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The Contemporary Journal of Research, Practice, and Policy

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Research Article

**Concerns and Supports of Grandfamilies Using
Formal Services: Do They Have the Help They
Need?**

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Abstract

The objective of this study was to discover the functional and psychosocial concerns of grandfamilies already receiving support services in their community, and to ask if they had the help they needed. Data were gathered from a convenience sample of 16 grandparents who were raising their grandchildren and were involved with a grandfamily support group or workshop. Results indicated that these grandparents experienced psychosocial concerns (i.e., child's emotional problems) and functional concerns (i.e., financial strain). Suggestions are included for further development of this measure as derived from the literature, service provider observation, and grandfamily perspectives.

Introduction

Recognition that more grandparents have the primary responsibility for their grandchildren today has resulted in many community agencies and organizations providing programs and resources, such as support groups, informational websites, and educational workshops (Fruhauf & Hayslip, 2013). Despite some success in providing support, public policies and programs such as financial or medical care (e.g., Temporary Assistance for Needy Families [TANF]; Medicaid for children) have availability or eligibility requirements that do not adequately meet all needs.

As of 2012, 10% of children in the United States lived with a grandparent or grandparents, in either a three-generation household, or in mostly informal arrangements with one or two grandparents (Dunifon, Ziol-Guest & Kopko, 2014). Dunifon et al. report that this figure represents an increase in grandfamilies during the years of the Great Recession, beginning in about 2008. As Backhouse and Graham (2012) also point out, the number of grandparent-headed households is increasing, particularly those in which grandparents may be the only adults responsible for the children in the home on a day-to-day basis. A possible reason for the difficulty some grandparents have in obtaining the specific support they may need is that recognizing grandparents raising grandchildren as a normative family structure is not yet accomplished in the United States. Thus, there is a cultural lag in developing resources that include grandparents who have primary responsibility for their grandchildren, especially if the living arrangement is not formalized by

custody, guardianship or allocation of parental rights (Van Etten, & Guatan, 2012). Although grandparents report that they love their grandchildren, they do not want them taken away from the family, and are committed to stepping in to raise them when needed, being full-time parents again can result in concerns about raising and providing for children, even when grandparents participate in community support services.

This paper is a report on the findings of an exploratory needs assessment of grandparents who were already involved in some form of community support. Although this is a population well-studied in the literature (e.g., Hayslip, 2000; Kolomer, McCallion, & Overeynder, 2003; Monahan, 1994), we found that grandfamilies in our communities were still facing difficulties, despite support groups, workshops, and task force engagement with grandparents among various agencies and organizations. In particular, the purpose of this research was to discover the ongoing concerns grandparents had about raising their grandchildren, even though they were already attending support groups or informational events designed specifically for them. For this article, the term “grandfamilies” is used to define grandparents or other older relatives who are head of households and have the primary responsibility for a relative’s minor children.

Based on prior research and our experience with grandfamilies in our communities, we wanted to discover the nature of any unmet needs or concerns, despite formal affiliation. Issues of interest for this study included reasons that grandparents take over care (Backhouse & Graham, 2012; Sands & Goldberg-Glen, 2000; Templeton, 2012), psychosocial difficulties for grandparents (Bundy-Fazioli, Fruhauf, & Miller, 2013; Sands, Goldberg-Glen, &

Thornton, 2005) and the grandchildren (Edwards, 2006; Hayslip & Kaminski, 2005a; Keller & Stricker, 2003), family dynamics involving the child's parent or parents (Gladstone, Brown, & Fitzgerald, 2009; Strong, Bean, & Feinauer, 2010), service use and unmet needs of grandparents (Yancura, 2013), outcomes based on whether the grandparent has formal custody or informal charge of grandchildren (Kolomer, 2008), and the challenges often associated with parenting and working with school systems (Edwards & Sweeney, 2007), including pediatric health care, and other day-to-day needs in the lives of minor children (Baird, 2003). Despite the recent body of literature, grandparents' responsibility for grandchildren is not entirely new, especially among populations that include grandparents as part of an extended family in which day-to-day contact and child care among all adult members is normative (Chen, Liu, & Mair, 2011; Mollborn, Formby, & Dennis, 2011; Settles, Zhao, et al., 2009).

Theoretical Perspective

A theoretical framework that guided this research, and is particularly relevant for studying the grandfamily experience, is the bioecological approach (Bronfenbrenner, 2005). In particular, previous versions of Bronfenbrenner's (1979, 1989) ecological approach can "address the multiple needs of grandparent caregivers" (Cox, 2003, p. 133) because of its emphasis on the complex, inseparable interaction of the individual with his or her environment. Bronfenbrenner's (2005) last contribution before his death addresses the bioecological framework and includes describing a proximal process of individual/environment interaction and the roles and behaviors of the individual in his/her environment over time (Bronfenbrenner, 1994). This interaction influences the individual not only in his or

her near environment (e.g., the amount and quality of interaction among individuals living in a grandfamily household), but in the context of wider cultural norms, social norms, and institutions (e.g., whether or not it is acceptable for grandparents to live with and/or raise grandchildren in one's culture; the social expectation that retired older adults will enjoy leisure without the task of child rearing; lack of recognition of informal grandfamilies by schools, such that grandparents cannot access information about the student, etc.). For a more specific description of the components of this model, see Bronfenbrenner (e.g., 1979, 1989, 1994, 2005). In the context of the current study, the proximal/environment interaction takes place within each unique grandparent/grandchild family situation, but those grandfamilies are also functioning within the communities in which they live, work, go to school, and carry out the individual roles of each family member.

Although Bronfenbrenner's work focused mostly on child development, additional study on adult development over a lifetime (e.g. Baltes & Schaie, 1973) suggests that an ecological approach is also relevant for adult experiences. In the United States, child rearing is considered to be the role of a parent or parents, and despite some culturally based exceptions, situations in which other relatives take on this responsibility are traditionally seen as outside the norm (Bengston, 2001; Gerstel, 2011). Grandfamilies may be especially vulnerable to the disruption of proximal process, not only because full responsibility of grandchildren by grandparents is not normative at the macro level (because society generally dictates that children should be raised by their own parents), but also because of micro level

experiences. For example, grandparents are often retired, are older than parents of the grandchild's peers, and believed they had finished being the primary caregiver for children.

Whatever individuals consider to be their role as grandparents, the necessity of functioning as a full-time parent can result in stress and other psychosocial difficulties due to multiple roles and/or role conflict (Landry-Meyer & Newman, 2004). Finally, grandparents report that they were caught off guard, with no time to prepare for this major shift in daily life (McGowan & Ladd, 2006). Concerns about the adjustments, knowledge, and parenting tasks needed may add difficulty to the grandfamily situation.

Review of the Literature

Formal Intervention and Support

Formal community-based support intended specifically for grandparents has been implemented through various means (Fruhauf & Hayslip, 2013). Some communities are able to maximize a portion of funding from the Older Americans Act National Family Caregivers Support Program to implement a community task force or coalition for grandfamilies (Fruhauf, Bundy-Fazioli, & Miller, 2012). Other resources have begun informally, with grandparents themselves creating local support groups that in some cases grew into national organizations with country-wide membership. For example, Grandfamilies of America (GAP) was created due to the efforts of grandparents who had formed a support group in Maryland (Jackson, 2011).

Services offered through formal means in some communities include cost-free grandparents raising grandchildren support groups and access to information about services in the community, such as the single entry point information and referral services of Area Agencies on Aging (AAA). Information may include eligibility requirements and application procedures for TANF or Medicaid coverage for grandchildren. A local AAA may also be involved in providing support for coalitions or task forces specifically focused on providing information and programs for grandfamilies (Cox, 2009; Fruhauf et al., 2012).

Many of today's grandparents do not qualify to obtain formal support services. In some cases, this is due to the grandparent not being the parent or legal guardian. As a result, grandparents are not eligible for financial or legal assistance through formal children and family services (Kolomer, 2008). Even when grandparents establish formal custody, become foster parents, assume allocation of parental rights, or adopt grandchildren, there are restrictions on formal supports such as TANF, the Supplemental Nutrition Assistance Program (SNAP), and Old-Age, Survivors, and Disability Insurance (OASDI) that prevent them from qualifying for services (Mills, Gomez-Smith, & De Leon, 2005). These programs often depend on characteristics of the grandchildren, such as the grandchild having special needs, or being orphaned (Cox, 2009; Ehrle & Clark, 2001), not on a grandparent's need for assistance. The situation for grandfamilies not quite financially eligible for adult subsidies does not fit into most current formal financial support programs. For example, TANF requires not only low income eligibility for single parents but the ability to work or seek further education. While this may be

useful for younger grandfamilies who can work if they have child care, older adults raising grandchildren may not have the physical health status or child care options to fulfill TANF work requirements.

Another financial barrier for grandparents is that they may not yet be old enough to obtain age-based resources such as Social Security retirement benefits or Medicare (Fruhauf, Pevney, & Bundy-Fazioli, 2015; Hayslip & Shore, 2000). In addition, younger grandparents without legal custody are not only ineligible for many of the resources available, but also may not have the financial resources needed to raise children (Gladstone et al., 2009), especially if doing so requires that grandparents exit their employment to provide care (Silva & Clark, 2006). Formal support also includes private-pay services, such as mental health care, legal advice, and babysitting, which is something that many grandfamilies cannot afford. During the recent Great Recession beginning in 2008, there was an increase in multi-generational and grandfamily households, which placed even more financial burden on these families, especially households consisting only of one grandparent and the child or children (Dunifon et al., 2014).

One type of support that is generally available to all grandfamilies, without financial consideration or an age eligibility requirement, is grandparents raising grandchildren support groups (Kolomer, 2008). These may be facilitated by professionals and paraprofessionals connected to private entities, such as churches, or through formal community organizations, such as AAA, Catholic Charities/Lutheran Family Services, or Cooperative Extension Programs. Researchers have reported the efficacy of such groups for reducing feelings of isolation and depression (Kolomer, McCallion, & Overeynder, 2003;

Leder, Grinstead, & Torres, 2007), learning about other resources in the community that could be helpful (Monahan, 1994), and providing a place to feel appreciated and understood (Strom & Strom, 2000).

Most of the research on grandparents raising grandchildren has been conducted among grandparents who were already affiliated with some form of formal support, particularly support groups. While this has been cited as a limitation to understanding a broader range of grandfamily experiences who may not attend such groups (e.g., Dolbin-MacNab, 2006), it has also been noted that there is often merely a sharing of helplessness and defeat during group meetings (Strom & Strom, 2000) as well as a lack of rigorous attention to evaluating in what ways such networks are actually providing useful support (Smith, 2003).

Purpose of This Study

The purpose of this exploratory research was to determine if grandfamilies, already affiliated with formal support in the community perceived they were getting the help and support they needed, and to test a measure specifically developed for these individuals. The literature base (see Baird, 2003; Backhouse & Graham, 2012; Gladstone et al., 2009; Goodman, Potts, & Pasztor, 2007; Kolomer, 2008) provided an understanding of common functional and psychosocial concerns of grandfamilies. Functional and psychosocial concerns were of interest because all three authors have direct involvement with grandparents raising grandchildren support services in their respective communities. It was through their affiliations with service providers and grandparents that they discovered that needs described in the literature by grandparents were still concerns for those individuals using support services.

For the present study, the authors explored concerns perceived by grandfamilies already affiliated in some way with formal support services in order to determine if expressed challenges represented a pattern of continuing need that would help service providers address such needs. This research study was the logical next step from our previous qualitative work exploring grandparents' health and self-care practices as it relates to receiving support services (Bundy-Fazioli, Fruhauf, & Miller, 2013; Fruhauf & Bundy-Fazioli, 2013). The research questions guiding this study were:

- (1) What are the serious concerns perceived by grandfamilies who are already affiliated with formal support?
- (2) Are serious concerns related to whether or not grandfamilies perceive that they have help and support?

Method

Procedures

Researchers from two universities in a semi-rural area of a Western state obtained permission to recruit grandfamily participants for this study from facilitators of grandparent support groups and program directors of an AAA and Department of Human Services. Participant recruitment began after Internal Review Board approval was received from both universities. Kinship or Grandparents Raising Grandchildren Task Force leaders from several different support groups presented a sealed packet containing the informed consent letter to attendees during group meetings. The packet contained a self-addressed stamped envelope for sending the completed questionnaire directly to one of the researchers. At the same time, additional recruitment took place at an annual

Grandparents Raising Grandchildren workshop, where one of the researchers verbally asked attendees individually if they would like to participate in the study. It was also explained that if attendees already participated through the support group recruitment, they should not complete the survey again. Those who agreed provided their name and mailing address, and following the conference, the researcher mailed each respondent a packet. Respondent names were never obtained by the researcher who received and managed the completed surveys.

Sample

A convenience sample of 16 respondents participated in the self-report survey. All were living in the northern part of one Western state—six in a mid-sized city rural adjacent and 10 in a smaller mid-sized city, also rural adjacent. Half of the sample were receiving some type of public assistance aside from support groups. Participants were asked to write in what type of formal assistance they currently received. Two individuals reported getting food stamps and two reported non-certified kinship support (although these last did not specify what kind, or from where). One each reported receiving Medicaid for the children, Supplemental Security Income (SSI), court mandated child support, and TANF. Respondents were also asked if they did not have support for which they were eligible, and if not, why not. One respondent replied that he or she did not know where to go to apply.

Participants were raising a total of 31 children including 27 grandchildren, three great-grandchildren, and one cousin. The children ranged in ages from 2-19 years ($M=8.4$, $SD=3.9$) and had been in the grandparent's care from 1-12 years ($M=4.1$, $SD=2.6$). Demographic characteristics of the sample are shown in Table 1.

Table 1
Demographic Characteristics of Grandfamilies

Age	Range	37-73	
	Mean	59.8	
	Median	63	
Gender	Female	93.8%	(n=15)
	Male	6.3%	(n=1)
Race/Ethnicity	Caucasian	56.3	(n=9)
	Latino/A	31.3	(n=5)
	Native American	6.3	(n=1)
	Multiethnic	6.3	(n=1)
Monthly Income	≥\$907.50	100%	(n=16)
	≤\$907.50	0	
Self-Rated Health	Excellent	0	
	Good	68.8%	(n=11)
	Fair	18.8%	(n= 3)
	Poor	12.5%	(n= 2)
Marital Status Today	Married/Partnered	62.5%	(n=10)
	Divorced/Separated	31.3%	(n=5)
	Widowed	6.3%	(n=1)
	Always Single	0	
Highest Level Formal Education	Some High School	6.3	(n=1)
	High School		
	Graduate	37.5%	(n=6)
	Some College	37.5%	(n=6)
	AA/AS Degree	12.5%	(n=2)
	Bachelor's Degree	6.3%	(n=1)
	Graduate Degree	0	

Employment Status Today*	Retired	69.2% (n=9)
	Working Full-time	23.1% (n=3)
	Full-time Homemaker	7.7% (n=1)
	Working Part Time	0

*Three missing cases: two wrote in they are disabled.

Note: Valid percent used for all reporting. Missing cases not included in percentages

A total of 62.5% (n=10) of respondents lived with a spouse or partner, 12.5% (n=2) included the child's mother in the household, 25% (n=4) included respondents' own children who were not the grandchild's parents, and 25% (n=4) of the participants lived alone with the grandchild he or she was raising. Three respondents indicated that their own health complicated the ability to care for the children. Written comments included having to postpone surgery, and family stress that led to health problems.

Measures

In addition to demographic questions about the sample, the survey included measures of household configuration, reasons for raising a relative's child, formal and informal living arrangements and assistance, perception of concerns perceived as serious, and perception of help and support received. The survey was translated into Spanish by native Spanish speakers, and then back-translated, in order to provide respondents with the choice of completing the survey in either Spanish or English. Although nearly half of the sample identified themselves as Hispanic, all 16 respondents chose to complete the survey in English.

Reasons for Raising a Grandchild. A check-all-that-apply list of reasons was provided, consisting of difficult situations for the child's parents that appear consistently in research findings. Respondents were also asked if a reason was that they wished to keep the child out of the foster system. Space was provided for respondents to write in any "other" reasons they were raising the child.

Formal Support and Contact. Respondents were asked how they came to be responsible for each child in their care, whether the arrangement was formal or informal, whether or not they had contact with human services, and whether or not they had legal documents for custody, guardianship, adoption, or allocation of parental rights, or were designated as a kinship care provider through Human Services. Participants were also asked if they were receiving public assistance, and if so, to write in the type of assistance.

Perceived Help and Support. Respondents were asked to indicate "yes" or "no," about whether they had the help needed for 20 items related to taking care of the children. The survey included a "not needed" category, but was confusing to respondents (many of whom checked both "yes" and "not needed"). The "not needed" and "yes" responses were combined for analysis, such that one "yes" response was recorded for each participant who answered "yes," "not needed," or both.

Concerns Related to Raising Grandchildren. The survey included a measure of typical concerns with which these grandfamilies may still have been grappling. The measure was developed by the authors, in part based on review of the literature, as well as what we learned from

informal needs assessments in the community among grandfamilies and from local service providers who were working in supportive roles with grandfamilies. From these three sources, we developed a list of items to assess the seriousness with which grandparents perceived 17 concerns. Response categories ranged from 0=not at all serious, to 4=very serious.

Results

Reasons for Raising a Grandchild or Grandchildren

Drug abuse or addiction by the child's mother and/or father was the most frequent reason given for a relative providing care. Other reasons included alcohol abuse by child's father, abuse or neglect by child's mother, economic difficulties of child's mother, divorce or incarceration of either parent, or alcohol addiction of child's mother. Additional reasons included death of child's mother, abuse or neglect by child's father, mental/emotional/physical impairment of child's mother, and economic difficulties of child's father. Finally, participants also wrote that the death of another child in the family, parents' separation, and inconsistent parenting (one case each) were reasons for raising the children. Table two shows the percentage of reasons based on difficulties for children's mothers, fathers, and those in which both parents had those difficulties.

Table 2*Reasons for Raising Grandchild(ren)**

*Respondents were asked to check all that applied; percentages are per category and will not add to 100%

Reasons for Raising Grandchild	Percent Mother	Percent Father	Percent Both Parents
Drug abuse or addiction	53.3 (n=8)	40% (n=6)	37.5 (n=6)
Divorce	20.0 (n=3)	20.0 (n=3)	18.7 (n=3)
Alcohol abuse or addiction	20.0 (n=3)	33.3 (n=5)	18.7 (n=3)
Economic difficulties	26.7 (n=4)	13.0 (n=2)	12.5 (n=2)
Abuse/neglect of child	33.0 (n=5)	13.0 (n=2)	12.5 (n=2)
Incarceration	20.0 (n=3)	20.0 (n=3)	6.2 (n=1)
Death of parent	13.0 (n=2)	0	0
Mental/Emotional/Physical Impairment	13.0 (n=2)	0	0

Three respondents indicated that they became grandfamilies because they did not want the child placed in the foster system. Ten (62.5%) participants reported that the child's parent or parents had asked the respondent to take over care of the child, and five of those also indicated that this was due to circumstances beyond the parent's control (e.g., one explained that there was a court order to remove the child from the home). Thirty-one percent (n=5) reported that the child's parent or parents had simply asked the respondent to take over care for the child.

Formal Support and Contact

Nearly everyone (93%, n=14) was affiliated with a grandparent raising grandchildren support group, and the majority of participants reported that they had someone to talk to, transportation, advice from a mental health professional, and access to a central source of information. Three respondents reported that they had been contacted at some point by a human services caseworker about living arrangements for the child or children. Explanations describing this contact included that a case worker visited monthly until the grandparent was given allocation of parental rights, the courts asked the grandparents to take the child, and that social services had custody of the child first before the grandparent took over.

When asked if participants had a legal document regarding the children, 25% (n=4) reported that they had custody, 12.5% (n=2) had guardianship, 18% (n=3) had allocation of parental rights, and 18% (n=3) had formal kinship care through human services. No grandparent reported that he or she had adopted a child.

Half of the respondents (50%, n=8) were receiving some kind of public financial assistance for raising the child or children. Types of assistance included TANF and SNAP, SSI disability, Medicaid for the children, and support from a Human Services Foster and Kinship provider program. One respondent wrote that although eligible for assistance, he or she did not know where to go to apply.

Perceptions of Help and Support

Table 3 shows the extent to which respondents believed they had or did not have the help they needed that could assist them in raising children. The most frequent “no” answers were in the categories of legal help, financial

assistance, information about paying for services, free time for self and help applying for services and benefits. Over three quarters indicated they did have or did not need support for helping the child with homework, getting advice from a mental health professional, transportation, or kinship group support for grandfamilies. In order to obtain a mean for help and support, items were summed into an index with a possible range of 0 (did not have any help and support needed) to 20 (had all the help and support needed). The index mean was 9.6 (median, 9.0, SD=3.54), range: 4-20.

Table 3

Grandfamily Perceived Help and Support

Do you Have the Help/Support You Need For:	% No (n)	% Yes (n)	Missing
Legal help	69.2 (9)	30.8 (4)	3
Financial Assistance	68.8 (11)	31.3 (5)	0
Info about paying for services	66.7 (10)	33.3 (5)	1
Help applying for services/benefits	62.5 (10)	37.5 (6)	0
Free time for myself	62.5 (10)	37.5 (6)	0
Babysitting/daycare/teen supervision	46.7 (7)	53.3 (8)	1

Toys, clothes, other items	46.7 (7)	53.3 (8)	1
A central source of information	46.2 (6)	53.8 (7)	3
Advice/talking to child about sex	43.8 (7)	56.3 (9)	0
Info on child emotional/behavioral problems	43.8 (7)	56.3 (9)	0
Info on parenting today's children	42.9 (6)	57.1 (8)	2
Info on child emotional/developmental health	40.0 (6)	60.0 (9)	1
Advice/talking to child about drugs/alcohol	37.5 (6)	62.5 (10)	0
Info on parenting child with developmental disability	35.7 (5)	64.3 (9)	2
One-on-one counseling for child	31.3 (5)	68.8 (11)	0
Someone to talk to about my situation	26.7 (4)	73.3 (11)	1
Help with child's homework	25.0 (4)	75.0 (12)	0
Advice from a mental health professional	25.0 (4)	75.0 (12)	0
Transportation	13.3 (2)	86.7 (13)	1

Support group of kinship caregiver peers	06.3 (1)	93.8 (15)	0
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Serious Concerns Perceived by Grandparents

Research Question 1 was “*What are the serious concerns perceived by grandfamilies who are already affiliated with formal support?*”. Results of each single item are shown in Table 4.

Table 4
Serious Concerns for Grandfamilies

Perceived Concerns	Mean	Median	Range	SD	Missing Cases
In your situation, how serious a concern is:					
Sadness/grief about child’s parent(s)	1.63	1.00	0-4	1.310	0
Financial strain	1.53	1.00	0-4	1.457	1
Eligibility for programs/services	1.50	1.00	0-4	1.506	0
Obtaining legal help	1.44	1.00	0-4	1.548	0
Emotional strain of parenting	1.40	1.00	0-4	1.121	1
Having enough energy to raise children	1.38	1.00	0-4	1.025	0
Problems with child’s parent(s)	1.38	1.00	0-4	1.408	0
Physical strain of parenting	1.27	1.00	0-4	1.163	1
Family conflict related to	1.25	1.00	0-3	1.125	0

care for child					
Child emotional/behavioral problems	1.25	1.00	0-4	1.342	0
Finding programs or services	1.19	.50	0-4	1.471	0
Health coverage for child	1.06	.00	0-4	1.526	0
Health care needs of child	1.00	.00	0-3	1.309	0
Finding daycare for child	.71	.00	0-4	1.490	2
Child diagnosis of developmental disability	.40	.00	0-4	1.056	1
Communication with child's school	.38	.00	0-2	.619	0
Feeling isolated because I don't know anyone else in my position	.06	.00	0-1	.250	0

Results ranged from 0-4. Overall, respondents reported low levels of perceived seriousness, with the highest mean score of 1.63 (median=1). No single item stood out as extremely serious, and the top three most serious problems were sadness and grief about the child's parents, financial strain of taking care of the grandchildren, and concern about having eligibility for programs and services that could help with caring for the children. It should be noted that one item, "feeling isolated because I don't know anyone else in my position," was included in the study, although the very low score for this item could reasonably be attributed to the support group participation of the sample. Results for this item are interpreted with caution as analysis proceeds. One case had missing data on

five items, and was eliminated listwise from analysis on this measure.

Correlation of items measuring serious concerns

Bivariate correlation analysis was used to explore relationships among the items measuring magnitude of seriousness. Kendall's tau with pairwise deletion was used for this analysis as appropriate for the sample size and because the data was ordinal (Field, 2005). All significant coefficients were positively related and ranged between .444 (having the energy to parent and finding services) and .861 (financial strain and finding services).

Based on correlation results, an omnibus reliability analysis was performed to index all 17 items, resulting in Cronbach's alpha of .936. Removal of the item about feeling isolated would increase alpha to .939, however as noted earlier, the floor effects of that single item may be due to the support group characteristics of this sample. Omnibus scale results showed a mean of 19.36, SD=15.2, median=13, and range of 0-51 (out of a possible maximum of 68), indicating that perception of seriousness was low across items for this sample, albeit with wide variance.

Relationship of serious concerns to perceived help and support

Our second research question was "*Are serious concerns related to whether or not grandfamilies perceive that they have help and support?*" The small sample size limited inferential examination of the relationship of serious concerns to perceived help and support. However, in limiting analysis to this sample, the non-parametric Wilcoxon signed-rank test was used to analyze the relationship of the perceived help/support index and the omnibus index of serious concerns. The Wilcoxon signed-

rank test is appropriate for ordinal data (the index of each of the two tested variables) and small sample sizes (Field, 2005). Results showed that negative mean ranks were 3.63 and positive mean ranks were 7.94, with three ties (eliminated from the analysis, as was one case due to missing data). These results if significant would have indicated that those who had greater serious concerns also reported that they had more help and support. However, results were not significant ($z=-1.92, p=.055$).

Discussion

This paper presents findings of a quantitative exploratory study designed to capture the experiences of grandfamilies affiliated with formal support. A measure of the perceptions of assistance that respondents identified as still needed yielded results suggesting both psychosocial and functional concerns. This finding has implications for further study, including refinement of a measure that could be used to help service providers better understand grandfamily needs at any point in time, perhaps even as needs change, for example, as younger children become adolescents, or grandparents experience greater health or financial difficulties over time.

The research questions focused on identifying concerns grandfamilies had about their situation, as well as their perceptions of having enough help and support. The study was conducted among grandfamilies who were raising children of relatives (i.e., grandchildren, a great-grandchild, and a cousin). A convenience sample of 16 respondents attending support groups or a grandparent workshop completed self-report surveys in which they provided demographic information, reasons for raising a relative's children, whether or not they had help, and the

extent to which they had serious concerns about aspects of their grandfamily situations.

Reasons for raising the children were similar to previous research findings (Hayslip & Kaminski, 2005b)—for example, substance abuse, divorce, incarceration of parents, child abuse or neglect, and parent's economic difficulties. Nearly one quarter of the sample reported having a formal arrangement as caregivers through the court system or the Department of Human Services, although no participants had adopted a child. Half of the participants in this study received some form of public financial assistance.

Serious concerns

One purpose of this study was to explore a measure of grandfamily concerns that the researchers developed. Although similar measures of this kind already exist and have been used in prior studies (e.g., Yancura, 2013), the measure developed here was a first step in using items of concern not only from the literature, but also items of concern conveyed anecdotally to the researchers by grandfamilies and service providers in a specific geographic and service location. The purpose of this method was to take a step toward the development of a quantitative measure that might be used in conjunction with support groups and one-on-one assistance by service providers, as they continue to refine and review available services and supports for specific grandfamilies or grandfamilies with local aspects in common, such as those in rural areas.

Because study participants were already involved with grandparent support groups or had attended informational workshops, it was not surprising that while some serious concerns were indicated, the overall mean

scores were fairly low. Nearly everyone reported that they had someone to talk to, transportation, and access to a central source of information. The least serious problem among these participants was feeling isolated due to not knowing anyone else in his or her grandfamily position—a result that could be expected among a sample recruited among formal grandparent support groups and events. Affiliation with this kind of formal support was beneficial for the respondents in this study, supporting prior findings on these types of resources (Kolomer et al., 2003).

Despite generally low levels of concern, the distribution of responses was varied enough to show promise for the development of a measure that might assist in pinpointing difficulties with which grandfamilies who are connected to formal support systems still wrestle. The items for which serious concerns scored highest included legal help, financial assistance, respite care, and assistance with applying for services and benefits; results similar to those found in prior study (Gladstone et al., 2009; King et al., 2009) among grandfamilies who may not have had formal community-based support. Both psychosocial and functional concerns were found, which was not surprising given the use of the bioecological approach (Bronfenbrenner, 2005) to frame this study. These concerns closely relate to understanding the individual (i.e., grandchild), his/her family, the grandparent's mental and physical ability to parent the child, and the availability of external community support (i.e., TANF, Medicare, school system, etc.).

Small sample size precluded inferential analysis of the relationship between serious concerns and perceived help and support. It is interesting to note that all but one respondent indicated involvement with a support group as a source of help and support, yet there was much variation in

the responses across other items. Although the Wilcoxon signed-rank test indicated that those who reported greater serious concerns also reported having more help and support, these results approached ($p=.055$) but were not significant, and therefore cannot be interpreted as generalizable to any but the current study participants. Further study may find that grandfamilies do have serious concerns despite having formal help and support.

Service providers and grandfamilies will benefit from a measure that will help discover the differences resource-affiliated grandfamilies perceive about concerns that are functional and those that are psychological, social, and emotional. In addition, finding that some unmet needs were indicated among this sample raised questions about other dimensions that could be explored in developing a useful measure, such as whether some needs are chronic and continuous (for example, financial assistance or difficult relationships with the child's parent), while others may be important at a particular moment in time or period of time (such as child care).

Limitations and recommendations for further research

In this exploratory study, the sample size of 16 participants was adequate for gaining respondent perceptions, but not for inferential analysis. The validity of the perceived help and support measure is questionable (i.e., combining the "yes" and "not needed" response categories), and future work with this measure should establish a way to capture the "not needed" category in a more reliable way. In addition, sample characteristics were homogeneous regarding respondent participation in formal community-based support, although the sample of grandfamilies affiliated with formal supports was our purposeful choice for this study in order to explore

concerns that may still affect their experience. The findings of this preliminary study are therefore confined to this sample.

Although discovering that these respondents had serious concerns was valuable, refining and testing this measure should be repeated with a larger number of grandfamilies, including more of those who are affiliated with formal support and extending to those who are not affiliated in order to provide group comparison. Results of this study indicated that both psychosocial and functional concerns were still found among grandfamilies receiving formal support. We believe that a larger sample size will allow us to research both of these areas further and discover whether or not this measure of concerns reliably indicates that the needs fall into more than one category. In addition, an exploratory and follow-up explanatory mixed method design, with focus group or individual interviews, could help refine the measure by getting more personal feedback from grandfamilies and service providers alike. For example, individuals could be asked to prioritize their concerns and identify those that are urgent at the time of measurement.

A measure that captures the nuances of grandfamily needs for those already affiliated with formal resources holds promise. With such a measure, researchers and service providers will have a tool that gives a more accurate picture of functional concerns that may require immediate or continued assistance, as well as the psychosocial concerns of caring for one's grandchildren. This exploratory study was a first step in that direction.

Conclusion

Formal service entities for older adults have increasingly developed supports and resources for

grandfamilies based on the growing number of grandparents and others who are raising the children of relatives. Effort to understand the needs of grandfamilies continues as a focus of researchers, as well as among those in the community who provide formal services and support. It is especially important to continue studying concerns related to obtaining help with handling the ongoing functions of parenting, immediate needs as they arise, and the emotional and psychological concerns endemic to each unique grandfamily situation. This research explored the usefulness of a measure developed from the literature, from service providers, and from grandparents themselves to discover concerns of grandfamilies already affiliated with formal supports. Further development of this measure as an assessment tool could provide a useful way for service providers to deliver support that addresses the nuanced dimensions of the grandfamily experience.

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*Research Article***Intersections of Poverty, Geography, and Custodial Grandparent Caregiving in Appalachia**

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Abstract

The purpose of this study is to compare the incidence of custodial grandparenting in Central Appalachia to other areas in Appalachia and the rest of the U.S., to explore how recent economic changes have affected poverty rates of custodial grandparents in all of these areas, and to explore what influences the probability of custodial grandparenting. We hypothesize that the recent economic upheaval of the Great Recession has pressured many families to rely on grandparents to provide care for their grandchildren and that these trends are particularly evident in the Appalachian region due to longstanding historical trends and unique cultural factors. Three-year summary data from the American Community Survey (ACS) was used to compare rates of grandparent caregiving along with poverty, children living in grandparent only households, and other indicators of poverty and economic distress both between regions and across three different time periods (2005-07, 2008-10, and 2011-13). We then developed a logistic regression model using the ACS individual level data (Public Use MicroData) for 2009-13 to estimate the probability of caregiving status among grandparents living with grandchildren in each Appalachian region compared to the entire United States. Grandparents living with grandchildren in Central Appalachia had more than double

the odds of being the primary caregiver when compared to the rest of the U.S. when controlling for demographics, poverty, gender, race, age, and education. While grandparents can provide an important resource for these families, advocates and state level policy makers need to be aware of the potential downstream costs to children and older adults over time and consider how to better support these Appalachian grandfamilies.

Keywords: grandfamilies, Appalachia, caregivers

Overview of grandparent caregiving

In the U.S., 2.73 million grandparents are responsible for the basic needs of grandchildren under the age of 18 who are living with them (U.S. Census Bureau, 2013). This custodial grandparenting (Fuller-Thomson, Serbinski, & McCormack, 2014) where the grandparents have the primary caregiver role with minimal assistance from the grandchild's parents (Jendrek, 1994), occurs in the face of severe financial challenges for a significant number of these grandfamilies (Hayslip & Kaminski, 2005; Simmons & Dye, 2003). In 2009, 31% of households where a grandparent and grandchild were present without a parent experienced poverty, while 14% of households with biological parents and a child present experienced poverty (Kreider & Ellis, 2011). Appalachia, and particularly Central Appalachia, is historically and currently the site of persistent poverty (Appalachian Regional Commission [ARC], 2015), and yet scant attention has been paid to the topic of grandparents raising grandchildren in this region. A better understanding of the prevalence and factors associated with custodial grandparent caregiving in the Appalachian region will help guide the development of targeted policy interventions for this vulnerable population.

During the 1980s and 1990s, the number of grandparent caregiver families or skipped generation

families (Kropf & Wilks, 2003) increased greatly in the United States because of substance abuse (Minkler, Roe, & Price, 1992; Minkler & Roe, 1993). In other cases, children might be in the care of their grandparents because of teen pregnancy, divorce, incarceration, the death of a parent, or abuse and neglect (Hayslip & Kaminski, 2005). Custodial grandparents are likely to experience financial difficulties because they were not planning on being “second-time-around caregivers” (Bailey, Haynes, & Letiecq, 2013, p. 671) and therefore have trouble fitting in the high cost of child rearing into their budgets. Unfortunately, these grandfamilies often have less access to public assistance. For example, TANF, with its time limits and work requirements may not be of much help to grandparent caregivers, and Child-Only grants are used by only a small percentage of eligible children, and the amount of these grants is often very low (Bailey et al., 2013).

There are benefits to individuals in grandfamilies (Hayslip & Kaminski, 2005); for example, grandparents can enjoy a very close relationship with their custodial grand(ren) (Ehrle & Day, 1994), and they can experience an enhanced sense of purpose in life from maintaining the family’s well-being (Giarrusso, Silverstein, & Feng, 2000). There are also stressors associated with this caregiving role for the grandparents (Fuller-Thomson et al., 2014; Waldrop & Weber, 2001). In addition to the financial stresses mentioned above, grandparent caregivers have reported physical and emotional health problems along with feelings of social isolation and decreased life satisfaction (Minkler & Roe, 1993). Additionally, custodial grandparents are more likely to experience depression than non-caregiving grandparents (Fuller-Thomson, Minkler, & Driver, 1997).

One way to understand changes in rates of custodial grandparent caregiving and factors associated with this changing family dynamic is through the lens of Bronfenbrenner’s ecological systems theory (1979) where

families are seen as adapting to challenging conditions, that is, where parents are unable to care for their children. These caregiving families are then nested within and affected by the local availability or lack of resources, and then the larger societal and economic context. This perspective suggests that while custodial grandparents are connected with a broad array of systems, they are also isolated because, in part, their particular life situation is substantially different from their peers (Choi, Sprang, & Eslinger, 2016). These unique and often hidden families can therefore be vulnerable and in need of supports from the community and local, state, and federal governments. However, as suggested by Myers, Kropf, and Robinson (2002), the majority of research on grandparent caregiving has been conducted in urban areas, and rural grandparent caregivers are particularly subject to having few resources, limited community support and transportation, and geographic isolation.

Grandparent caregiving in Appalachia

The strains and challenges of the last decade on grandfamilies in the United States are compounded in the Appalachian Southeast. Appalachia comprises a 205,000 square-mile region that is located along the spine of the Appalachian Mountains from northern Mississippi to southern New York, and includes approximately 25 million people (Appalachian Regional Commission, 2015); this is further divided into 5 sub-regions which cover parts of 12 states and include the entire state of West Virginia (see Figure 1).

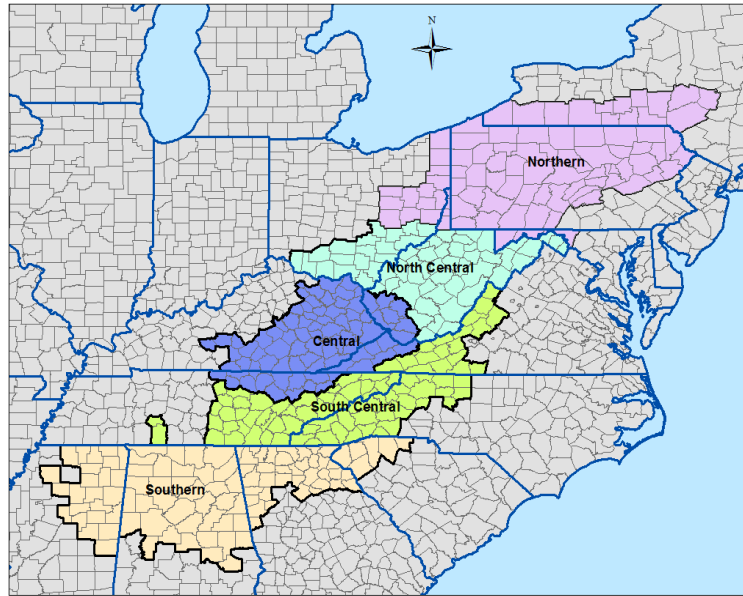


Figure 1. Appalachian area and sub-regions.

Overall, Appalachia has seen a great decrease in poverty since the 1960s; however, the three Central Appalachian regions still have areas of persistent economic distress (Appalachian Regional Commission, 2015). This area, like much of Appalachia, had an economic history based in farming and agriculture. After the Civil War, Central Appalachia rapidly became the site of coal mining and timber production (Bradshaw, 1992). Recently there has been a sharp decline in both the coal mining and timber industries in Central Appalachia. While the demand for coal grew from 1985 to 1990 and then again from 1993 to 1997, there was a sharp decrease in coal mining jobs (McIlmoil, Hansen, Askins, & Betcher, 2013). This decline in employment in the coal mining industry occurred because of increased mechanization and the resultant increase in labor productivity, and also because surface mining, which requires less labor, was becoming more common. The decline of coal mining and timber production

are some of the major contributors to Central Appalachia having the highest unemployment rate in all of Appalachia (Pollard & Jacobson, 2015). The loss of jobs may result in grandchildren being in the care of their grandparents.

For decades there has been much debate over the presence of a distinct culture of Appalachia, with some arguing that there is as much diversity in Appalachia as in the rest of the U.S. (Denham, 2016). Still others, in trying to explain poverty, state that it is not related to a distinct Appalachian culture but rather is the result of the history and economy of this region (Lewis & Billings, 1997). Nevertheless, many still conclude that the following characteristics are common to Appalachian culture as originally determined by Ford (1962): familism, or the commitment to and reliance upon the family of origin, individualism, traditionalism, and fundamental fatalism. These cultural features may influence how Appalachian families have responded to the economic and environmental stressors of the Great Recession. The emphasis on family may also be a reason for the high incidence of grandparent caregiving in this region as is discussed later in this paper.

Because of the unique familial culture and history of the Appalachian region, the economic changes in the regional industrial base, the rural nature of many Appalachian communities, and the persistent poverty that exists in some areas, it is important that we understand the unique dynamics of grandparent caregiving in Appalachia, and particularly Central Appalachia. It is also important to note that the Appalachian region has a high incidence of substance abuse and disparities in access to, and utilization of, treatment, which further increases the likelihood of grandparent caregiving (ARC, 2008). In light of the Great Recession of 2008, where an increase in grandparent caregiving was observed across the United States, it would also seem logical to ask about what happened in

Appalachia as a result of this economic slowdown. The questions that guided this study include the following:

- 1) What is the prevalence of grandparent caregiving status in different regions of Appalachia, and how does this compare to the greater United States?
- 2) How has the financial status of these grandfamilies changed before and during the Great Recession?
- 3) What influences the probability of grandparent caregiving status among grandparents living with grandchildren in Appalachia when compared to the entire United States?

Methods

This study uses data from multiple sources including the American Community Survey (ACS) and the Public Use Microdata Sample (PUMS). The American Community Survey (ACS) is an ongoing survey of the American population with the primary purpose of providing accurate estimates of important demographic and housing statistics (U.S. Census Bureau, 2009). To examine the first two research questions, we used the three-year summary data estimates for the non-overlapping time periods covering 2005-2007 (U.S. Census Bureau, 2008), 2008-2010 (U.S. Census Bureau, 2011), and 2011-2013 (U.S. Census Bureau, 2014b). These three time periods cover the span prior to the Great Recession of 2008 as well as the early and later years of the recession. The three-year summary files provide estimates for areas with 20,000 or more residents and are publically available from the United States Census Bureau. The estimates for all the measures in these comparisons are linked to county of residence so that it is possible to examine differences in estimates based on residence in specific sub-regions of Appalachia compared to non-Appalachian United States.

The third research question was addressed using logistic regression analysis of the most recently available five-year data from the Public Use Microdata Sample (PUMS) (U.S. Census Bureau, 2014a). This data is also part of the American Community Survey described above, but instead of reporting the summaries of variables for a county or block, the PUMS data reports individual responses to the census questions. The PUMS dataset contains samples from every region in the United States and is linked to large geographic areas known as Public Use Microdata Areas (PUMAs) which often include several counties and can cross state lines. This is done to protect respondent confidentiality.

Because there was not a direct correspondence between the Appalachian regions of interest and the US Census PUMAs, the ArcGIS mapping software was used to determine the best matches to use for estimating regional differences in the outcome and covariates included in the regression (Environmental Systems Research Institute, 2013). Initially, all the PUMAs that crossed the Appalachian region were included in the dataset in ArcGIS. This inclusive map was then used to identify and exclude any PUMA that had more than 50% of the total area outside of the Appalachian region. It was decided that the exclusion of a small number of border counties from the logistic regression analysis was the more conservative approach.

Measures

Grandparent Status. To determine the grandparent status, the ACS asked the question “Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?” Data for these estimates are only tabulated for adults 30 years of age and older.

Custodial Status. To determine custodial status, respondents were asked if they were financially responsible for the basic needs (food, shelter, clothing, etc.) of the grandchild. A subsample of all custodial grandparents who have at least one grandchild living with them was used for the logistic regression analysis.

Geographic Location. Geographic location was a six-category nominal variable indicating which sub-region of Appalachia (North, North Central, Central, South Central, or South) as defined by the ARC. The last category or reference level was designated as “Non-Appalachian United States.”

Poverty. The standard census definition of poverty was used in this study which compares each family or individual income to poverty thresholds designated by the US Office of Management and Budget (US Census Bureau, 2015). This study used a broader definition of 150% of the poverty threshold.

HS Education. Respondents were asked “What is the highest degree or level of school this person has completed?” Those who said that they have a high school diploma, GED, or have education beyond this level were indicated by this variable.

Food Stamp Recipient. This was determined by a positive response to the question “In the past 12 months, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?”

Analytic Strategy

To explore the prevalence of grandparent caregiving in Appalachia and the poverty status of these families, three-year estimates for summary data variables were compared using the Z-test for significant differences in mean values. County level summary values for each sub-region in Appalachia were aggregated and corrections were made for standard errors based on methods outlined by the Census Bureau (U.S. Census Bureau, 2009). Predictably, smaller populations result in higher standard errors. At the same time standard errors may increase significantly when large numbers of individual estimates are aggregated as when all the counties in a large sub-region are added together. Estimates were calculated for each region (US, Appalachia, and Appalachian Sub-region), and each of these were compared between each time point (i.e. 2005-07 compared to 2008-10 and 2011-13, and so on). All the summary data was downloaded from the Census Bureau website and imported into the R Statistical Software for data management, analysis, and graphical comparisons (R Core Team, 2013).

The last research question addressed in this study examines the probability that a grandparent that lives with a grandchild is a custodial grandparent. This probability was estimated using a logistic regression approach. The probability of being the custodial grandparent (versus just living with the grandchild) was regressed on three blocks of variables that were added sequentially in separate models. Model 1 estimated only the influence of geographic region on the probability of custodial grandparent status. Model 2 added poverty status and food stamp enrollment. Model 3 added demographics (age, gender, high school education, married status). This stepwise approach was used to determine if geographic location had a unique impact on the probability of custodial grandparent status when controlling for both poverty variables and demographics.

The person level weights published by the ACS were included via the SURVEYLOGISTIC procedure included in the SAS statistical software, version 9.3 (SAS Institute, 2013). These weights are used to accurately estimate standard errors for each analysis and account for the fact that the PUMS is a sample and not a full population (US Census Bureau, 2009).

Results

Longitudinal Comparisons of Three-Year ACS

Summary Data

As a baseline, we first explored changes in poverty rates for all adults in the US, Appalachia, and within Appalachian sub-regions. The steady increase in poverty rates for all adults in the US (from 13.3% in the 2005-07 data to 15.9% in the 2011-13 data) is reflected in the entire Appalachian region and in every sub-region (see Figure 2). The percentile increases over time are similar for each region of Appalachia when compared to the overall US trend but Appalachia, and in particular the Central Appalachian region starts at a much higher poverty rate compared to the entire US sample. Central Appalachia, for example, had a poverty rate of 21.6% in the 2007 sample, 22.6% in 2010, and 23.8% by 2013. These changes in poverty rates between the three-year US Census datasets for the US, Appalachia, and in each region of Appalachia were all statistically significant ($p < 0.05$). A different pattern was seen in poverty rates for Custodial Grandparents. While rates of poverty were relatively steady across the US for Custodial Grandparents, ranging from 7.9% to 8.2%, poverty rates started very high in Central Appalachia in 2007 (21%), then went down in the initial years of the recession to 17%, and then rebounded to 19.3% by 2013. Appalachia as a whole saw little change over time in poverty rates. The changes in poverty among custodial grandparents were not significant when comparing each

three-year dataset for Appalachia and for the sub-regions indicating that there was no detectable significant change (see Figure 2).

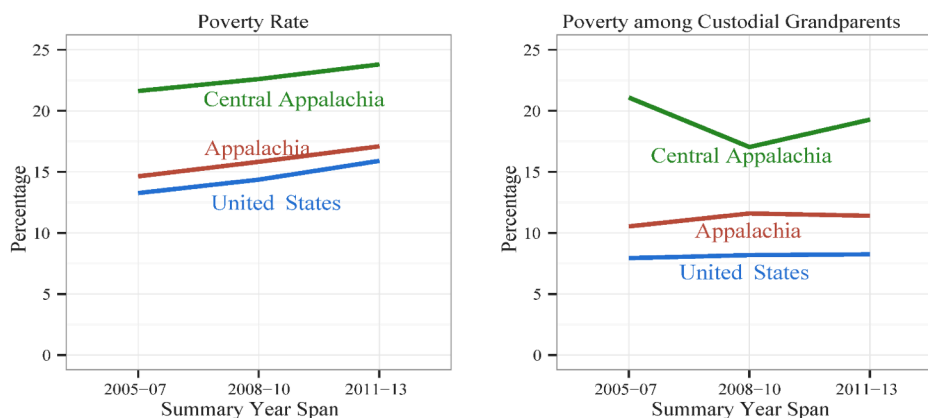


Figure 2. Comparisons of longitudinal three-year estimates of poverty.

Status by Region for All Adults and Custodial Grandparents.

When examining the percentage of all adults aged 30 and older who are Custodial Grandparents, we found that Central Appalachia again had much higher rates when compared to the entire Appalachian region or the entire US (see Figure 3). Rates of custodial grandparent status in Appalachia show significant increases when comparing pre-Recession (1.5%) to early Recession periods (1.7%), but the rates in Central Appalachia, though much higher in 2007 (2.4%) did not change statistically. Rates remained high or continued to rise into the 2011-13 time period in all the regions examined.

A more pronounced increasing pattern was noted in rates of all children living with custodial grandparents, where rates jumped almost 30% from pre-Recession to

early Recession periods (5.5% to 7.0%) and then remained high throughout the recession period (see Figure 3). Increases in the proportions of children living with a custodial grandparent were statistically significant for the US as a whole and for all regions of Appalachia when comparing the pre-Recession to early-Recession periods. As in all of these comparisons, the Central Appalachian region (7.0% in 2010) had by far the highest rates when compared to all of Appalachia (4.5% in 2010) or the United States (3.8%).

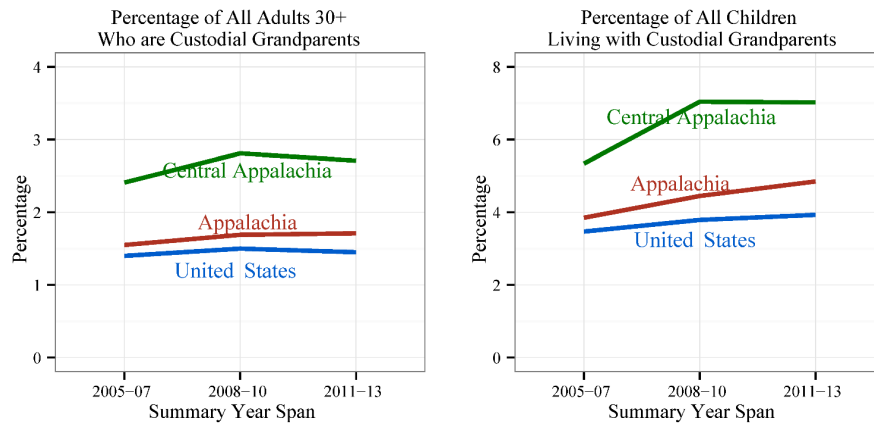


Figure 3. Comparison of longitudinal 3-year estimates of rates of custodial grandparents status among all adults and rates of all children living with a custodial grandparent

Logistic Regression

The logistic regression analysis used a subset of data from the ACS five-year Public Use Microdata file (PUMS) which included only grandparents living with one or more of their grandchildren from the entire United States census data record. The outcome variable is whether the grandparent living with their own grandchild is in fact a custodial grandparent. A description of demographics is provided in Table 1. Generally custodial grandparents were

slightly younger, had higher rates of being married, and had higher rates of both poverty and using food stamps.

Table 1

Characteristics of Grandparents Living with Grandchildren by Custodial Status: 2009-2013 Public Use Microdata Sample

Variable	Non-Custodial Grandparents		Custodial Grandparents	
Male	35.10	%	37.27	%
Age	61.00	(0.03)	55.89	(0.04)
Married	54.36	%	66.05	%
HS Education	82.15	%	90.01	%
Below 150% Poverty	25.59	%	36.35	%
Food Stamp Recipient	31.06	%	36.76	%

SE=Standard Error

Model 1 (chi square = 15906, $p < 0.0001$ with $df = 5$), Model 2 (chi square = 107335, $p < 0.0001$ with $df = 7$), and Model 3 (chi square = 371482, $p < 0.0001$ with $df = 11$) all had significant chi-square values, and the odds ratio estimates for each parameter included were all significant at the 0.01 level.

Table 2 includes the results for each model. Since the odds ratio estimates were relatively stable when including poverty and demographic variables, the parameter estimates from the full model (model 3) will be reported below. Living in any of the Appalachian regions increased the odds of grandparent caregiver status, but this was most striking in the Central and surrounding regions when compared to non-Appalachian United States.

Table 2.

*Odds Ratio Estimates of Covariates Associated with the Probability
that Grandparents Living with Grandchildren Are Custodial
Grandparents: 2009-2013 Public Use Microdata Sample*

Variable	Model 1		Model 2		Model 3	
	OR	95% CI	OR	95% CI	OR	95% CI
Appalachian Region ^a						
North	1.18*	1.07-1.32	1.22*	1.10-1.35	1.20*	1.05-1.38
North Central	1.65*	1.38-1.99	1.63*	1.36-1.97	1.58*	1.26-2.00
Central	2.46*	2.11-2.90	2.30*	1.96-2.70	2.47*	2.01-3.04
South Central	1.54*	1.35-1.78	1.49*	1.30-1.71	1.47*	1.22-1.78
South	1.88*	1.73-2.06	1.79*	1.63-1.95	1.69*	1.49-1.92
Below 150% Poverty	-	-	1.60*	1.56-1.64	1.84*	1.77-1.91
Food Stamp Recipient	-	-	1.10*	1.07-1.12	1.07*	1.04-1.10
Male	-	-	-	-	1.04*	1.02-1.07
Age (per Decade)	-	-	-	-	0.96*	0.96-0.97
Married	-	-	-	-	1.73*	1.68-1.77
HS Education	-	-	-	-	1.84*	1.77-1.92
Model chi-square	15906*		107335*		371482*	

OR=Odds Ratio Estimate; CI=Upper and Lower Confidence Intervals

*p<0.01

^aReference is "All Non-Appalachian Public Use Microdata Sample Areas"

This effect remained higher when both poverty and demographics were included in the model. Grandparents in Central Appalachia had almost 2.5 times the odds of being custodial grandparents for their grandchildren. These odds ratios were lower for North Central (1.58), South Central (1.47), and the Southern (1.69) Appalachian regions, but were still significant. Poverty status, having a high school.

Discussion

The results of this study highlight the importance of focusing on the Appalachian family system and how it has adapted and changed in response to financial and social stressors. We found that grandparents living with grandchildren in Central Appalachia are almost two and a half times as likely to be custodial grandparents (versus non-custodial) when compared to the rest of the United States. Other parts of Appalachia also have higher probabilities of custodial grandparenting, but Central Appalachia stands out. These effects are stable and consistent even when controlling for such factors as gender, race, age, and education, and most especially when poverty is taken into account. Poverty has long been associated with grandparent caregiving, but these findings suggest that there is something else going on in Appalachia, whether it is cultural or some other aspect of life that leads to high rates of custodial grandfamilies. Two possible factors that stand out are the high rates of substance abuse with difficulty in accessing treatment in Appalachia (ARC, 2008), and the flight of parents because of job losses in the timber and coal mining industries (Pollard & Jacobson, 2015). The authors of this paper are actively conducting research to better understand the specific causes of grandparent caregiving in Appalachia.

A second important finding from this study relates to the relative lack of changes in poverty status among custodial grandparents in Appalachia in the early stages of the Great Recession of 2008. While the rest of the country saw noticeable increases in poverty overall and poverty among grandparent caregivers, Central Appalachian custodial grandparents actually had lower rates of poverty in the early-Recession period compared to pre-Recession figures. One possible explanation lies in the fact that there is a higher rate of home ownership in Central Appalachia

than in other parts of the country (Housing Assistance Council, 2013), perhaps making these families more resistant to the effects of the Recession. It is important to note that while home ownership is higher in Appalachia, the value of the homes is often reduced because of isolation and limited economic resources (Housing Assistance Council, 2013). Thus there is perhaps more permanency for families in this region, albeit permanency in dwellings that are substandard. Additionally, it may be that the rate of grandparent caregiving was very high before the recession hit because of the economic circumstances found in Central Appalachia. Finally, it is important to note that rates of grandparent caregiving status among all adults and rates of all children living with grandparent caregivers both went up sharply from early in the recession period and remained high in even the most recent data periods.

These results should be interpreted within the context of the limitations of the census data and available analytic tools. To compare three different time frames, it was necessary to use the three-year summary datasets which do not include population areas that have less than 20,000 residents. This may omit certain rural areas in Appalachia from the analysis and therefore bias the results. While important, we believe that the three-year datasets do give us a broad overview of trends for a majority of the area in question. Also, there is not a direct correspondence between the ARC-defined sub-regions and the US Census Bureau-defined PUMA regions as indicated in the methods section. Great care was taken to ensure as much overlap as possible in this analysis. It should be recognized that the ARC-defined sub-regions do not necessarily reflect separate or distinct differences in culture or population, and it has been argued that much of the region defined in 1965 as Appalachia really does not constitute a truly singular culture or region (Williams, 2002). Lastly, as with any quantitative analysis of this sort, we can only point to

trends and overall probabilities as summaries of multiple factors. We can determine nothing about the real stories of why and how these grandfamilies may have formed and how they have responded to the economic hardships of the last decade. Clearly, more research is needed in this area using both qualitative and quantitative methods.

These findings paint a picture of Appalachian grandfamilies that have struggled to adapt to both the longstanding and more recent financial strains in the region and may have many unmet needs. Numerous states have addressed many of these needs through consent laws that permit relative caregivers to access educational and health care services for their relative children even when they do not have legal custody or guardianship (Choi et al., 2016; Beltran, 2014). However, while very important, these laws do nothing to assist these families financially, and many of these families lack adequate housing, food, or child care. Benefits such as SNAP can provide food and nutritional assistance, which is critically important, and yet they do not provide the cash assistance that is so necessary for many other necessities of life (Generations United, 2014). The work requirements of TANF can limit the number of grandparent caregiver families that can utilize this benefit (Bailey et al., 2013). Unless the caregivers are foster parents, which is a minority of such families (Beltran, 2014), the only kind of assistance available might be child-only TANF. Child-only TANF provides approximately half of the financial support as foster care, and some states are moving to further limit the availability of child-only grants by including caregiver income in child-only TANF eligibility, as well as imposing time limits for child-only grants.

In light of the fact that a majority of children are being raised in informal situations, it is imperative that the federal government and the states do more to support grandfamilies outside of the foster care system. Since many

states in the Appalachian region are still struggling with the after-effects of the Recession, perhaps it is time for the federal government to provide this resource.

Beltran (2014) indicates that there are several bills pending in the U.S. Congress to assist grandfamilies, but none address assistance to grandparents raising grandchildren outside of the foster care system. This is a glaring oversight since these families are saving U.S. taxpayers an estimated \$4 billion through the care they provide, which keeps children out of foster care (Generations United, 2014). Since a majority of children are raised in grandparent caregiver situations outside of the foster care system (Beltran, 2014) and since this family constellation is apparently growing (Livingston & Parker, 2010), the federal government should adopt a preventive subsidized guardianship program such as Louisiana's Kinship Care Subsidy Program (State of Louisiana Department of Children & Family Services, n.d.). Grandparent caregiver families, where the children have never been in foster care and who meet certain income eligibility criteria, would be eligible to receive a monthly stipend to assist with the expenses of raising their grandchildren. The costs associated with this practice could be greatly offset by later savings in welfare payments, for example, because the children would grow up in healthy and secure conditions.

In conclusion, the current research highlights the need to focus more attention on grandfamilies in Appalachia, as well as the need to enhance financial assistance to grandparent caregiver families, particularly in the financially distressed Central Appalachian regions. These grandparents are stepping in and providing parenting when it is needed, but in order to maintain their health and well-being, and that of their grandchildren, it is imperative that they receive more financial support. Providing such support can only serve to enhance the development of the

children into productive members of society who could, in turn, contribute to the revitalization of Central Appalachia. Future research should include qualitative approaches to better understand the unique histories and longitudinal course of how Appalachian grandfamilies have adapted to large scale demographic and environmental changes in the recent past and how they will continue to provide care for their grandchildren in the future.

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Research Article

**Well-Being Among Rural Grandfamilies in Two
Multigenerational Household Structures**

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Abstract

Multigenerational households are an understudied type of grandfamily. In rural communities, these households are likely to be economically disadvantaged and underserved. Drawing from a subset ($N = 63$) of low-income multigenerational households in a multistate research study, *Rural Families Speak About Health*, the present study compares demographic characteristics, parent and child well-being, and family processes in two types of multigenerational household structures: one-parent/grandparent families and two-parent/grandparent families. Research on these multigenerational household configurations is rare despite the potential for different needs, strengths, and services. Results indicate no differences in economic hardship or disadvantage by

household type. Children in one-parent/grandparent households were older, and mothers reported providing more elder care than in two-parent/grandparent homes. There were no statistically significant differences in mother or child well-being across these family structures. Differences in family processes emerged. Specifically, mothers' reports of parenting alliances and family routines varied by household type such that mothers in one-parent/grandparent households reported stronger parenting alliances and more stable family routines than those in two-parent/grandparent families. Implications of the findings for service professionals seeking to design and implement family support and prevention programs for grandfamilies, particularly in rural areas, are discussed.

Keywords: grandparents, household structure, multigenerational, rural families well-being.

Introduction

A burgeoning area of research examines the needs and characteristics of families in which grandparents are the primary caregivers and the parent generation is absent from the household (e.g., Hayslip & Kaminski, 2005; Hayslip & Smith, 2013). However, we know relatively little about the well-being of children and adults in another type of increasingly common nontraditional household—multigenerational households (Juelfs-Swanson, 2013; Kochhar & Cohen, 2011). Families who live in these households are disproportionately economically disadvantaged (Dunifon, Ziol-Guest, & Kopko, 2014; Ellis & Simmons, 2014). Approximately 10% of all children in the United States live in the 4.2 million multigenerational households that include grandparents, parents, and grandchildren (Ellis & Simmons, 2014).

These households may take two forms. The first includes a single parent and one or two grandparents where

mothers and grandmothers typically co-parent children. In the present study, we refer to these families as *one-parent multigenerational families*. The second, what we refer to as *two-parent multigenerational families*, includes two parents and one or more grandparents. According to U.S. Census Bureau data, nearly a third of all children living with grandparents also live with two parents, and this rate has increased since the recession (Ellis & Simmons, 2014). Despite this growing trend, differences between multigenerational household structures often are overlooked. In fact, in general, research on multigenerational families tends to make distinctions between families with and without a parent (i.e., skipped generation households), with very little focus on whether there are one or two parents, thus often combining these two household types, and potentially obscuring key differences between families with a grandparent and one or two parents.

The purpose of this paper is to draw data from a subsample of a multistate study of low-income rural families in order to examine grandfamily well-being, conceptualized as mothers' reports of economic well-being, mother's and children's well-being, and two forms of family processes (co-parenting quality and family routines) in both types of low-income multigenerational households. We focus on economic hardship, mother and child well-being, and family processes given significant evidence, including among rural families, that economic hardship undermines mother and child well-being and family processes (e.g., Conger, Conger, & Martin, 2010). By comparing these two multigenerational household types, we seek to call attention to these households and to inform the design and targeting of service delivery programs to meet the strengths and needs of these two types of grandfamilies.

Formation of multigenerational households may be an important adaptation for child and elder care in rural areas, where access to adequate housing and support services is limited (Blalock, Tiller, & Monroe, 2004; Cook, Alford, & Conway, 2012; Gjesfjeld, Weaver, & Shommer, 2012) and reliance on kinship social networks, including grandmother support, is common (Elder, Rudkin, & Conger, 1995; Nelson, 2006). Limited research has examined multigenerational families, including grandparent caregivers, in rural areas, despite recent calls for research to inform services to meet the needs of low-income rural families (Cook et al., 2012). Bigbee, Musil, and Kenski (2011) noted that seniors living in rural areas are more likely to experience economic hardship than those in metropolitan areas. Recent trends leading to depopulation in rural areas and greater job losses (Economic Research Service, 2013), coupled with slower recovery from the Great Recession, have led to weakened formal and informal support networks that may leave individual family members vulnerable to risks to health and well-being. While multigenerational households tend to be relatively short-lived in general (Pilkauskas, 2012), economic circumstances may make it more likely for these arrangements to become permanent and thus have greater long-term impact in rural areas.

Theoretical Foundation

All multigenerational households involve complex relationships that require balance and negotiation across intergenerational roles and responsibilities. However, the nature of these negotiations, and thus the implications for family functioning and the well-being of individual family members likely vary by household type. According to family systems theory, each dyadic family relationship is embedded within a system of relationships such that each relationship influences and is influenced by every other

(Cox & Paley, 1997). Thus grandparent/grandchild relationships are embedded within multigenerational family systems and are contingent upon grandparent/parent relationships (Mueller & Elder, 2003). In multigenerational households with two parents, this also means that the mother/father and each parent/child relationship is impacted by and impacts the grandparent/parent relationship. The implicit rules that shape boundaries within and across subsystems (Kerig, 1995) in multigenerational families may be ambiguous or ambivalent. In some multigenerational families, adult children may be acting as parent to the youngest generation and caregiver to the oldest generation. In one-parent multigenerational families, mothers are fulfilling both child and parent roles while grandmothers are fulfilling both parent and grandparent roles. In two-parent multigenerational families, parents are fulfilling spouse/partner, child, and parent roles. These different family systems may impact family processes that involve family members working together, such as co-parenting alliances and family routines, the focus of the present study.

Types of Multigenerational Families

One-parent multigenerational families. The majority of research on households in which mothers and grandmothers are raising a child together has focused on either child or grandparent outcomes, with little focus on parents (other than adolescent mothers) or family processes (Barnett, Mills-Koonce, Gustafsson, & Cox, 2012). In general, research on these family types presents mixed findings on risks to well-being for children and adults. In many cases, the extent to which living in these households presents different risks depends on the comparison group. For example, drawing from nationally representative data, Foster and Kalil (2007) report that children in households

with a single mother and grandmother generally fare better than children in single-mother-only households but not as well as those in two-parent households. Similarly, the well-being of grandparents in multigenerational households also is mixed, often depending on the comparison group. In general, grandmothers who live with a single parent are mentally and physically healthier than those who live in skipped generation households, but not as healthy as those grandmothers who are involved with their grandchildren but do not live with them (Hughes, Waite, LaPierre, & Luo, 2007; Musil, 2000). Very little of this comparative work has focused on rural families, and comparisons have not focused on two-parent multigenerational households.

Two-parent multigenerational families. In contrast to the work on mother-grandmother families that focuses on children or grandparents, research on two-parent multigenerational households is largely found in the family caregiver literature, which focuses on families that provide care to older adults. These studies examine the well-being of parents in the so-called “sandwich generation.” The general assumption in this work is that mothers are simultaneously caring for children and grandparents. The focus has been on individual coping strategies and the balance between work and home responsibilities of dual-earner couples. However, Juelfs-Swanson’s (2013) analysis of census data documents that recent trends in multigenerational household formation have moved away from grandparents moving in with parents (i.e., typical elder caregiving pattern) towards parents and grandchildren moving into grandparent-headed households. This trend may have been amplified during the recent Great Recession (Kochhar & Cohen, 2011), from which rural communities are recovering slowly (Hertz, Kusmin, Marré, & Parker, 2014). This work on “sandwich generation” families often overlooks general family processes implicated in the well-

being of children and adults. This body of work rests on the assumption that older adults in multigenerational families are the recipients of care, when they may in fact provide care to grandchildren.

Family Members' Well-Being

Mothers' well-being. Research on parental well-being in multigenerational households has focused on adolescent mothers. These mothers are at greater risk for experiencing depressive symptoms than older mothers, even when controlling for socioeconomic status (e.g., Caldwell, Antonucci, & Jackson, 1998; Schweingruber & Kalil, 2000), given normative adolescent development, mother-grandmother conflict, and parenting stress. The extent to which some of these same stressors undermine maternal well-being among adult mothers living with their mothers is largely unexplored (Piontak, 2014). Multigenerational households might form to compensate for mothers' challenges, such as mental health deficits (Pittman & Boswell, 2008), but also may introduce new forms of conflict that undermine well-being (Barnett et al., 2012).

Most work on variations in maternal well-being by household structure compares single and married mothers, finding in general that married mothers experience better physical and mental health (Acock & Demo, 1994; Sigle-Rushton & McLanahan, 2002). This work often fails to consider household members other than mothers' romantic partners (Piontak, 2014). In a rare study to consider maternal depression in multigenerational households, Piontak (2014) reported that mothers of infants in multigenerational households in an urban low-income population experienced more depressive symptoms than those in single-generation households. Yet this study failed to distinguish between types of multigenerational families. Research on maternal health and well-being among two-

parent/grandmother families has focused primarily on differences in physical and mental health between mothers and fathers who fulfill dual caregiving roles (Hammer & Neal, 2008).

Children's well-being. Children's well-being also varies by family structure. In general, children raised in single-mother households face greater risks to well-being than children raised in two-parent households (McLanahan, 2004; Manning & Brown, 2006). As noted earlier, the findings linking grandfamily residence to children's well-being are varied, often depending on the comparison group. For example, research on older children and adolescents has found that, controlling for socioeconomic status, psychological well-being among individuals living with a single mother and grandmother was similar to those living with two married parents and better than those with single mothers (DeLeire & Kalil, 2002; Simons, Chen, Simons, Brody, & Cutrona, 2006) and custodial grandmothers (Pittman, 2007). Drawing from this mixed research, it seems likely that, in comparison to children living in one-parent/grandmother households, children living in two-parent/grandmother households may experience better physical and mental health.

Family Processes

Parenting alliance. In this study, we consider two kinds of family processes, co-parenting and family routines, that may vary according to the two types of grandfamilies. First, we consider co-parenting quality. In well-functioning two-parent families, parents form an alliance to present a cohesive and united front in their interactions with children, but under stress the family alliance may break down, leading to negative implications for all family members (e.g., Kerig, 1995). Therefore, the parenting alliance is an important indicator of family

functioning. The co-parenting relationship has been identified as an effective intervention target to improve adult and child well-being and overall family functioning among two-parent (i.e., mother-father) families (see Holmes, Cowan, Cowan, & Hawkins, 2013).

There is growing research focusing on co-parenting in non-traditional family forms (McHale & Irace, 2011), including a limited number of studies on mothers and grandmothers (e.g., Barnett, Scaramella, McGoron, & Callahan, 2012; Oberlander, Black, & Starr, 2007). The balance of power in one-parent multigenerational households is likely not equal, thus creating the potential for mother-grandmother conflict that disrupts productive parenting alliances, including alliances between mothers and grandmothers and mothers and non-residential co-parents such as fathers. However, this work rarely has considered co-parenting in the two family forms that are the focus of the present study. The parenting alliance may in fact be more balanced or easier to attain in a household with two caregivers than in a household with three caregivers (i.e., two parents and a grandmother), as the caregiving triad must balance multiple sets of beliefs and relationship goals. Thus parenting alliances may be weaker in two-parent multigenerational households than in one-parent multigenerational households.

Family routines. Second, when families engage in predictable and stable family routines, children fare better across a range of health and psychological well-being outcomes (Fiese et al., 2002; Vernon-Feagans, Garrett-Peters, Willoughby, Mills-Koonce, & Family Life Product Key Investigators, 2012). Predictable family routines also are linked positively to maternal mental and physical health (Denham, 2003) and resilient family functioning (Black & Lobo, 2008). Economically disadvantaged families, like those in the present sample, often face the most challenges

in engaging in predictable family routines (Evans, Gonnella, Marcynyszyn, Gentile, & Salpekar, 2005; Fiese et al., 2002). In comparison to single-parent households, two-parent households may experience more regular family routines (Potter, 2010). For example, when two parents are available, activities like bedtime routines and regular, organized meals may be possible even when one parent is working an irregular schedule or juggling multiple household responsibilities. However, the findings comparing family routines across single and two-parent family structures often are confounded with socioeconomic status (Hale, Berger, LeBourgeois, & Brooks-Gunn, 2009). To date, no research has considered family routines in multigenerational households. Drawing from the research on single versus two-parent families, if having more caregivers facilitates more stable family routines, then multigenerational households with two parents and a grandmother likely will experience more regular routines than those households with a single-parent/grandmother structure.

Economic well-being and household

demographics. Multigenerational households often form to pool resources, including financial resources, to support all family members. Given higher rates of poverty in female-headed households in general, including in rural areas (Economic Research Service, 2015), one-parent multigenerational families may be more economically disadvantaged than two-parent multigenerational families. The two-parent multigenerational households may benefit from the potential income of more household members. Moreover, more adults may provide additional child care that in turn allows parents to work more hours, especially given the lack of access to quality child care for the flexible schedules demanded by many low-paying jobs available to women in rural areas (Blalock, Tiller, & Monroe, 2004;

National Association of Child Care Resource & Referral Agencies, 2010).

In terms of household characteristics, it seems likely that the age structures of the two types of multigenerational households may vary. First, mothers in one-parent/grandparent households may be younger and have younger children because adolescent mothers and single mothers who are transitioning to parenthood may be likely to live with their own mothers temporarily (Pilkauskas, 2012). Further, if the two-parent/grandparent households were formed to care for aging grandparents, then the mothers may themselves be older and be typical members of the “sandwich generation” who report providing elder care.

The Present Study

The sample for the present study is drawn from *Rural Families Speak About Health (RFSH)*, a collaborative multistate project that examines interactions of individual, family, community, and policy contexts on the mental and physical health of rural, low-income families. Multigenerational families were not the original focus of the larger study. However, consistent with the census data cited above, there were many multigenerational families in this study. The primary goal of the present analysis is to explore differences among household characteristics, maternal and child well-being, and family processes between one- and two-parent multigenerational families.

Based on the scant amount of literature on family well-being in different multigenerational households, we propose tentative hypotheses grouped by four categories of outcomes. For demographic variables, participants in one-parent multigenerational households will experience greater financial distress and hardship and be younger than those in two-parent multigenerational households. For maternal

outcomes, participants in one-parent multigenerational households are expected to have lower scores on physical health and higher scores on depressive symptoms than their counterparts in two-parent multigenerational households. For child outcomes, children in two-parent multigenerational households will have better health than those in one-parent multigenerational households. For family processes, two-parent multigenerational households are predicted to have weaker parenting alliance scores and more predictable family routines than one-parent multigenerational households.

Method

Sample

Data used in this study were collected as part of the larger RFSH project. In order to participate in the *RFSH* study, participants met the following criteria: 1) 18+ years of age; 2) providing care to at least one child under the age of 13; 3) having a household income at or below 185% of the Federal Poverty Line (FPL); and 4) living in a rural area. For this project, rural counties were identified by the USDA Economic Research Service's (ERS, 2007) Urban Influence Codes (UIC) of at least code 6, which describes residential areas that are "noncore adjacent to small metro area" with a minimum population of 2,500 individuals. Data from the states of Hawaii and Massachusetts were collected from rural areas (as identified by zip code census tracts) in more populous counties because there are no accessible counties with code 6 and higher in these states. During the screening procedure, study participants listed all of the children within the target age range for whom they were providing care, and a randomized procedure was used to identify the target child.

Researchers in 13 states recruited participants through flyers placed in public areas and word of mouth. The recruitment method, mixed purposive sampling, was a

hybrid that combines the strengths of both purposive sampling and chain-referral sampling (Mammen & Sano, 2012). Complete data from 416 participants were included in the data set. Note that multigenerational households were not a target of the larger study, and thus the participants included in the present study represent a naturally occurring subsample. All together, 63 participants reported that a parent or parent-in-law lived in their household and were identified as living in multigenerational households. Participants in single- and multigenerational households did not significantly differ from each other on any model or demographic characteristics except for age. Those who lived in multigenerational households were significantly younger ($M = 29$ years) than those who did not ($M = 32.5$ years; $t(438) = -3.054$). Within the multigenerational households, 11 were single-parent households (i.e., participant and grandparent), and 54 were two-parent households (i.e., participant, partner, and grandparent). Participant's ages ranged from 18-45 with an average of 29 years ($SD = 7.39$). The majority self-identified their race as White (59.4%), although the sample did include women who identified as Hispanic/Latina (18.8%), Black (9.4%), more than one race (9.4%), Asian/Pacific Islander (1.6%), or American Indian/Alaskan Native (1.6%). Target children's ages ranged from 0 to 12, with an average of 5.12 years ($SD = 3.64$).

Measures

Demographic variables. Mothers reported on a number of family characteristics, including mother and child age. *Caregiving Status* was assessed by a single question asking participants to list the other adults in their household and answer the question, "Are you a caregiver for any of these adults?"

Economic well-being. Data on participant economic well-being were collected with standardized scales and questions. *Financial Distress* was measured with The PTW(TM) scale (formerly known as the InCharge Financial Distress/Financial Well-Being Scale), an 8-item scale that measures the level of stress associated with financial situations on a 5-point scale with 1 being “low” and 5 being “very high.” Cronbach’s alpha in this study was .73 for the eight-item scale. Higher scores mean more financial distress (Prawitz et al., 2006). Having a hard time paying for basic needs was assessed with a yes/no answer to the question, “In the past year, have you had a hard time paying for basic needs of your family?” Mothers also reported on whether they currently received any public assistance.

Maternal well-being. Several aspects of maternal health were assessed with standardized measures. *General Health* was assessed with a single-item measure asking participants to rate their health on a 5-point scale with 1 being “excellent” and 5 being “poor.” Depressive symptoms were measured with the short form of the Center for Epidemiologic Studies Depression Scale (CESD-10), a 10-item scale with demonstrated reliability ($\alpha = 0.84 - 0.90$; Andresen, Malmgren, Carter, & Patrick, 1994). *Life Satisfaction* was measured by the answers to the question, “How satisfied are you with your life?” on a 5-point scale with 1 being “never” and 5 being “always.”

Child well-being. Child health was assessed with a modified version of the Child Health Survey (Richards et al., 2000). Participants responded to two questions about their child’s health on a 5-point scale with 1 being “excellent” and 5 being “very poor.” These questions were “How is your child’s health in general?” and “How would you describe the condition of your child’s teeth?” The scale

also included a list of 11 other disorders to which parents responded “yes” or “no” to whether their child had them (e.g., allergies, developmental delay). All items were summed in a composite scale; higher scores indicate poorer child health.

Family Process variables. Family-process variables were assessed with two measures. The first was the *Parenting Alliance Measure* (PAM; Abidin & Bruner, 1995), a highly reliable instrument ($\alpha = 0.97$) with 20 items that measure two discrete factors, *Respect* ($\alpha = 0.76$ in this sample) and *Communication* ($\alpha = 0.94$ in this sample). All items were assessed on a 5-point Likert scale (strongly agree to strongly disagree); higher scores meant stronger alliance (Abidin & Konold, 1999). Participants were asked to respond to the PAM items with regard to the other “primary caregiver for the child, spouse, partner, or grandparent.” Pointing to the complexity of caregiving configurations in multigenerational households, 62% of mothers in two-parent households identified their partners as the primary co-parent, while 32% identified their own parent. Further, in one-parent multigenerational households, 67% of mothers identified their own parent as the primary co-parent, while the others identified the child’s father. Importantly, there were no statistically significant mean differences across co-parent configurations within one-parent or two-parent multigenerational households on either subscale. The second measure was the *Family Routines Inventory* (FRI), an 18-item scale that measures the extent of predictability in the daily life of a family. Higher scores mean greater predictability (Jensen, James, Boyce, & Hartnett, 1983).

Procedure and Analysis Plan

Standardized, face-to-face interviews at participants’ homes or convenient public places were used

to collect data. The present study will use independent sample *t* tests to examine differences between one-parent and two-parent families in multigenerational households on demographic variables, as well as maternal, child, and family-level outcomes.

Results

Household Demographic Variables and Economic Well-Being. Descriptive statistics for demographic characteristics for one- and two-parent multigenerational households are shown in Table 1. The groups did not differ significantly on financial variables (i.e., receipt of public assistance, financial distress, material hardship, difficulty in paying for basic needs). There were also no between-group differences on race. However, there were group differences on age: children were significantly ($p < .05$) older, and the mothers were marginally ($p < .10$) older in one- than two-parent households. Mothers in two-parent households were significantly ($p < .05$) more likely to state that they were providing care for an older adult than mothers in one-parent households.

Table 1

Comparisons of Demographic Characteristics and Economic Well-being Between One- and Two-parent Multigenerational Grandfamilies

Variables	One- Parent (n=11)	Two- Parent (n=54)			
<u>Continuous Variables</u>			<i>t</i>	df	<i>p</i>
Mothers' Age	32.36	28.31	1.68	63	0.098
Child's Age	7.55	4.63	2.51	63	0.014
Public Assistance Scale	0.26	0.24	0.48	63	0.634
Financial Distress	25.36	25.87	-0.33	63	0.759
Material Hardship	0.22	0.36	-1.25	63	0.215
Food Security	1.54	1.75	-0.31	63	0.754
Housing Stress	2.90	2.79	1.23	63	0.224
Number of other adults in household	1.00	2.72	-2.21	63	0.001
<u>Categorical Variables (% Yes)</u>			X ²	df	<i>p</i>
Are you a Caregiver?	18.5%	45.5%	3.74	1	0.05
High School Diploma or Above?	76.0%	64.0%	6.15	7	0.52
Hard time paying for basic needs?	63.0%	50.0%	0.59	1	0.44

Maternal and Child Well-Being. Contrary to expectations, there were no significant between-group differences on mental and physical health or life satisfaction (see Table 2). There were no differences in health between target children living in the two types of households. Data are omitted for the sake of parsimony.

Table 2

Comparisons of Maternal Well-being Between One- and Two-Parent Multigenerational Grandfamilies

Variable	One-Parent (<i>n</i> = 11)	Two-Parent (<i>n</i> = 54)			
Continuous Variables			<i>t</i>	<i>df</i>	<i>p</i>
General Health	3.18	2.98	0.64	63	0.53
Depression	9.09	8.66	0.24	63	0.81
Life Satisfaction	3.64	3.91	-0.81	63	0.42

Family Processes. Participants in one-parent multigenerational households reported significantly more communication with co-parents than in two-parent multigenerational households. One-parent multigenerational families also reported more stable family routines than those in two-parent multigenerational households, although marginally so (see Table 3).

Table 3

Comparisons of Family Processes Between One- and Two-Parent Multigenerational Grandfamilies

Variable	One-Parent (<i>n</i> = 11)	Two-Parent (<i>n</i> = 54)	<i>t</i>	<i>df</i>	<i>p</i>
PAM					
Communication	3.18	2.98	2.22	24.47	0.04
PAM Respect	42.08	48.66	1.11	54.00	0.27
Family Tradition and Routine Inventory	4.00	3.94	-1.86	63.00	0.08

Discussion

The goal of this study was to examine economic well-being, mother and child well-being, and family processes across two different multigenerational household structures: one- and two-parent multigenerational families. Although grandfamilies in general may be more at risk for compromised health and well-being in rural communities, very little research has distinguished between these two family forms. We begin by reviewing our findings and then discuss the implications for practitioners working with grandfamilies, especially in rural areas. We conclude by pointing to future directions for research.

Perhaps the most striking findings in our study were the differences in co-parenting alliance measures between one- and two-parent multigenerational households in this low-income rural sample. These differences cannot be attributed to maternal or child well-being because the two groups did not differ on these outcomes. In support of our hypothesis, we found that on average co-parenting alliances, specifically communication and teamwork, were stronger in one-parent multigenerational families than in two-parent multigenerational families. Perhaps the efforts to balance coordination among three caregivers, including across families in which mothers identified the father or the grandmother as the primary co-parent, is more challenging than in a household with only a mother and a grandmother, even if the primary co-parent is non-residential. Moreover, despite generational differences between grandmothers and mothers, they likely share similar parenting beliefs and values that may facilitate better cooperation when they live together. In fact, drawing for work on intergenerational solidarity (e.g., Silverstein & Bengtson, 1997), the co-parenting alliances between mothers and grandmothers in one-parent multigenerational families may reflect the

consensus dimension when parents and grandmothers are parenting together, as these families are also likely to be high on the association dimension of intergenerational solidarity. Interestingly, we found no differences in the respect domain of the parenting alliance, suggesting that very specific aspects of co-parenting, particularly those related to the everyday tasks of caregiving rather than more general attitudes, may vary in multigenerational households, and thus services can be tailored for these specific needs.

Contrary to our hypothesis, the results reveal that, on average, mothers in one-parent multigenerational households reported more regular family routines than mothers in two-parent multigenerational households. Again, this finding may stem from differences in family routine expectations between mothers and fathers versus mothers and grandmothers. Alternatively, if the two-parent multigenerational households include elder care in addition to child care, then these multiple demands and tasks may undermine the ability of adults to maintain regular family routines. For example, research on mothers who are simultaneously caring for children and aging parents points to the stressors that come from juggling multiple roles and responsibilities (Hammer & Neal, 2008) as mothers struggle to meet the sometimes competing needs of both generations.

In fact, the findings suggest that two-parent multigenerational families were more likely than one-parent families to include an older adult that needed care. Perhaps having an older adult that needs care in the household interferes with family functioning. Moreover, the combination of caring for young children and an aging grandparent may jointly undermine family routines. In support of this supposition, in contrast to our expectations, target children in two-parent multigenerational households

also were significantly younger than those in one-parent multigenerational households.

Another striking finding from our study is that, contrary to our hypotheses drawn from family systems theory and the thin extant research on diverse multigenerational family structures, there were no differences in measures of mother and child well-being across the two household types. It is important to note that there were very few sociodemographic differences across family structure, including among indicators of economic disadvantage such as financial distress and economic hardship that are often implicated in maternal well-being (e.g., Conger, Conger, & Martin, 2010). In this rural sample, limited housing, child care, and elder care options may be more influential on household residence patterns than other sociodemographic indicators. Notably, our sample is all low income and rural, and thus poverty may adversely impact health and well-being of adults and children in similar ways regardless of family structure (Conger & Donellan, 2007; Vernon-Feagans & Cox, 2013). Our findings point to the need to conduct future work on rural grandfamilies that includes a focus on models linking disadvantage to family processes and individual well-being (Barnett, 2008).

Implications for Service Providers

Our study has implications for both service providers and policymakers. Delivering effective social services in rural areas presents unique challenges when compared to urban areas, where most efforts are concentrated (National Rural Assembly, 2007). Inadequate infrastructure, limited access to suitable child care and elder care, transportation difficulties, rural culture, and lack of sustainable employment can exacerbate needs, create resistance to seeking services, and impede access to rural families such as those in our study. The need for these

services may be particularly acute in rural areas given the lack of available and accessible family support services and limited housing, child care, and elder care options that may lead to the formation of multigenerational households (Cook et al., 2012; Gjesfjeld et al., 2012). This study's findings underscore the need for service providers to be aware of the different types of multigenerational households and the different needs and resources that may characterize these diverse grandfamilies in order to make service delivery as efficient and effective as possible. Many custodial grandparents do not seek services because they do not think that service providers can meet their specific needs (Yancura, 2013); this also may be true for multigenerational grandfamilies. Addressing needs identified in our study can make the services more relevant and meaningful.

The findings suggest that all grandfamilies, especially two-parent multigenerational households that are often overlooked by service providers, can benefit from addressing parenting alliances and family routines. This is vital because programs targeting multigenerational families often are focused on only one generation, rather than considering whole family processes like co-parenting and family routines that are linked to the well-being of all family members. Further, when family processes in two-parent families are targeted for interventions and services, the presence of other adults in the household often is ignored. The present findings, however, suggest that families may benefit when grandparents in two-parent multigenerational households are included in family intervention and support activities and/or when mothers are supported with strategies that help them balance simultaneously caring for young children and aging parents. The findings also point to the need to take a whole-family approach to services that may be provided for one member of the household, such as children or mothers, by

considering family processes such as co-parenting. Specifically, service providers could benefit from training in family processes through the lens of family systems theory.

More generally, the co-parenting configurations across the two household types highlight the complexity of multigenerational family and caregiving arrangements that extend within and beyond households, as well as the related need for researchers and service providers to broaden approaches to identifying family members. Although rural and nonmetropolitan residents make up about 20% of families receiving government assistance, these people often are ignored in policy discussions in the shadow of the urban poor. Also, though often facing disproportionate material hardships (Baker & Mutchler, 2010), multigenerational households generally are absent in policy discussions at all levels of government. This study helps to call attention to the unique circumstances and processes within these family forms and provides additional information for formulating policy.

Limitations of this Study and Suggestions for Future Research

This study considers important yet understudied variations in multigenerational household types among economically disadvantaged and typically underserved rural families. At the same time, it includes a number of limitations that should be addressed in future work. First, our data are drawn from a small sample of rural families, thus limiting generalizability and the ability to test more complex statistical models. Second, we relied on mothers' reports for all measures; future work should consider reports from all household members and co-parents, specifically grandparents, especially given that the primary co-parent, as identified by mothers, was not consistent across or within household types. Third, in focusing on two

understudied types of multigenerational families, we left out another important grandfamily structure. Future research should compare outcome variables among multigenerational and custodial grandparent-headed households. Considering these other family types is critical in future research to identify the needs of rural grandfamilies. Despite these limitations, this study makes an important contribution to the research literature on these understudied types of grandfamilies. A critical next step for research is to study samples large enough to disentangle these two forms of multigenerational households that are often combined. The finding of different family processes between two different types of multigenerational families suggests ways in which service providers can meet unique needs of these different grandfamilies.

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Research Brief

Demographic Profile, Geographic Distribution, Disability Prevalence, and Likelihood of being in Poverty amongst Grandparents Responsible for Grandchildren

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Abstract

Evidence-based research on Grandparents Responsible for Grandchildren (GRfG) continues to grow in recent decades. This brief report expands global knowledge on custodial grandparents by making use of a large data resource in the United States (US). The specific aim was to delineate the demographic profile, geographic distribution, and prevalence of specific-disabilities for the GRFG population in the US mainland. We also explore how demographic factors are associated with likelihood of being in-poverty. The analysis used data from the 2009-2013 American Community Survey (ACS) 5-year Public Use Microdata Sample (PUMS) file. The ACS is a nationally representative, yearly, statistical survey administered by the US Census Bureau and is the premier source for detailed information about the U.S. population. The 141,270 actual units in the microdata are estimated to represent about 2,704,327 GRfGs. Population-weighted estimates detail the GRfG population and population-weighted multivariable logistic regressions indicate all race-ethnic GRfG minorities were at greater risk for being in-poverty when compared to Non-Hispanic-White GRfGs. Investigations should continue to paint the population profile of GRfGs using large-scale data sources to better understand the needs of custodial grandparents.

Keywords: grandparents; inequality; disability; race; Mexican; ACS; PUMS; PUMA;

Introduction

Developing evidence-based knowledge on custodial grandparents is important to understand the needs and conditions of the population. The importance of Grandparents Responsible for Grandchildren (GRfG) increased when the Adoption Assistance and Child Welfare Act of 1980 was enacted, and later extended under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Under these policies, GRfGs were made a desirable option for the placement of children needing alternative care. Since then, investigations on grandparents who care for their grandchildren have grown (Byers, 2010; Cross et al., 2010; Goodman & Silverstein, 2002; Keene, Prokos, & Held, 2012; Lipscomb, 2005; Minkler & Fuller-Thomson 2005; Mutchler & Baker, 2004; Mutchler, Baker, & Lee, 2007; Strom & Strom, 1993; Weibel-Orlando, 1997). Our analysis contributes to this body of literature by presenting the demographic profile, geographic distribution, disability prevalence, and likelihood of being in poverty among grandparents responsible for grandchildren. The novelty of the present study is that it uses data from the largest survey on GRfG to delineate the characteristic of this important population.

Investigating the characteristics of GRfGs is important because although rewards from caring for grandchildren may be present (Fuller-Thompson, Serbinski, & McCormack, 2014), grandparents face some barriers in caring for grandchildren (Crowther, Ford, & Peterson, 2014). This is why research continues to investigate (and find) race-ethnic differential in health consequences in grandparents caring for grandchildren (Chen, Mair, Bao, & Yang, 2014). For example, a previous publication presented

information on GRfG by focusing on adults aged 21 and above who reported being responsible for grandchild(dren) for less than 6 months (Siordia, 2014). The analysis concluded race-ethnic minority GRfGs seem to be economically and socially vulnerable than Non-Latino-Whites. Providing detailed information on the GRfGs has the potential to inform policy makers on how best to provide them with assistance.

The current analysis expands on previous work by delineating characteristics of the GRfG population. In this report, GRfGs are those who report caring for grandchild(dren) for any amount of time. The specific aim of this research brief was to present the demographic profile, geographic distribution, and prevalence of disability amongst GRfGs within the U.S. mainland. We complement the descriptive analysis by exploring how the likelihood of being in poverty varies by demographic characteristics among GRfGs. Achieving the specific aim and complementary analysis will provide researchers, practitioners, and policy makers additional information on the GRfG population from an important data source.

Methods

Data & Sample

Information on GRfGs was obtained from Public Use Microdata Sample (PUMS) 5-year (2009-2013) files from the American Community Survey (ACS). The ACS is a nationally representative, yearly, statistical survey administered by the U.S. Census Bureau and is the premier source for detailed information about the U.S. population (Siordia, 2016a). Data from the ACS plays a key role in helping inform the allocation of federal funds aimed at helping GRfGs (Reamer, 2010; Siordia, 2014). The ACS sample is nationally representative, randomly selected, large, and representative of all segments within the US population (Siordia, 2015a; 2015b).

Details on the collection of ACS data are available on the Internet. The use of this secondary and de-identified data source does not require Internal Review Board approval. Data on GRfGs from the ACS is not only unique because of its large scale and quality, it is also valuable as it helps evaluate programs and policy formation capable of affecting the financial and social well-being of custodial grandparents (Siordia, 2014). The ACS uses scientific sampling methodologies to collect information via mail, phone, Internet, and in-person. The ACS collects data on language, labor force participation, educational attainment, marital histories, and other characteristics. GRfGs are people with a “yes” response to the following question: “Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?”

Limitations with survey questions have been discussed before (Siordia, 2014). For example, the phrase “responsible for most basic needs” is ambiguous enough to allow for considerable differences between respondents as each is allowed to self-define the meaning of “responsible” and “basic needs” (Mutchler & Baker, 2004). Our analysis only included GRfGs age > 21 who reside in the contiguous U.S. The 141,270 actual units in the microdata are estimated to represent about 2,704,327 GRfGs. Our tables only provide “population weighted” estimates stratified by race-ethnic groups.

Measures

GRfGs are divided into the following racial-ethnic groups: Non-Hispanic-White (NHW: the racial-ethnic majority group in the US); Non-Hispanic-Black (NHB); Non-Hispanic-Others (NHO); Hispanics of Mexican-origin (MEX); and Non-Mexican Hispanics (NMH). The race-ethnic categories followed prescribed categorization schemes (Siordia, 2016a). Previous research has found the

percentage of GRfGs varies sharply by race and Hispanic origin (Simmons & Dye, 2003). NHWs are the reference group in regression models for race-ethnic comparisons.

Demographic variables included poverty, sex, nativity, educational attainment, marital status, age, and time caring for grandchild(ren). We identified prevalence for the following six disabilities: independent living= because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?; ambulatory= does this person have serious difficulty walking or climbing stairs?; self-care= does this person have difficulty dressing or bathing?; cognitive= because of a physical, mental, or emotional conditions, does this person have serious difficulty concentrating, remembering, or making decisions?; hearing= is this person deaf or does he/she have serious difficulty hearing?; vision= is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Disability in the ACS is discussed at length elsewhere (Siordia, 2015c; 2015d; 2016b). We used nine geographic divisions created by the US federal government. Geographic divisions are shown in Figure 1.

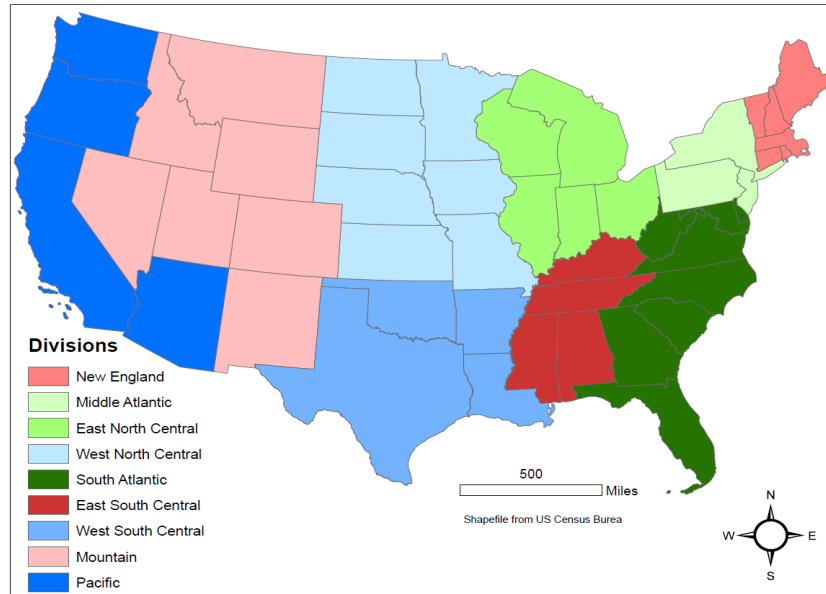


Figure 1. Federal government geographic divisions

We measured poverty by using the Income-to-Poverty Ratio (IPR) variable in the data to assign GRfGs as being “in poverty” if they had an $IPR < 100$. IPRs range from 0 to 500 and provide a simple measure of economic vulnerability. The inflation-adjusted but non-geographically varying poverty measure is created by the U.S. federal government. For example, in 2013, a family of three that included a child under 18 would have been under the poverty threshold if the family reported a yearly income $< \$18,222$. We explored how various demographic factors explained between-people differences in likelihood of being in poverty.

Analytical Approach

The main goal was to provide a demographic profile, the geographic distribution, and prevalence of disability amongst GRfG. It is complemented by exploring

how demographic factors are associated with the likelihood of being in poverty. Because we aimed to make our results generalizable to all GRfGs age > 21 residing within the U.S. mainland during the 2009-2013 ACS survey period, we only provided population-weighted estimates. We only used the PWGTP variable to weight estimates and conduct multivariable logistic regressions using SURVEYLOGISTICS procedures in SAS® 9.3. The PWGTP variable is a person weight in data used for generating population-weighted statistics. The SURVEYLOGISTICS procedure fits a linear logistic regression model for categorical variables by the method of maximum likelihood.

Results

From the 2,704,327 GRfGs, approximately 52% are NHW. Poverty was most prevalent amongst NHBs at 31% (Table 1)—where the majority (72%) of GRfGs are female and native born (92%). The lowest levels of educational attainment are amongst MEX. We found only 19% of MEX have at least some college or beyond. About three-fourths of MEX and NHW GRfGs are married. About two-thirds of GRfGs are age > 51. Caring for grandchildren for more than five years is most prevalent amongst all race-ethnic groups. For example, 42% NHB GRfGs report being responsible for their grandchild(ren) five or more years. Approximately three-fourths of GRfGs are not disabled. For those who report a disability, difficulties with ambulatory tasks are the most prevalent across all groups (Table 1).

Table 1.
*Demographic and Health Characteristics Stratified by
 Race/Ethnicity Group*

	Non-Hispanic			Hispanic	
	White ¹	Black ²	Other ³	Mexican ⁴	Other ⁵
<i>Demographics</i>					
In-poverty	15%	31%	22%	28%	27%
Female	59%	72%	65%	59%	66%
Native	97%	92%	51%	39%	46%
≥ Some college	45%	43%	45%	19%	29%
Married	73%	48%	66%	73%	59%
Age ≤ 40	4%	6%	4%	9%	6%
Age 41-50	23%	26%	19%	32%	30%
Age ≥ 51	73%	67%	77%	58%	64%
<i>Time with Grandchild</i>					
≤ 6 months	11%	9%	12%	12%	11%
6 to 11 months	11%	10%	10%	11%	10%
1 to 2 years	24%	22%	23%	26%	24%
3 to 4 years	17%	16%	17%	17%	18%
≥ 5 years	37%	42%	38%	35%	37%
<i>Disability</i>					
Not disabled	75%	73%	75%	82%	78%
Self-care	4%	6%	4%	3%	3%
Independent-living	4%	6%	6%	3%	4%
Ambulatory	10%	11%	8%	7%	8%
Cognitive	2%	2%	2%	1%	2%
Hearing	4%	1%	3%	2%	2%
Vision	1%	2%	2%	2%	2%
<i>Geographic Division</i>					
New England	4%	2%	3%	0%	8%
Middle Atlantic	9%	12%	12%	1%	31%
East North Central	17%	14%	7%	6%	5%
West North Central	7%	3%	7%	2%	1%
South Atlantic	22%	35%	13%	4%	24%
East South Central	12%	13%	3%	1%	1%
West South Central	14%	16%	12%	35%	9%
Mountain	7%	2%	15%	14%	8%
Pacific	10%	5%	29%	36%	14%

For example, 12% of NHB and 10% of NHW GRfGs report having serious difficulty walking or climbing stairs. GRfGs report the least amount of difficulties with being blind or having serious difficulty seeing even when wearing glasses. The South Atlantic geographic division has the largest concentration of NHB (35%) and NHW (22%) GRfGs. MEX (36%) and NHO (29%). GRfGs are most concentrated in the Pacific division and NMH (31%) GRfGs in the Middle Atlantic geographic division.

The fully-adjusted population-weighted multivariable logistic regression (Table 2) revealed all race-ethnic minority statuses are associated with a greater likelihood of being in poverty when compared to NHW GRfGs. For example, NHB GRfGs were found to be 79%

Table 2

Logistic Regressions Predicting Likelihood of Being in Poverty

	OR ¹	LCL ²	UCL ³		OR	LCL	UCL	
Non-Hispanic-White	1.00	Ref	Ref		1.00	Ref	Ref	
Non-Hispanic-Black	2.42	2.33	2.52	*	1.79	1.72	1.87	*
Hispanic Mexican	2.09	1.99	2.19	*	1.86	1.75	1.97	*
Hispanic Non-Mexican	2.01	1.87	2.16	*	1.54	1.42	1.68	*
Non-Hispanic-Other	1.50	1.40	1.61	*	1.47	1.36	1.59	*
Female					0.81	0.78	0.84	*
Age					1.03	1.03	1.03	*
Married					0.30	0.29	0.31	*
≥ Some college					0.44	0.42	0.46	*
Disabled					2.28	2.19	2.37	*
Native					1.01	0.95	1.07	

* $p \leq 0.001$

¹ Odds ratio = e^{β} ;

² 95% Wald lower confidence limit; ³ 95% Wald upper confidence limit

more likely to be in poverty relative to NHW GRfGs after adjusting for age, sex, marital status, educational attainment, disability, and nativity status.

Discussion

This research brief presented a profile on the GRfG population within the U.S. mainland and explored how demographic characteristics were associated with the likelihood of being in poverty. GRfGs are an increasingly common familial configuration in the United States (Henderson & Bailey, 2015). Because policies affect GRfG's financial well-being (Siordia, 2016c), public health researchers should continue to consider them an understudied population (Baugh, Taylor, & Bates, 2016). Other research studies have suggested how evidence-based parenting interventions can be modified to include grandparents (Kirby, 2015). However, interventions should also consider the needs of GRfGs and how they use both formal and informal networks in identifying resources (Guastaferrro, Guastferro, & Stuart, 2015). Future research efforts should continue to use large-scale and policy relevant data to study GRfGs.

Author's Note: Dr. Carlos Siordia completed and submitted the manuscript while employed at the University of Pittsburgh. He is currently a federal employee at the Substance Abuse and Mental Health Services Administration (SAMHSA) in Rockville, MD.

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*Research Brief***Recognizing Micro-aggressions: A Framework
for Helping Grandfamilies**

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Abstract

Micro-aggressions are manifestations of prejudice targeted toward socially marginalized groups. They may take several forms: subtle discriminatory remarks, behavior, or environmental characteristics. In contrast to overt aggressions, micro-aggressions are not easy to detect. They are often invisible to both perpetrator and recipient and occur in three categories: *micro-assaults* (discrimination), *micro-insults* (insensitivity), and *micro-invalidations* (nullification of experience). Existing research demonstrates that being the target of micro-aggressions is harmful to physical and mental health. Some literature also provides a framework for minimizing their negative effects. Most of the current literature on micro-aggressions is focused on groups characterized by minority race and gender. However, micro-aggressions are also experienced by grandfamilies. This article reviews the theoretical framework of micro-aggressions and notes ways in which it is applicable to grandfamilies. It also includes suggestions for ways in which service professionals can identify micro-

aggressions and assist grandfamilies to minimize or eliminate their harmful effects.

Keywords: micro-aggressions, stigma, practice, grandparents, grandchildren

Introduction

Over the past several years, the concept of micro-aggressions has come to the forefront of both academic and clinical literature (Garber & Grotevant, 2015; Markose & Simpson, 2014; Sue et al., 2007). Micro-aggressions are manifestations of prejudice targeted toward socially marginalized groups. They may take several forms: subtle discriminatory remarks, behavior, or environmental characteristics. In contrast to overt aggressions, micro-aggressions are not easy to detect and often invisible to both perpetrator and recipient.

A growing body of research demonstrates that being the target of micro-aggressions may have negative effects on health, well-being, and self-esteem (Nadal, Griffin, Wong, Hamit & Rasmus, 2014; Ong, Burrow, Fuller-Rowell, Ja & Sue, 2013; Steele, 2010). To date, most of the literature on micro-aggressions has been focused on groups characterized by minority race (Sue, Lin, Torino, Capodilupo, & Rivera, 2009) and sexual orientation (Shelton & Delgado-Romero, 2011). Recently, some researchers have used the concept of micro-aggressions to understand the impact of prejudice against mixed race and adoptive families (Garber & Grotevant, 2015; Markose & Simpson, 2014). However, researchers have not applied this concept to grandfamilies (i.e., grandparents/kin and the children in their homes) who may experience micro-aggressions from strangers, family members, service providers, and school professionals (Baldock, 2007). Grounded in the grandfamily literature addressing possible stigmas, the purpose of this paper is to describe the literature addressing micro-aggressions and provide a

framework for ways that grandfamilies can mitigate the potential damage of micro-aggressions with the support of service providers.

Stigma and Grandfamilies

Despite recent focus on the great deal of resilience shown by grandfamilies (Smith & Hayslip, 2012), and positive press aimed at the work of custodial grandparents (Imada, 2010), some grandfamilies may experience stigma. This stigma appears to originate from two categories: (a) those related to the reasons why grandparents are raising their grandchildren and (b) those related to others not understanding the responsibilities associated with the non-normative custodial grandparent role (Hayslip, Herrington, Glover, & Pollard, 2013).

The first category of stigma some grandfamilies experience relates to the circumstances surrounding the biological parents' inability to raise their children. Reasons often stem from personal problems such as mental health issues, drug abuse, incarceration, AIDS, and/or child abuse and neglect. The stigma associated with these reasons often "sticks" to custodial grandparents and newly-formed grandfamilies (Baldock, 2007; Hayslip et al., 2013). Further, custodial grandparents tend to be stigmatized when the reasons they are providing care for their grandchildren are not considered to be socially acceptable or are viewed as preventable and within the grandparents' control (Dolbin-MacNab, 2015).

The second category of stigma stems from the non-normative role of custodial grandparents. Even grandparents who are raising their grandchildren due to socially acceptable reasons beyond their control, such as military deployment or the death of their grandchildren's biological parents, may still experience stigma. Historically, grandparents have always been there to help raise grandchildren (Baldock, 2007). However, the

assumption in modern western cultures is that grandparental care is supplemental to parental care. For example, Neugarten and Weinstein's (1964) typology of grandparenting styles -- a staple of introductory aging and lifespan psychology courses -- describes three main grandparenting styles: formal, fun-seeking, and distant. It focuses less on two gender-specific styles. Grandfathers were sometimes observed to be the keepers of family wisdom, and grandmothers were occasionally observed to become surrogate caregivers to their grandchildren. The overall assumption is that grandparental care is in addition to—rather than instead of—parental care. To add to stigma, grandparents raising grandchildren may then become isolated from friends and age-related peers because parenting tasks and other related responsibilities are not normative for their life stages (Hayslip and Kaminski, 2005).

Stigma may be particularly harmful when grandparents experience it from multiple contexts including schools, other family members, and service providers. Each context, in turn, may contain many sources. For example, in the school context, grandparents may find that schools have changed a great deal since their children (i.e., the grandchildren's parents) attended them. Further, grandparents may be unfamiliar with current curricula, procedures, and use of technology. They may also not believe they fit in with other biological parents simply because of age or cohort differences. In addition to this, schools in some states do not recognize the legal capacity of grandparents to enroll their grandchildren in school or give consent for grandchildren to participate in extracurricular activities or receive medical care (Silverstein & Vehvilainen, 2000). Even in states with laws that allow grandparents to enroll grandchildren, grandparents are often excluded from the Individual Educational Plans (IEP) for grandchildren with special

needs because federal law requires legal guardianship and does not recognize state level consent laws.

Service providers who may hold misperceptions about the variability of grandfamily situations, or do not have appropriate resources for the complicated situations, may be another source of stigma (Dolbin-MacNab, 2015; Fruhauf, Pevney, & Bundy-Fazioli, 2015; Yancura, 2013). These providers may have ambivalent feelings about working with grandfamilies due to the increased time it takes to understand complex issues and triangulate services among three generations (Fruhauf et al., 2015; Peters, 2005). Stigma from service providers may also be perceived on the part of the grandparents due to past experiences, which may have led them to believe that service providers prefer traditional foster care over kinship care situations and will remove grandchildren from their care (Yancura & Greenwood, 2013).

Stigma may also come from other family members. For example, other adult children/siblings may be resentful of the time and resources that grandparents give to their custodial grandchildren, as they believe that it takes away from their own children's grandparent-grandchild relationship. Other family members, who have been previously harmed by the grandchildren's parents or who see the stress grandparents are under when caring for a grandchild, might not provide appropriate support and further stigmatize grandparents and/or the children they are raising (Sampson & Hertlein, 2015).

Together, these varying types and sources of stigma may lead to words, behaviors, and environmental factors that deliver underlying messages that are harmful to the health and well-being of grandfamilies. The concept of micro-aggressions directly addresses these types of stigma faced by grandfamilies. It provides one framework for recognizing when this stigma is being realized so that members of grandfamilies, service providers, and even

communities can be taught to bring these harmful messages into awareness. Bringing this stigma into awareness then provides an opportunity for recognizing that it is based on stereotypes and inaccurate information. In other words, the literature on micro-aggressions gives service providers a set of powerful tools to assist grandparents raising grandchildren in an effort to counter the harmful effects of stigma.

Micro-aggressions

The current concept of micro-aggressions has its theoretical underpinnings in the broader study of racism, which has evolved from outright bigotry to more subtle forms over the past half-century (Steele, 2010; Wong, Derthick, David, Saw, & Okazaki, 2014). Racism may be motivated by “traditional American values,” typically endorsed by political conservatives, or “egalitarian values,” typically endorsed by political liberals. In both cases, the racism engendered by these beliefs is largely unconscious on the part of the perpetrator (Sue et al., 2007). In addition to explaining actions motivated by racism, the concept of micro-aggressions is also applicable to other forms of prejudice—particularly those directed at grandparents raising grandchildren. In this case, prejudice might stem from beliefs about “family values,” beliefs about the primacy of a traditional two-parent family structure, and/or beliefs about parents’ (grandparents’) familial obligations to their adult children and their families.

There are several types of micro-aggressions, ranging from least to most subtle. The broadest level is *micro-assaults*, which are “Explicit derogations characterized primarily by a violent verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior or purposeful discriminatory actions” (Sue, 2007, p. 274). Perpetrators of micro-assaults may or may not be aware that their comments are harmful, but these comments are most likely to be clearly perceived

as harmful to grandparents. A prime example of a micro-assault comes from a qualitative study addressing micro-aggressions toward adopted families. A young adopted participant reported that another child in the family told him: “You are not *really* my cousin!” (Garber & Grotevant, 2015, p. 448). Further examples of micro-assaults that individuals may say and the messages these statements may convey to grandparents are described in Table 1.

The next level of micro-aggressions is called *micro-insults*, which are “Behavioral/verbal remarks or comments that convey rudeness, insensitivity and demean a” (Sue et al., 2007, p. 274) grandparent or grandchild’s situation. These types of remarks are somewhat more subtle than micro-assaults, but can be quite harmful nonetheless. Nadal et al. (2013) give an excellent example of a within-family micro-insult in their study of micro-aggressions aimed at multiracial family members. For example, a non-Filipino speaking participant reflected on what she heard from her family in the Philippines: “Why can we go to your country and we can speak English and when you come here and you can’t speak our language?” (Nadal, Sriken, Davidoff, Wong, & MacLean, 2013, p. 196). More micro-insults towards grandfamilies and the messages they convey are included in Table 1.

The third level of micro-aggressions is *micro-invalidations*, which are “verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality” (Sue et al., 2007, pp. 274) of a grandparent. In a sense, these type of micro-aggressions can be the most harmful because they are essentially “hidden” to both perpetrator and recipient. They express deeply-held and unquestioned societal views. For example, Garber and Grotevant (2015) used the term *assumption of bionormativity* to express the micro-invalidations experienced by adoptive families. This assumption is based on the belief that traditional biological

families are the only legitimate family structures. Although it was not expressed through direct language, this micro-invalidations may be perceived as extremely hurtful by the adoptive families in their study. Table 1 includes common micro-invalidations often experienced by grandfamilies and their underlying messages.

Table 1

Examples of Micro-assaults, Micro-insults, and Micro-invalidations

Micro-assault	Message
"You are too old to raise children."	<i>You are not capable.</i>
"Why do you want to raise your grandchild? Don't you just want to play bridge/hang out with your friends? Remember, you're retired!"	<i>You are making a bad/poor decision to raise grandchildren. OR You are stupid to give up retirement for your grandchild/family.</i>
"Mom, you always did everything for her (sister). Now look at you, you're raising her children!"	<i>You treated your children unfairly as they were growing-up and you continue to do so.</i>
"If you had raised your children right, you wouldn't be raising your grandchildren."	<i>You are to blame for the situation.</i>
"Why did you take away your daughter's responsibility as a parent? You should have let her learn the hard way and let her take care of her own kids."	<i>This isn't your business. You are enabling your daughter</i>
"Because your parents aren't around, you don't live with a real family."	<i>Your family situation is not legitimate.</i>
Micro-insult	Message
"Aren't you afraid that your grandchildren will end up just like their parents?" (to grandparents) or "You will end up just like your parents." (to grandchildren)	<i>You do not deserve a second chance</i>

“You know, the apple does not fall far from the tree.”	<i>It is the grandparents’ fault that they are raising their grandchildren. Clearly they did not parent their child correctly.</i>
“My grandchildren are not my responsibility. I did my job raising my own children.”	<i>You must not have done a good job raising your own children.</i>
“Oh too bad you guys are “stuck” now and can’t enjoy your life.”	<i>Raising grandchildren will take the joy out of later life.</i>
Micro-invalidations	Message
When a school does not allow a grandparent to attend a parent-teacher conference, participate in an IEP/special education planning meeting, or register a child for school.	<i>You are not a valid representative for your grandchild’s education and do not have the right to make educational decisions for them.</i>
When a medical clinic refuses medical care because the custodial grandparent does not have legal guardianship.	<i>You are not a legal representative for your grandchild and do not have the right to make health care decisions for them.</i>
When a teacher sends home letters addressed to, “The Parents of...”	<i>You are not a “typical, nuclear” family. You are “less than” the norm.</i>
When someone says that “You do such a good job raising your grandchild...I know how hard it is because my children spend two hours a day after school with my mom and she tells me how tired she is afterwards.”	<i>The experience of one person is exactly like the experience of another person.</i>

All three types of micro-aggressions (i.e., micro-assaults, micro-insults, and micro-invalidations) can undermine the stability and health of grandfamilies because they indirectly express personal or societal judgments about them and their situations. Because micro-aggressions are oftentimes subtle, grandparents and grandchildren may not

fully realize how harmful they are. Research demonstrates that individuals can develop coping skills to recognize, respond to, minimize, and mitigate the harmful effects of micro-aggressions (Wong et al., 2014). Thus, it is also possible that educational protocols could be implemented with custodial grandparents and their grandchildren to increase awareness and empower them with skills to combat micro-aggressions.

Practice Approaches When Dealing with Micro-aggressions

The vast majority service providers who work with and on behalf of grandfamilies do not consciously engage in micro-aggressions. However, all service providers can incorporate strategies to help grandfamilies cope with the potentially harmful effects of this subtle form of prejudice. We recommend three main strategies: (a) recognizing biases and micro-aggressions, (b) using strengths-based approaches and reframing situations, and (c) cultivating positive support networks.

It is important for practitioners to know their own biases (Dolbin-MacNab, 2015) and to become aware of and teach grandfamilies about micro-aggressions. Practitioners are human and susceptible to prejudice and stereotypes; this is often the case when working with older adults (Hanna & Hargrave, 1997). It is important to meet each individual and family as unique, to listen to the facts surrounding each situation and to understand the strengths and weaknesses of each grandfamily. Further, bringing micro-aggressions into awareness, rather than accepting them as truth, may allow individuals the chance to decide how they are going to react to them, whether they accept them as fact or challenge their validity (Sue et al., 2009). As a result, service providers may coach grandparents about making a decision to educate (O'Hora & Dolbin-MacNab, 2015) or confront (Hernández, Carranza, and Almeida, 2010) the perpetrator.

Depending on the situation, this strategy may or may not be desirable. In some cases, such as when the micro-aggression comes from a stranger whom the individual is unlikely to encounter again, individuals may not choose to expend effort on education or confrontation. In other cases, such as with micro-aggressions expressed by judgmental friends or family, confrontation might be the best strategy.

Another way to help grandfamilies combat the negative effects of micro-aggressions is to use a strengths-based approach; this approach may also provide a way to reframe what might be perceived as negative or stigmas and instead focus on the positive aspects of grandparent-headed-households (Conway & Consedine, 2013; Fruhauf & Bundy-Fazioli, 2013). As a result, grandparents might cultivate an attitude of acceptance toward the perpetrators, who are most likely ignorant of their wrongdoing. Hernández et al. (2010) note that individuals' spirituality may be helpful in cultivating acceptance, and even forgiveness of the micro-aggression.

Finally, as service providers, it may be appropriate to convey to grandparents and/or grandchildren that they can terminate friendships with individuals who engage in micro-aggressions. Further, grandfamilies should be empowered to seek out and cultivate friendships and social relationships that are both positive and meaningful (Fruhauf & Bundy-Fazioli, 2013). This may provide an avenue to develop "counter spaces," physical or relational spaces where individuals are assured of respite from micro-aggressions (Grier-Reed, 2010). Such counter spaces may include their own home, churches, centers, or support groups. Finally, self-care and collective organizing are other strategies the literature recommends for coping with micro-aggressions (Hernández et al., 2010). Collective organizing to advocate for grandfamilies rights is also helpful in assisting grandfamilies to combat the harmful effects of micro-aggressions (Hernández et al., 2010).

Efforts to combat micro-aggressions should also include grandchildren (O'Hora & Dolbin-MacNab, 2015).

Conclusion

Helping grandfamilies become resilient to the effects of stigmatizing micro-aggressions can foster healthy development for both grandparents and grandchildren. Future research should examine the impact micro-aggressions have on grandparents and grandchildren, as no empirical work has engaged in this program of research. Further, researchers should consider examining the extent to which grandparents/grandchildren experience micro-aggressions, how they discuss them with service providers, and the positive impact service providers can have on mitigating the potential harmful effects of micro-aggressions. With a focused research agenda addressing micro-aggressions in the context of grandfamilies, professionals will be better prepared to develop data-driven interventions for promoting healthy development of grandfamilies.

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Policy Article

**A Family Right to Care: Charting the
Legal Obstacles**

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Abstract

Numerous state and federal laws govern kinship (non-parental/relative) care of children. Federal laws are mainly concerned with assistance to families and with child welfare. State laws implement federal law and provide more governance in these areas and also almost exclusively govern family custodial issues. Yet, together both federal or state bodies of law do not comprehensively address the range of legal issues that burden kinship families. States and federal laws still need to enact laws and regulations that provide more legal rights and assistance that will empower kinship families to successfully care for children. In this legal brief, the “rights” of kinship families are outlined. These rights divide into two core areas where kinship laws remain incomplete: 1) the opportunity to care for children, and 2) enabling caregivers to successfully care for children.

Introduction

This article provides a framework for charting the legal obstacles faced by kinship families (grandfamilies). Numerous articles have reviewed many of the same issues, so these obstacles are not new territory (Cox, 2009; Letiecq, Bailey, & Porterfield, 2000; Generations United, 2015). However, here I hope to contribute to the discussion by contextualizing the identified legal issues as “family right to care” and then cataloging them as elements of this right.¹

Numerous federal and state laws govern kinship (non-parental/relative/fictive) care of children in several distinct areas. Federal laws mainly are concerned with financial assistance and child welfare, but also impact aging, schooling, and immigration, as well as other systems. State laws implement federal law, providing statutory and regulatory governance in these areas, and almost exclusively govern family law custodial issues, as well as access to a wide range of services implemented with state dollars. Together they impact almost every element of caregiving. By identifying many of these laws, one may see how federal and state policies and laws can help or hinder caregiving, but also how a body of imperfect laws denies caregivers their right to care.

Starting with a brief description of kinship care, I then use the idea of a “right to care” to examine the laws, policies, and practices surrounding how kin become caregivers and how once kin are caregivers, what rights and assistance are available to them and how they differ depending upon the types of legal arrangements.

¹ The article relies on extensive legal citations to illustrate the many areas of law where kinship families face undue burdens. Many of the laws cited are from the author's home state of New York and are used here to typify the legal obstacles faced by kinship caregivers in many states.

² There are 74.2 million children in the US, according to 2010 U.S. Census Data.

³ According to the Adoption and Foster Care Analysis and Reporting

Kinship family rights are divided into two areas: 1) the opportunity to care, and 2) enabling full-time caregivers to successfully care. Regarding the opportunity to care, we expand into three: 1) challenging parents for custody, 2) challenging the state, and 3) issues related to child welfare diversion. Diversion refers to local child welfare policies and practices that engage kin as caregivers for children at risk of foster care placements but that avoid licensing kin as foster parents.

Regarding full-time care, I “chart” the different legal arrangements, examining informal care (no court orders), legal custody, guardianship, foster care, and adoption, and how laws impact each arrangement's provision of recognition, authority, security, financial assistance and access to services.

Finally, I identify some emerging kinship issues and promising practices, and make recommendations related to a “right to care.” In sum, together both the federal or state bodies of law have yet to comprehensively address the range of legal issues that burden kinship families. Supportive federal and state policies and laws still need to be developed in order to provide comprehensive family rights and assistance that release kinship families from undue burdens and empower them to achieve the best outcomes possible for children in their care.

Informal Kinship Care

Most kinship care is informal. As used here, informal kinship care refers to kinship families who are not certified or approved as foster families and therefore do not receive foster parent payments. This informal definition includes so-called “voluntary placements.” Unlike some informal definitions that exclude voluntary because the children remain in state custody and are considered part of the formal system, here the emphasis is on the perspective of caregivers and the obstacles they encounter. Therefore the lack of

services aligns voluntary kinship, not with foster care, but with the greater informal population that is underserved or unserved by child welfare. Informal kinship caregivers include grandparents, other relatives, and some unrelated family (fictive) kin. For this article, we will use the terms “relative care” and “kinship care” interchangeably.

Most caregivers are grandparents (Thus, the word “grandfamilies” has been coined to refer to kinship families). Because the U.S. Census surveys focus on grandparent-headed households, reliable statistics are only available for that population. According to the 2010 U.S. Census Bureau statistics, 7.8 million grandparents have grandchildren living with them, comprising 8% of all children in the United States (U.S. Census, 2010).² Of these families, 2.5 million grandparents are primarily responsible for food, clothing, and shelter of one or more of the grandchildren living with them. However, the grandparent proportion of kinship has slowly declined, currently comprising approximately 65% of all kinship care (Federal Interagency Forum on Child and Family Statistics, 2013 and 2014).

In addition to full-time care, grandparents and other relatives are the backbone of child care. Astonishingly, relatives regularly provide childcare to almost half of the more than 19 million preschoolers, according to tabulations released recently by the U.S. Census Bureau (2008). Among the 11.3 million children younger than 5 whose mothers were employed, 30% were cared for on a regular basis by a grandparent during their mother’s working hours (U.S. Census Bureau, 2008). A slightly greater percentage spent time in an organized care facility, such as a day care center, nursery, or preschool. Meanwhile, 25% received care from their fathers, 3% from siblings and 8% from other relatives when mothers went to work. Another 78,000 households in

²There are 74.2 million children in the US, according to 2010 U.S. Census Data.

2000 consisted of three generations: parent, child, and grandchild (U.S. Census Bureau, 2000). Many of these grandparents, who are part-time caregivers now, may become full-time caregivers in the future.

Statistics offer a snapshot of care, with children entering and leaving kinship care regularly. Accordingly, during childhood, an estimated one in five black children and one in eleven of all children will live with kin (Annie E. Casey Foundation [AECF], 2013).

Definition of Informal Kinship Care

A U.S. Department of Health and Human Services (2000) report to Congress used the terms “private” and “public” kinship care. However, these terms have not been widely adopted, and this article uses the older terms, “informal” and “formal.” As mentioned, we define informal kinship care broadly as all non-foster kinship care. Informal care then would include non-licensed kin who are subject to child welfare proceedings and who may receive some special financial assistance and services or who may receive none.

Informal Kinship Care is an Informal Child Welfare System

Informal kinship care is in actuality another child welfare system. Most often children come to live with relative caregivers because their parents abused, neglected, or abandoned them, or their parents are alcohol and/or substance abusers, are deceased, mentally ill or unable or unwilling to parent (Smithgall, Mason, Michels, LiCalsi & Goerge, 2006; Wallace & Lee, 2013; AECF, 2013).

The causes leading to kinship are similar to the causes that place children in foster care. However, this informal kinship system, which cares for over *10 times more* children than the “formal” system, and is a natural complement to the formal foster care system, is totally marginalized compared to foster care. It receives only a fraction of the attention

afforded the public system from policy makers (AECF, 2012) and, as noted by many commentators, does not have access to the services provided “formal” foster families.³

Facing Special Challenges

Kinship families confront additional special challenges, which are unique to their intra-family relationships. Relative caregivers shoulder heavy and unanticipated burdens when they undertake the full-time task of raising children. They may have been working⁴ or retired, living on fixed incomes such as Social Security or pensions,³ and possibly living in restricted housing for the elderly or in their own homes or apartments. Many must leave their jobs in order to become full time caregivers—approximately 48% of all family caregivers were employed full time (National Alliance for Caregiving [NAC], 2004). They may be younger family friends or elderly great-grandparents. They often have disabilities (Fuller-Thomson & Minkler, 2003; U.S. Census Bureau, 2010).⁴ Most have experienced debilitating family tragedies, either because of the death or incarceration of the child’s parents, or the consequences of substance abuse or disability of a family member (Gleeson et al, 2009). And some are raising children who were orphaned by catastrophes or the loss of a parent

³According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 402,378 children in foster care in 2014 (Children's Bureau, 2015).

⁴1.4 million grandparent-caregivers are in the labor force (Children’s Bureau, 2015).

³According to the U.S. Census Bureau American Community Survey 2010-2014 Five Year Estimate (2015), 575,718 of the grandparents responsible for raising grandchildren are living below the poverty level.

⁴ 673,588 of grandparents caring for children are living with a disability U.S. Census Bureau American Community Survey 2010-2014 Five Year Estimate (2015).

who was killed in the Iraq and Afghanistan wars (Gearon, 2008).

Kinship care is a subset of all family caregiving, and like all caregivers, many caregivers are themselves in poor health; studies show that approximately one-third of caregivers provide intensive levels of care although they are themselves in “fair to poor” physical health (Navaie-Waliser, et al., 2002; U.S. Department of Health and Human Services, 1998).

Kinship caregivers, especially grandmothers, are more prone to stress and depressive symptoms (Baker & Silverstein, 2008). Studies have found that caregivers may have increased blood pressure and insulin levels, may have impaired immune systems, and may be at increased risk for cardiovascular disease among other adverse health outcomes (Kiecolt-Glaser et al., 2003; Lee, Colditz, Berkman, & Kawachi, 2003). The caregivers are frequently older and ill-prepared to parent children with special needs.

The causes of kinship care are inherently challenging and kinship children face extraordinary psychological, social, and physical barriers. (Centers for Disease Control and Prevention, 2015, American College of Pediatrics, 2012). Informal kinship children have higher rates of developmental disabilities, emotional problems, physical and learning disabilities,⁵ bereavement issues, attachment disorders, and parental alienation (Kinney, McGrew, & Nelson, 2003; Lai & Yuan, 1994; Gleeson et al., 2008).⁶

Most kinship families face another unique challenge—continuing parental contacts. The children’s parents are frequently still part of the family. Given that parents’ detrimental behavior is a common cause for kinship

⁵A study conducted in 1994 found that 70% of grandparents reported caring for a child with one or more medical, psychological or behavioral problems (Lai & Yuan, 1994).

⁶ “Over a quarter of the caregivers (27.5%) indicated that the child had a disability” (Gleeson et al., 2008).

care, ongoing parental contacts can be incredibly disruptive of family stability, placing enormous stressors on kinship families.

Benefits of Informal Kinship Care

Despite the hurdles facing kinship families, children raised in kinship families generally have better outcomes than children in foster care (Rubin et al., 2008). Research indicates that kinship caregiving saves tax payers billions of dollars. Conservative estimates suggest that if even half of the 2 million children being raised by relatives without parents in the home were to enter the foster care system, it would cost taxpayers \$6.5 billion a year (Generations United Grandfamilies Fact sheet, referencing U.S. House Ways and Means Committee, 2000).⁷

Charting the Obstacles

The special challenges faced by kinship families call for special solutions. Yet, kinship families in every state still face daunting obstacles to their caregiving (Sakai, Lin & Flores, 2011; Strong, Bean & Feinauer, 2010; Strozier, 2012; Letiecq et al., 2008). In spite of these considerable savings to government, and the even greater saving to society, relative caregivers are continually confronted daily with the

⁷ For every child who enters foster care, a yearly computation of costs would include direct foster care payments plus administrative costs for foster care, plus reunification efforts cost, plus court proceedings costs (judge, court personnel, attorneys, experts), plus appeals, and plus additional services to the child. The final figure is difficult to estimate but clearly exceeds the cost of foster care payments plus roughly \$15,000 per year per child (in New York state for example). Therefore, the annual cost of one child in foster care is roughly at least \$20,000, with costs escalating if the child has special or extraordinary needs. Bottom line, 100 children in informal kinship care who enter foster care will cost \$2 million per year. In New York, \$2.5 million funds the statewide Kinship Navigator and up to 21 local kinship programs for FY 2016-17.

unintended effects of inadequate social policies, poorly crafted public benefit provisions, and laws that were drafted with an incomplete understanding of informal kinship care.⁸

In attempting to understand the obstacles faced by kin who want to care for children, individuals and service providers are confronted with the inconsistencies of federal and state statutory, regulatory, and case law (as well as intra-state inconsistencies). Some generalizations can be made. All states protect parental autonomy; all states attempt to empower non-parents to care for children; and all states try to use kin to care for children who are abused, neglected or abandoned. Pursuant to federal law, states prefer placement of children with kin,⁹ some states facilitate foster parent certification for kinship caregivers, and some offer other alternatives that are often funded by Temporary Assistance to Needy Families¹⁰ (TANF, i.e., public assistance) federal block grants to states (AECF, 2013; Wallace, Hernandez, & Treinen, 2015).¹¹ However, how these policies are implemented in the real world is rife with incongruities, inequities, and ineffective practices.

⁸ In addition to the literature documenting kinship barriers, this article is based upon over 15,000 intakes by the author and staff, during the author's directorship of Hunter College's Grandparent Caregiver Law Center (1999-2005) and the NYS Kinship Navigator (2006 to present). In 2012, the NYS Kinship Navigator received one of seven national kinship navigator demonstration project grants, pursuant to the family connections/provision of the "Fostering Connections Act to Success and Increasing Adoptions Act," P.L. 110-351), and the research connected to the grant further informs the article.

⁹ 42 U.S.C. §5106 (a)(4), "...The Secretary may award grants to public and private entities in not more than 10 States to assist such entities in developing or implementing procedures using adult relatives *as the preferred placement* for children removed from their home..."

¹⁰ CFR Title 45, Subtitle B, Chapter II, Part 260, §§260.1-260.76.

¹¹ 42 U.S.C §603 et seq.

Family's Right to Care

At Hunter College and at the NYS Kinship Navigator, a common question posed by grandparents and other family members was (and is), “What are my rights?” to care for children whom they perceive to be in abusive/neglectful parental homes. The short answer is that they have no right to care comparable to a parent's right to care, nor to the state's right to care. They have no right to become caregivers and no right to remain caregivers.

Regarding challenges to parental control of children, parents have a long established constitutionally-protected fundamental right to the care, custody, and upbringing of their own children. They are viewed as the natural guardians of their children. This parental right is judge-made law and one of the earliest rights developed by the U.S. Supreme Court.¹² As such, the governing standards are accorded significant deference by family and juvenile court judges. Other relatives can only proceed to seek visitation or custody under statutes or case law that provide a “right” to petition a court, not a right to visit or to custody. And in every instance of such a right to petition, parental rights mandate heightened protection. For instance, in visitation, most states have statutes that limit standing to grandparents and siblings and then add limitations on the circumstances when such petitions address the interests of children. In custodial challenges, most states’ case law governs, albeit a handful of states have statutes that describe when a private party may have standing to challenge a parent. Invariably, the private (third) party must show some extraordinary circumstances

¹²*Meyers v. Nebraska*, 262 U.S. 390, (1923), *Pierce v. Society of Sisters*, 268 U.S. 510, (1925), *Prince v. Massachusetts*, 321 U.S. 158 (1944), *Stanley v. Illinois*, 405 U.S. 645, 651 (1972), *Wisconsin v. Yoder*, 406 U.S. 205, 232 (1972), *Quilloin v. Walcott*, 434 U.S. 246, 255 (1978); *Parham v. J. R.*, 442 U.S. 584, 602 (1979), *Santosky v. Kramer*, 455 U.S. 745, 753(1982), *Troxel v. Granville*, 530 U.S. 57 (2000).

(like parental abuse, neglect, or abandonment). All states also have case law that permits third parties who are *already* caring for children to seek custody. A handful have “de facto” custody laws that define a period of care justifying standing and diminished parental rights.

Another instance where kinship caregivers face significant disadvantages is parental access to the courts. For both visitation and custody, indigent parents are often provided free attorney representation, and courts will almost always provide some visitation, even with “problem” parents. Caregivers will often talk about the realities of children who are let down by parents who promise to visit and then don't, or who in countless other ways act detrimentally to the well-being of children. It is not uncommon to hear a caregiver complain that a child was finally sleeping thru the night, or not acting out in class, until a parent's intrusion undid the progress. Caregivers see courts forcing parental visitation upon them unreasonably because parental rights demand that the court assist parents in maintaining a relationship, unfortunately resulting in destabilizing kinship homes and negatively impacting fragile children.

Similarly, parents who are deprived of custody retain their parental rights, and courts will permit parents to drag custodial relatives back into court again and again. This process depletes families both economically and emotionally.

A special instance of visitation involves children of incarcerated parents, where kinship families often must follow court orders to visit parents in prisons and jails. These limitations place undue burdens on older caregivers who sometimes must travel long distances to visits at facilities under onerous conditions.¹³

¹³ A survey of 21 New York State OCFS kinship programs found almost 10% of their cases involved an incarcerated parent. Out of 2,982 kinship clients, 249 (8.35%) cases involved an incarcerated parent. Within an individual program, the percent of caseload with an incarcerated parent ranged from 2.4% to 19%, depending on the location and type of services offered (Osborne Association,

Regarding state control of children, federal and state laws provide a statutory preference for kin to become caregivers of children who've been removed and are in state care, but there is no recognition of a family right to become caregivers for children. State control trumps non-parental family members, even if the relative is perfectly suitable. The result is that too often relatives are not given the chance to care for children, particularly when they come forward after placement in non-kinship foster home. While entrenched prejudices against kin are waning and kin are increasingly relied upon as a resource for children, based upon NYS Kinship Navigator intake data, it is a fact that kin still frequently confront frontline staff, judges, and local public agencies who are not supportive of their efforts to care for children.

Right of Access to Services

In addition to the more traditional rights issue, this article posits that access to adequate services that are critical to the special challenges faced by kinship families should be viewed as part of their right to care. It is well-documented that kinship caregivers are older, poorer, and often at disadvantages in navigating systems of care (Goelitz, 2007; Ehrle, Geen, & Main, 2003). These circumstances warrant an adequate response from various service systems. But as scores of articles show, services are missing. For example, The TANF “child-only” grant is critical for kinship families. Studies show that infusion of dollars into impoverished families can have long-range impact on outcomes for children (Akee, Simeonova, Costello, & Copeland, 2015). Yet the grant is grievously underutilized (ACEF, 2012, Mauldon, Speigman, Sogar, & Stagner, 2012). Reasons for underutilization include insufficient outreach, under-inclusive and unreasonable eligibility rules, barriers to

2010).

making successful application, and local practices resistant to the provision of services. Similarly, failures to address core needs occur in other service systems.

Another example, school enrollment, where McKinney Vento¹⁴ keeps homeless children and Fostering Connections keeps foster children in their schools, but kinship children cannot remain in their home schools and even face barriers to enrollment in new school districts where their caregivers reside (Generations United, 2015).

In fact, the gaps in access or the total exclusion from services are problems constantly voiced by kinship families. While for over 20 years, many articles describe these situations, unfortunately barriers persist (for an extensive treatment of such issues in one state, *see* the four NYS Kinship Summit reports, available at <http://www.nysnavigator.org/kinship-policy/kinship-care-policy/>).

Child welfare placements provide particularly onerous examples of insufficiently supportive policies/practices. Until the Fostering Connections to Success Act of 2008,¹⁵ in most states, child welfare laws usually did not mandate notification to grandparents that their grandchildren were the subjects of a judicial proceedings, and even now it is common to hear from caregivers that they are not provided with their “options” or are dissuaded from becoming foster parents by barriers to licensing (Beltran & Epstein, 2013). And child welfare laws still do not require that grandparents (or other relatives) who discover that related children are in state care have the opportunity to become their foster parents or that a child's placement in a kinship home should be presumed to be in the child's best

¹⁴McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.).

¹⁵Similar to the 2003 amendments to New York's Family Court Act Section 1017 that mandated information to contacted relatives, including all grandparents, the Fostering Connections Act mandated a due diligence search with a 30-day notification requirement.

interests. In sum, federal and state laws declare a “preference” for kin as caregivers but do not mandate the opportunity to care or establish a right to care.

A related issue is “diversion” where kin become a resource for children but do not become foster parents. While some kin may not choose foster care or not qualify, most see themselves deserving the same financial and service benefits as foster parents and, in countless interviews, complain that they are doing the same work for less.

Diversion

A common story heard from caregivers is that a child welfare agency was involved with their assuming care but they did not subsequently become foster parents. How they became caregivers and why they did not become foster parents involves many different circumstances. Sometimes kin chose not to, sometimes they weren't informed, sometimes they could not qualify. All are referred to by the term diversion. Diversion refers to any situation where a child welfare agency engages kin as an alternative to foster care placements (AECF, 2013).

Based upon NYS interviews with caregivers and professionals, as well as two Child Welfare League of America conferences, we identify two types of diversion: 1. “temporary,” with no removals and no dependency proceeding (dependency proceedings) and little or no state involvement post-placement; or 2. “voluntary,” after removals and initiation of a dependency proceeding but with less state services than foster care and little or no state involvement post-placement (Wallace & Lee, 2013; CWLA, 2012). The extent of the practices may differ from state to state and even intrastate.

In both instances, foster care services aren't available, and children of diverted kinship households, along with their caregivers, receive less or no specialized services or supports. This lack of services occurs despite the fact that the reasons

for placements are similar to those for children entering foster care.

Kinship diversion policy and practice impact a significant number of children and families who come to the attention of the child welfare system (AECF, 2013). However, in most of the literature, the discussion of kinship diversion has focused solely on “voluntary” placements. In this article, we posit that the total number of diverted kinship families is substantially under-reported, because diversions that are “temporary” —e.g., without removals and dependency proceedings—are only recorded in case notes, usually not in any child welfare database, and therefore, it is not possible to accurately estimate the total number of temporary diversions. Regardless of the circumstances, it is a fact that kinship care service providers report that many children are in informal kinship care because of temporary and voluntary diversion.¹⁶

Temporary Placements

Temporary placements typically occur when Child Protective Services (CPS) investigates parents, then attempts to find a “temporary” placement in order to avoid a removal and/or to avoid initiating a dependency hearing. For example: a CPS worker is concerned that the mother's home is unsafe, but does not initiate a removal. Instead, the parent is asked if there is a relative who can care for the child(ren), a phone call is made—often by CPS or some other professional - and a relative is asked to assume care. In New York, this is often called a “safety plan.” No dependency proceeding is initiated.¹⁷

¹⁶ Some official and not so official terms for temporary placements include: official “temporary,” “alternative living arrangements,” and “parole,” or unofficial: “drive-bys,” and “drop and roll.”

¹⁷ Localities use different placement terms, for instance: “temporary,” “drive-bys,” “alternative living arrangements,” “parole,” or (more pejoratively) “drop and roll.”

Since there are no formal proceedings and no official removal, these situations are not recorded in the Adoption and Foster Care Analysis and Reporting System(AFCARS). Therefore, not only is there is no official statistical data, but also there is no data to determine whether the caregiver has successfully established a family situation supportive of stability and well-being or whether children have been able to thrive in their new household, or if children later enter foster care.

Whether kin are connected to services depends upon state and local policies and practices. Unfortunately, in our federal kinship navigator demonstration project, we identified that child welfare workers often did not know about benefits and services for informal kinship families or did not assist in connecting them to services. This finding reflects what we have heard from caregivers. In interviews over the years, a typical complaint was “CPS gave me my grandson eight year ago. This is the first time that I've found out about assistance.”

Voluntary Placements

Voluntary placements occur when kin become caregivers for children who were removed and then subject to abuse/neglect/dependency proceedings.¹⁸ Because there is a judicial proceeding, reunification efforts are ongoing and the local child welfare agency may seek to reunite children with parents despite the objections of caregivers. Voluntary placements are recorded in AFCARS, “more than 125,000 U.S. children live in out-of-home kinship care” (AFCARS, 2008).

As pointed out by articles on voluntary diversion, diverted kinship families may experience disruptive intrusions by parents, subsequent entries into foster care,

¹⁸The term “voluntary placements” is used differently depending upon jurisdictions; in New York State, it is referred to as “direct custody”

other special challenges, or unjustified financial hardships (Geen, 2003).

These two diversion practices may have value for child welfare agencies, especially related to costs, but for many kinship families the practices appear both arbitrary and unfair, and fail to serve their interests. With such disadvantages, diversion is another obstacle to a kinship family's right to care (CWLA, 2015).

The Opportunity to Care

The absence of a meaningful family right to care leaves caregivers with a significant imbalance of power compared to parental and state rights to care. Once kin seek to become caregivers, they must attempt to remove children from the care and control of parents or from the state by first leveling the special barriers protecting parents or state agencies and then by addressing the "best interests" of children. Subservient to both a "parent's right to care" and the state's *parens patriae* power (the power of the state to care for its countrymen) is the "best interests of the child." Caregivers and many advocates see the elevation of children's rights as the answer, but in general courts, while voicing support for children, still only consider best interests when there are strong reasons to diminish parental and state powers.

Usually kin seek removal from parents because they are convinced that children are at risk of physical or emotional harm. In instances when child welfare authorities will not intervene in a problematic family situation, the protections afforded parents from state interference can create high hurdles for relatives who seek judicial assistance in removing a child. The fundamental liberty interest of parents is protected by statutes and case laws that erect formidable barriers. As mentioned, in many circumstances when children are in state care, there is no presumption that a child's interests are served by placement with family. Judges

and child welfare officials have no legal obligation to place children with relatives—even relatives who are already certified foster parents. Against parents, it is understandable that families have inferior rights, but against the state, the reasoning for inferiority conflicts with traditional family values.

Grandparent Visitation

Visitation can be characterized as an “opportunity” to care. Starting in the late ‘90s, a national debate raged about grandparents’ rights, particularly visitation. All 50 states had grandparent visitation rights statutes on the books,¹⁹ and a

¹⁹Ala. Code § 26-10A-30 (1992) Adoption Code; §30-3-4 Visitation Rights for Grandparents Repealed 1999, (1989 & 1994); Alaska Stat. § 20.065 (1995); Ariz. Rev. Stat. Ann. § 25.409 (1991 & 1994); Ark. Code Ann. § 9-13-103 (1993); Cal. Fam. Code §§ 3100, 3102-3104 (1994); Colo. Rev. Stat. § 19-1-117 (1990); Conn. Gen. Stat. § 46b-59 (1986); Del. Code Ann. tit. 10, § 1031 (1993 & 1994); Fla. Stat. Ann. ch. 752.01 (1995); Ga. Code Ann. § 19-7-3 (1994); Haw. Rev. Stat. Ann. § 571-46.3 (1994); Idaho Code § 32-719 (1994); 750 Ill. Comp. Stat. § 5/607 (1994); Ind. Code Ann. § 31-1-11.7-2 (1994); Iowa Code Ann. § 598.35 (1994); Kan. Stat. Ann. § 38-129 (1993); Ky. Rev. Stat. Ann. § 405.021 (1994); La. Rev. Stat. Ann. § 9:344 (1995); Me. Rev. Stat. Ann. tit. 59A, §1803; MD Code, Family Law, §9-102 (1994); Mass. Gen. Laws Ann. ch. 119, § 39D (1994); Mich. Comp. Laws Ann. § 722.27b (1993); Minn. Stat. Ann. § 259.622 (1992); Miss. Code Ann. § 93-16-3 (Law. Co-op. 1994); Mo. Ann. Stat. § 452.402 (1994); Mont. Code Ann. § 40-9-102 (1993); Neb. Rev. Stat. § 43-1802 (1993); Nev. Rev. Stat. Ann. § 125A.330 (1993); N.H. Rev. Stat. Ann. § 458:17-d (1992); N.J. Rev. Stat. Ann. § 9:2-7.1 (1994); N.M. Stat. Ann. § 40-9-2 (1994); N.Y. Dom. Rel. Law §72 (1993); N.C. Gen. Stat. §§ 50-13.2 to -13.2A (1987); N.D. Cent. Code § 14-09.05.1 (1993); Ohio Rev. Code Ann. §§ 3109.051, 3109.11-.12 (1994); Okla. Stat. Ann. tit. 10, § 5 (1995); Or. Rev. Stat. § 109.121 (1993); 23 Pa. Cons. Stat. Ann. §§ 5311-5313 (1991); R.I. Gen. Laws §§ 15-5-24.2 to -24.3 (1994); S.C. Code Ann. § 20-7-420 (1993); S.D. Codified Laws Ann. § 25-4-52 (1993); Tenn. Code Ann. § 36-6-301 (1991); Tex. Fam. Code Ann. § 14.03 (1986 & 1995); Utah Code Ann. § 30-3-5 (1994); Vt. Stat. Ann. tit. 15, §§ 1011-1012 (1989); Va. Code Ann. § 20-107.2 (1994); Wash. Rev. Code Ann. § 26.09.240 (1995); W. Va. Code §§ 48-2B-2, -4, -6 (1994); Wis. Stat. Ann. §§ 767.245, 880.155 (1991); Wyo. Stat. § 20-7-101 (1994).

few have great-grandparent rights or relative rights provisions.²⁰ Albeit in conformity with parental protections, there were and are threshold tests, statutory conditions, and sometimes entrenched judicial resistance. Only after hurdling such barriers does the language and intent of these statutes uniformly invoke a child's best interests.

At that juncture, the "best interests" standard remains the unchallenged *sine qua non* of family law. It says that what really matters is the child's interests, and there exists at most a rebuttable presumption that the parents know best. Justifying the threshold defenses is a long line of constitutional decisions establishing parental rights and the relationship between parent and child as constitutionally protected, in essence deriving from natural law. A court cannot intervene to usurp a parents' right to determine what is in their child's best interests absent from showing that the parent is unfit or that the visitation is clearly in the child's best interests.

Because the relationship between grandparent and grandchild is so important, all 50 states enacted statutes addressing grandparent visitation rights. These statutes, however, are far from uniform and many of them are poorly

²⁰ Arizona, Ariz. Rev. Stat. Ann. § 25.409, Alaska § 25.23.130. E.g., compare *Chavers v. Hammac*, 568 So.2d 1252 (Ala. Ct. Civ. App. 1990) (holding that great-grandparent lacked standing to seek visitation), and *People ex rel. Antonini v. Tracey L.*, 646 N.Y.S.2d 703 (N.Y. App. Div. 1996) (accord), with Alaska Stat. 25.24.150(a) (Michie 1996) (providing that "in an action for divorce or for legal separation or for placement of a child when one or both parents have died, the court may ... make ... an order for ... visitation with the minor child that may seem necessary or proper, including ... visitation by a grandparent or other person if that is in the best interests of the child") and *Hoff v. Berg*, 595 N.W.2d 285 (N.D. 1999) (holding unconstitutional 1993 amendment to statute requiring grandparents to be given visitation rights unless "visitation is not in the best interests of the minor," but upholding 1983 statute that gave great-grandparents standing to seek visitation).

drafted, with some declared invalid by state courts. They often require a particular event to occur before grandparents are allowed to even file a petition for visitation rights. However, no state actually provided grandparents with a “right” to visit their grandchildren, with a few exceptions (Burns, 1991).²¹

The U.S. Supreme Court in *Troxel v. Granville*, 530 U.S. 57 (2000) took up the debate. Its decision put an end to the notion that grandparent had a right to visit, but did little to provide a standard for when their petitions for visitation should be heard. The Court ruled a Washington State visitation statute to be unconstitutional, because the statutory wording was held to be overly broad and did not accord sufficient deference to the parent’s normally overriding interest in childrearing decisions. In other words, it held the balance of interests favored the side of parental rights to the upbringing of children. However, the decision did not declare all grandparent visitation statutes to be unconstitutional—just the Washington State statute, which was not just a grandparent visitation statute. The plurality opinion declared that states may enact laws that permit grandparents to seek

²¹ At common law, grandparents had no legal right to visitation. If a parent decided the grandparent would not be allowed to see his or her grandchild, then the parent's decision would stand, regardless of the effect this decision had on the child. This was due to the fact that at common law, “[t]he right to determine the third parties who are to share in the custody and influence of and participate in the visitation privileges with the children should vest primarily with the parent who is charged with the daily responsibility of rearing the children.” *Chodsko v. Chodsko*, 360 N.E.2d 60, 63 (Ill. 1976). The right of a grandparent to visit with a grandchild was therefore considered a moral right, rather than a legal right. Edward M. Burns, *Grandparent Visitation Rights: Is It Time for the Pendulum to Fall?* 25 FAM. L.Q. 59 (1991); see also *Bronstein v. Bronstein*, 434 So. 2d 780 (Ala. 1983).

visitation, so long as “a parent's estimation of the child's best interest is accorded [sufficient] deference.”²²

Special Weight vs. Harm

Notwithstanding a fit parent's right to the care and custody of their children, in *Troxel*, the Court held that a fit parent's estimation of what was in the child's best interests was to be accorded “special weight.” *Troxel* kept a threshold test that protected parents and only applied a heightened standard to overruling a parent's choices regarding the upbringing of their children. It did void the Washington statute because that law permitted a court to overturn a parent's decisions and therefore incorrectly infringed on a parent's constitutional rights.

Many states post-*Troxel* have adopted revised standards extending stricter standards beyond *Troxel's* special weight suggestion. For example, in Massachusetts, it is required to prove grandparent visitation is “necessary to prevent significant harm” to the child. Such reasoning underlines many state court decisions that protect against the usurpment of parent's rights, unless there is a finding of abuse, abandonment, or neglect, in the interests of the child.

However, state courts are not bound to the “harm standard” and some states, like New York, have followed *Troxel's* “special weight” standard. In New York, Domestic Relations Law §72, originally enacted in 1966, has *always* provided that a grandparent has standing to seek visitation rights with a grandchild when the grandparent's child has died.²³

But in another post-*Troxel* decision, a Maryland Court of Appeal held in *Koshko v. Haining*, 398 Md. 404,

²²530 U.S. 57, p. 66.

²³NYS Family Ct Act § 651 [b]). (see also *Matter of Loretta D. v. Commissioner of Social Services of City of New York*, 177) A.D.2d 573, pp. 574-5 (2nd Dept. 1991)).

921 A.2d 171 (Md. Jan 12, 2007) (NO. 35 SEPT.TERM 2006), *reconsideration denied* (Mar 09, 2007) and took a step backwards, holding that grandparents petitioning for visitation with their grandchildren under grandparent visitation statute are first required to show *prima facie* evidence of parental unfitness or exceptional circumstances demonstrating the current or future detriment to the child. This decision typifies the more restrictive judicial standards for grandparent visitation.

Visitation Post Adoption

Many states clearly express legislative intent to extinguish post-adoption visitation rights in the interest of preserving adoptive family integrity and privacy, and where this is the case there are express codifications to that effect.²⁴ But a few expressly provide for post-adoption visitation.²⁵ In New York, statutory authority (DRL §72) and a well-established line of case law²⁶ in New York State affirms visitation, that post-adoption visitation rights by grandparents simply do survive, even over the objections of both parents.²⁷ Similarly, in contrast with many other states, parents may have post-adoption contact with children.²⁸

One final note, seeking visitation via a court petition is no small matter and inherently, like all court proceedings,

²⁴Arizona, A.R.S. § 8-117(A), Massachusetts, Mass. Gen. Laws Ann. ch. 119, § 39D, Florida F.S.A. §752.01, Georgia Ga. Code Ann. § 19-7-3.

²⁵ Alabama, § 26-10A-05, Louisiana, LSA-Ch.C. Art. 1264 (1992), Arkansas, §9-9-215, New Jersey: *Mimkon v. Ford*, 332 A.2d 199, 204 (N.J. 1975). Colorado, 19-1-117 (when one parent has died), Connecticut, C.G.S.A § 46b-59.

²⁶*People ex rel. Sibley on Behalf of Sheppard v. Sheppard*, 54 N.Y.2d 320, 429 N.E.2d 1049 (1981), *Moorhead v. Coss*, 17 A.D.3d 725, 792 N.Y.S.2d 709, Y.A.D. 3 Dept., 2005, *Layton v. Foster*, 95 A.D.2d 77, 466 N.Y.S.2d 723 N.Y.A.D. 3 Dept., 1983. July 21, 1983, *Matter of Custody and Guardianship of Netfa P.*, 115 A.D.2d 390, 496 N.Y.S.2d 21, N.Y.A.D. 1 Dept., 1985.

²⁷*Ann M.C. v. Orange County Dept. of Social Services*, 250, A.D.2d 190, 682 N.Y.S.2d 62 (1998).

²⁸McKinney's NY DRL §112-b.

it involves unresolved conflict. Therefore, conflict between a grandparent and parent is not in itself a sufficient reason to preclude visitation.

Non-Parental Custody Rights - Against Parents

The *Troxel* decision clearly permitted courts to continue to protect parents when non-parents seek visitation and custody. While for visitation a lesser standard such as a special weight could protect parents, state family/juvenile courts have universally invoked the higher “harm” standard in custodial actions. Bottom line is that courts will not consider children's best interests unless there is first some “indicia of unfitness” that warrants breaching the protective wall afforded to parents. For example, citing the extended treatment in a Washington State case, *In the Matter of the Custody of Shields*, 157 Wash.2d 126, 136 P.3d 117, “[T]he ‘best interests of the child’ standard was unconstitutional as between a parent and a nonparent because it did not give the required deference to parental rights” (*Id.* at 646, 626 P.2d 16). The court explained that the best interests of the child standard is proper when determining custody between parents, but “between a parent and a nonparent, application of a more stringent balancing test is required to justify awarding custody to the nonparent. Great deference is accorded to parental rights, based upon constitutionally protected rights to privacy and the goal of protecting the family entity” (*Id.* at 645-46, 626 P.2d 16).

A term often used in these third-party custody cases is “extraordinary circumstances.” Extraordinary circumstance, such as unfitness, abandonment, mental illness, or a prolonged disruption of custody must first be proven before courts will consider whether custody (or guardianship) with a non-parent is in a child's best interests. And even when extraordinary circumstances are found, courts frequently still protect parents, by invoking a presumption that it is in the best interests of children to be in the care of their parents.

For a discussion of children already in the care of non-parents, see below section on de facto custody.

Non-Parental Custody Rights - Against the State

When a child is not in the custody of their parents, and their parents are not parties to the custodial dispute, courts will commonly defer to the state actor (child welfare agency) in its custodial determinations. Relatives can start a custody action against the state, and while there are no parental rights issues, the state's power to determine custody will still be afforded deference, and no family right to care can be invoked. But when the child is living with kin, then there is a family right, albeit weakly enforced, when an agency seeks to remove a child from a kinship foster parent. Then, the intervening relative seeking to retain custody may be able to argue for preferential treatment based on his/her constitutional liberty interest in a relationship with the child.^{29,30}

Similarly, a non-parent relative of the child does not have “a greater right to custody” than the child's foster parents.³¹

²⁹*A.C. v. Mattingly*, 2007 WL 894268 (S.D. N.Y. 2007) (in a suit in which infant plaintiffs allege that City's practices when removing children from kinship foster homes are unconstitutional, court concludes that plaintiffs possess constitutionally-protected liberty interest in integrity of kinship foster family unit).

³⁰*Rivera v. Marcus*, 696 F.2d 1016 (1982).*Rivera v. Mattingly*, 2011 WL 4344422, (S.D.N.Y. Sep 12, 2011); *Osborne v. County of Riverside*, 385 F.Supp.2d 1048, 1054 (C.D.Cal. Sep 01, 2005); *Balbuena v. Mattingly*, 2007 WL 2845031, *6+ (S.D.N.Y. Sep 28, 2007); *Johnson v. City of New York*, 2003 WL 1826122, *6+ (S.D.N.Y. Apr 08, 2003); *Rodriguez v. McLoughlin*, 49 F.Supp.2d 186, 194+ (S.D.N.Y. Jan 08, 1999); *Cabrales v. Los Angeles County*, 644 F. Supp. 1352, 1354+ (C.D.Cal. Sep 03, 1986); *Bellet v. City of Buffalo*, 2009 WL 2930464, *3+ (W.D.N.Y. Sep 11, 2009); *Johnson v. City of Cincinnati*, 310 F.3d 484 (2002).

³¹*Matter of Gordon B.B.*, 30 A.D.3d 1005, 1006, 818 N.Y.S.2d 692; *see also Matter of Peter L.*, 59 N.Y.2d 513, 520, 466 N.Y.S.2d 251, 453

In instances when children are in state care, there is a great distinction between seeking to become the custodian and when caregivers already are the custodians. For the former, there is no special right. For the latter, there is claim of a constitutional right. The seminal case here is *Moore v. City of East Cleveland*, 431 U.S. 494, 97 S. Ct. 1932 (1977) (supporting sanctity of blood family relations and constitutionally protected substantive due process right of family to live together as a unit), where an East Cleveland grandmother was evicted from public housing because the local housing rules didn't permit certain relations to live with her in public housing. The Supreme Court found that when extended family members, especially grandparents, take on the duty of child rearing, they should be afforded the similar protections to those of parents. Unfortunately, courts have been very reluctant to extend rights to kin, and often conclude the existing laws already adequately safeguard kinship families.

Placement of Children in State Custody Across State Lines

Another situation where state custody challenges families is when a relative in another state seeks to care for a child.³² The relative can come to the home state and start a

N.E.2d 480; *Matter of Violetta K. v. Mary K.*, 306 A.D.2d 480, 481, 761 N.Y.S.2d 514) see *Matthew E. v. Erie County Dept. of Social Services*, 41 A.D.3d 1240, 839 N.Y.S.2d 871 (4th Dep't 2007) (court improperly favored grandfather simply because of biological connection to child and suitability as custodian). In fact, some states have statutes declaring a preference for foster parents.

³² Parents and family members may lawfully “place” children in family homes across state lines. But when children are in state care, no amount of family assurances about the suitability of a relative caregiver will result in interstate placements prior to investigations that can keep children away from family care for substantial periods of time, in circumstances when children have suffered trauma, loss, and multiple stressors.

custody petition, which will be subject to the judicial deference afforded the local child welfare agency. Or when the agency wished to retain custody but to place with an out-of-state relative, then the custodial transfers are governed by another state agency, the Interstate Compact on Children Office.

The Interstate Compact on Placement of Children's (ICPC) purpose is to provide protections to children in state care who are placed (moved from state to private care) across state lines for purposes of foster care and adoption. The interstate compact is supervised in each state-by-state administrators, who coordinate through the Association of Administrators of the Interstate Compact on the Placement of Children (ICPC).³³

Under ICPC, the state that places a child in out-of-state foster care must retain jurisdiction sufficient to determine all matters in relation to custody, supervision, care, treatment, and disposition of child, until child is adopted, reaches age of majority, becomes self-supporting, or is discharged with concurrence of appropriate authority in the receiving state.³⁴ Under ICPC, the financial burden of achieving the goal of placing children out of state in a suitable environment and providing children with the most appropriate care available *remains with sending state*.

Before the child can be sent to the proposed placement for adoption or foster care, there must be an investigation to determine if that placement is a good setting in the best interests of the child. The home state's court is not going to allow the child to be sent somewhere that is not safe for the child. The purpose is to allow the "authorities in a state where a child is to be placed [to] have full opportunity to ascertain the circumstances of the proposed placement,

³³(AAICPC) (http://icpc.aphsa.org/Home/home_news.asp). The site has an easy-to-use index linking to each of the states' compact administrators' offices (<http://icpc.aphsa.org/Home/states.asp>).

³⁴*Williams v. Glass*, 664 N.Y.S.2d 792, N.Y.App.Div.1.Dept.,1997.

thereby promoting full compliance with applicable requirements for the protection of the child.” There are penalties for failure to comply with the requirements of the ICPC’s provisions.³⁵ Nevertheless, some judges ignore the requirements because they consider them to be onerous.³⁶

The common complaint against the ICPC is that it takes too long to place children. The original court must first contact the administrator of the proposed state and arrange for a home visit and investigation of the proposed caregiver under the supervision of the other state’s local court. The child will not be moved in the usual circumstance, unless the compact administrators first give the okay on the new caregiver and home. To speed up the process, the Safe and Timely Interstate Placement of Foster Children Act³⁷ provided a \$1,500 bonus to receiving states for each request for home studies returned to the sending state for approval within 30 days. The state in which a child from out of state would be placed (receiving state) then has 60 days to complete a home study. The state sending the child (sending state) has 14 days after receiving the home study to decide that the study is acceptable, or to decide that making a decision that relies on the report would be contrary to the welfare of the child. However, the cumbersome nature of the placement process survives, and caregivers continue to voice complaints that they are asked to become private custodians or are not considered as resources for interstate placements.

³⁵“Sending agency” which must comply with requirements of the Interstate Compact on the Placement of Children and may be penalized for illegal placement includes not only parent or entity which places the child, but the recipient of child if recipient causes child to be sent or brought across state lines. McKinney’s Social Services Law § 374-a, subd. 1, Arts. III, IV, *Matter of Adoption of Male Infant A.*, 578 N.Y.S.2d 988.

³⁶*In re Ryan R.*, 29 A.D.3d 806, 815 N.Y.S.2d 221 (2006).

³⁷PL 109 239 Title IV_E Foster and Adoptive Home Study Requirements.

De Facto Custody

One area of law which shows some promise for family rights is custodial actions where the petitioner is a caregiver who has already assumed the full-time care of children and who then petitions for custody or guardianship. In such instances, parents will be notified and action may go to trial not because of parental unfitness but because of the prolonged care by a third-party caregiver.

States differ significantly on what caregiving circumstances will lead to a best interests' test. Most states have a case law precedent where courts have declared what circumstances are necessary. Determinations about how the caregiver assumed care, whether the parent(s) has maintained their parental relationship, and the length of time for care are all part of thresholds hearings which are critical, as are other extenuating circumstances related to parental consent or its absence, parental opportunity to care (where parents aren't able to care, courts are less likely to entertain the petition), and quality of the caregiver/child relationship.³⁸

An example is New York Law where a 1976 case³⁹ found an extraordinary circumstance where a family friend

³⁸*States with de facto parenting laws or recognition:* Arizona, Arkansas, Kentucky, Indiana, Minnesota, Delaware, District of Columbia, California, New Mexico, New Jersey, Oklahoma, Illinois (LBG), North Carolina (abolished family preferences in conservatorships), Connecticut (LGB), Iowa (LGB), New Hampshire (LBG), Kansas, Michigan (LBG), Mississippi, Montana, Nebraska, Nevada, New York (LBG), Ohio, Oregon, Pennsylvania, South Carolina, Tennessee (LBG), Texas, Utah (LBG), Vermont (LBG), Washington, West Virginia; *States not recognizing de facto parenting laws and no case laws:* Maryland, *Janice M. v. Margaret K.*, 404 Md. 661, 948 A.2d 73, 2008 Md. LEXIS 255 (Md. 2008), Alabama, Alaska, Florida, Georgia, Hawaii, Idaho, Louisiana, Missouri, North Dakota, South Dakota, Virginia, Wyoming; *States with judicial decisions recognizing de facto parenting:* Maine, Pennsylvania, Wisconsin *In re Custody of H.S.H.-K.*, 533 N.W.2d 419, 421-24, 435-37 (Wis. 1995), Massachusetts *E.N.O. v. L.M.M.*, 429 Mass. 824 (1999).

³⁹*Bennett v. Jeffreys*, 40 N.Y.2d 543 (1976), McKinney's Domestic

had become the full-time caregiver of a newborn for at least five years before the mother sought to regain care. Most of these determinations are made before courts will address best interests. In a handful of states, enacted laws provide standards for the length of time and what other circumstances warrant a best interests hearing. These thresholds standards often use the term “de facto” custody because the caregivers' care provides them with some level of custodial rights. Some states refer to the period of care as an “extraordinary circumstance” breaching parental protections

De facto custodian is typically defined as the primary caregiver and financial support of a child who has resided with that person for at least (1) six months if the child is under age 3; and (2) one year if the child is at least age 3. If the judge finds that the person is a de facto custodian, he or she has the same standing as a parent in the legal custody dispute. Custody is then determined based on the best interests of the child (Generations United, 2016).

Aside from the state statutes referenced here, there is another little-known family law provision that merits attention. The Uniform Child Custody Judicial Enforcement Act (UCCJEA) contains a provision that provides standing for full-time caregivers to become parties in custody actions. States are bound by Full Faith and Credit under federal law to respect the child custody decisions of other states.⁴⁰ For example, if a parent, grandparent or other non-parental caregivers has been given legal custody of a child in one state and travels from one jurisdiction to another, or if they send children to stay or visit with family members in other states,

Relations Law §72.

⁴⁰ 28 U.S.C. 1738A, Full faith and credit given to child custody determinations: “(a)The appropriate authorities of every State shall enforce according to its terms, and shall not modify except as provided in subsections (f), (g), and (h) of this section, any custody determination or visitation determination made consistently with the provisions of this section by a court of another State.”

those other states are bound to observe those custody decisions equally in their own states as well. Since child custody is a state matter not regulated by federal law, to facilitate this, all but four⁴¹ states have adopted a Uniform Law,⁴² the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA). States are thus required to recognize and enforce, according to their terms and without modification, custody decrees made by courts situated in other states.

The court that first accepted jurisdiction in the home state where the child resided before transfer retains *exclusive, continuing jurisdiction* over the placement and financial responsibility for the child's care, right on up until they either reach adulthood at age 18, the court decides that the child retains no significant relationship with the state at all, or decides that none of the parents or persons acting as parents no longer live in the home state. In addition, if the courts decide that the jurisdiction in the home state court is an inconvenient one for a number of special reasons, under the

⁴¹ Missouri, Vermont, New Hampshire, Massachusetts have not enacted UCCJEA. The UCCJA was enacted in all 50 states, the District of Columbia and Puerto Rico in the early '80s.

⁴² Uniform Laws are promulgated and advanced by an intergovernmental judicial commission, the Uniform Law Commission, or the National Conference of Commissioners on Uniform State Laws (NCCUSL), and are enacted by each state legislature. The need for Uniform Acts results in large part from the inherent nature of the American federal system. The United States Congress lacks authority under the U.S. Constitution to directly legislate in many areas, because all powers not explicitly granted to the federal government are reserved to state governments under the Tenth Amendment. At the same time, there is a desire to have laws across the states that are as similar as practicable. The widespread enactment of uniform state laws has reduced the preemption of state law by federal legislation. To date approximately 93 Uniform Laws have been drafted by NCCUSL, with approval from the American Bar Association (ABA), and enacted by various state legislatures.

new law, that jurisdiction can be transferred by mutual agreement.

As it relates to *de facto* custody, the law governing full faith and credit for child custody proceedings depends on one critical definition, “person acting as a parent.”⁴³ This is an important consideration regarding the opportunity to petition for custody. According to the UCCJEA:

“Person acting as a parent” means a person, other than a parent, who:⁴⁴

- (a) has physical custody of the child or has had physical custody for a period of six consecutive months, including any temporary absence, within one year immediately before the commencement of a child custody proceeding; and
- (b) has been awarded legal custody by a court or claims a right to legal custody under the law of this state.

An individual who possesses *de facto* custody on the critical date (without the benefit of a court order) is deemed to be “a person acting as a parent.” The definition includes a collateral relative (such as a grandparent, aunt or sibling) or a non-relative who claims custody, perhaps based on “extraordinary circumstances.”

Enabling Relative Caregivers

Informal kinship caregivers, grandparents, and other relatives, performing the task of caregiving outside the public foster care system (the “formal” system), essentially become new families facing significant barriers not faced by parental families. They are not fully “enabled” to care. The burdens caused by insufficient policies and laws still result in undue burdens (Geen, 2000). The chart below outlines the issues

⁴³ 28 U.S.C.A. §1738A(b)(6).

⁴⁴ These rules have often sown great confusion, see e.g., *Matter of B.B.R.*, 566 A.2d 1032 (1989).

and obstacles caregivers face as they embark on the task of caregiving. It identifies five critical legal elements necessary for successful caregiving (recognition, authority, security, financial assistance, and resources) and compares them with common caregiving arrangements (informal custody, legal custody, guardianship, kinship foster care, and adoption). In analyzing these categories, at least 18 of the 25 do not present clear, reasonable laws that empower kinship families. We identify each of the 25 categories with the word “inadequate” or “adequate” or a question mark “?”, where the question mark indicates that the law may or may not be adequate depending upon the jurisdiction (Letiecq et al., 2008; Cox 2009).

Table 1

Legal Barriers by Type of Child Custody Arrangement

	Legal Barriers				
	Recognition	Authority	Security	Financial assistance	Resources
Type of Child Custody					
Informal Custody	Inadequate	?	Inadequate	Inadequate	Inadequate
Legal Custody	?	?	?	Inadequate	Inadequate
Legal Guardianship	Adequate	Adequate	?	Inadequate	Inadequate
Foster Care	?	Inadequate	Inadequate	?	Adequate
Adoption	Adequate	Adequate	Adequate	?	Adequate

Regarding the five kinship legal arrangements: 1) informal care, 2) legal custody,⁴⁵ 3) guardianship, 4) foster care, and 5) adoptions, we apply the law in five broad categories:

Recognition: Acknowledgement as a resource by governmental systems and agencies and statutory and regulatory identification of family members as lawful surrogates;

Authority: Authority to 1) consent to medical care for a child; 2) have responsibility for a child's education and to enroll a child in school; and 3) have access to a child's health, school, and other documentation;

Security: Assurance that a child will stay in the caregiver's home and can remain there indefinitely;

Financial Assistance: Access to benefits and sufficient financial assistance to care for children;

Resources: Resources and services that address kinship special challenges, such as respite care, childcare, parenting skills training, psychological counseling for loss and trauma, and legal services.

In general, all states use all of these legal arrangements, but with varying emphasis. For instance, some states place most of their foster care children with kin, while some states use guardianship much more than legal custody. But for all states, these legal arrangements describe the available forms of primary caregiving.

Informal Custodians

No single term defines relative caregivers who are caring for children and who do not have court orders governing the care of those children. For this discussion, we call them “informal custodians” (the term “informal care” is also used herein to refer to all non-foster care kinship caregivers (private kinship care)(U.S. Department of Health

⁴⁵Legal custody includes temporary and joint custody.

and Human Services et al, 2000). To summarize, *informal custody* refers to all caregivers who are not foster parents and who do not have court ordered legal arrangements, *i.e.*, legal custody or guardianship orders.

Of the five categories, informal custodians, while having lawful custody, face the greatest obstacles in obtaining legal recognition, authority, security, financial assistance, and resources.

Recognition. Recognition refers to how laws identify and classify. Statutes mention *de facto* parents,⁴⁶ *in loco parentis*,⁴⁷ “person acting in parental relation to child,”⁴⁸ “person in parental relation to a child,”⁴⁹ “psychological parent,” “next friend,”⁵⁰ “fictive parent,” “lawful custodian,”

⁴⁶ Known in common law as “*guardians de son tort*,” or a guardian by one’s own act, established merely if one voluntarily *undertakes* the role of guardian, and you *assume the duties* doing everything a guardian is required to do, you have established a right in common law, *Newburgh v. Bickerstaffe* (1684) 1 Vern 295, 23 Eng Reprint 478, similar to *In loco parentis*.

⁴⁷ *In loco parentis* refers to a person who has “fully put himself in the situation of a lawful parent by assuming all the obligations incident to the parental relationship and who actually discharges those obligations” (see, *Rutkowski v. Wasko*, supra, 286 App. Div. at 331, 143 N.Y.S.2d 1; see also, *Matter of Jamal B.*, 119 Misc.2d 808, 465 N.Y.S.2d 115).

⁴⁸ e.g., New York McKinney’s Public Health Law § 2504.

⁴⁹ Under New York Law, McKenny’s General Obligation Law §§5-1551 *et seq.* These laws extend only to a parent formally authorizing a designated person to make temporary educational (McKinney’s Education Law §§2, 3212) and medical decisions (McKinney’s Public Health Law §§2164, 2504) for the child for a specified period of time not to exceed six months. The term “person in parental relation to a child” shall mean and include his father or mother, by birth or adoption, his legally appointed guardian, or his custodian.

⁵⁰ The expression “next friend” has a definite and well-established meaning, namely, “one who, without being regularly appointed guardian, acts for the benefit of an infant, or other person *non sui juris*.” *Walter v. Walter*, 217 N.Y. 439, 111 N.E. 1081 (1916), and is

and “person upon whom a child is dependent,” (Ibsen & Klobus, 1972). Depending upon the applicable laws, in any given state, a number of such terms may be used. Finding out what the laws say about informal custodians means seeking information separately on state health, education, benefits, insurance, and custody laws, as well as applicable federal laws. Because various systems may use different identifying terms, recognition of the rights and responsibilities of informal custodians can be a time-consuming and error-prone task. In no state is there a statutory definition that covers all the circumstances of informal custody.

This absence of consistent statutory definitions has further consequences. Statutory and regulatory references can be under-inclusive or exclusive—leaving out certain custodians, such as co-parenting caregivers or non-blood caregivers, or caregivers who cannot locate the parent(s) or creating uncertain standards, such as “assuming parental duties” or “dependent for care” (Miner & Wallace, 1998). The use of such terms plays out in our remaining categories, for instance, in determining who has authority to make school decisions for children, who has standing in court, who qualifies for financial assistance, who may apply for a social security card or passport or birth certificate, or who is eligible for program assistance (Foli, 2014).

Authority. Some informal custodians may lack sufficient authority to make necessary decisions regarding medical care and schooling, because laws do not include or

frequently used interchangeably with “guardian *ad litem*.” A next friend for an infant party has a duty to bring *240 those rights directly under the notice of the court. (5 Words & Phrases, First Series, 4797; *Leopold v. Meyer*, 10 Abb. Pr. 40.). Seminal *Whitmore v. Arkansas*, 495 U.S. 149 (1990) prescribes three tests for third party standing as “next friend” in federal court: 1) reason why cannot represent self, 2) truly dedicated to best interests, 3) significant relationship.

expressly exclude them. In most states, this problem is overcome by using parental powers of attorney or by consent laws. Many states have enacted laws that permit parents to delegate responsibility for medical- and school-related decisions, albeit for only limited periods of time. In New York, a parent can designate a caregiver as a “person in parental relation to a child” for a limited period of time to make educational and some medical decisions.⁵¹ These parental designations or parental powers of attorney specifically deal with routine decision-making for children and are not regular general powers of attorney, which deal mostly with financial matters. They are not health care proxies and usually do not include authority to make major medical decisions. Absent fulfilling the statutory requirements for a parental power of attorney, sometimes handwritten notes are accepted by an institution or provider, but that time-honored tradition of informal designations is waning and it is increasingly likely that an agency will want a written document from the parents that fulfills statutory requirements. Some states have consent laws that permit certain relatives to consent without parental signatures. Most times such laws require attestation (swearing) that the relative cannot locate the parents. Similar to informal parental notes, there is a tradition of permitting caregivers to make decisions. Commonly, pediatrician offices have consent forms where a “parent or guardian” may consent to routine care (but in reality, medical providers often accept the consent of legal custodians and informal custodians). Such willingness does not apply to major medical decisions where parental consent will be needed (Generations United, 2015).

School enrollment can be especially difficult. School districts will require evidence of children's local residency for the purpose of tuition-free enrollment. In many districts, residency requirements may require legal custody or

⁵¹ McKinney's Public Health Law § 2504.

guardianship before a child can be enrolled in school. For example, retired grandparents who were unwilling to seek legal custody in court, because the procedure might prove too stressful for their mentally disabled son, paid for nine years of private schooling for their grandchild. The school district would not enroll their granddaughter because the grandparents were not the legal custodians or guardians, and the grandparents had failed to learn of procedural mechanisms to challenge the local district's decision. Since tuition-free school enrollment ultimately depends upon proof that a child resides in the school district, informal caregivers need to learn what proof is legally acceptable. As with medical decisions, some states permit informal custodians to attest to the facts that they are the full-time caregivers and that the parents have consented to their care (parental attestations may also be necessary).

Security. Informal custodians face the obstacle of not knowing if a child is securely in their homes. Without a court order, a parent retains the right to the care and control of a child and can remove a child from a caregiver's home at will. Thus, informal caregivers constantly fear losing a child. Even when the custodial parent places a child in the home of a relative, the other parent can still demand custody of the child (Wallace, 2000).

In one well-known case involving a custodian who became a nationally activist for kinship rights, a mother separated from her husband was killed in a car accident caused by a drunk driver. The mother's five-year-old son was also injured in the accident. Both had lived with the grandmother for almost all of the child's life. Five days after the mother's burial, the grandmother received notice to appear in court on the next day. The absentee father, who had spent less than 25 hours with the child in the last five years and never provided support, demanded custody of the child. In court, the judge found the father to be a fit parent, and

immediately placed the child in the father's custody despite the fact that the child had just lost his mother and he had suffered two broken arms in the care accident. There are countless instances where custodians fear angering parents and risking loss of children who are now living in the only homes where they have ever been truly safe.

Financial Assistance. For informal custodians, like other informal kinship care families, financial support is limited to either public assistance or social security. Public assistance (welfare) is usually funded by the federal Temporary Assistance to Needy Families (TANF) program. Most kinship families, including most informal custodians, are eligible for "child-only" grants (Mauldon, Speigman, Sogar, & Stagner, 2012). Child-only grants are based exclusively on the income of the child without considering the caregiving relatives' income and provide limited payments to relative caregivers for the care and boarding of a child. These grants should be very easy to obtain, but often-bureaucratic roadblocks and cumbersome application procedures, as well as silent policies meant to discourage applications,⁵² can create barriers (Mullen, 2000).

⁵²*Debra VV. v. Johnson*, 26 A.D.3d 714, 811 N.Y.S.2d 457, N.Y.A.D. 3 Dept., 2006. CPLR Article 78 proceeding to review the decision of the Office of Children and Family Services denying an aunt's application for kinship foster care payments. Caseworker informed aunt that "*there was no such thing*" as kinship foster care benefits. Petitioner then filed for custody, and county withdrew its application for the removal of the children. Family Court awarded custody to the aunt. The aunt then sought benefits. OCFS ruled that since the child was not placed in foster care, payments were not warranted. In this instance, the parent had identified the aunt as a resource and sought to have the children placed in foster care with the aunt, pursuant to Social Services Law 384-a(2)(h)(ii), wherein there is a statutory duty to assist the relative to become a foster parent. Despite affirmative duty, the department in a Family Court hearing declared, "*Albany County has never recognized kinship foster care.*"

Sometimes, the lack of information even happens inside the public assistance office. Caregivers may not know what name is used by the local office to identify the grant. It could be called a non-parent grant, a “kinship” grant, or some other phrase. Many caregivers are told that there is no such grant, because they used the wrong name for the grant. Caregivers have an absolute right to apply for assistance but they are told that they must have legal custody or guardianship. So insisting on filling in an application is the first step in finding out if the grant really is available (Mauldon, et al., 2012). The second is appealing a denial.

Another issue that applies is the requirement to identify the parents’ whereabouts so that the local agency can seek to collect support. While all states have “good cause” domestic violence exemptions, where a parent or caregiver may choose not to inform about parents and be exempt from penalties, to the author's knowledge, only New York permits caregivers to claim “good cause” when they can attest to the fear, emotional, or physical harm to themselves or the children in their care.⁵³ Lastly, kinship families can also apply for a state's normal public assistance where the income and resources of the entire family determine eligibility.

Unfortunately, the monthly payments for child-only public assistance grants are often insufficient for the first child and only even less supportive for additional children, where grants usually increase at a fraction of the first child's grant, unlike foster care payments, which are independently calculated for each foster child.

All kinship families, including informal custodians, should consider application for Social Security SSI⁵⁴ or

⁵³New York State Office of Temporary and Disability Assistance, Informational Letter 08-INF-16, Non-Parent Caregivers and Good Cause, September 24, 2008, Available at: <https://otda.ny.gov/policy/directives/2010/INF/10-INF-23.pdf>

⁵⁴ 42 U.S.C.A. § 1381

SSD⁵⁵ where payments may be larger than state public assistance. Children whose parents are dead or disabled may be eligible for payments based on the lifetime earnings of the parent. And children with disabilities may qualify for their own SSI check, based on their disabilities. For grandparent caregivers, including informal custodians, Social Security provides payment to dependent grandchildren whose parents are dead or disabled. Payments must be arranged when a grandparent first becomes eligible for retirement benefits.⁵⁶ The limited circumstances described in the statute are under-inclusive, leaving out numerous circumstances when grandparents will be caregivers for the duration of a child's minority, i.e., incarceration, abandonment, alienation, and of course also leaving out aunts, uncles, and other non-grandparent caregivers.

Other tangential benefits related to financial assistance are available to most kinship families, but in some instances, eligibility rules do not provide special consideration for kinship families (Supplemental Nutrition, child care, WIC, etc.). Also, rarely there may be special "emergency" financial assistance via local programs.

Resources. In general, informal custodians are eligible for supportive services, even though they do not have court-ordered custody or guardianship. Unfortunately, as mentioned, services aren't widely available. General supportive services, like health care (Medicaid, Child Health Plus) and childcare, are available to all eligible caregivers including kinship families. But special programs, designed to serve the special challenges of kinship families, are not commonly available and where such programs are operating, they are substantially underfunded. Local public agencies, like Department of Social Services and Office for the Aging,

⁵⁵ 42 U.S.C.A. § 423 et seq.

⁵⁶ 42 U.S.C.A. §§ 601–619.

may offer support groups and other services. Sometimes there are additional eligibility requirements, like court orders or “over [age] 55.”

A program can be in a community but remain unknown to kinship families. Because kinship families are often found in marginalized segments of the community, outreach can present significant barriers to program access. Unlike the Supplemental Nutrition program, there are no federal dollars for outreach targeting the child-only grant.

Childcare may be provided, but long waiting periods make it practically unavailable; respite services for caregivers are virtually nonexistent; counseling services for caregivers or the children are equally difficult to obtain; and legal services to lower-income caregivers are invariably scarce or non-existent (Giannarelli & Barsimantov, 2000; McCallian, Janicki, Grant-Griffin, & Kolomer, 2000). Although some local TANF programs are using TANF dollars to tailor services to kinship caregivers, most states have yet to enact TANF-based legislation that comprehensively targets the needs of kinship caregivers (Geen, et al., 2001). Support groups may be available but not known. And while some states now have “navigator” programs, most have very limited funding with only a few staff and very few have statewide programs⁵⁷

Housing. For the quarter of a million grandparent caregiver renters living below the poverty line, 60% were spending at least 30% of their household income on rent and three out of 10 were living in overcrowded conditions.

⁵⁷Starting with Ohio, Illinois, New Jersey and New York over the past 15 years, states have increasingly funded “kinship navigators.” Such programs follow a range of service models, and with completion of two rounds of federal kinship navigator demonstration projects, more states are exploring implementation of such programs (Child Welfare Information Gateway, 2013; CWLA, 2105).

Grandparent caregivers who are renters therefore represent a particularly vulnerable population.

Frequently, kinship advocates complain of the absence of specialized housing and the severe limitations on the use of senior housing for elderly residents who become caregivers of young children. Specialized grandparent family housing has been built, in Boston, New York, and Detroit (Estrin, 2007; Williams, 2005; Esparza, 2008). The Federal LEGACY Act of 2003 was promoted to provide the Secretary of Housing and Urban Development the authority to establish programs that serve intergenerational families. It was passed to address the critical housing needs of grandparent caregivers. The LEGACY Act created a \$10 million demonstration program, but funds have yet to be appropriated for the programs authorized in the bill.

Legal Custody

Legal custodians are caregivers who were awarded legal custody of children by a court with competent jurisdiction. Often informal caregivers will say that they have “custody” of a child. They may have “physical” custody, which is a form of lawful custody and fits with the common usage of the word “custody,” but it is not legal custody. Only a court can award “legal custody.” Legal custody can be awarded to a parent or to a non-parent.

Recognition. For non-parent legal custodians (who, like guardians, do not have protected liberty interests afforded to parents), their legal rights are similar to legal guardians but not as complete. On a federal level and in most states, statutes do not provide adequate legal recognition, meaning that in many instances they are not included alongside guardians. For instance, a state statute may say that parents and guardians can make medical decisions. However, the ability for legal custodians to make such decisions may depend upon local practices that permit decision-making.

And federal law only acknowledges guardianship as a permanency outcome, and the Free Application for Federal Student Aid (FAFSA) determines income differently for legal custodians than for legal guardians.

Authority. Because legal custodians may not have the statutory authority to make medical and school decisions, judicial orders of legal custody should make special declarations awarding the necessary authority. Nevertheless, relatives may be better advised to petition the court for guardianship while leaving legal custody options to disputes between separating parents.

Security. Legal custody provides the security that a parent cannot remove a child at will. But in court disputes regarding custody, a strong preference for parental reunification places legal custodians at great disadvantage. As discussed in the Right to Care (above), depending upon state standards, a custody proceeding between a parent and non-parent, called a third-party custody dispute, will invariably require heightened levels of proof to show parental unfitness that must be proved before the court will consider the child's best interest. The law's focus remains on presumptions that parents act in their children's best interests. However, in most states, either by statute or case law, non-parent caregivers who have provided primary care for an extended period of time (usually at least six months) can get a court to consider the best interests of children in deciding custody or guardianship (Spiezia, 2013). However, unless a statute expressly defines the period of care that qualifies for trial, many judges will lean towards protecting parental rights over the best interests of children.

Courts grapple with questions concerning the circumstances that justify state intervention in parental care, the limits of parental authority, and the importance of certain conditions in considering the best interest of a child. The

issue of security in its broadest sense is ripe for change, but the 2000 U. S. Supreme Court grandparent visitation decision, *Troxel v. Granville*, and some state high court decisions based on *Troxel*, have done little to clarify the conditions necessary for state intervention.

Financial Assistance and Resources. In general, the rules are the same as for informal custodians. But note that federal law regarding financial aid (FAFSA) requires kinship caregivers who are legal custodians to request a “dependency over-ride” so that financial assistance determinations are not based upon parents’ finances but the legal custodians’ finances.⁵⁸ This requirement is unlike guardianship, where the guardian's finances determine assistance.⁵⁹

Legal Guardianship

Guardians are the legal substitutes for parents who are deceased, disabled, or deemed permanently unsuitable caregivers. Most states have extensive laws enumerating the authority of guardians.

Recognition. Given the existence of probate statutes, legal guardians are well-represented in state statutes.

Authority. Dependent upon clear statutory authority, in general, the right of legal guardians is similar to parental authority. But as mentioned, often legal custodians are not included alongside guardians in federal and state statutes. Guardianship of children may be awarded in circumstances where they are considered “permanent.” Examples of different treatment include: on a federal level, passport law

⁵⁸ U.S. Department of Education, “The EFC Formula, 2014-2015,” pg. 3, viewed at <http://ifap.ed.gov/efcformulaguide/attachments/091913EFCFormulaGuide1415.pdf>; 20 U.S.C. 1087vv(D)(1).

⁵⁹ 20 USC 1087(d)(1)(I) (a dependency override must be requested each school year).

permits both parents or legal guardian to apply for a minor child under the age of 14,⁶⁰ exceptions permitted where the issuance of a passport is “warranted by special family circumstances”; Social Security law permits parents or guardians to apply,⁶¹ but a wife, divorced wife, widow, surviving divorced wife, surviving divorced mother, surviving divorced father, husband, divorced husband, widower, surviving divorced husband, child, or parent who makes a showing in writing that his or her rights may be prejudiced by any decision the Commissioner of Social Security has rendered, or by “any such individual,”⁶² may request an administrative hearing to review if the application is denied.

Financial Assistance. Legal custodians and legal guardians have access to financial assistance via TANF child-only grants, as long as state laws do not make them legally responsible to support a child (Mullen & Einhorn, 2000).

Resources. Legal custodians and legal guardians may have access to more resources or services than informal caregivers. Some states, where kinship care programs encourage non-foster care, will provide additional services and higher stipends when the caregivers can show that they've become the guardian because of abuse or neglect (Sawisza, 2001; Geen et al, 2001). Some programs require TANF eligibility or court orders. But in most instances, except for housing, legal guardianship, legal custody and informal custody should provide access to the same services.

⁶⁰ Federal Code, 22 U.S.C. 213(a)(2), Issuance of Passports for Children Under Age 14.

⁶¹ Federal Code, 42 U.S.C. 405(c)(ii), Social Security Act.

⁶² Federal Code, 42 U.S.C. 405(b)(1).

Security. Standby Guardianship may offer added additional security regarding the future of children. Many states have standby guardianship laws that enable parents and guardians to name a successor who can act as a guardian in their stead upon their incapacity or death (Miner & Wallace, 1998). Only a few of these laws may allow legal custodians to name a standby, and presently only New York permits informal custodians who can show that the parent(s) cannot be found to name a standby guardian.

Financial Assistance and Resources. Kinship Guardianship: Legal guardians and legal custodians generally are eligible for child-only grants, but they face the same dollar inadequacies as informal custodians. In about 40 states subsidized guardianship is now offered. This subsidy is usually available only to kinship foster parents who are leaving the foster care program but who continue to maintain children in their homes (Miner & Wallace, 1998; Brooks, 2001; Generation United, 2015). In a few states, like New Jersey, even caregivers who are not foster parents can get the subsidy.

Kinship Foster Care

Kinship foster care refers to the care of children who were placed in foster care with a relative caregiver serving as the foster parent, generally because of abuse, neglect, abandonment, or voluntary surrender of the children by the parents. Some studies comparing outcomes between foster care and kinship care show better results for children in kinship care (Winokur, Crawford, Longobardi, & Valentine, 2008). Children in kinship foster care had significantly fewer placements than did children in foster care, and they were less likely to still be in care, have a new allegation of institutional abuse or neglect, be involved with the juvenile justice system, and achieve reunification. Children placed into kinship care had fewer behavioral problems three years

after placement than children who were placed into foster care (Rubin et al., 2008). Such findings support efforts to maximize placement of children with willing and available kin when they enter out-of-home care.

Recognition. All states recognize kin as a resource for children who are subject to abuse/neglect/dependency proceedings. Many states provide full foster parent certification for kin who want to become foster parents and learn of their opportunity before taking over the care of a child. However, as discussed in Diversion, the chance to enter the kinship foster care system may not be completely offered to kin. In many states, policies support kin becoming legal custodians or guardians pursuant to the neglect proceedings but are not foster parents. And in some states, local practices deliberately misinform kin about the availability of kinship foster care. For example, a mentally ill woman gives birth; Child Protective Services may call and tell the grandmother to take the baby from the hospital or the child will enter foster care. Often, no mention is made to the grandmother that she could become a foster parent. The grandmother may take the child home, quit her job, and later be evicted because she can no longer afford her rent. She is an informal kinship caregiver, with no subsequent opportunity to become a kinship foster parent.

Another concern is “dissuasion” where local child welfare agencies place requirements for kinship foster care that cause kin to choose to become legal custodians or guardians. Examples include requirements that kin fulfill certification requirements before placements (kin will choose to assume control *now*, and forego certification). In contrast, an emerging practice is to place on an emergency basis with kin and facilitate certification. However, local agency determination regarding its payments responsibility for foster care stipends may preclude emergency placements with kin.

Authority. In states that facilitate kinship foster parent certification, the legal responsibility for the children remains with the state. Kin foster parents must follow decisions made by the foster care system and are not free to make parental decisions on their own. Other states release children into the legal custody or guardianship of relatives but maintain oversight privileges. Both these practices conflict with the purported fundamental rights of non-parent relatives to raise children with similar fundamental protections afforded to parents.

Security. In all situations where the state retains legal custody and guardianship of children, kin are at higher risk of losing children than are parents because they are not afforded the same rights and protections that natural parents are. While there is federal case law declaring that kinship foster parents have fundamental rights and foster children have standing to assert constitutionally guaranteed liberty interests in an intact family unit, few states and agencies have implemented practices conforming to those decisions (*see* footnotes 33, 34).

Financial Assistance. In states that certify kin as foster parents, the same level of financial assistance is available to both kin and non-kin foster parents. In states that do not certify kinship foster parents, financial assistance can be limited to child-only TANF grants, which are usually significantly less than a foster care grant. Other states offer stipends that are higher than child-only TANF grants but less than foster parent stipends. A few states will adjudicate the dependency of children, and if the reason for non-parental care was abuse, neglect, or abandonment, they may order increased financial assistance, regardless of the circumstances surrounding the initial custody arrangement (Sawisza, 2001). As mentioned, in most states kin can exit

foster care and continuing to receive a similar subsidy via the state's kinship guardianship program.

Resources. In most states, once a relative who rescued a child from an abusive or neglectful home, the relative no longer has the chance to become a foster parent because the informal care did not result from an abuse/neglect/dependency proceeding. Illustrative of this “Catch 22,” a 73-year old grandmother confronted the residents of a crack house and pressured them into giving her three-year-old grandson to her. She brought the toddler home, knowing that her pension income would not support her new family. Child welfare would not help, even though in the past she was certified as a foster care parent for another child. The state reasoned that it would not intervene because this child was no longer abused or neglected and no neglect proceeding had been initiated. In most states, kin who want to become foster parents simply do not have a viable procedural recourse for applying to their child welfare agency.

Adoption

In adoption, the natural parent is completely replaced by the adoptive parent. Recognition, authority, security, financial assistance, and resources are the same for adoptive parents as for natural parents.

Financial Assistance. Although adoption may be most advantageous (it conclusively ends parental interference), adoption may be detrimental to the financial stability of the family since the income of the adoptive parents will be deemed available for the support of the child, thereby eliminating the chance to receive a child-only TANF assistance grant. Adoptive parents, like natural parents, are eligible for public assistance only if their total family income

falls below 185% of the poverty level (Mullen & Einhorn, 2000).

Adoptive parents are eligible to claim children on their Social Security benefits. For older retired caregivers, the payment is half of their usual Social Security retirement monthly payment, and it is paid out until the child turns 18 or graduates from high school, whichever is later.

Also, because adoptive parents' income and resources are deemed available to their children, higher education financial aid packages may be significantly less for adoptive parents with income and resources greater than the birth parents.

Emerging Issues

As stated in the introduction, this article attempts to establish a family's right to care by charting the many legal obstacles faced by informal kinship families and describing situations where kinship family should have rights similar to parental rights. Our premise is that kinship families, like other families, should be supported by laws and policies that comprehensively address their family legal issues.

However, the attention of federal and state policymakers will undoubtedly focus on addressing more specific obstacles. With that in mind, as the response to kinship grows, the following three areas are ripe for change:

De Facto Custody

In terms of security, only a handful of states have enacted "de facto custodian" laws that set out a period of time in the care of a relative by the parents' explicit designation—typically six months (for a child under 3 years of age) or one year or more (for a child over 3 years old)—after which a child will not be returned to a parent without a judicial determination that placement with the parent is in the child's best interest (Letiecq et al., 2008; Gibson, 2010, Spiezia, 2013; Generations United, 2015).

Since the rights of parents must be protected, it is critical that children in kinship families have standards that uniformly protect those rights but permit consideration of children's best interests. Much of the legal development here is likely to be judge-made law. Legislative action is mostly driven by constituencies, and the kinship community is disadvantaged for a variety of reasons—for instance: lack of champions, inadequate resources to build coalitions and grassroots advocacy, and stronger more vocal parents' rights constituencies. Yet, judges face a steady stream of kinship "third party" cases, and they understand the realities of family life where so many children lack parents who can parent. So the hope is that judicial precedents will continue to expand extraordinary circumstances.

Already, widespread judicial consensus agrees that kin who are already caregivers should have the opportunity to reach custody determination based upon the best interests of children. The debate centers on whether a period of time alone is sufficient (and how long) or whether other circumstances are also necessary (voluntary or involuntary, incarceration, parental irresponsibility, etc.). Advancement won't be straightforward. Judges are invested in protecting parental rights, and similar to grandparent visitation, there are conflicting views. While the hope is that standards will continue to expand, with more decisions reaching best interests, there are still barriers to a judicial consensus. For instance, in New York, an appellate court recently invalidated its statutory two-year period (the case was reversed by New York's highest court⁶³). Additionally, where kinship advocates can mount advocacy campaigns, gain support from legislative champions, and develop strong

⁶³*Suarez v. Williams*, New York Slip Op. 09231 (2015), Grandparents established their standing to seek custody of a child by demonstrating extraordinary circumstances, namely an extended disruption of the mother's custody; *Matter of Suarez v Williams* 2015 NY Slip Op 09231 Decided on December 16, 2015 Court of Appeals Stein, J.

grassroots support, hope is increasing that more states will enact de facto custody laws.

Diversion

For kin to become foster parents, it is critical that federal, state, and local policies support this goal by continuing to identify barriers and develop solutions. Already underway, the process is led by researchers and child welfare officials. The examination needs to go beyond licensing standards, looking at how agencies inform kin (written information that's understandable), how they influence decision-making, what local child welfare staff's attitudes are towards kin, whether kin can be “emergency placements” prior to achieving certification, and what tools are used to assess who should become a foster parent and who should become an informal caregiver, etc. Illustrative of growing interest, this fall the University at Albany [New York] School of Social Welfare will host a symposium on this issue. Additionally, the Children's Bureau is developing guidance for state child welfare agencies, and the U. S. Senate may introduce legislation that would provide services to kinship children who are at “imminent” risk of entering foster care.⁶⁴

Kinship Navigators

Access to financial assistance, to existing services, and to more kinship-specialized services presents a wide range of obstacles for kinship families, many of which still need the development of more supportive policies and laws. All of them present an opportunity for cost-effective assistance by kinship navigator programs. These programs range from Web sites and help lines to case management with specific services. All involve assistance in obtaining the child-only grant and connecting to various systems of care.

⁶⁴U.S. Senate fall 2015 draft bills: *Family Stability and Kinship Care Act of 2015* and *the Families First Act* (2015).

Federal assistance and resources have only fitfully supported non-foster care relative caregivers. In the 2001 renewal of the Older Americans Act (Title 42, Chapter 35, USC), \$137 million was provided for relative caregiver programs, with 10% of this money targeted toward older relatives caring for children. But the 10% is discretionary and thus underutilized. The use of TANF surpluses is another source of support for relative caregivers. Already some of this funding is used for kinship navigators.

In 2008, the “Fostering Connections Act” included “family connection grants” for kinship navigator demonstration projects. Two rounds of awardees have completed their projects and their programs offer a range of models for kinship services (CWLA, 2015).

At time of publication, the U.S. Senate is considering the *Family Stability and Kinship Care Act of 2015* and the *Families First Act* (2015): Amending parts B and E of Title IV of the Social Security Act, which would establish funding for services for kinship children who are at “imminent risk” of entering foster care.

At the state level, legislative interest should continue to grow, with the potential for state funding of kinship navigators. This article’s author is the director of the statewide NYS Kinship Navigator, a program that provides a help line and web site plus advocacy at the state and local levels. Also in New York, in most of the larger municipalities, the state funds local kinship services that provide case management. Together the two program offer a cost efficient model of kinship navigation services.

Recommendations⁶⁵

⁶⁵This article describes many but not all of the obstacles faced by kinship families. It touches upon financial assistance (TANF), Social Security, supplemental nutrition, immigration, aging, education, and family law. Some of the recommendations are based upon the 2011 National Kinship Summit, hosted by CWLA and the National

The growing interest in informal kinship care has produced a significant body of recommendations, many of which are contained in articles referenced herein. For instance, recommendations include kinship navigators, medical and school consent laws, de facto custody (family law), subsidized guardianship, and broader licensing requirements, that reflect ongoing state and federal reforms. (Letiecq et al., 2008).⁶⁶ However, in considering kinship care as a family right to care and the many obstacles to care, it may be helpful to make a few specific recommendations.

Right to Care

Recommendation One: Increasingly, policymakers understand what kinship advocates have long said, that kin are not only a resource but also more importantly are the caregivers of choice (Minkler, 2008). Accurate information about the obstacles faced by kinship caregivers is therefore critical to ensure that the government's responses successfully enable kinship caregivers to care for children. Research is needed on the scope and circumstance of informal kinship families. A federal initiative should survey the literature on informal kinship care and catalogue the entire range of obstacles, using data from diverse systems to identify statistical information about kinship families (child welfare, public assistance, Social Security, Medicaid, etc.). Numerous states have authorized studies and task forces to investigate these issues. But more needs to be done.

Committee of Grandparents for Children's Rights. Its 34 recommendations are available at

<http://www.nysnavigator.org/kinship-policy/kinship-care-policy/>

⁶⁶Signed by President Bush on October 7, 2008, the "Fostering Connections to Success and Increasing Adoptions Act" (HR 6893, 110th Congress, 2nd Session) enacted child welfare practices recommended by many articles, including notice of removals to all grandparents, waivers from non-safety requirements for foster care certification, and mandated notice within 30 days, as well as subsidies for kin exiting foster care.

Hopefully, based on such surveys, comprehensive solutions will be forthcoming.

Recommendation Two: A collaborative effort at the national, state, and local levels, including government and private agencies, should create an outreach campaign to locate kinship families and inform them of available resources. Led by the Children's Bureau, this effort should include a task force to comprehensively examine and make recommendations supporting informal kinship families.

Recommendation Three: Kinship families face barriers caused by under-inclusive laws and regulations that inhibit rights and access to services. At the federal and state level, a uniform definition is needed. Such a definition of kinship care should reference all five types of legal arrangements and define kin to include grandparents, other relatives (including non-blood), and certain unrelated fictive kin.

Recommendation Four: A core endeavor in support of kinship care is to promote their recognition. When policymakers understand the importance of these families, as part of our traditions and our child welfare system, they become supporters. One way to educate them is to ask for their help in issuing proclamations (no funding required!). Eight states and the U. S. Senate have passed resolutions declaring September as Kinship Care Month (proclamations and guidance available at <http://www.nysnavigator.org/kinship-policy/kinship-care-month/>).

Opportunity to Care

Recommendation Five: Kinship families should not fear going to court to seek custody. Their rights as families need to be acknowledged and to receive the recognition that

they deserve. Since custodial rights are mainly a state issue, courts and state legislatures need to consider how they can insure that parents are protected but kinship families are not discounted.

Recommendation Six: Regarding family rights against state child welfare agencies, it is intuitive to think that a family's right to care should trump the state's right to care and control of children so long as the family is fit. But such a family fundamental rights area particularly difficult issue with courts unlikely to expand them. However, laws that declare that a state must have “compelling interest” before denying a fit and willing family member from assuming care, or that courts must presume that placement in the care of relative and not with a non-relative is in the best interests of children, do not seem to be unreasonable additions to family law.

Enabling Caregivers

Recommendation Seven: Kinship Navigators should be implemented in every state. Kinship navigators should include statewide information and referral, self-advocacy tools, referrals to supplemental direct services, and to the extent possible, local direct services. Kinship navigators should collaborate with local departments of social services as part of a coordinated response by local departments (CWLA, 2015).

Conclusion

The right of kinship families to *not* face undue burdens in caring for children invokes both our sense of fairness and our family values. It is simply a truism that family should not be hindered from taking care of family. Yet, in this article, I charted numerous obstacles to care that are illustrative of how marginalized kinship families still are. Researchers, advocates, and service providers have described

the same problems. However, I posit a concept that encapsulates both the burdens and the solutions. That concept is a “Kinship Right to Care.” Recognizing that kinship families are true families with family rights that include common core elements—legal recognition, authority, security, financial assistance, and special services—will not only help in charting the obstacles but also in finding solutions to them.

Along with that hope comes a final thought. Kinship families are a national resource—protecting millions of vulnerable children. Like any national resource, kinship families need protection and cultivation. Their rights are already a part of our traditions. Their rights should become part of our laws.

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National Research Center on Grandparents Raising Grandchildren

Mission

Our mission is to improve the well-being of grandparent-headed families by promoting best practices in community-based service delivery, and advancing the work of practitioners and scholars in the development, implementation and evaluation of new knowledge in the field.

Core Beliefs

Grandparents contribute to the preservation of whole family systems when taking on the responsibility of raising their grandchildren.

Grandchildren, as well as all children, deserve to be loved and cherished in safe and nurturing families.

Parents should have primary responsibility for their children, but when they are unable/unwilling to assume that role, grandparents should be given the resources and support to assume parental responsibilities.

Communities are better served by grandparents taking on the custodial care of their grandchildren, when needed.