandfather commented that they still felt they lived under the threat of legal problems with their grandson that could resurface in the future. "There's still the chance that his father might someday come back. You never know. But still, I don't think he has too much to stand on now," he explained.

Of the remaining informants in this study, one grandparent couple was seeking full custody of their grandchildren; another indicated they were seeking joint custody and physical custody. Two respondents said they had full custody of their grandchildren, one, legal limited custody, and one, temporary guardianship. Another couple, the children's Kinship Care/Foster Care Parents, was also in the process of

trying to adopt these children. None of the informants perceived the situation with their grandchildren to be temporary. Two grandparent caregiver couples and one grandmother caregiver reported their situation as unsure, given they were presently enmeshed in custody battles with the children's parents.

The situation for some grandparents who reported the placement of the grandchild as permanent, however, was indeed not permanent. One grandparent couple was facing a son-in-law petitioning for the return of his youngster at the time of the interview. Less than a month following this interview, this father was awarded custody of the seven-year-old child, a child who had never known anyone other than his grandparents as parents. Another example is a grandparent couple in their mid-seventies who reported viewing the situation with their five-year-old grandson as permanent. Realizing they might not live long enough to see this youngster grow to adulthood, they nonetheless reported seeing the placement as permanent.

Almost all grandparent caregivers voiced a religious preference and indicated they were able to attend religious services regularly. One grandparent remarked, however, that they do not often choose to go because the grandchild is prone to outbursts of screaming and they did not wish to disturb the congregation.

Nineteen out of 22 grandparent caregiver families answered in the affirmative when asked if they had ever attended a meeting of a grandparents-raising-grandchildren support group. Eighteen of the respondents said they belonged to such a support group. Those who did not indicated it was either because there was no group nearby, or that they drew needed support from their church family. One

grandmother commented that she saw support groups as something more appropriate for “old people.” Of the grandparent caregiver couples, it was more frequently the grandmother who was a member and who regularly attended support group meetings.

The demographic survey administered to informants also focused on the relationship between couples after the onset of caring for the grandchild. All but three couples said that their spouse was very involved in the caregiving role of the grandchild. Only two of the three indicated that their spouse was somewhat involved, and only one reported that their spouse was uninvolved. All but five reported that their spouse was very helpful when it came to household tasks. Four informants described their spouse as somewhat helpful and one described their spouse as not helpful.

When asked to describe their marriage since the arrival of the grandchild (using a Likert scale measuring a range between greatly diminished and greatly improved), 11 informants reported they had observed no change; nine reported their marriage had improved somewhat; eight reported it had improved greatly; and four reported it had diminished somewhat (see Table 4). The impact of grandparent-caregiving on a marriage is not widely recorded in the literature. The finding reported here, while notably small, does not parallel those recorded in the studies that address this issue. The more common occurrence, as reported in the literature, is for the raising of the grandchild to detract from the spousal relationship (Emick & Hayslip, Jr., 1999). Among the 48 percent of the informants who reported their marriage had either improved somewhat or had improved greatly with the added caregiving responsibility of the grandchild, comments consistently pointed to increased

Table 4
Changes in Marriage Since Arrival of
Grandchild(ren) (N=32)

| Change in Relationship | Number of Informants | % of Informants |
|------------------------|----------------------|-----------------|
| Improved greatly | 8 | 25.0 |
| Improved somewhat | 9 | 28.1 |
| No change | 11 | 34.3 |
| Diminished somewhat | 4 | 12.5 |

dialogue between the marriage partners. Said one grandmother:

I think our marriage has improved since we had the boys. It's made us closer. When the boys are gone, he goes to the garage and I sit here and play with the computer. He comes in and watches TV and I go in and take a nap. If it wasn't for the kids, we'd probably have nothing to talk about.

Another couple: "I think our marriage has greatly improved. It has drawn us closer together overall," said the wife. "We don't argue as much as we use to," explained the husband. "It used to be just him and me and we more or less went our own ways. And now we don't go our own ways. We don't do anything without each other," claimed the wife. Another grandmother said:

I think that we both feel that in order to raise these children like we did our own, if we want them to be productive children, then we have to show our bond in order to influence them. We're modeling something we'd like to see them carry into their own relationships. Like education. We push that greatly like we did for our kids. We've had to pull together as a team because what with raising four grandkids, if my husband and I were going off in different directions, it would be hard to get these kids to listen.

Last, when asked if the grandparent caregivers would choose to assume the same responsibility for their grandchildren, all of the informants indicated they would. However, many of the informants gave this answer with punctuated pauses and a halting delivery. Such hesitation was explained as trying to make the interviewer understand that this was not something that they had set out to do. In fact, they would have preferred for the parents to raise the children. The majority of informants stated they would not have taken on this responsibility were it not for the knowledge that the children would otherwise end up in foster care.

CHAPTER VII

PRESENTATION OF FINDINGS

Introduction

This chapter builds on the previous one where demographic information about the sample was provided. Chapter VII summarizes responses to focused questions directed to the grandparent caregivers and the leaders of support groups. Covered are the grandparents' likes and dislikes, their joys and concerns, and the impact that grandparents raising grandchildren support groups have on their lives.

Grandparent Caregivers' Responses to Focused Questions

Key Events

The sample included a total of 33 children within the 22 families. The children ranged in age from 18 months to 16 years. These children had been in the grandparents' care from six months to 13 years, with an average time of five years.

The majority of the grandparents indicated that they liked to do the same things for fun that they did with their own children. This included such things as going to the movies, reading to the child, telling stories, swimming, camping, biking, boating, watching the child compete in sporting events, attending tractor-pulls, cooking, and playing basketball. One grandmother said:

They [the grandchildren] go almost everywhere we go. Everything is centered now toward the children's ages [five and seven]. These children had nothing when they came to us, just the clothes on their back. When our children were a few months old, they were already introduced to many of the things like Easter egg hunts, zoos and swimming. These children were not. They didn't even know what a pool was. They took swimming lessons this summer. And the oldest, she's going to join the Girl Scouts this year. Our kids were very much involved in everything, and we're doing the same thing with these kids. [We're] trying to expose them to everything from cultural things to fun things to intellectual things. And there's just so much more now than when our kids were out there.

Another grandmother raising a teenage girl said she liked watching her granddaughter care for her animals:

She's in 4-H with the animals. We don't have a dairy farm or a big horse farm. We just have a couple miniature ponies and three goats and two ostriches and some chickens and a couple of rabbits. And she likes to go hunting with her Grandpa. Wild turkeys. And you know, we go shopping. She likes to shop. Being we're twelve miles from town, it's kind of hard though to do a lot of things. And we go to church. It's a small church. They don't have a big youth group, but they do, in the wintertime, they have like a choir group that put on little plays in the church.

In some instances grandparents commented that they had taken the grandchild many more places than they ever did their own children. One grandfather said, "He's been to Disney World five times and we never took any of our children there." In contrast, other grandparents pointed out that they did not have as much disposable income so that outings had to be frugal events. One grandmother said she could buy a small pizza and two cans of pop for less than \$5.00, so once a week they would take those items to the park, weather permitting, have dinner and that would be their fun outing for the week.

Overwhelmingly, grandparent-caregivers expressed the best part of raising their grandchildren was the peace of mind they had knowing they were safe. This

point was repeatedly stressed. It was the thread that consistently ran through all the conversations. Said one grandfather, "I love seeing him grow and get more competent at things. I know he's safe and secure and he knows that too." Another grandfather said:

As my wife can tell you, about three-and-a-half years ago we were sitting around wondering where are those kids tonight? Who is with them? Who is doing anything for them? Who is doing anything to them? We just worked ourselves almost to tears. Now we know where they are. We know who is with them, and we know they're safe.

One grandmother conveyed this point by saying that she loved listening to her granddaughter giggle and "act like a normal kid. I thought at one point she would likely be institutionalized as a result of the abuse and neglect." She went on to say:

She was totally withdrawn and wouldn't even look at you; just hang her head down. She wouldn't even make eye contact. Now if you were to see her, she comes running and jumping. If you were to say 'Hi ____,' she would say 'Hi' back. A year ago she would either mumble to where you could hardly understand her. She was dealing with post-traumatic syndrome. My husband's friend would always be saying, 'Well Hi there ____.' He's a funny, joking guy. And then this summer she said to him, 'I've got a joke for you.' And we were all like silent. And not only did she tell the one, but she rattled off like about ten jokes.

Other informants indicated that the best part for them was knowing that their grandchildren were not in foster care, being raised by strangers. "Here we have an opportunity to instill our own values," stated one grandfather.

Many commented that they reveled in being able to watch them grow and develop and become more competent at various skills and tasks. One grandmother said:

The younger child would not even accept me for over a year. I could not put him on my lap and give him a hug. He had been rejected so badly, I had to

win his friendship over. For him to sit on my lap and let me even give him a hug, I had to win that, that confidence from him. Now, my Lord, I can't get him off. It took me a whole good solid year of just intense working with this kid. I mean, people don't realize the baggage that comes with [these] children. It's not like you have two normal grandchildren going into the grandparents' home and saying, 'here, I'm ready.' They come with all sorts of baggage because of what has been previously done to them, said before them, what they have seen before they go to the grandparents. Then it's the grandparents' job not just to physically or financially help these kids, but mentally trying to work with these kids.

Several grandparents indicated that they were not so hurried in raising these children as compared with their own, and therefore could take more time to enjoy the little things they likely overlooked the first time parenting. Said one grandfather, "It gives us chuckles and smiles seeing things going on with him that we didn't pay attention to with our own kids." Another grandfather said, "We love to watch our grandson kiss his pet parrot, Petie."

Several grandparents mentioned that raising a grandchild kept them active and young. Said one grandmother, "He's my exercise program. He brings life into the home." Another grandmother said, "He's helping me stay young and forget my aches and pains." Said one grandmother raising a 16-year-old granddaughter:

Having her, I think, helps to keep my husband and I young. Sometimes I think, if she were to go back home [to her biological parents], what would I do without her. Because, you know, helping her with her homework brings up things that we've forgot. And she's a big help to us. We really, really enjoy having her. We look forward to her getting off the school bus each day. When she walks in that door, it's like the white tornado. The teachers have always said, 'we wish we had twenty of ____,' because, you know, she doesn't say anything. But here, she doesn't stop from the minute she walks in the door.

Another grandmother commented that it was great fun again to see things through the eyes of a child, one who marveled at simple things like the beads of water on a

windowpane.

A substantial number of grandparents indicated that the most difficult aspects of child-rearing had little to do with the child. They centered around five separate areas: (1) the legal hassle of going to court, (2) the loss of freedom, (3) the difference being older made in raising grandchildren, (4) family relations, and (5) not being equipped to deal with special needs children.

First, they explained it was the legal hassle of always having to go to court and not knowing the outcome that was emotionally draining. Said one grandmother, "It's also stressful to our other adult children who go to court with us when there's a hearing." She went on to say:

The legal issues are the most difficult aspect of raising him [the seven-year-old grandson]. We always have that shadow over our heads. In our case it's almost every six months that we're having to go to court. And, it's stressful for _____. He [the grandson] said not long ago, 'why can't we have a normal family?' He sees it. You never know what you're gonna find in your mailbox. And then it comes out of the clear blue when you're not expecting it. There are times when we're looking for even a small rebate check and we open up the envelope and here's another petition, and it throws us in a turmoil. And we try to hide our emotions because he can sense it.

Said one grandfather seeking custody of his two granddaughters, both under the age of five:

There are a lot of uncertainties for them [the grandchildren] and for us [my wife and I]. They lack stability and things are confusing to them. Their mother, our daughter, presently has the girls with her and her boyfriend who she met on the Internet. The oldest one, she only knows that she misses us and she wants to come back here to live. She told us the other day on the phone that she could ride her bike here. Of course she's too young and the distance is thousands of miles away. She just doesn't understand and it's tough.

Said one grandmother:

From one state to the other, the laws are different and there isn't coordination even for something as seemingly simple as the language in the papers. It took seven lawyers to try to decide if the parents' rights were severed or not. And they finally got two or three of the lawyers in a call together to a magistrate in Ohio to ask his opinion on this paper they gave me. If the lawyers are having trouble, think of us [grandparent caregivers]. So there's a real hassle for grandparents who take out-of-state children.

Second, the loss of freedom was another major area of concern expressed.

"This is my third family," said one grandfather. "I had hoped to retire and be able to do some of the things I wanted to." Another grandmother complained, "I'm not free to do what I want to do. And, if I do go, I have to take them with me. It's a lot of work, especially at these young ages." Another grandmother described the worst part as "having to get up at 6:00 a.m. everyday, when most people who are retired can sleep in."

A number of grandmothers reported losing the freedom to remain in jobs that they had loved. They felt it was necessary to quit their jobs and stay home with the grandchildren whose needs were severe. Several grandparents lamented no longer having the freedom to enjoy the traditional role of grandparenthood with all their grandchildren. One grandmother reported that she had to be a mother first now:

There's been jealousy on the part of my other granddaughter who comes over and says, 'why can't we have the play room back, and I have to say that it's _____'s room now. And I use to help my daughter out [financially] with their needs, like the girls' glasses and things, but this year I just don't have it.

Additionally, many grandparent caregivers said their freedom was compromised because they do not have access to reliable child care that would allow them to get away. Many said that they had not taken a vacation in years.

Third was the difference that being older made in raising the grandchildren.

Said one grandmother, "I hate hearing the kids argue in the car. It makes me nervous at my age." Another grandmother said that it was more stressful now when the little one threw what she described as "a temper-tantrum." Another grandmother of a nine-year-old said she could not do the physical things in her seventies that younger parents might be able to do.

My activities are limited due to my health problems, arthritis and all. It is hard to keep up with him physically at times. For instance, during the summer he'll want to go out and play in the yard. And sometimes I sit on the porch steps and throw a ball to him or something like that, but I can't walk very far because of my health problem. With this cane, I can't do any running and so, for that reason, the most I can do as I say is do things with him in the house...reading and do games and puzzles together.

Said a grandfather describing his wife's experience with menopause:

Another difference with the age thing is hormones. She'll get on these crying jags and the boys and I know when that happens to just go outside and leave Mom alone, that she'll be all right. She'll not float away in the tears. It's something we learn to live with.

Along these same lines, a few grandparents expressed fear about dying before they could finish raising the grandchildren.

A fourth area of concern was in the area of family relations. In many instances, the child's parent was seen as the family's "black sheep" by his or her siblings. This presented a problem for several grandparents who, regardless of this child's actions, were still loved by them. Said one grandmother:

My son, the kids' father, wanted us to have the children so he wouldn't have to take care of them. Lazy [referring to the son]. He goes to court every time with us. He wants us to stay having the kids. He told the judge that he wanted his children raised like he was, even though he knows how to do it, but he don't. And one day, maybe, he might go back to the way he was raised. I don't know. But he's still our son. I still want these children to know their parents.

Said another who felt it important to keep the extended family in tact, "I'm trying not to alienate her from her mother and her brothers, and it's not easy." Still others loathed the visits between the child and the parents. "When they get around their parents," said one grandmother, "they [the kids] get out of control. And when they come back, we have to reset the ground rules." Another grandmother explained that it was difficult on the grandchildren who had siblings they had never seen. Said one grandmother regretfully, "Their father, who has remarried, doesn't wish to make these children a part of his life."

A fifth and final category, but no less significant, was the notion of not being equipped to deal with "special needs children." For many, this was simply uncharted territory. Said one grandfather, "He's not a fast learner so my wife has to spend a lot of time with him working on his school work." Another grandmother said that dealing with a child who suffers from the effects of alcohol requires inordinate patience because "she essentially has no short-term memory."

A grandfather lamented that he never had to deal with Attention Deficit Hyperactivity Disorder (A.D.H.D.) with any of his other children and that the problems were significant. Said this grandfather who was age 70, "___ likes anything active." Unlike other eight-year-olds, the grandfather went on to say that with this condition, A.D.H.D., the grandson was active from the moment his feet hit the floor in the morning until you got him in bed at night.

He goes from one thing to another. He takes Ritalin. We could tell there was something going on here before he started school. The pediatrician picked up on it early on. But we fought [using the] Ritalin until it was absolutely necessary. But it can be very trying, just the energy [needed] to keep up with him.

We don't always have the energy to be consistent with things that you would hope to be with children. You know with the A.D.H.D., it [imposes] limits, like, I have never had a babysitter for him because I am afraid she might leave in the middle.

Said a grandmother describing her teenage son diagnosed with Attention Deficit Disorder (A.D.D.), "We'd work on a school project every night, hours. And we might spend a whole weekend on a project with the boy. Then he would forget to turn it in. After all that."

Another grandmother spoke of a granddaughter born to a drug-addicted mother. They were still waiting to see what effect this addiction would play, long-term, in the child's health. Yet another worried about the emotional stability of a granddaughter who had been sexually molested by her step-father.

Often the grandparent caregiver indicated that grandchildren who were of school-age, in particular, noticed the difference in appearance between the way their grandparents and younger parents looked. For some of these grandchildren, it appeared that they were embarrassed. One grandfather reported that his young grandson conveyed this by asking him to buy some black hair dye to cover the grey. Another said, "There's a stigma being raised by grandparents. All their friends' parents are younger." A grandmother said, "She's ashamed that she has to be raised by grandparents. She knows it's not normal." Another reported that it was difficult for the granddaughter always getting asked why she lived with her grandparents.

For some, the grandchildren were reported to lament the fact that the grandparents were not physically able to chaperone school events or participate in sporting activities because of health restrictions. Said one grandmother:

I'm medically disabled and her grandfather has to have that oxygen tank there. Sometimes they go on these field trips and there's just no way that we could do this and they're all-day trips. And we just can't do that. We can't chaperone. When it comes to things at the school, we participate. We can go there. But on these field trips and stuff like that, where you have to ride the bus, we can't. We have to tell her no all the time.

One grandmother commented that sometimes teachers are not as sensitive as they should be. She said, "At school the teachers all focus on moms and dads. Everything is moms and dads, moms and dads. It's embarrassing to have a different situation and to feel like you don't fit in." Grandparents frequently said the children clearly missed having their mother be a close part of their lives. No similar comments were received respective to "fathers." Some grandmothers commented that their parenting skills were of the "old school," and that they thought their granddaughters likely perceived them to be too strict on some issues. Finally, grandparents consistently reported fear on the part of the grandchildren that their grandparents might die or that someone might remove them from their grandparents' home. Said one grandfather, referring to his teenage grandson:

We just found out this week that a schoolmate of his [the grandson's] had to move to Alaska. His adopted mother died of a blood clot. She was 39. And his question is, Grandma and Grandpa, can this happen to you? Can this happen to me? And we told him that this is life.

Grandparents reported that, in large part, they had received the most help from members of their own family and from people within their church's congregation. Said one grandfather:

My brother-in-law bought those little bicycles for the girls. But we have a corps at the church who are good about helping. One of the women in church has taken the girls a couple of times for Saturday and I had a girl walk up the other day. She gave me a pair of shoes. She bought them thinking they'd fit

her daughter. And she got home and they didn't fit her. So, she gave them to me. But you know, it's stuff like that that just really helps us.

Chimed in his wife: "For emotional or social support we look to the church. It's a close-knit group. Yeah, because if we have a problem, you know, we say, 'please pray for us,' you know, and they will." Another source of help was the support groups attended by so many grandparent caregivers. Said one grandmother raising two teenage grandsons:

Well, through the support group you find there are just so many helps out there. Just the camaraderie and the support that you get with the other grandparents. And then like _____, [referring to a fellow support group member], her boy has been through puberty. So I have a real good sounding board there. I mean I know I can ask her some of these questions that might come up. [It] hasn't happened yet [the need to ask the questions]. But, maybe [it will].

Said another grandmother, commenting on her support group:

You know this is one of our favorite things to do. This is my outing. You know we come here and of course we eat, and the girls eat, and they like to come here too because they're in a group too. And our grandparent facilitator makes sure they're not idle. She gets a lot of programs. The facilitator does that for us. They have something to do during the school year and even [in] the summer.

The schools were looked to as a source of help for children who suffered from emotional trauma or developmental disabilities. Representative of grandparents' comments was this one from a grandmother caring for a nine-year-old granddaughter:

At school she's had a special education teacher, a regular teacher, a tutor, a school social worker and a psychologist. I've gotten all kinds of help for her there. And then because she was so neglected, the school assigned a lady from this 'Jump Program,' I believe it's called Kids at Risk. They assigned her to this lady three years ago. Her name is _____ and that lady is so great. She has found _____ no matter where she lived. You know, like if her mom

moved or if her mom decided not to answer the door, which she does all the time. She would track her down and take her once a week for the last three years. So she takes her to the circus and to movies...all those silly kid movies. I am really lucky because she takes that slack up. But she has loved _____. She's always tracked her down, no matter what. It has just left me stuff to do like shopping and teaching her things like how to cook.

While some utilized the services of school counselors, others were seeking psychological counseling for the children through private agencies, largely because they did not want anything to show up on their grandchild's school records. Several families had sought coverage under Medicaid to address their child's medical needs, but were ineligible for dental or vision care. Said one grandmother: "Well, his mother required orthodontics. So did his uncle. Chances are he will. So where am I gonna get that money for orthodontics if it [the need] comes along?" Even many of those who had medical coverage under their own employers' policies said that such coverage did not extend to dental and vision care.

The majority of comments received about experiences in dealing with the state's Family Independence Agency (FIA) are summed up in one grandfather's remark: "We were treated like a number, like they didn't really care." A number of grandparents said that they dealt with Probate Court, FIA, and Friend of the Court (FoC). FoC was used for child-support issues. The experience of having to deal with multiple agencies is best described by one grandmother who said, "They have you running here and running there and often the right hand doesn't know what the left hand is doing." Commented one grandmother, a professional, on her experience with FIA:

You know, you can't mail in your request for [the Child-Only] grants. They

make you go down and sit in that horribly dangerous part of town and wait all day long and wait in all that squalor that you don't want to be sitting in anyway. Plus, I'd lose a day's work and I can't afford to lose a day's work.

More than half of those in the sample had hired their own attorney at some point to address the legal ramifications of raising their grandchildren. Outside of Medicaid coverage for the grandchildren's medical needs, most grandparents did not report receiving any financial help from the state. To a lesser degree, other agencies mentioned as providing help were Head Start, The Crippled Children's Fund, Community Mental Health, United Way, and the Social Security Administration.

Several grandparent caregivers indicated they had no medical insurance for themselves and that they could not afford to purchase it. One grandmother said: "We're self-employed. We just have a small day care business. We can't afford to make the payments." Said another grandmother:

You know, we'd be willing to pay [for health insurance] if we could have it cheap enough. If we could have it reasonable enough, we could handle it. Even if we had to pay for office calls. But we can't afford \$500 to \$600 a month.

A number mentioned the need for free legal help. Some grandparents said that not all lawyers have experience in this area and it often takes awhile to locate attorneys who are skilled at handling such cases. Said one grandmother:

We've spent about six, seven thousand dollars in the last few years financed for nothing but to find out that some of the lawyers around [here] are crooked. You assume when you hire a lawyer that they're on your side, serving your best interests. When we were going through the process to adopt, with her daughter and the son-in-law problem fighting over the kids, when the daughter had walked out and the father got out of jail, we hired a lawyer. He charged us \$2,000 altogether. [It turned out] the things he was telling us to do were to help the son-in-law, the father of the kids, not the mother. We didn't know. We were doing what he told us to do, and all we did was give the kids

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to the father.

Also on the grandparents' wish list was a clothing allowance for the children, a fund to pay for entry fees for the children's athletic programs and school supplies, and funds to make minor repairs to the home. Said one grandfather, "He knows better than to ask for the designer tennis shoes that cost \$150. But even a good pair of tennis shoes these days is expensive." The majority of grandparent caregivers stated there were financial inequities with the current system. One grandmother said: "Kinship care/foster care parents should receive treatment equal to the foster parent. If I didn't love ____ so much, I'd be inclined to say you [the state] take care of her."

The need to get away from the children on occasion, even for only a few hours, was another issue frequently mentioned. One grandmother said: "Our social life, it's kind of gone down the tubes." "Disappeared," interjected her husband. The grandmother resumed the conversation saying, "Even on our anniversary we took the kids with us. Babysitters are \$2, \$2.50 an hour around here, so if you have dinner, a movie and babysitting, it adds up."

Another suggestion heard frequently was the need to let grandparent caregivers make application for programs and services by mail. Where the court was concerned, several grandparents said all parties with a vested interest in the child's welfare should have a say. Most of the grandparents said they were not looking for a handout, but that they thought that reduced fees on some programs, like school hot lunches, seemed like a reasonable request. Psychological help was the type of help conveyed as needed for the biological parents of the children. In terms of help for the

children, health insurance was mentioned for those children without any form of assistance, a Big Brother or a Big Sister to spend time with the child or other mentoring programs, and an opportunity to participate in a summer camp at no cost. Said one grandfather, representative of the sentiment expressed by many, "the child's biggest need is simply for love and reassurance."

As to whether raising grandchildren affected the family budget, responses were almost equally divided between "no change" and "decreased." For those who reported no change, the undercurrent was that the family was getting by and that the grandchild was not a burden. As one grandfather responded rather curtly, "We're doing just fine. There's been no change. What's one more mouth to feed?" However, in following up on his answer, when pressed for details, he, along with others, admitted that out-of-pocket expenses had taken their toll on their budget, and they were just having to cut back in other areas. Said one grandmother: "I'm always cutting coupons and getting all the sales. I'm going from one store to the next and I try to save every dime we can cause we don't have any to throw away." Adding to this picture, her husband remarked, "Our taxes are high. I got nine acres here and it costs \$650."

A small percentage of grandparent caregivers indicated that their budget had actually increased, either from receiving Social Security payments for the children, an Adoption Subsidy through FIA, or Kinship Care/Foster Care payments.

The grandparent caregivers indicated that raising a grandchild had affected their social life. As one grandmother said, "We use to go out to dinner. Now it's

only fast food and we watch kid movies.” For the most part, most grandparents indicated they did not go out much, that they did not want to burden their family with babysitting, and that nothing was done spontaneously. Commented one grandmother:

I'd love to go out to dinner once in awhile without her [the granddaughter]. She's not a pest, but it would be enjoyable not to have to say, 'Chew with your mouth closed. Don't do this. Don't do that.' You know what I'm saying? Don't know of any babysitters. That's the whole issue. We did have one for awhile, but she got too old, started working and dating and things.

As one grandmother said, “Everything revolves around the boy's school schedule.” For some, a social life was a matter of finances. There were no funds to indulge in social activities. One statement commonly heard among these grandparents was made by a grandmother who said, “We haven't gone out to dinner without the kids in three-and-a half years.” Said her husband: “With the cost of a movie and dinner, we often just wait till the film comes out on video and then rent it. The problem is then you forget which one it was because it's been so long.”

Other grandparents said the grandchildren still experienced fears and concerns when left with strangers, so they simply did not go anywhere for that reason. Another recurring theme was that the grandparents, in many instances, no longer fit in with their former friends who do not have child-rearing responsibilities. In addition, they felt as if they were neglecting their extended family. As one grandmother said, “we just don't have time to do things socially with the other grandkids like we use to.”

In this sample none of the grandparent caregivers were still raising their own

children living at home except for the grandmother with an adult, developmentally-disabled son. In most cases, there was a relationship between the grandparents and their own son or daughter, although this often didn't extend to the son-in-law or daughter-in-law. Said one grandmother: "How he got hold of some of these women, you know, that he had these kids by, I'll never know. But this is where we're at, so what do you do?" While this grandmother lovingly referred to her son as "the bum," and described him as lazy and irresponsible, it was clear that her animosity did not extend to him. In a few instances there was no contact whatsoever with the biological parents. In one case because trust had been breached between the parents and their adult child, one grandparent caregiver couple had rewritten their will, leaving everything to the grandchildren and nothing to their only adult child. Said the grandfather:

You know, we will never be able to trust her again. She lived under this roof agreeing that the girls should stay with us while she got her act together, all the while planning to move to Canada where her boyfriend lived.

In many instances, the decision to raise the grandchild distanced relations between the grandparents and their other adult children. Said one grandmother:

Raising ____ has placed a strain on things, a very big strain. This has caused a lot of friction between our six kids. Some feel that we shouldn't even have to deal with the mother. Some feel that we've been alienated by the mother. And some just think that we should just bend over and forget the whole thing. And we don't do that. Two of them sided with their sister and thought it was all right and that we should forgive her and ____ should forgive her mother for taking him back [the stepfather] instead of her. And we just can't do that. ____ [the granddaughter] comes first. Our kids are still there. We love our kids. But she comes first. You know you have to watch what is said. Not to make anybody upset, you know. It's like being on eggshells or something. I don't even bring her [the granddaughter's] name up when the other kids are here. We can't even bring the mother's name up, because that causes

problems. And we don't allow them to do it either. And we can never have them here all at the same time.

To a lesser degree, there were examples of families growing closer, with more effort made on the part of the adult children to offer help to Mom and Dad. One grandmother reported that she had actually become closer with her daughter-in-law, that they saw one another more frequently, and that they did family activities jointly much more than ever before.

Some grandparents reported observing jealousy on the part of their other adult children and their other grandchildren. As one grandmother said, describing her daughter's claims, "You never took us to those places on vacation," or "You never let us do the things that you're letting ____ do."

A number of grandparent caregivers indicated that they did have family or friends on whom they could rely for babysitting. However, many of the grandparents did not like to impose, so they did not ask such a favor. Said one grandmother, "In a crisis, I would rely on my adult kids to sit, but I don't like to ask them. They've got their own families." All but one grandparent said that they could count on someone in the event of an emergency. One grandparent without any family members living in the vicinity said her daughter would help, but she lived several hours away. In several instances, grandparents indicated that their other adult children often imposed on them to watch their children, but that this gesture was never reciprocated. It was common to find informants who were married relying heavily on each other for caregiving so that the other could occasionally take a break. Said one grandfather in his seventies, raising two teenage grandsons:

I try to do most of the cooking. _____ loves my tacos. And I try to keep up with the laundry because _____ has a problem with her legs and she can't get around real well. She does what she can. But I do it because I love my wife.

Of the couples interviewed, most indicated a willingness on the part of their spouse to take an active role in the grandchild's care. Most spoke of the arrangement as a partnership, and though they may have assumed different tasks, they perceived they were equals when it came to parenting duties. It is important to note here observations about the health of many of the grandparent caregivers. Numerous individuals had visible handicaps. Some used "Amigos" to get around, others were on oxygen, some had hearing aids, several used canes. In more than one instance, one spouse was spending considerable time caring for the other.

Responses on why grandparent caregivers decided to raise their grandchildren ranged from drug and alcohol dependency issues, to abuse and neglect of the children. As explained in the literature, the reasons are often more complex than they appear on the surface. For example, many grandparents cited abuse and neglect of the children, but the neglect often stemmed from the parent abusing drugs and, as a result, not attending to the children's needs. A number of grandparent caregivers reported that the child's biological parent was incarcerated, and when probed, it was often discovered that they were in prison for drug abuse offenses. Most of the reasons provided in this sample had something to do with alcohol or drug abuse.

Several grandparents who stated that they were caring for a grandchild due to parental abuse or neglect also said that their children became pregnant too young and were therefore not handling the responsibilities of child-rearing appropriately. Only a

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small number of informants were raising a grandchild whose parent(s) had died or whose parents were psychologically unstable. In a few instances sexual abuse by one or more parents was given as the answer. In only one case the reason stemmed from a chronic medical condition on the part of the grandchild's sibling that caused the biological parents to spend an inordinate amount of time attending to that child's care.

Most respondents said they felt that they were now doing a good job raising their grandchildren. If they had to pick a number, on the average it would be a 4 on a scale of 1 to 5. This contrasts greatly with the response given for when they first started the role of grandparent caregiver. Many stated that the transition was shaky. One grandmother said: "If you asked us that the first six months we had him, we would have said a negative five. Your instincts for raising a child, though, eventually kick in."

Summary

Thus, in this sample that was primarily older, White, middle income, married and reasonably well-educated, grandparent caregivers were very involved with the grandchildren in their care. The grandchildren were valued for their companionship and for the joy that they brought to these nontraditional families. In almost every instance, the grandparents' action was driven by a concern that the grandchild be safe. The most common reason cited for caring for a grandchild was either neglect or abuse. Many times, however, such actions masked a more common problem—

substance abuse on the part of the biological parents. The home environment with the biological parents did not often provide a place where the grandchildren could grow and develop normally. In many cases the grandchildren had become a ward of the state when Adult Protective Services (under the Family Independence Agency) had stepped in due to incidents of abuse or neglect. Many times, however, the grandparents had already intervened with their own children when they observed abuse or neglect, and had struck an agreement that had them providing custodial care to these grandchildren. Sometimes the agreements were formalized in writing. Other times they were not. Only when it appeared that the biological parent was not capable of parenting the grandchild did the grandparents seriously explore the option of adoption. Sometimes adopting the grandchild was a fairly routine procedure. More often it was extremely difficult to secure the termination of parental rights, a requirement in the adoption process.

The most difficult aspects of raising their grandchildren, as reported by the grandparents, included (1) navigating the legal process, (2) dealing with the loss of their freedom to “grandparent” in the traditional sense, (3) the difference that being older made in parenting a second time, (4) the difficulty in working through family relationships that often resulted from raising the grandchild, and (5) the perception of being overwhelmed by the task of attending to the many and varied needs of “special needs” children.

Grandparents reported that they most often received more help from their own family and from fellow church members than they did from human service agencies.

The schools did offer some help, but at times it was mitigated by teachers who were insensitive to the children's unique situation.

In terms of dealing with human service agencies, many grandparents had experience with the Family Independence Agency (FIA) in their quest to obtain Medicaid for their grandchildren. The process for securing Medicaid was viewed as cumbersome and was further complicated by the fact that FIA offices were often located in high crime areas. While not the norm, some grandchildren had no form of health insurance.

Many of the grandparents had hired their own attorney to address questions of legal status as it concerned the grandchildren. In terms of their own needs, the grandparents offered a number of suggestions to improve their quality of life. Mentioned were medical coverage for themselves, respite services, a clothing allowance for the grandchildren, financial help with fees associated with school-sanctioned sports, and financial help to pay for minor repairs to their homes. Many grandparents saw a need for the state to offer grandparents raising their grandchildren the same financial help as offered to foster parents. These largely middle-income families reported numerous examples of a negative financial impact, indicating that low-income grandparents are not the only ones having difficulty financially. Single grandparent heads of household saw mentoring programs and summer camps for the grandchildren as a greater need than did two-grandparent heads of household.

The addition of one or more grandchildren to the grandparents household tended either to unite families, or to distance them. Either the other adult children of

the grandparents generally agreed with their parents' actions and, consequently, offered them more support, or they did not support their parents' actions and became estranged from them. Those grandparent caregivers who were married clearly relied heavily on their spouse for their emotional well-being and, in many instances, for their physical care as well.

In most cases, both spouses were very involved in household tasks, as well as with child-rearing responsibilities. Finally, in general, grandparent caregivers perceived they were doing a good job of raising their grandchildren. In most cases, however, they suggested that the transition from grandparent to parent had been a bumpy road, one that only straightened out after trial and error.

Grandparents-Raising-Grandchildren Support Group Leaders' Responses to Focused Questions

This section summarizes responses to the focused questions that were directed at leaders of Grandparents-Raising-Grandchildren Support Groups.

Key Events

In almost every instance, the seven leaders were paid professionals who had training and experience in the field of social work. The one exception was a grandparent caregiver couple who were operating their support groups through a Brookdale Foundation grant. One leader worked for a local Commission on Aging that had a Strong Families/Safe Children (SFSC) grant that supported her work; one worked for a United Way agency that again had a SFSC grant to support the groups' activities.

One worked for another United Way agency that was totally supported by United Way without the aid of a SFSC grant. Another worked for a mental health agency that was supporting its group through Brookdale Foundation monies, a grant from the local Area Agency on Aging, and Generations United funding. One leader worked for the Extension Service and was utilizing a grant through SFSC to support groups in this area. All had served as support group leaders for a number of years.

Attendance at grandparent caregiver support group meetings ranged from as little as two families to 25 families. Many of the groups offered classes for the children as well. On the average 12 children attended each meeting. Many of the groups offered a core curriculum for the grandparents of between six to eight weeks, and then an opportunity to continue with the group in an "alumni" format on a monthly basis. Others offered a series of educational workshops in addition to the support group meetings which anyone was welcome to attend. The age range for members attending the groups was 32 to 86.

Some support groups offered a set curriculum that included sessions on legal options, grieving and insurances, among others. The topics that were covered reflected a core group of concerns commonly voiced by grandparent caregivers. Time was also provided at these sessions to address any pressing issues on the part of the grandparent caregiver. Said one leader, "Usually meetings are run by who at that point is in need most to talk, who is in trauma or who is in crisis." Other leaders sought the ideas of members through surveys and group discussions and then formulated their programming accordingly. Some groups had a component that dealt with

substance abuse. Others addressed such concerns as they arose in group discussion.

Said one leader:

Many of the topics raised are consistently the same, like grieving. These people go through a lot of losses. Sometimes the groups focus on how-to issues. Other times they just want to sit around a table and look at another grandparent and hear what they're going through and just cry.

Said this same support group leader:

These grandparents beat themselves up when they first come into the group and that is my experience with almost every single group. Woulda-shoulda-coulda's, as we call them. And we try hard to help the grandparents see that there comes a point when that adult child makes some choices. The grandparents obviously had a role in that adult child's life. But there's a point where people tend to make their own choices and have to learn from their own consequences. And we have a two-minute guilt rule in our group. It's so, so important for our grandparents to be able to acknowledge their own feelings of failure and guilt and anger towards themselves for what they think they may not have done a very good job at. So, we say 'two-minute-rule.' You can have your guilt cause that's yours to keep and you deserve that. And then you throw it out. And that's our running joke. But that is a stress management technique for some of these grandparents.

One leader who was also a trained therapist said she frequently observed a correlation between the grandparents' mental state and their perception of being responsible for children incapable of parenting appropriately. All leaders reported offering special events like holiday parties and summer picnics that were targeted to grandparent families, not just the caregivers.

The leaders said that they had all observed a cyclical movement within their groups. Grandparent caregivers new to the role, they said, at first often focus on survival issues. They are full of questions and concerns about what they need to do to keep the child safe and to make his or her adjustment less traumatic. As time progresses and they have some of the basic questions addressed about the child's care,

they often branch out to what they can learn from others. Said one support group leader:

The most feedback we've gotten consistently over the past six years, that is what did you like best about the group, is never hearing about legal issues. It's not hearing about finances. It's not hearing about resources. It's hearing personal stories, knowing I'm not alone. I didn't do anything wrong.

Another support group leader said that once grandparents no longer feared for the safety of their grandchildren, they often became accomplished advocates:

When you go in and talk about advocacy, grandparents realize they don't want some of the [existing] laws on the books. And the judge is saying to them, 'I cannot change the law. All I do is enforce what's on the books. So you know, hey, let me off the hook,' which is my understatement [statement]. 'I can't make it different. This is what the law says and these are the parameters under which I have to rule.' So then they'll say, 'we want to change the law,' you know. And there are some who want to do that, who are very proactive and passionate about it, and who want to be involved in effecting change.

Interestingly, the call for greater financial assistance for grandparent caregivers was much more vocal on the part of support group leaders than among the grandparent-caregivers themselves. Many support group leaders condemned the current state system as treating grandparent caregivers unfairly and taking advantage of their strong sense of family ties. The decision to take the grandchild in the first place, they said, was often from this sense of family obligation. As one support group leader said, referring to grandparent caregivers, "It's all about family. It's family, and it's family, and it's family." The need for respite was almost equally compelling to support group leaders. Several reported that grandparents do not always understand the importance of a break from the caregiving routine for their own mental health. One support group leader said:

Respite is important for the grandparents. You know foster parents are provided with that. I think that would be something that the kinship caregiver should be able to have too. If you are a foster parent, there's funds available for respite. And, depending on who you talk to, there's supposedly funds for kinship families for respite too. But we haven't been able to access that here.

Finally, the need for prevention was clearly articulated by most. Said one leader, "There is a lack of prevention. Kids come with emotional issues and struggles. They come with attachment difficulties. They come with special needs, and there's little in the way of prevention."

Leaders primarily spoke of the Child-Only grant available through FIA to eligible grandchildren and how illogical it was to think that one could raise a child on \$99 a month. They also spoke of the Adoption Subsidy through FIA which was possible only if FIA were to intervene and the child were made a ward of the state. One leader said, "Often the best course of action is for the system to take its course, for FIA to intervene so that the parents' rights can be terminated." But that means first having the child go into Foster Care, and that prerequisite is not something most grandparents are willing to accept, even for a limited period of time. They also spoke of the expense for some counseling services for the grandchildren and the grandparents, but indicated that insurances did not always cover these. As a result such services were not readily used, particularly by the grandparents. Said one support group leader:

Some grandparents are able to accept that their adult children cannot raise their children. Others don't. They're still kind of hoping that their kids will get it together. And that is a valid hope. But sometimes it keeps getting squashed...And that leads to depression, anxiety and substance abuse.

Said another group leader, even when counseling is an option, it is often very limited

“because with this managed care, you know, we can fix you in six visits.”

Many leaders suggested that politicians in Lansing should listen to grandparent caregivers themselves if they want to better understand what help is needed by them. Their recommendations, nonetheless, included the following.

Said various leaders, “Guardianship laws need to be revisited and revised to fit today’s society. Change the laws so that it is easier to make that transition from guardian to permanency.” Said another, “There needs to be closer monitoring of the biological parents seeking to regain custody of their children. How many times do they have to see what’s going on before they can determine what’s in the child’s best interest?” “They should do some type of research to determine how many of these kids who are sent back to their parents eventually get taken away,” said another. One leader said:

The most overriding issue is the financial one. Michigan needs to tap unused TANF dollars. There needs to be more cross-training with agencies that serve grandparent caregivers. After a workshop we did someone from Probate Court came to me and said, “you know, we really need to get together with them [FIA and FoC] so we can see how our work is interrelated and how these grandparents aren’t getting the help that they need.” Because they heard. They heard the grandparents make statements at the workshop.

Finally, another leader said, “Those who still work can’t afford to take the time off to fill out all the paperwork in order to get some help. There has to be an easier way for grandparents to apply for programs or services.”

Among the leaders, two described their members as coming from a more rural area, two described their members as coming from a more urban area, and three said that their clientele came from both rural and urban areas.

Four leaders said that location did have a bearing on access to services. Two believed it did not necessarily make a difference. Those seeing a difference believed that grandparents from rural areas faced more difficulty gaining access to services due to lack of public transportation and that most of the services were located in urban areas.

Four leaders said that attendance was seasonal. Two indicated there was no difference. For those who stated there was a difference, primarily that difference was a lower attendance rate during the summer months when grandparents were busy with other activities.

All leaders strongly believed that government does have a role to play in the grandparent caregiver phenomenon. Said one leader, "You need to treat the underlying cause why most of these grandparents are raising the grandkids—substance abuse." Leaders all said that grandparents need help with those grandchildren who have special needs. One leader said, "there needs to be consistent system-wide support in mental health, child care, medical care and financial support." This sentiment was echoed by other leaders as well. The leaders saw the need for more support groups statewide, a better understanding on the grandparents' part as to what they were entitled to, a consistent understanding and application of rules on the part of human service agencies, and a more realistic understanding and sensitivity to the housing needs of grandparent caregivers. Grandparents need to have their voice heard through the courts, said one leader. Grandparents need counseling to deal with their own sense of guilt, anxiety, stress and depression, said another. Finally, while

the majority of grandparent caregivers in this study were not caring for an aging relative, leaders did say that this was indeed an issue for several, and that they needed greater help to address many of the issues that resulted from being a part of the “sandwich generation.”

Summary

While support group leaders differed in gender, in professional training, in geographical location and setting (urban versus rural), in the type of agency with whom they were employed and in how their support groups were funded, and in their level of experience working with grandparent caregivers, the leaders shared the common thread of working with a population whose needs were not dissimilar. Whether it was in northern Michigan or near the Ohio border, the grandparent caregivers often faced many of the same situations and experienced many of the same emotions.

The support group leaders themselves were similar in that they all showed compassion for the grandparents as individuals. And, while the support group leaders conducted their meetings with a set agenda, they all spoke of the need to use flexibility in their leadership role given that needs for grandparents sometimes arose that were best not left to a future meeting to address.

Additionally, in some regions support groups were established with a time limited structure, with opportunities for membership in an alumni format once the grandparent had completed the core sessions. In other regions support groups were on-going.

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The access to services by the grandparent caregiver appeared to differ geographically. For example, in some regions of the state the lack of public transportation greatly hindered the grandparents' attendance at meetings and in applying for programs and services. In other regions this was not the case.

In some regions, working relations between human service agencies assisting the grandparent caregiver were reported to be finely honed, and there were many examples of collaboration among agencies. In other regions signs of collaboration were non-existent.

Finally, all support group leaders perceived a role for state government with the grandparents raising grandchildren phenomenon. While many roles were suggested, the one most commonly voiced was for greater financial support for the grandparent caregiver.

The next chapter summarizes the findings from this research and draws conclusions, albeit with the understanding that this study is very small. Readers are cautioned not to apply these conclusions to the grandparent caregiver phenomenon at large, but rather to consider them as insights within the context of the somewhat unique sample that was drawn, i.e., a more affluent, better educated and older group of grandparent caregivers than has generally been reported on in the literature.

CHAPTER VIII

ANALYSIS AND CONCLUSIONS

Significance of the Findings

Chapter VIII provides an analysis of the findings that were reported on in Chapter VII. Further, this chapter focuses on seven major themes that surfaced as key factors in this study: (1) major losses, (2) a financial drain, (3) family dynamics, (4) protracted legal struggles, (5) need for accurate information and consistently applied rules, (6) the need for prevention, and (7) strength gained through support groups and the church.

None of the grandparent caregivers in this sample were parenting their grandchildren because they sought this role. It was not that they did not appreciate the joys that come from being a parent for the second time, or that given the same circumstances they would do things differently. Rather, each expressed a preference for the natural course of events to have prevailed and an opportunity to indulge these grandchildren in traditional ways common to most grandparents. Said one grandmother, "You know, it isn't what I thought I would do in my older age is raise _____ cause you figure by the time she graduates, I will be 65-years-old. He [the grandfather] will be 70." Said one grandmother who had concerns about caring for her grandchildren:

I didn't want them to go to a foster home. That's the bottom line. I just

didn't want them to go to a foster home, and that's where they were headed. They were in foster care with us as their grandparents and they can stay there awhile before, you know, they tell you, either you adopt them or somebody else is going to. And, you know, they can't keep them in foster care forever. So, when they came up with that, you know, "are you gonna adopt these kids—if you're not, [then understand] somebody's gonna come along and say, we need to place these kids." So, I said okay. And so I asked my husband. I had an anxiety attack. I said, "Oh, my God. We've got these small kids. And I said, you think we really want to take these kids?" And, he said, "Well, we got to." So we did.

Frequently grandparent caregivers saw themselves as doing more than an adequate job of parenting their grandchildren although, for the majority, there was a transition period filled with self-doubt and misgiving. As one grandmother stated, "I first was kind of leery, wondering if I was gonna be able to do this or not." Said another grandfather bluntly, "I think we were a mess." "To begin with," confirmed his wife, "we were a mess."

Most grandparent caregivers were consumed with worry about the child's safety and welfare, and by a desire to take whatever action was necessary to see that the grandchild's basic needs were met. As time progressed, grandparents often sought assistance, either through support groups if they existed in the area, or through local human service agencies. They were looking for answers to questions like: How do I get guardianship? Is adoption something I should be looking at? How do we get health insurance and are we eligible for Medicaid? Often the children's schools were turned to as a source of help and information, particularly for families with special needs children having learning disabilities or emotional impairments. Many of the grandparents were not prepared for the severity of psychological difficulties or physical behaviors exhibited by the grandchildren who came into their care.

For many, years of abuse and neglect or the effects of the child's exposure to drugs or alcohol made parenting incredibly difficult.

Further, grandparents as well as support group leaders frequently commented that parenting had changed because society has changed. They did not have the threat of violence in the schools when they were growing up. They did not have harmful drugs to fear. They did not have HIV and AIDS to contend with. Said one grandmother, commenting on the change in society, "About the worse thing I ever did was to sneak out for a beer."

As the grandparent settled into the caregiving role and reached a point where some form of legal status was in place and the child's medical insurance had been addressed, the grandparent often turned to those issues that arose from day-to-day parenting. The focus of questions changed to: How do I handle the disciplining of a teenager? How do I keep disruption to a minimum when the child's parent visits? How can I make time for my other grandchildren? More of their attention was also focused on some of the societal issues alluded to earlier, such as how do I prevent my child from being harmed at school? Or, how do I address sexual activity in a pre-teen?

Two issues that prevailed regardless of how long the grandparent had been caring for the grandchild were: (1) the need for respite, and (2) the need to be of help to others in like circumstances. Usually within a short period from assuming care of the grandchild, the grandparent realized the need for a break for themselves. Child-rearing is not easy. It is physically and emotionally draining. For those who had a

strong network of family support, the notion of receiving occasional respite was not a problem. But, for many without close family ties and for others who felt that asking for such help would be too great an imposition, respite remained illusive.

The thought of taking a vacation with or without the grandchildren was usually perceived as an unaffordable luxury. And the cost of babysitting, to be away even for as little as a few hours, was frequently prohibitive.

Additionally, most grandparents expressed that the grandchildren had huge insecurities about being left with strangers, stemming from abuse and neglect. As such, most, at least initially, never entertained the idea of using someone outside of family, even if the caregiver's credentials were impeccable. Grandparent caregivers consistently expressed a concern about taking any action that might cause undue anxiety for the grandchildren. And, while the grandchildren came to know the grandparents as a source of stability in their lives on whom they could truly count, grandparents commonly expressed that the grandchildren's past experiences made them wary. Said one grandmother:

One of our grandson's made the comment when they got off the bus she [their mother] would come and pick them up. And if she was over there by the road, that meant they were going home. But, if she was over here by this pond, then they knew they probably were not. [On those occasions, they] would not get any dinner, probably just chips and pop, because she had been drinking again.

Those grandparents who were married appeared to draw heavily on their spouse for what respite they were able to obtain. Those assuming a single-parent role were not as fortunate, and often assumed the responsibility with little or no help.

The second commonality among grandparent caregivers was a strong desire to

be of help to other grandparent caregivers in similar situations. Leaders of grandparents-raising-grandchildren support groups all spoke of the caregiver's genuine concern for those struggling with child-rearing issues, legal battles, or bureaucratic red-tape. They relayed how support group members wished to advocate for changes to those systems that made life more difficult for them and their families. Consistent in discussions with all the support group leaders was the theme that grandparent caregivers were not whiners, but incredible problem-solvers who were able to draw great strength from one another. Even grandparent caregivers who were not a part of any support group network expressed a desire to share their experiences with an eye to reaching others who might learn from their stories.

Grandparent caregivers, according to support group leaders, continued to be there for one another emotionally as well as to serve as a ready source of information about experienced attorneys, probate judges, counseling services, the Family Independence Agency, Friend of the Court, Head Start, and other agencies and organizations commonly encountered along their caregiving journey. The leaders emphasized that these networks reinforced the successes of their members. They celebrated victories big and small, such as a grandparent successfully adopting a grandchild, or a grandchild passing his or her driver's education class. In many instances, the leaders said that the members had become close friends, going to church together or taking the children bowling or to the park--activities well outside the confines of the group's meetings. They were also the support group's best form of outreach, said several leaders, identifying other grandparent caregivers and encouraging them to join, or to

simply attend a support group meeting.

Only one leader ever questioned the wisdom of a grandparent caregiver taking on the caregiving responsibility. And in this situation, the leader said the grandmother's health was now too frail and her mental state too precarious to adequately deal with the needs of the grandchildren. Said the support group leader:

I've got one grandparent in her late 70's. She's got two grandchildren. She's not well. She's forgetting things. She forgets to go to court when she's suppose to and then she doesn't understand why the court then makes certain decisions in her absence. And she wants to fight those things. Two of her grandchildren were taken away from her. One is an infant and the other about two-years-old. She allowed the biological mother to stay in the home when FIA said she can't be there. She's, you know, a substance abuser [the biological mother]. And so they took these two children away...and she's still bitter about that to this day. But she still has these other two kids.

The leader said she was continuing to help this grandmother come to terms with her limitations for the sake of the grandmother's well-being as well as the grandchildren's.

Leaders also mentioned that, on occasion, grandchildren were returned to the parents who had petitioned to regain custody. This was not a frequent occurrence. Generally, whatever obstacles prevented the adult children from successfully parenting their own children were not surmounted or there simply was no interest on the parents' part to regain custody. Many leaders said that numerous biological parents were just glad to be free of the parenting responsibility. In those instances where children were returned to the biological parents, leaders said that they often observed that the parents' rights were ultimately terminated for recurring behaviors and the children were referred to foster care.

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Conclusions

Key Factors

Seven major themes contribute to an understanding of the grandparent caregiver in this study. They are that (1) major losses are faced by the grandparent caregiver, (2) a financial drain is placed on the family budget, (3) the family dynamic is often polarized by the caregiving responsibility, (4) protracted legal struggles are common, (5) there is a lack of accurate information and lack of uniformity and consistency when rules are applied by many human service programs, (6) prevention is key to child neglect and abuse, and (7) support groups and “church families” often provide more strength and direction than human service agencies.

Grandparent Losses

A recurring theme, the notion of losses borne by the grandparent, was commonplace among these interview subjects. Grandparents often expressed a hope that they could retire and travel, fully realizing that it would likely not happen. Almost all of these grandparents could recall the loss of one or more close friends, not so much from an outward rejection of their role as caregiver, but more as a result of different interests or a drifting apart. Said one grandmother:

We use to have this one friend that we did things with and we'd go over to her house and she had these tiny, delicate knickknacks all over. You can't take two or three toddlers into that, particularly ones that are as active as these are...Or, after church, someone would say, "you want to go out and have ice cream?" Well, not when it [means] taking five people with you.

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It was obvious, in the first instance, said this grandmother, that these folks were not set up to deal with little ones, nor did they want to “kid-proof” their house when they came to visit. The second example, she relayed, showed that her friends did not realize the financial implications of raising children for a second time. The loss of friends is particularly important. “Frequency of contact with friends, rather than relatives, is associated with improved life satisfaction and other measures of subjective well-being” (Minkler et al., 1994, p. 26).

Grandparent caregivers also expressed sadness about not being able to come and go as they pleased and for their lack of privacy. They lost time that had previously been spent pursuing vocations, hobbies or simply for introspection. Said one grandmother, “I had to quit working. I had a job and I loved working. I liked having my own money to spend how I wanted.” Another said, “I use to go antiquing and raised dogs to show. I don’t know if I’ll ever get back to those things again.” At times they reported losing the support of their adult children who believed their actions in electing to raise the grandchild were ill-conceived. They spoke of gradually losing hope that the biological parents would be capable of raising their own child. They spoke of losing their self-respect when well-meaning strangers asked why they were raising the grandchildren and in being confronted with the embarrassing truth, which was often a child’s drug addiction or drinking problem. For some, their health had diminished at an accelerated pace because they had no extra time, energy or resources to direct their attention to health promotion or disease prevention. For others, simply the added pressure of parenting had caused them to increase their

smoking, rather than cutting back. In many cases informants spoke of losing their life-savings that had been redirected to meet the grandchild's needs.

They often spoke of losing faith in the state's welfare system when promises had been broken. They relayed losing whatever courage they could muster to confront the schools, because now many of them were dealing with children with learning disabilities, and they found the process intimidating. And while none of the informants in this study expressed it, support group leaders were able to confirm that marriages did not always withstand the strain of a reconfigured family structure that included grandchildren.

A Financial Drain

While 11 of 22 families in this study reported earning more than \$33,600 annually, these figures do not tell the whole story. It might appear that financially many of the grandparent caregiver families have enough income to "get by," but what is not revealed by these statistics is that most are retirees with finite resources.

Most of the assets were tied up in the grandparent's home. Several grandparents said they would have considered selling and moving to subsidized senior housing where cost-savings might be realized. But such an idea was now out of the question in that such places did not accept children.

What is not really understood is that often this limited income is being stretched to address all the needs of the grandchildren as well as out-of-pocket expenses incurred by the grandparent's needs. Even for families on the upper end of

the income continuum, prescription drugs not covered by insurance significantly diminished what appear to be ample earnings.

Eight of the grandparent families in this study, or 36 percent, earn less than \$20,000 annually. In a study by Kelley and Damato (1995), more than one-fifth of the approximately 40 grandparent caregivers interviewed reported financial difficulties as a source of stress. Regardless of income level, grandparent caregivers “experience a heightened financial burden” (p. 330).

One grandmother in this Michigan-based study, who had raised nine children, was raising four of her grandchildren. She spoke of financial hardships. For three grandchildren she received an adoption subsidy. She received Social Security for the fourth child. With nine children, the grandmother explained she had always been frugal. She had to be. But now, being frugal was not enough. She was faced with legal bills accrued due to custody issues surrounding the youngest in her care. And she had substantial transportation costs due to an ailing husband who she had to transport for his kidney dialysis treatment several times a week and for a toddler that needed to be transported to specialized classes. While the baby in the family was, chronologically, three-years-old, said the grandmother, she was developmentally only 18-months-old. There were additional expenses that were never anticipated. The grandmother said:

She still doesn't speak. She does sign, so the whole family has had to learn to sign right along with her. But I do a lot of running with this one because I have her in all the programs she can be in...She's mildly retarded.

This same grandmother indicated there were also transportation costs associated with

moving both her and her husband back and forth to their respective counseling appointments.

Grandparents reported having to scrape together money for school field trips. Other additional expenses mentioned were prom tickets, yearbooks, class rings, pictures and fees for school-related functions that working parents might find easier to support.

Seven families in the study were raising grandchildren who had *not* been made a ward of the state and thus, when they sought and secured adoption, were not eligible for any adoption subsidy for their grandchildren. One couple had no legal standing and had not applied for any type of financial help. Thus, slightly more than one-third of the informants in this study received no financial help whatsoever from the state. Only one couple had been designated as Kinship Care/Foster Care Parents and was receiving monthly payments decidedly larger than the child-only grants of approximately \$99 monthly that less than a handful of grandchildren in this study received.

While 41 percent of the families interviewed reported seeing no change in their family budgets with the addition of grandchildren to their family structure, upon further probing, grandparents admitted that the family budget had been taxed. One grandmother spoke of an increase in grocery costs, jokingly remarking how much a teenager can eat. While grandparents downplayed the expense of raising a grandchild, many persons coming of age in the 1940's had been taught to not accept charity and to make do with what they had.

One grandfather looked askance when asked what type of programs or services he thought his family might need. He said he blamed the Democrats for all those government programs that had caused costs to go up. Other grandparents were more direct. Said one grandmother, "I wasn't raised to accept welfare." Another grandmother said:

Thank God I have a job. I didn't want to take anything cuz I have a decent job, but she [the caseworker] made the point that if we don't take it now, we never will get it [an adoption subsidy] and I don't plan to work forever.

Many grandparent caregivers said their income limitations precluded such items as music lessons or summer camp for their grandchildren.

Family Dynamics

Relationships change with the addition of one or more grandchildren to the family structure. While none of the grandparents in this study were still raising their own children living in the home, changes in family relations were repeatedly mentioned between the grandparents as a couple, between the grandparent and the adult biological parent, between the grandparent and their other adult children, between the grandparent and their other grandchildren, and between the grandparent and their own circle of friends. The end result was that often relations were polarized with extreme support for the grandparent caregiver on the one end and their complete rejection on the other.

In most instances in this study, changing the family dynamic by adding a grandchild to the equation resulted in greater communication between couples. As

stated previously, this finding does not conform to what is in the literature. This finding needs to be viewed, however, in the context of the size of this study which, being fairly small, severely limits its scope for interpretation. In this study, often grandfathers took a more active role in parenting the second time around. Said one grandfather, "If I hear one of them stir in the night, I'll go in and change their diaper. I've come to a new appreciation for what my wife went through in raising our daughter." This increased need for greater dialogue between husband and wife strengthened the relationship as reported by the majority of informants. One grandmother did report, however, that prior to her husband retiring, he was on the road all the time and she felt saddled with the grandchild's care. This, she explained, had been a strain on the marriage. Likewise, those few who expressed that their marriage was now somewhat diminished, claimed that it stemmed from having no time to themselves or from feeling that they were strapped down and unable to just pick up as they wished.

As for the grandparents and the adult children whose offspring the grandparents were raising, in the majority of cases, there was still interaction between the adult child and themselves, although the interchange seldom extended to the spouse or "significant other" of that adult child. The reasons for this lack of interaction were equally mixed. In several cases the spouse was deceased. In others, the mother of the child did not know who the father was. In a number of cases there was no contact because the spouse was incarcerated. And for some grandparents, there was no contact with the spouse or "significant other" because they were perceived as unsavory in character. Said one grandmother:

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Her mother came home one day and saw her naked with this guy [the mother's boyfriend], and he said the reason they had no clothes on was because it was hot. After she found out that he had raped her and he went to jail...he gets out and she's gonna let him back in the house.

The majority of grandparents did not condone the behaviors of the biological parents with respect to issues of substance abuse—issues that in many cases precipitated the grandparents raising the grandchildren. Nonetheless, in more than half of the grandparent caregiver families interviewed, there was still ongoing communication between that adult child and the parent and a willingness on the part of the parent to include that child in family gatherings.

While the majority reported strong support of their actions by their other adult children, several grandparents shared that they were estranged from one or more of these offspring as a result of their decision to raise the grandchild. The estrangement was reported as more pronounced between the adult children and the "black sheep" son or daughter. As one grandmother repeatedly heard from a son living out-of-state, "It's not fair that _____ wrecked your retirement."

In most cases grandparents reported having numerous grandchildren as well as great-grandchildren. The most noticeable change between the grandparents' relationship with these other grandchildren was less time spent dealing with the other children one-on-one, and less ability to provide gifts on par with those that had been given in the past. Another difference was that now more time was spent in addressing petty jealousies with grandchildren who felt they were in competition with the grandchild living in their home. Finally, grandparents reported a different dynamic between themselves and other parents of school-age children. "None of the people

our age are raising an eight-year-old, let alone one who's hyperactive," said one grandfather. "It does make a difference." He went on to relay:

He [our grandson] went to a birthday party where they had a swimming pool and the young parents were playing with the kids. He came home and he was a little upset because my wife and I aren't able to do the things that younger people can do.

Legal Struggles

Almost half of all grandparent families spoke of encountering significant legal difficulties in trying to pursue legal action in relation to their grandchild. The difficulties included probate judge bias against grandparents-as-parents, probate judges who gave biological parents too many chances to get their parenting skills back on track, no court mechanism to ensure attendance at substance abuse counseling or parenting classes actually resulted in changing behaviors, and adoption laws so stringent that it was utterly impossible to adopt if both parents were unwilling to voluntarily surrender their parental rights. This was particularly true in cases where the child was born out-of-wedlock. The biological adult children, in all cases, qualified for free legal help. The grandparents, on the other hand, had to hire their own attorneys. One grandfather, whose daughter died, spoke about the biological father of the child who had never had any prior involvement with him:

He has never sent a penny to care for him or anything. But yet, he won't sign off. We did get through _____ County. We won to have his rights terminated, but then it went to an appeal of the Appellate Court and they found a clause to turn us down.

Said another grandmother of her experience with the court:

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The only reason I have this child is because they had a custody hearing and the mother and father were supposed to be there. Neither one of them showed up. So now the judge, he's letting her have this baby on the weekends and the baby's been hurt twice...but the judge says it's because she went through some parenting program that she got a certificate from there that she's all right now to take care of the baby. I just don't think the mother is ready for that because she lets the baby get hurt. She comes back home dirty and grimy. She comes back home hungry, wet and that kind of thing, you know. And the judge knows this, but yet he ordered that she can have this baby over the weekend and I don't think that's in the baby's best interest.

The grandmother went on to say:

Her mother goes from job to job. He knows that. He knows that she's still on probation for running a crack house. He knows that she still lives in a drug-infested neighborhood. He knows all about it, and yet, he puts this child, I think, in harm's way.

Another grandmother, a social worker raising a granddaughter where the mother of the child is Native-American, said:

I made a mistake of writing a letter to the court and using my credentials. But that was interpreted as the person who was trying to tell them their business. If I go in there and I'm calm and everything, I have no feelings. If I go to a hearing and I'm emotional, then I'm unstable. Both sets of grandparents wrote letters and went to the last hearing. But, we weren't allowed to say anything because we're a non-party. So I don't even go [to the hearings] anymore.

This grandmother said that because the child's mother is Native-American, the laws that apply to everyone else are not applicable here. The child's mother should only have had a year to prove that she was capable of caring for the child or her rights would normally have been terminated. In this case, the grandmother said, extensions were still being granted to the mother after an 18-month court battle, even though the mother lived in a shelter, had recently tested positive for drugs, and had a work history that was spotty, at best.

Another grandfather complained about judges' biases, referring to his own experience. The probate judge sided with the child's father from the very beginning. "He saw us as those crazy grandparents. He even told our lawyer that 'there is no way your client is going to get him [the grandchild].'" The grandfather relayed that they successfully adopted their grandson after a four-year court battle. The findings? The child's biological father *was* abusing him. There were 19 counts filed against him, said the grandfather. Rather than risk losing his parental rights with his other children, the father voluntarily relinquished his rights to this young boy.

Need for Accurate Information and Consistently Applied Rules

The most common occurrence on the part of grandparents dealing with human service agencies was in obtaining accurate information that was applied consistently from one grandparent caregiver to another. The most prevalent form of help sought was in enrolling the child in Medicaid to take care of his or her medical needs. Seventy-two percent of the families reported having one or more grandchildren who received Medicaid. Most reported that the application process was "grueling." A small percentage reported having no form of medical insurance for the grandchildren and being unable to secure Medicaid. The remaining children were covered under their grandparents' health insurance policies.

Most of the grandparents who had not adopted their grandchild said they had sought the Child-Only grant through FIA, but were told that the child did not qualify. The majority of those interviewed received no form of financial assistance from the

state outside of Medicaid services. Only a couple of grandparents indicated they received Social Security payments for the grandchild whose parent was deceased. Only one grandparent caregiver family was receiving an adoption subsidy, although another family was in the process of making such an application. Forty-six percent of the informants had legally adopted their grandchildren. Because the majority of these grandchildren were never wards of the state, there was no opportunity to receive an adoption subsidy.

Another problem was the need for specialists to care for those grandchildren who required something other than a general practitioner. Said one grandmother:

Our problems came when they changed Medicaid to HMOs and the HMO didn't honor those different doctors and the doctors wouldn't participate with the HMO and that type of hassle. We were put in a waiting pool for nine months so that we could re-enroll in the right one and by the time we got to the re-enrollment, the specialist had problems with the HMO, so here we were caught in the middle.

The grandmother said they were finally able to receive treatment for their grandson's medical condition, but it was not easy.

Another common experience on the part of grandparent caregivers was in not knowing what questions to ask. Representative of the responses was one grandmother who said:

If you call up FIA and you say you want help and they ask you simple questions and you don't give them the right answer, then they tell you, you don't qualify for anything. But there are benefits. You've just got to hound them and hound them.

Another grandmother speaking at a Support Group meeting expressed her exasperation at being denied any benefits through FIA because her son had agreed to

make child support payments. But the payments were made sporadically, so she could never count on them as a steady source of income. The Friend of the Court, responsible for making the adult child pay, never came through, said the grandmother. At this particular session, the evening speaker was a supervisor from the county FIA office. This supervisor said that workers are supposed to take into consideration the frequency with which child support payments are made. Grandparents in attendance at the meeting said resoundingly that this seldom occurred.

Another related issue for one grandparent caregiver couple was the awkward position they felt they were in when it came to child support. Said the grandmother, "While we believe that parents have to take responsibility for their kids, our daughter is going through a divorce right now and we just don't think she needs that extra burden of facing child support payments as well." So, even though the couple qualified for financial help through FIA, they didn't pursue it because it would have meant that this daughter's wages would have been garnished.

Specific to one county's experience, the FIA supervisor said that most of her workers dealing with kinship care issues have less than a year's experience in the job, and turnover is incredibly high. Her advice to an audience of caregivers was to go back to the initial caseworker and if answers were not satisfactory, to request to speak to that person's supervisor, and so on, up the line. Another grandmother corroborated this claim that caseworkers are often inexperienced. Her grandchildren went without medical coverage for several months when they thought they were covered. The grandmother said this was the first time the caseworker had ever worked with a

kinship care family. She said she had to raise the issue with FIA and was told she had to fill out more forms. She said:

But the caseworker was very nice when he learned of the error. He said he'd walk it over to the other side and get it taken care of, and he had our Medicaid reinstated that afternoon. It took only four days to get the cards.

Grandparents also reported exasperating experiences with Protective Services. The grandchildren would be found left alone, Protective Services would be called in, and would find the children's parents were gone, and there was no heat or food in the house. But this grandmother observed, "instead of pulling them from the home, they'd be right back with the parents." Another common complaint was that visits with the parents who needed help with parenting skills were always scheduled in advance. One grandmother explained, "anyone who knows a worker is coming can clean their house. They know they better not be 'high' because they've got an appointment with Outreach on Tuesday at 9:00 a.m. They should make unscheduled visits."

In commenting on financial help received through FIA, one support group leader said:

The amount of money that the grandparents receive versus foster parents is scandalous. They will look at this woman who has exhausted her life savings to care for her grandchildren. Yes, they're her grandchildren. And of course she wants to help them. But, if you were to find someone out in the community to take care of these children, you would be paying \$1,500 a month. But you want this woman to raise five children on \$400 to \$500 a month? That's ridiculous.

Only one grandparent reported having a good experience with FIA, without incident. Said one support group leader:

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Many of the grandparents will not deal with FIA. They won't do it because of the double standard there. One grandmother said to me last night, "FIA speaks out of two sides of their mouth. They say one thing and get your hopes up and when you get there, they squash you." And then what we have found is that one grandparent in the group might say, "well, my caseworker told me about this and told me about that and now we've got this, that and the other." And the other one says, "nobody ever told me that. My caseworker said that's not available." And then they'll go and they'll ask and they'll be told that's not available. So we find we have these two different stories and they begin to wonder.

The same leader said in her county, for this very reason, there was a lot of suspicion about how people are served through FIA and a lot of distrust of the workers and of the system.

To a lesser degree, grandparent-caregivers had similar experiences with community mental health services for counseling (mostly for the grandchildren), with Head Start, with Families First, and with school counselors and school social workers. In each of these instances, grandparent caregivers spoke of having to know the system in order to make it work for them.

The Need for Prevention

One support group leader suggested, "if you are trying to reduce the number of grandparents raising their grandchildren—grandparents who would prefer to be engaged in other activities, you need to be talking prevention." Certainly not all the grandparents in this study were raising a grandchild as a result of substance abuse on the part of the biological parent. However, substance abuse was often a factor.

Commonly only one adult child, among the grandparent caregiver's multiple adult children, was incapable of parenting responsibly. Several grandparents

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described this son or daughter as "our youngest child." While the grandparents were usually "parenting" only one youngster from this adult son or daughter, it was not uncommon to hear the grandparents describe other children from this same adult child who were not in their care. In some instances, the grandparents had sought, unsuccessfully, to gain custody of these other children. In other instances these grandchildren were adopted by other families or were in foster care. In rare instances, these other grandchildren were living with their biological parents.

Frequently grandparent caregivers mentioned that the siblings of the adult child, who was unable to parent responsibly, were all hard workers and excellent parents. The majority of grandparent caregivers who had adopted a grandchild also described another child among their adult children who they had an arrangement with to care for the adopted grandchild in the event of their death. This other adult child often interacted with the grandchild much as a godparent would.

On several occasions, grandparents commented that there were early signs of dysfunctional behavior on the part of these adult children, but, at the time, they interpreted these signs as a reaction to their divorce or simply as a normal part of maturing for teenagers. One grandmother relayed that, "When she was 12-years-old she used to run around telling everyone she was pregnant. She was not pregnant." Another grandmother spoke of daughters who became involved with drugs, "I really didn't see the signs. Now, it would be different. Now, I'd know."

In only one instance did a grandparent caregiver ever relay that she had serious problems parenting her own children. From all outward appearances, the

grandparent caregivers in this study were observed to be responsible, dedicated and caring individuals in raising their own children.

Of those grandparents who voluntarily took formal parenting classes or who were required to do so by the courts or FIA, half indicated it was a good experience. The other half said that the information was impractical or that the course was patronizing and gave no recognition of their life experiences. In other words, they believed the classes were better suited to new parents. Some would suggest that this is yet another example of conflict in role fit in that the perception of the dissatisfied grandparent caregiver is that planners of parenting classes do not give them any credit for what they already know. They do not, or at least have not, according to many of the informants in this study, acknowledged that grandparents do not fit a standard mold.

Finally, grandparent caregivers did indicate that in some instances their adult children were seeking psychological help, drug rehabilitation, and the aid of support groups for their many and varied problems.

Strength Gained Through Support Groups and the Church

When asked if they belonged to a Grandparents-Raising-Grandchildren Support Group, 18 of the 22 families indicated that either the grandmother or the grandfather was a member of such a group. Grandparents who did attend support groups overwhelmingly endorsed them. Only three of those families indicated they had never attended a support group meeting. Two of these households were non-committal about their reasons for not attending. One household mentioned that it

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was simply because there was no such group near them. Among the grandparent-caregiver couples, it was most often the grandmother who attended meetings.

One grandmother said the support group was her only social activity. Another said their leader had placed the kids in a lot of programs, like the Y camp in the summer, and had helped her as well. "This facilitator just makes sure they're not idle," she said. This same grandmother went on to say:

I won't ever forget one year when I first started foster care. And, they had to come out and inspect everything, you know. I live outside the city, so I have a septic system. It's been there for awhile, you know. And, when they come and inspected, it wasn't up to their standards. So, I had to have a new septic system and ____ [the support group leader], she got that money for me.

Another support group leader said that sometimes the most significant benefit from these groups is what can be gained from peer support. A leader related that:

We once had a grandparent sharing her experience at the meeting and another grandparent said to her, "you're angry." And she said, with her back bristling, "I'M NOT ANGRY!" So, the group kind of brought her to some accountability. "You know, we can see you are angry. I felt like that until I talked to my counselor and worked through it." And so that happens in group, that kind of peer support to look at and confront what's really going on with each other.

This particular grandparent who was told that she was angry after the meeting, very quietly, she came to me and said, can you give me the card of a counselor, and I did. For this person, it was a cultural thing. We don't go to counselors. And so, there was a real stigma there for her. But quietly, she could say to me, almost in a whisper, "Could you give me the card of a counselor?"

Support groups, in short, offer grandparents a source of accurate information, an opportunity to share parenting strategies, a chance to vent emotional stress, an opportunity to learn from one another's situations, and, to some degree, an ability to develop lobbying strategies that can impact public policy issues affecting

grandparent-caregiver families.

Finally, it is significant to note that a strong religious faith was frequently mentioned by the subjects. This faith gave them the strength to seek the caregiving role in the first place—often out of moral duty. Said one grandfather, “It was the right thing to do.” Their religious faith sustained them often through long and bitter court battles that, at times, pitted them against their own son or daughter. And this faith, in many instances, was something that they wished to impart to their grandchildren. As one grandfather explained, “I didn’t want another person’s beliefs or values being foisted on this child.”

In several instances grandparents relayed stories of what they believed to be divine intervention along the path to gaining custody. Many times, they reported, matters looked grim and it appeared that they might even lose contact with the grandchild. Then a strange twist of events would happen and they would feel energized to stay the course. Said one grandfather, “The Lord fought the battle for us really. That is where the credit goes, to the Lord.” A grandmother reported that the FIA was seeking placement in foster care for all the siblings in the family, including the granddaughter she had in her care. Everyone in her church, she claimed, prayed that the granddaughter would not be uprooted from her. Ironically, she said, she received a call that a foster care family was nowhere to be found that was capable of taking all the youngsters, so her granddaughter was allowed to remain with her. “That says something,” she said, “about the power of prayer.”

In sum, this study set out to discover what issues are facing grandparent

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caregivers in Michigan, what programs or services impact the success ratio for parenting a grandchild, and what role, if any, state government has in this arena.

While grandparent caregivers in Michigan are beset by problems, they are a resilient group, doing what one support leader described as “just a beautiful job of raising these grandchildren.” And while they do not often qualify for many programs or services for themselves or their grandchildren, they do not see the impediments of repressed finances, legal battles, or failing health as insurmountable.

The findings from this study coincide with those whose work is embedded in the theoretical framework of role theory, and more specifically, role fit. Without a doubt, the role of the grandparent caregiver, which is out of sync with the norm, is cause for internal and external conflicts. They long to be a grandparent like other grandparents. And many times they are treated like an anomaly even when family and friends mean them no disrespect. But even with all the losses endured, grandparent caregivers continue to want to make a positive difference in the lives of their grandchildren, and they are.

Limitations of Study/Avenues for Further Inquiry

There are several limitations to this research. It is a qualitative study of 35 individuals raising their grandchildren in Michigan and seven leaders of grandparent caregive support groups. This study examined the grandparents’ experiences in raising these children with an eye to what services they had used, what services were lacking and what role, if any, government should be playing in this arena. This study

was not structured in such a way as to seek findings that could be generalized to the counties where interviews took place or to Michigan as a whole. Some informants belonged to support groups and some did not. The preponderance of informants were very much involved with their support group. It was not intended, however, to examine the differences in responses between support group members and non-support group members. The intent was not to fully explore the child's perception of being raised by a grandparent. Nor did this study look at culture or ethnicity as variables impacting the grandparent-caregiver experience. The "special needs" of the grandchildren, which were mentioned so frequently by these grandparents, were not the focus of this study. Nor was the intent to fully explore the relationship between the child's biological parents and the grandparents raising that child. While an examination of the role of the school in working with grandparent-caregiver families could have been explored in greater depth, that too was not the intent of this study. All of these limitations represent opportunities for further research, in addition to continued examination of the public policy implications for the grandparent-as-parent phenomenon in Michigan.

The topic of grandparents-raising-grandchildren is important because the numbers of such households continue to rise. Further conversation among academics and public administrators, as well as longitudinal studies, are essential for improving efficiency and efficacy of public services delivered to grandparent caregiver families.

Suggestions for addressing some of the public policy issues identified in this study are found in the following chapter. These recommendations are based upon the

major themes that emerged from this study and which were discussed in detail in this chapter.

CHAPTER IX

RECOMMENDATIONS

The following recommendations are drawn from the major themes that emerged from this study.

Losses. The notion of losses faced by the grandparent caregiver and resulting grief from those losses transcends almost every grandparent caregiver experience. Additionally, losses often extend to the estrangement of family members, and, in some instances, can lead to depression. Yet, success in obtaining professional help to address the issue of grief is not common among these grandparent caregivers. It was found in this study and is confirmed in the literature that grandparent caregivers do not see therapists because of a cultural taboo, a stigma attached to mental health therapies and, most of all, because they lack insurance to pay for counseling. It would perhaps be beneficial to explore ways to provide outreach to grandparent caregivers in assuaging their grief. However, cultural, economic and intellectual barriers that prevent the grandparent caregiver from seeking and obtaining treatment should be considered when employing such outreach strategies.

Income. Raising any child in today's society is expensive. For grandparents, many of whom are on fixed incomes, the strain of making ends meet without any opportunity for added income, is not only stressful, but downright harrowing. As such, Grandparents-Raising-Grandchildren Support Groups, and others concerned

about grandparent-caregivers in Michigan, may wish to closely monitor FIA's Kinship Pilot Project now operating within three districts of Wayne County. As previously stated, this project is intended to provide increased monetary support to the child-only grantee as well as increased supportive services, such as respite. Support groups should seek the expansion of this project.

Guardianship. The nature of guardianship is tenuous for many grandparent caregivers who would like to see permanency afforded the grandchild in their care, but who, because the child was not made a ward of the state, have no grounds to push for termination of parental rights. Grandparents often care for these grandchildren years on end, knowing that a probate judge might return the child to his or her parents, even if that grandparent is the only "parent" the child has ever known, and even if that grandparent has reason to believe such a move would not be in that child's best interest. Therefore, Grandparents-Raising-Grandchildren Support Groups may wish to keep apprised of Judge Donald Owens' work as the Michigan Supreme Court's newly appointed Guardianship Ombudsman, as well as making a point of working with him in this new role.

Agency Coordination. Many grandparent-caregivers utilize the services at one time or another of Probate Court, the Family Independence Agency and Friend of the Court. Grandparent caregivers explain that they have reason to question the information provided by these institutions and the accuracy with which their application for assistance is processed. Further, in many areas of the state it appears there is little sensitivity toward the needs of those in this population who do not drive, have no

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money to retain the services of a lawyer, are reticent about seeking services or information from agencies or organizations located in high crime districts, and often have trouble easily negotiating the necessary paperwork. As a rule, in many areas of the state, it appears that little agency coordination among these three institutions exists. This often results in miscommunication of information and the need for repeated and sometimes unnecessary visits to one or more of these institutions. Moreover, such experiences lead the grandparent caregiver to feel disenfranchised. As such, Grandparents-Raising-Grandchildren Support Groups may wish to raise this issue with the multi-purpose collaborative body in their region with an eye to seeking better ways of serving the needs of grandparent-caregivers and their families.

Toll-Free Number. Grandparent-caregivers generally have a ready source of information in Grandparents-Raising-Grandchildren Support Groups. Such groups are not available in all parts of the state. Further, for various reasons, many grandparent caregivers do not elect to participate in such groups and therefore, there appears to be a gap between the size of the “information need,” and the amount of “Information disseminated.” As such, perhaps a toll-free number, operational 24-hours-a-day for those seeking help, could be implemented and further, perhaps this service could be staffed with well-informed professionals or grandparent caregiver volunteers.

Prevention Information. Many of the grandparent-caregivers in this study were raising their grandchildren because one or more of the child’s parents were substance abusers. As such, these parents were deemed unfit to parent. While many

support groups already offer a Substance Abuse Prevention component as a part of a formal educational curriculum, such support groups neither address such information in a systematic way nor do they target this information in age-appropriate ways to youngsters. Further, several of the grandchildren in this study were believed to be suffering from alcohol syndrome and were at higher risk of becoming an alcoholic. Therefore, consideration should perhaps be given to making greater efforts to target school-aged children with age-appropriate alcohol and drug prevention information within the support group setting and that support groups should perhaps seek the assistance of organizations such as Big Brothers and Big Sisters and college fraternities and sororities to provide mentoring opportunities for the children of grandparent caregivers.

Support Groups and Churches. Both Grandparents-Raising-Grandchildren Support Groups and churches of various denominations are making a big difference in the lives of grandparent caregiver families. More than just a place to problem-solve, the support group addresses practical parenting needs, emotional concerns and social needs of grandparent caregiver families. Likewise, grandparent caregivers draw great strength from the churches with which they are affiliated. These churches serve as a source for obtaining children's clothing, for social interaction, and most importantly, as places to replenish their faith and to receive the prayers of others. It is recommended then that state policy-makers look to funding options that will sustain and expand Grandparents-Raising-Grandchildren Support Groups in Michigan. Further, support groups may wish to consider using a curriculum with a proven track

record, Second Time Around--Grandparents Raising Grandchildren: A Curriculum for Grandparent Support Groups, now in its fifth printing. Additionally, church bodies within various denominations may wish to examine the extent to which their parishioners are grandparent caregivers, and subsequently, to look for ways that the church can expand its outreach effort to this population. And finally, providers of support to grandparent caregivers may wish to consider speeding up their offer of help to the grandparent caregiver after he or she initially assumes the role as parent. It is this period of transition that appears to be the most difficult for the caregiver.

Appendix A
Definition of Terms

There are a number of terms and phrases utilized in the literature on the grandparent caregiver phenomenon. Sometimes the definitions differ. For that reason, it was important in the conduct of this study to establish definitions to avoid confusion over programs referred to by various names.

DEFINITION OF TERMS

Grandparent: A biological, legal, or surrogate relationship that extends between children and offspring - includes grandmother, grandfather and great grandparents.

Grandparent Caregiver: A biological grandparent(s) caring for one or more grandchildren in their home with no parent of the youngster living in the home.

Skipped Generation Households: Persons in households with one or more persons under age 18, one or more persons age 60 or over, and no persons age 18-59.

Guardianship: A court-sanctioned status sought by the grandparent in various forms allowing the grandparent to assume limited duration or long-term care of the grandchild without the termination of parental rights.

Adoption: A court-sanctioned status sought by the grandparent to gain complete custody of the grandchild; this requires termination of birth-parent rights and responsibilities.

Kinship Care/Foster Care Parenting*: The full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, god parents, step-parents, or other adults who have a kinship bond with the child. The child must be in the legal custody of the state child welfare agency such that the state has determined that the child's parent(s) is unable to care for the child safely in the home. Becoming a Kinship Care/Foster Care Parent requires interest on the part of the kin and licensure by the state. It affects children from infancy up to age 19.

Fictive Kin:** Refers to adults who are not-related to the child by blood, adoption or marriage, but still have a psychological /emotional bond with the child and are identified as "family" because of their active role in the functioning of the nuclear family.

Incongruous Role Fit: Results from the meshing of normal roles assumed by grandparents with the abnormal role of parent to the grandchild. Such incongruity

often results in strife, tension and strained relations between family members and others outside the family circle.

Role Theory: A theoretical framework for studying beliefs defining socially agreed upon function and behaviors.

* Source: Child Welfare League of America, Inc. (March, 2000)

**Source: Child Protective Services Online Manual, Michigan Family Independence Agency (CFP 711-4).

Appendix B
Grandparents Raising Grandchildren Survey

Questions Asked of Grandparent Caregivers Seeking Largely Demographic Information

Grandparents Raising Grandchildren Survey

1. How old were you on your last birthday? ____

2. Marital Status (Circle One)

Now Married

Widowed

Divorced

Separated

Never Married

*If married, does spouse live in household? __Yes __No

3. Race: (Circle one or more races indicating what you consider yourself to be)

White

Black, African-American or Negro

American Indian

Asian American

Hispanic

Other _____

4. How many years of education have you completed? ____years.

5. Age(s) of children 18 and under living in the home:

*If no children living at home (other than grandchildren) how long has it been since your child last lived at home?

__Less than one year

__One to two years

__Two to four years

__Four to five years

__Five to ten years

__Ten years or longer

6. Age(s) of grandchildren 18 and under living in the home: _____

7. Are there grandnieces or grandnephews living in the home under your care?

__Yes __No

8. Have you raised grandchildren other than those currently living in the home?
☐ Yes ☐ No If Yes, how many? _____

9. Do you presently assist an elderly relative with his or her care on an on-going basis? ☐ Yes ☐ No

10. a) Monthly Household Income (Circle One)

- A. Under \$400
- B. \$400-\$799
- C. \$800-\$1,199
- D. \$1,200-\$1,599
- E. \$1,600-\$1,999
- F. \$2,000-\$2,399
- G. \$2,400-\$2,799
- H. \$2,800-\$3,999
- I. Over \$4,000

b) How has your income level changed since assuming care for your grandchild(ren)?

c) Do you have a job outside your home? ☐ Yes ☐ No

11. Have you attained some type of legal responsibility for your grandchildren?
☐ Yes ☐ No If yes, please identify: _____

12. If you have not adopted your grandchild(ren), have you ever felt pressured to do so?

Yes___ No___ If yes, by whom?

13. Is there a particular religious denomination to which you profess?
☐ Yes ☐ No If yes, please list: _____

14. Are you able to attend religious services on what you would call a regular basis?
☐ Yes ☐ No

15. Do you see the status of the living arrangement between you and your grandchild(ren) as permanent? ☐ Yes ☐ No

16. Do you see the status of the living arrangement between you and your grandchildren as temporary? ☐ Yes ☐ No

17. Are you uncertain of the status of the living arrangement between you and your grandchildren? ☐ Yes ☐ No

18. Have you ever attended a meeting of a Grandparent Support Group? ☐ Yes ☐ No

19. Do you currently belong to a Grandparent Support Group?
☐ Yes ☐ No

If no, can you see yourself attending such a group?
☐ Yes ☐ No

20. How would you describe your spouse's involvement in the actual caregiving role of your grandchild?

Please Circle

Not Involved
Somewhat Involved
Very Involved

21. How would you describe, in terms of fairness, what you see as your spouse's level of contribution toward helping out with household tasks?

Please Circle

Not Helpful
Somewhat Helpful
Very Helpful

22. Since taking in your grandchild to care for, how would you describe your marriage/relationship with your spouse or significant other?

Please Circle

Somewhat Diminished
Greatly Diminished
No Change
Somewhat Improved
Greatly Improved

23. If you had to do it over again, would you choose to assume the same responsibility for your grandchild(ren)? ☐ Yes ☐ No

Appendix C

Recruitment Letter to Grandparents Raising Grandchildren Support Groups

**Recruitment Letter to Grandparents Raising
Grandchildren Support Groups**

Dear _____:

As indicated in our brief phone conversation, I am interested in investigating the possibility of cooperating with your support group to identify grandparents who are raising their grandchildren in Michigan.

I am in the process of completing my doctoral dissertation in Public Administration through Western Michigan University on this topic, with an eye to its public policy implications. My goal is to gather data that, once analyzed, may offer greater insight to the needs and concerns of this population. Hopefully, the findings will be given due consideration by Michigan policy-makers in a position to act on this information.

I am asking for your support in terms of identifying and recruiting grandparent caregivers for interviews that should last approximately 90 minutes in duration. The interviews can take place in the grandparents' homes or at another location, such as the local public library. A short questionnaire seeking demographic information will also be completed during the interview.

In return for participating in the interview, the grandparent caregiver will receive a \$20.00 stipend. The names of interview subjects will be kept confidential. A short script "advertising" the study is enclosed which, if you are willing, could be read at your next meeting.

I will be contacting you by phone on _____ to determine the interest and/or cooperation that your support group may offer in this regard. Again, thanks for your consideration.

Sincerely,

Linda G. Kimball
Grandparent Caregiver Researcher
517-373-4083

Appendix D

**Written Script for Use With Leaders
of Support Groups**

Dear _____:

It was nice to talk with you on the phone on _____. This is to confirm your willingness to read the following script at an upcoming meeting of your support group.

Linda Kimball, a doctoral student at Western Michigan University in the School of Public Affairs and Administration, is completing her dissertation on the topic of Grandparent Caregivers in Michigan. She is seeking persons willing to give their consent to be interviewed for this purpose. Specifically, she is looking for grandparent caregivers age 55 and older who have had grandchildren in their care a minimum of six months. Further, the biological parent of these children, for purposes of this study, cannot be living in the grandparents' home.

The interview will take approximately two hours and will be arranged at a time and place convenient to the grandparent. The information collected for this interview is confidential. Those persons selected to be interviewed will receive a \$20 stipend upon completion of the interview process.

If you feel you meet the criteria and would be interested in participating in this study, please let me know and I will share your name and phone number with Ms. Kimball. Or, you may contact Ms. Kimball directly at 517-321-3473 if you would like to discuss this further with her.

Again, your time and effort in sharing this request with your support group members is deeply appreciated. I will be calling you in about a week to see if there was interest expressed on the part of your support group members.

Thank you.

Sincerely,

Linda G. Kimball
6911 Springtree Lane
Lansing, MI 48917
Phone: 517-321-3473

Appendix E
Interview Guide

Western Michigan University
School of Public Affairs and Administration

Principal Investigator: Dr. Peter Kobrak

Student Investigator: Linda G. Kimball

I have been invited to participate in a research project entitled: "An Examination of the Phenomenon of Grandparents-Raising-Grandchildren in Michigan."

It has been explained to me that this research is intended to study the practice of grandparents raising their grandchildren within Michigan and the issues that they face as caregivers. It has also been explained to me that this project is Linda Kimball's research project for her dissertation.

My consent to participate in this project indicates that I will be asked to participate in one 90-minute private session with Linda Kimball. I will be asked to meet at a location that is convenient and comfortable for me. The session will consist of answering a list of 15 open-ended questions on my perceptions of how my life has changed since the advent of becoming a caregiver to my grandchild(ren). I will also be asked to respond to a short survey asking such questions as age, marital status, number of years of schooling completed and number of grandchildren being cared for in household. I will be free to refuse to answer any questions that I choose.

A benefit of this study will be a description of the issues facing grandparent caregivers in Michigan, with an eye to what programs and services would make their jobs as caregivers easier. This has not been addressed in any great detail in the literature. It will provide information for state and local leaders on how this phenomenon is changing the way grandparent caregivers are treated by social service agencies, the schools, and other groups and organizations with whom they come in contact. The results of this study will be made available to public-policy decision-makers within state government and to all interested persons concerned with this evolving phenomenon in Michigan.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to the subject except as otherwise stated in this consent form.

I understand that all the information collected from me is confidential, unless I specifically indicate otherwise. That means that my name will not appear on any papers on which this information is recorded. The forms will all be coded, and Linda Kimball will keep a separate master list with the names of participants and their corresponding code letters. Once the data is collected and analyzed, the master list will be destroyed. All other original notes or tapes will be retained for three years in a locked file kept in the Principal Investigator's office.

I may refuse to participate or quit at any time during the interview without prejudice or penalty. If I have any questions or concerns about this study, I may contact the Chair of the Human Subjects Institutional Review Board at 616-387-8293 or the Vice President of Research at 616-387-8298. I may also contact the Principal Investigator, Dr. Peter Kobrak at 616-387-8941 or Linda Kimball at 517-321-3473.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right hand corner on page one. Subjects should not sign document if the corner does not show a stamped date and signature.

My signature below indicates that I have read and/or had explained to me the purpose and requirements of the study and that I agree to participate.

Signature

Date

Consent obtained by: _____
Initials of researcher

Date

Appendix F

Human Subjects Institutional Review Board Approval Letter

Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-5162
616 387-8293

WESTERN MICHIGAN UNIVERSITY

Date: 13 July 2000

To: Peter Kobrak, Principal Investigator
Linda G. Kimball, Student Investigator for dissertationFrom: Sylvia Culp, Chair *Sylvia Culp*

Re: HSIRB Project Number: 00-06-03

This letter will serve as confirmation that your research project entitled "An Examination of the Phenomenon of Grandparents Raising Grandchildren in Michigan" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 13 July 2001

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