

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2005

The needs of informal grandparent caregivers and how they are met at the Kinship Family Center

Emily Jane Osborne-Lewis

Shanta LaShawn Clardy

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>

 Part of the [Gerontology Commons](#), and the [Social Work Commons](#)

Recommended Citation

Osborne-Lewis, Emily Jane and Clardy, Shanta LaShawn, "The needs of informal grandparent caregivers and how they are met at the Kinship Family Center" (2005). *Theses Digitization Project*. 2790.
<https://scholarworks.lib.csusb.edu/etd-project/2790>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

THE NEEDS OF INFORMAL GRANDPARENT CAREGIVERS AND
HOW THEY ARE MET AT THE KINSHIP FAMILY CENTER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Emily Jane Osborne-Lewis II
Shanta LaShawn Clardy

June 2005


THE NEEDS OF INFORMAL GRANDPARENT CAREGIVERS AND
HOW THEY ARE MET AT THE KINSHIP FAMILY CENTER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

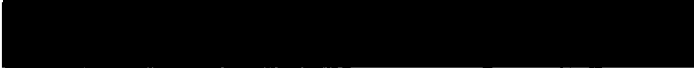
by
Emily Jane Osborne-Lewis II
Shanta LaShawn Clardy

June 2005

Approved by:


Dr. Rosemary McCaslin, Faculty Supervisor
Social Work

5/31/05
Date


Hugo Castellanos, Representative
Kinship Family Center


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Grandparents have increasingly taken on the parental role of caring for their grandchildren whose parents were absent from the household. With this new responsibility was the need to have adequate resources and to obtain them effectively. This research examined and described the experiences of 17 grandparents, in their own words, in relation to whether the Kinship Family Center helped meet the needs of such informal caregivers.

It was found that the Kinship Family Center (KFC) has met all of the expected needs of informal grandparent caregivers. It has served as a beneficial tool in rearing the children in their care. Caregivers felt as though the support groups were the most helpful in providing peer support and emotional stability. They also appreciated and valued other services that they received for the children. These services included tutoring, recreational activities, individual counseling and psycho-educational groups. Both the caregivers and the children have great respect and admiration of Kinship Family Center staff for they provided them with social service resources that strengthened and stabilized their families.

ACKNOWLEDGMENTS

Support of this research project was made possible through an award from Associated Students, Incorporated (ASI).

DEDICATION

For Caregivers Everywhere

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	4
Significance of the Project for Social Work	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction	8
Caregivers	9
Challenges Facing Caregivers	9
Formal Kinship Care	10
Informal Kinship Care	12
Theories Guiding Conceptualization	13
Summary	16
CHAPTER THREE: METHODS	
Introduction	18
Study Design	18
Sampling	19
Data Collection and Instruments	20
Procedures	22
Protection of Human Subjects	23
Data Analysis	24
Summary	25

CHAPTER FOUR: RESULTS	
Introduction	26
Presentation of the Findings	26
Summary	32
CHAPTER FIVE: DISCUSSION	
Introduction	34
Discussion	34
Limitations	37
Recommendations for Social Work Practice, Policy and Research	38
Conclusions	39
APPENDIX A: CHARACTERISTICS OF GRANDPARENT CAREGIVERS INTERVIEW QUESTIONS	41
APPENDIX B: INFORMED CONSENT	44
APPENDIX C: DEBRIEFING STATEMENT	46
REFERENCES	48
ASSIGNED RESPONSIBILITIES PAGE	50

CHAPTER ONE

INTRODUCTION

Problem Statement

The Child Welfare League of America (1994), defines kinship care as "the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child" (p. 2). According to Holder (2000), "stable, caring relationships created in the context of a family are essential for healthy child development" (p. 374).

The problem was that more and more grandparents have taken on the responsibility of raising their grandchildren without any formal training, or services available. More than one in ten grandparents raises a grandchild for the duration of at least six month or longer (Roe & Minkler, 1999; Fuller-Thomson, Minkler & Driver, 1997; Meredith Minkler, 1999). These grandparents were not financially, emotionally, or physically capable of and/or prepared to take on such extensive duties of rearing a child. In many cases, the grandparent actually ended up with more than one child in their care.

According to Wilson and Chipungu (as cited in Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000) kinship care enabled children to live with people that they know and trust, reduced the trauma children may experience when placed with strangers, reinforced the child's sense of identity and self-esteem which comes from their family history and culture, kept children connected to their siblings and strengthened the ability of families to give children the support that they needed.

Scannapieco (2000) states that children were placed with kinship caregivers in three ways: as a diversion from out-of-home care, as a type of foster care or as a way of ensuring family reunification. As a diversion, kin were notified before the child was taken into custody by the state. The relative would take custody of the child and the state may or may not provide protective supervision. As foster care, the child was in the custody of the state and placed with the relatives or kin caregivers, who did not have primary legal responsibility. As family reunification in order to meet permanency planning goals, case protective supervision was provided. Kinship care placements have been described as informal, meaning that care giving arrangements occurs without the involvement of a child welfare agency or formal, meaning that kin acted

as foster parents for children in state custody (Geen, 2000, 2004).

Grandparents were not receiving the adequate services that were needed to support, nurture, and protect the children in their care. Barriers exist within various agencies that have prevented grandparents from receiving the services they required, especially when they were caring for children in an informal manner. They were limited to information and services because the children were not placed with them through the child welfare agency or because they were not the biological parent or legal guardian.

In the past kinship care was not a prevalent practice but was moving towards being the primary option for children who need to be placed outside of the home. On a macro level, agencies should provide clients with the opportunity to receive adequate and consistent services such as counseling, in home visitation from the social worker, referrals to various programs (e.g., medical, dental and optical care), as well as psycho-educational training; especially those pertaining to parenting.

Purpose of the Study

The purpose of the study was to research, obtain, and evaluate information about Kinship Family Center (KFC), an agency that grandparents utilized in helping to rear grandchildren with an informal status. This was done through the use of in depth interviews. This particular research method was being used because little was known about supportive services for grandparents who were, rearing their grandchildren on a non-court mandated basis. Most research conducted on grandparents rearing grandchildren focused on those grandparents who do so through a child welfare agency. By interviewing participants, researchers gained insight into how participants were able to handle or deal with a lack of services. Qualitative methods provided direct and personal insight into daily experiences in the lives of informal caregivers. The researchers were able to witness them first hand in their natural surroundings, without having unusual circumstances.

Qualitative methods, utilized techniques that adjusted to what the situation demanded. Qualitative methods helped "produce data in the form of extensive written notes, as well as diagrams, maps, or pictures to provide detailed descriptions (Grinnell, p. 110)." The

qualitative method engaged the researcher to develop feelings of empathy for the informal caregiver, and helped to clearly define the different aspects and dynamics of such a culture in order to gain a richer understanding of it. Questions gathered demographic and background information as well as addressed issues about the grandparent's experiences in caring for their grandchild and about services at the Kinship Family Center.

Significance of the Project for Social Work

The significance of the project for social work was to better understand the need for services that will enable informal grandparent caregivers to protect, promote healthy development and ensure the well being of their grandchildren. The information provided by the grandparents helped to evaluate current policies and social work practice. These evaluations will be used to implement new policies and procedures that can meet the needs of the clients adequately. Evaluations helped to recognize common problems associated with being an informal caregiver and how it affects social work practice. Evaluations also helped to make provisions for and carry out services rendered in an effort to change the caregiver's situation. Evaluations were needed to follow

up on the progress or lack there of, of services rendered through the agency. They helped to recognize and manage barriers that substantiate the informal caregiver's functioning once they received such services.

The great majority of studies on grandparent caregivers to date used non-representative samples and hence their results could not be generalized (e.g., Gibson, 2002). Similarly, this study did not have representative data sets due to the inability to randomly interview informal grandparent caregivers all over San Bernardino County. This study was based solely on informal grandparent caregivers that received services at the Kinship Family Center. Those studies that have used representative data sets (e.g., National Commission on Family Foster Care, 1991) have not focused on informal care giving grandparents. This project addressed this gap and answered the question, "What did informal grandparent caregivers perceive their needs were and how were they met at Kinship Family Center?"

Research has shown that a comprehensive program of services and support for grandparents and grandchildren in their care provided a great way to address their unmet needs (Fuller-Thomson & Minkler, 2000). Services utilized by grandparents who were informal caregivers through

Kinship Family Center strengthened families ability to provide safe and stable homes.

CHAPTER TWO
LITERATURE REVIEW

Introduction

Kin began filling the need for foster parents in the late seventies and continued to do so to this present day for children entering the welfare system due to factors such as substance abuse, child abuse and/or neglect, death of a parent, divorce, abandonment, teenage pregnancy, HIV/AIDS, unemployment, incarceration, mental health problems, family violence and poverty (Generations United, 2001; Minkler, 1999).

Grandparents faced a range of challenges when they took on the responsibility of caring for their grandchildren: social, medical, legal, financial, educational and emotional. These issues must be addressed not only for those caring for children in the system, but especially for those grandparents who took in their grandchildren before the system had an opportunity to. These informal caregivers were the forgotten, unsung heroes of the child welfare system, yet they have had the most difficult time obtaining services.

Grandparent headed households have substantially higher rates of poverty (Roe & Minkler, 1999). A study conducted by Chalfie (1994, as cited in Minkler, 1999), found that the median income for grandparent caregivers was \$18,000 and that one out of four were classified as being poor. For many without formal care arrangements, the only income they received, if any was low and stigmatized Temporary Assistance for Needy Families (TANF) benefits (Minkler, 1999).

Formal Kinship Care

The passing of laws has also contributed to the promotion of using relatives as foster parents. As cited in Geen (2000), the passing of the Indian Child Welfare Act of 1978 stated:

that in Native American placements, a child should be within reasonable proximity of his or her home... and that states should aim to place the child with a member of the Indian child's extended family... . The Adoption Assistance and Child Welfare Act of 1980 mandated that when placing children in foster care, states should find the least restrictive, most family-like setting available located in close proximity to

the parent's home, consistent with the best interests and special needs of the child (p. 21).

With the passing of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, states were encouraged to consider kinship care as an option when placing a child outside the home. Also cited in Geen (2000), the Adoption and Safe Families Act (ASFA) of 1997 "indicates that 'a fit and willing relative' can provide a 'planned permanent living arrangement' and that termination of parental rights does not have to occur within the allotted time frame if, 'at the option of the state, the child is being cared for by a relative'" (p. 21).

There seemed to exist power imbalances between the child welfare agency and the kinship caregiver. The child welfare agency was the authority in the matter and of the way in which children were to be cared for and protected once removed from their parent's home. The kin caregiver was merely the subservient. The child welfare agency dictated to the kinship caregivers what needs to be done, thus leaving the caregiver powerless.

According to Minkler (1999) statistics have shown that formal placements with relatives rose from thirty-two

percent to fifty-four percent in Illinois, from twenty-two percent to forty-five percent in California and from twenty-three percent to thirty-six percent in New York between 1988 and 1993 primarily due to the passing of aforementioned legislation.

Informal Kinship Care

According to the KIDS' n' KIN Program study conducted from December 1992 through August 1995, over 61,000 of the 620,500 children being reared by relatives in Philadelphia, were being reared by informal caregivers (McLean & Thomas, 1996). Chalfie's (1994) study of informal kinship care found that over half of the caregivers were single with an average age of around fifty. This finding was similar to that for formal caregivers.

Research has shown that there was a strong disparity between financial support given to those with formal status and those informally caring for grandchildren. Despite the financial benefits as a formal caregiver, grandparents were taking on the responsibility to care for their grandchildren before any official custody was established (Minkler, 1999).

Informal caregivers were not privy to having case workers to help guide, assist and connect them to agencies that have needed resources. They were in essence left to seek out their own resources within the community that fit within their budgetary and environmental means. It was assumed that this occurred due to the fear that grandchildren may be placed in foster care (Minkler, 1999).

Although placement with kin helped children stay connected with their families and was the best placement option for some children, one of the stronger findings of research was that reunification was slower because birth parents seemed to be less likely to complete case plan requirements when their children were placed with kin (Needell, 1994; Mclean & Thomas, 1996; Geen, 2004). These children also had a lower recidivism rate than children placed with non-relatives (Needell, 1994).

Theories Guiding Conceptualization

It was important to work with clients within the context of their social environments. Ecological systems theory was used in guiding the conceptualization of the social, economic and environmental issues challenging grandparents and their ability to obtain resources and/or

help. The interactions or lack thereof between the caregivers and other systems they would come in contact with such as individuals, groups and organizations needed to be improved. The social environment was a crucial element in which the caregivers were dependent on effective interactions (Cox, 2003) in order to survive and thrive. This social environment included their housing situation, financial resources available and the laws and social rules they lived by. The lack of adequate resources that addressed the interests of informal caregivers needed to be addressed by gathering community resources that catered to informal caregivers that would meet the needs of such interactions.

Person-in-environment was also a key element of ecological systems theory. People interacted and communicated with others in their environment. These interactions or transactions would be negative or positive. Many grandparents have experienced negative interactions in their quest to find adequate services to meet their needs. By being denied access to resources, their stress and frustrations with the system were increased, which resulted in a greater reluctance to seek further assistance. Grandparents needed input in the form of support to continue caring for their grandchildren in

an adequate manner. Grandparents gave output by volunteering to take on the responsibility of caring for their grandchildren. The energy that was transmitted was one-sided. There was a lack of input energy from the systems in their environment.

The interface was the exact point at which the interaction between the individual and the environment took place. With the immediate stressors of their new roles, grandparents were able to deal with this change and new responsibility; this adaptation allowed them to continue functioning effectively. Coping helped these grandparents adapt and deal with the everyday problems they faced in rearing their grandchildren. People could not exist without one another. Grandparents were interdependent on their social environment (Cox, 2003) to assist them in obtaining, goods and services. Grandparents were not receiving the resources that they needed. It was necessary for social practitioners to assist grandparents in obtaining the services and support that was needed to ensure a safe and stable environment for their grandchildren to live in.

This study differs from prior studies by finding out first hand what caregivers faced in their environments. With this information researchers are able to intervene

and decrease the barriers that caregivers have to overcome in order to obtain adequate resources to care for their grandchildren.

Summary

The literature presented herein supported the notion that ongoing issues with the basic physical, emotional & financial adjustments that grandparents must make adds stress to the family system that in turn, leads to instability within the family unit. By evaluating programs that service informal caregivers, other agencies as well as the public child welfare system was more knowledgeable about the services that were of great need for informal caregivers. Informal caregivers are more likely in an adequate position to meet the needs of the children they care for. Kinship care providers should be offered the same services, training and financial reimbursements as foster parents. Children should not be denied services because of a technicality (being cared for informally). Services should be administered that will help to ensure that which was in the best interest of the child and their overall well-being.

Informal kinship care was a stable placement when used in conjunction with social supports and financial

assistance. It maintains family ties and promotes the well-being of grandchildren placed with grandparents.

CHAPTER THREE

METHODS

Introduction

This chapter examines the procedures and specific process used to obtain information about some of the challenges and services grandparent caregivers found necessary to care for their grandchildren and how they were being met at the Kinship Family Center.

Study Design

The purpose of this study was to explore, describe and analyze key components of the personal experiences of grandparents as primary caregivers. This qualitative research emphasized multiple realities. The focus was to capture the experience of caregiving grandparents by interviewing them rather than by sharing their experiences through direct observation.

The sample consisted of 17 participants. All participants were grandparents, who have primary responsibility for one or more grandchildren and do not have a parent of the grandchildren living in the household. They were recruited from the Kinship Family Center in San Bernardino, California.

Such a sample was not representative of all people who were caregiving grandparents and receiving services in other geographical locations because of the small sample size and non-random selection of participants. It was possible that the grandparents at Kinship Family Center were significantly different from those not receiving services or those receiving services elsewhere. For this reason, the ability to generalize the findings was limited. This research answers the question: What did informal grandparent caregivers perceive their needs were and how were they met at Kinship Care Center?

Sampling

This study focused on a sample of grandparents that act as informal kinship caregivers for their young grandchildren. The sample was made up of families that received services from the Kinship Family Center. The Kinship Family Center was founded in San Bernardino, California. Kinship Family Center is a program of Central City Lutheran Mission (CCLM), which is funded by the Department of Children's Services (DCS) and in collaboration with the Department of Aging and Adult Services (DAAS). The center offered social services as well as recreational activities to kinship caregivers who

were rearing their kin in San Bernardino County. The program was voluntary to all that were involved. It sought to stabilize kinship caregiving families so that they may avoid entering or re-entering the child welfare system and helped families access much needed community resources that would help strengthen families of individuals raising children of their extended family.

Convenience sampling, also called availability sampling, was used to study grandparent caregivers' perceptions of what their needs were and how they were being met at Kinship Family Center. This type of sampling was the best to use because it focused on those that actually received services at the Kinship Family Center. The only criterion was that participants were grandparents, were informal caregivers, had primary responsibility for one or more grandchildren and did not have a parent of the grandchildren living in the household. This sample consisted of 17 voluntary participants from the Kinship Family Center.

Data Collection and Instruments

An interview questionnaire (Appendix A), that consisted of two parts was developed by the researchers. The first part of the questionnaire collected demographic

and background information. Demographic variables included the marital status, race, and specific relationship to the child; all were measured at the nominal level. Other demographic variables included the age of the grandparent, their income, the number of children and the number of years in the grandparent's primary care; all were measured at the interval level, with the exception of income, measured at the ordinal level.

The second part of the questionnaire consisted of the qualitative questions to be addressed. The order in which the questions were asked was not stipulated making it a partially structured interview. Questions addressed the grandparent's experiences in caring for their grandchild and using services at the Kinship Family Center. All information gathered was audio-taped because it was the least obtrusive and most accurate method for recording data in an interview.

Limitations of this particular instrument have to do with whether or not the participants provided honest information. It was important to obtain the participant's trust, to recognize one's own biases as a researcher and to spend as much time as possible with the participant in order to enhance the validity of the interview data collection process.

This questionnaire was created for this study to decipher information about the experiences and use of services at the Kinship Family Center by informal grandparent caregivers. It was created using information that the researchers found to be relevant to their study. The questionnaire was pretested following approval from the Kinship Family Center Program Director and from the Department of Social Work Sub-Committee of the California State University at San Bernardino Institutional Review Board (IRB).

Procedures

Participants were solicited at the weekly group meetings held every Tuesday at the Kinship Family Center. All caregivers were given a verbal overview of what the research would entail and the specific requirements of participants. This allowed those that met the requirements to volunteer their time to participate. Interviews were conducted in the conference room at the Family Kinship Center or in the home of the participant; whichever the participant was more comfortable with. They lasted between 15 and 60 minutes. Data was collected by one of the researchers. Interviews were tape recorded and transcriptions were completed verbatim by another

researcher and used as the basis for data analysis. This entire process took approximately two months.

Both researchers were aware of participants' rights to privacy and notified the participants of their rights and option not to complete the interview. Researchers took all measures to uphold the privacy and integrity of the participants in conjunction with the research.

Protection of Human Subjects

Confidentiality was assured by making sure that all identifiable private information was kept private and not made available to anyone but the researchers, to whom it was entrusted. Researchers were not able to identify the participants because the subjects' names or other identifying private information was not associated with the participants' responses to the questionnaire.

Research code numbers were used to protect the participants' identity. All collected data were kept on a secure computer that was password protected. Access to the computer was secured by use of specific codes known only to the researchers. Researchers stored completed interviews, written transcriptions and audio tapes in a secure locked cabinet. No information was released or printed that disclosed any personal identity. All of these

precautions were explained in more detail in the Informed Consent Form (Appendix B) read and reviewed by participants prior to the interview. Participants were also given a brief overview of the study and expectations concerning it in the Debriefing Statement (Appendix C).

Data Analysis

Procedures used involved the interview process, tape recording each interview and written transcription of each interview. These written transcriptions were used as the basis of the actual data analysis.

The written transcripts were segmented to obtain groups of words and/or sentences relevant to the study. Each segment was labeled with a descriptive name or topic. Topics were grouped together that were similar in nature; they in turn were described into various categories. The finding of patterns of commonalities and exceptions between the various categories were identified.

The types of constructs that were identified had to do with participants' new found roles as "parents." Social isolation and stress from the demands of parenting young children, financial responsibilities associated with raising grandchildren, inadequate resources in helping to meet the daily needs of the children such as

transportation and medical assistance were also identified constructs.

Summary

The procedures presented herein supported the notion that qualitative methods would be best in obtaining information about some of the challenges and services that informal grandparent caregivers found necessary to care for their grandchildren and how they were being met at the Kinship Family Center.

CHAPTER FOUR

RESULTS

Introduction

This chapter reviews the results extracted from the project and examines the information obtained from the interviews conducted with the informal grandparent caregivers at the Kinship Family Center (KFC). This information gave greater insight into the services that the grandparents found to be necessary to care for their grandchildren and how they were being met at the Kinship Family Center.

Presentation of the Findings

Informal grandparents from the Kinship Family Center (KFC) in San Bernardino tend to care for their grandchildren for long periods of time. More than half (53.1 percent) have been caring for their grandchildren for over nine years and an additional 29.4 percent have been taking care of their grandchildren between one and four years, while the remaining 17.5 percent have been caring for their grandchildren between five and eight years. Over half (59 percent) of the grandparents became the primary caregiver of their grandchildren because the parents were on drugs. Death due to an accident made up

23.6 percent, 11.8 percent were due to imprisonment, and another 5.9 percent of the children were simply abandoned.

The findings of this study indicated that over half (52.9 percent) of the caregivers were maternal grandmothers, 35.3 percent were paternal grandmothers, 5.9 percent were maternal great grandmothers and another 5.9 percent were paternal great grandmothers. This study showed that 64.7 percent of informal grandparents were divorced, separated, never married or widowed. These caregivers were women who tend to have more than one grandchild in their care (on average, 2.4 grandchildren), and tend to be older in age. They ranged in age from 51 to 75 with a mean age of 63.7. Over eighty percent were sixty years old or older.

Over thirty percent (35.3 percent) of the grandmothers were Latino, 29.4 percent were African-American, another 29.4 percent were Caucasian, and 5.9 percent considered themselves interracial. Over two-thirds (76.5 percent) of them earned \$29,999 or less a year, with the majority (53.5 percent) of these women earning \$19,999 or less.

These grandmothers reported that their new found lives as caregivers of their grandchildren were more

difficult due to their age (76.7 percent). This was described by one grandmother:

It's not easy to raise one then have two or three, it's not easy you know because you're not at their pace. You're not like you were when you were twenty or twenty-five, when you could raise them. It's very hard, the job they're taking on because even though you know you love them as your grandchildren, you just don't have the stamina, you just don't got it and they need that. They need you to go along with them so it's not really easy for grandparents to take over.

Fifty-nine percent described their experience as being hard or difficult and busy. As one grandmother stated, "It wasn't hard at the beginning really, I think it got harder as I got older. You know because of my time with working, housekeeping, running to meetings and school, you know taking them back and forth, making sure that they got hot meals and all that was extra work." Over two-thirds reported feelings of abandonment and difficulty from their grandchildren, when asked about the impact of the children's parents being absent. One grandmother described, "I felt I could see his sadness and he knew he

wasn't loved. I think he missed his father and he didn't understand why he was here at the beginning and why he was left to me."

Many of the grandparents kept their grandchildren occupied in extracurricular activities throughout the week. Many used extracurricular activities primarily to boost self-esteem and defer them from negative activities within our society. The grandparents wanted to instill hope and a better opportunity for the children in their care. Many caregivers felt that by becoming a second time around parent, they could somehow "right the wrong" inflicted upon their grandchildren. As a grandmother clearly stated:

Getting activities for they can go and do, try to be with them, being a mother and father the best I know how. The little boy wants male companionship and it's been rough cause there's not a male in his life and they want to go all the time and want to do things. I have spoiled them I admit it's cause I'm trying to make up for what they haven't had.

Almost half reported a need for monetary assistance in raising their grandchildren. Two-thirds reported that the Kinship Family Center (KFC) not only provides them

with emotional support and guidance through their weekly support group meetings but that it has been the most helpful service in raising their grandchildren. As one grandmother responded:

It's a fellowship where when we come together as a group and we listen to each other and we listen to our situations...you don't feel you're alone anymore. If you want to cry, good, cry cause somebody's gonna listen that's been there and knows it or they're going through it right now. You're not isolated. You have the group that supports you. If there's a really big problem with one of the kids, there's always someone there that can give you some ideas. It's just a wealth of information that comes from the other caregivers.

The remaining one-third found the resources, such as referrals, activities for the children, and concrete goods to be the most helpful. As a grandmother emotionally expressed, "They've been really good in helping us. I've got the boys in counseling and they have all of these activities for them and they get the Christmas party and they get all excited. We're like family, instead of strangers. We're all going through the same thing."

Every last grandparent interviewed was satisfied with the services that they received at the Kinship Family Center (KFC). One grandmother replied, "I am very pleased. It's a good program. I try to tell a lot of people about it. I'm gone continue to keep going." When asked for suggestions of ways KFC could be of more help, 70.8 percent responded by stating that they didn't know and believed that the center had everything. One grandmother declared, "Everything they have is beneficial...it makes the children feel like there are a lot of kids out there in the same boat they are in. They seem to bond with different ones and see different grandparents...they feel grateful." Others suggested services such as respite care, legal assistance, membership expansion throughout San Bernardino, and providing handicapped accessible transportation.

When asked what advice they would give to other grandparents in their situation all respondents would encourage others to care for their grandchildren, but to take into consideration other factors. One grandmother confirmed:

Hang in there. Things usually settle down and get better after you're through the initial crisis of having to take your grandchildren in

and adjust to it, living space, income, and all the behavior problems that they might have or medical issues. All those things going on can create a lot of stress and it's really overwhelming for a grandparent who's use to being on their own, but eventually things kind of settle down and you find your niche with the kids and they settle down. Just be committed to the kids.

Over fifty percent recommended joining a support group. As one grandmother said it best:

Always look for support groups to help you so that you can learn how to raise those children because it's not the same like raising your own, it's totally different especially with the way the world is. By getting to a support group, you get the parenting and you learn about timeout, not only for them but for us (too).

Summary

Informal grandparent caregivers at the Kinship Family Center (KFC) felt as though their needs were met. They raved about how supportive their peer group members were. Many strong bonds have been built at the Kinship Family

Center, leaving the caregivers with a sense of having an extended family. This was important since many of the caregivers tend to raise their grandchildren for longer periods of time. Kinship Family Center has become known as a caring and trusting environment for families.

Informal kinship care was a stable placement when used in conjunction with social supports and financial assistance. It maintains family ties and promotes the well-being of grandchildren placed with grandparents.

CHAPTER FIVE

DISCUSSION

Introduction

Included in this chapter, was a review of the findings extracted from the interviews conducted. Kinship Family Center was an essential element for informal grandparent caregivers. It provided informal grandparent caregivers with the tools needed to strengthen their families and gave them the ability to provide safe and stable homes for the children in their care. It is recommended that informal caregivers seek outside support in rearing these children.

Discussion

The grandmothers in this study shared the experience of being caregivers to their grandchildren. This study of seventeen grandmothers seemed to reflect the commonalities in their experiences. A commonality for the grandmothers in this study was the description of positive connections and experiences at the Kinship Family Center. One grandmother characterized the staff and the people that receive services there as being a family.

Some caregivers have stated, "They take the time to listen to you." This seemed to be a very important and

vital necessity for the caregivers. They felt like they were not alone in their struggles. By being involved in the Kinship Family Center many have stated, "they feel that they are not alone and a lot of people are doing it (raising grandchildren)."

In the literature review it was found that most grandparent caregivers are single grandmothers with an average age of fifty, living in households with less income and reunification of their grandchildren with their parents were unlikely. This study also found the same results with the exception of age. The grandmothers in this study tend to be significantly older than those found in the literature.

Social support was found to be a major factor in aiding grandparents in rearing their grandchildren. The support groups provided an outlet to express emotional trials and issues regarding the children. Grandparents shared common experiences and offered advice and guidance to one another. Many have expressed feelings of frustration, wanting to give up on rearing the children in their care, but have found the strength and guidance to continue on with the assistance of the support group members at the Kinship Family Center.

The Kinship Family Center (KFC) was active in aiding families in obtaining stable housing. With the strong bonds created at the center group members actively supported one another by providing funds, clothing, food, and childcare assistance. A few grandmothers received aid in obtaining adequate housing and maintaining such housing.

To date, the Kinship Family Center has been the only resource facility available to informal caregivers. Since there is minimal help for informal caregiver, grandparents have expressed that the center has been their only effective and efficient means of support. The center has provided caregivers with the tools needed to strengthen families and their relationships. It provided counseling, housing, utilities, legal assistance, recreational activities for the children, community referrals, financial assistance, tutoring programs, concrete goods, and psycho-educational trainings; especially on parenting.

From the interviews conducted, it was found that many of the informal grandparent caregivers rely heavily on the Kinship Family Center (KFC) for social services and support. Children should not be denied services because of a technicality (being cared for informally). Services should be administered that will help to ensure that which

is in the best interest of the child and their overall well-being.

Limitations

There were several limitations that applied to this study. First the relatively small sample size of informal grandparent caregivers prohibited the researchers from grasping a greater picture of the entire San Bernardino County population. As a result the study was only able to report on those at the Kinship Family Center (KFC) and had no information on whether these same experiences were encountered by those outside of the Kinship Family Center.

Second, there were conflicting schedules that hindered the collection process. Many of the grandparents were encompassed in being a parent again and were busy with activities focused around the children in their care, such as school, doctor appointments, counseling sessions, and extracurricular events such as sports and lessons. There were also incidents in which the caregivers themselves were unable to meet their scheduled interview times, primarily due to health related issues, such as hospitalization and contagious illnesses.

Being able to go in-depth about the circumstances behind their caring for their grandchildren due to the

child's presence also hindered the process. It is believed that the majority of those interviewed held back specific details to protect the children's perception of the situation. Drawing interviews solely from the support group became an issue because not all members attended the weekly support group from which the interviewees were recruited. Perhaps participants should have been recruited from other activities that occurred at the center.

Recommendations for Social Work Practice, Policy and Research

Implications for future research are to build existing services offered by the Kinship Family Center (KFC). The center provides a foundation of services needed and utilized by informal grandparent caregivers. These services included individual counseling, support groups, recreational activities, community referrals for housing, utilities, and legal assistance, concrete goods, financial assistance, and tutoring programs. KFC is the cornerstone of grandparents' lives that instilled hope for the future of the children in their care.

With the findings, future researchers could conduct research that gathers information on the needs of informal caregivers throughout San Bernardino County. Future program developers and grant writers would be able to

adequately develop and fund programs that would benefit informal caregivers. There is a need for centers throughout San Bernardino County, perhaps in the High Desert, the West End (Rancho Cucamonga and Ontario) and in the Mountain Area (Lake Arrowhead and Big Bear). Having similar facilities like the Kinship Family Center throughout the various regions of San Bernardino County, which is the largest county in the United States, would bring national attention to an innovative way of addressing the growing phenomenon of grandparents raising their grandchildren on an informal basis.

Conclusions

It was found that the Kinship Family Center was an effective asset for informal grandparent caregivers. The center provided many families with alternative ways of dealing with their unexpected, life changing events. For the grandparents, it was a source of support and comfort to have in their new found roles as "second time around parents." For the children, it served as a means to help them identify with other children in similar situations. Kinship Family Center created lifetime bonds with ordinary families going through an extraordinary crisis. By evaluating programs that serviced informal caregivers,

other agencies as well as the public child welfare system were more knowledgeable about the services that were of great need for informal caregivers. Informal caregivers were also more likely in a position to meet the needs of the children they cared for.

With this information future researchers could intervene and decrease the barriers that caregivers have to overcome in order to obtain adequate resources to care for their grandchildren.

APPENDIX A
CHARACTERISTICS OF GRANDPARENT CAREGIVERS
INTERVIEW QUESTIONS

Characteristics of Grandparent Caregiver

<u>Race</u>	<u>Marital Status</u>	<u>Relationship</u>
African-American	Married	Maternal Grandfather
Caucasian	Divorced/Separated	Maternal Grandmother
Latino	Never Married	Paternal Grandfather
Other	Widowed	Paternal Grandmother

<u>Age of Grandparent</u>	<u>Yearly Income</u>
	Less than \$10,000
<u>Number of Children in Household</u>	\$10,000 - \$19,999
	\$20,000 – \$29,999
<u>Number of years in Grandparent’s Care</u>	\$30,000 - \$39,999
	\$40,000 or more

Interview Questions

1. What circumstances led you to become the primary caregiver of your grandchild?
2. What is your life like now that you are caring for a grandchild?
3. What are some things that you had to start doing and stop doing?
4. What has your experience been like?
5. You as a grandparent, what is the impact of the grandchildren's parents being absent?
6. What kind of help do you want or need from social service agencies or the government?
7. What kind of help do you receive from the Kinship Family Center in caring for your grandchild?
8. What services at the Kinship Family Center do you find to be the most helpful in caring for your grandchild?
9. Are you satisfied with the services that you receive from Kinship Family Center? Explain.
10. Are there other ways Kinship Family Center could help you?
11. What advice do you give to grandparents in your situation?

APPENDIX B
INFORMED CONSENT

Informed Consent Form

Research Project Title: The Needs of Informal Grandparent Caregivers and How They Are Met at Kinship Family Center

Researchers: Emily Osborne-Lewis and Shanta Clardy under the supervision of Kinship Family Center and the California State University at San Bernardino.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research was about and what your participation will involve. If you would like more detail about anything mentioned here, or information not included here, you should **feel free to ask**. Please take the time to read this carefully and to understand any accompanying information.

I understand that the Family Kinship Center and the California State University at San Bernardino are conducting an evaluation of the Kinship Family Center as explained to me by the researchers.

I understand that I will participate in an interview that will last around one hour. I understand that with my permission the interview will be audio-recorded and later transcribed. I do not have to answer any questions I do not want to, and at any time I may stop the interview and speak off the record and still be able to continue with the interview if I want to. I am aware that the audio-tape and other research data will be stored in a secure, locked cabinet. No information will be released or printed that would disclose any personal identity and all such research data will be destroyed after June 2005.

Any questions I have asked about the study have been answered to my satisfaction. I have been assured that no information will be released or printed that would disclose my personal identity and that my responses will be completely confidential. My participation will provide direct and personal insight into my daily experiences as an informal caregiver. I have been informed that there are no foreseeable risks and that my participation in the interview may be of benefit to researchers who can gain insight into how informal caregivers are able to handle or deal with obtaining needed services. In particular, I am aware that my decision to participate or not, will **not** effect the services that I receive from the Kinship Family Center. I understand that my participation is completely **voluntary** and that my decision either to participate or not to participate will be kept **completely confidential**. I further understand that I can withdraw from the study at any time without explanation.

By marking below, I hereby consent to participate in this study and I agree to have my interview audio tape recorded.

Date: _____

Participant's Mark: _____

This research has been approved by the Institutional Review Board at California State University, San Bernardino. Any questions that you may have about this study can be answered by Jennifer Mason, Kinship Family Center Program Director at (909) 886-3015 and/or by the researchers' faculty supervisor at California State University at San Bernardino, Dr. Rosemary McCaslin at (909) 880-5507.

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

This study is concerned with the services provided for informal grandparent caregivers. Previous studies have found that many informal caregivers are unaware of services that may be able to help with child rearing.

In this study, you were asked to participate in a one hour interview, utilizing a questionnaire composed by the researchers. All participants utilized the same questionnaire. Each participant was audio taped, reporting their view of needs concerning kinship care services. We were studying informal grandparent caregivers who are experiencing hardships in their attempts to raise their grandchildren and how the Kinship Family Center is assisting to better meet their needs.

We are interested in the services that caregivers report to be helpful. We suspect that many caregivers may be uninformed about services that may help them. Once they are informed of the services provided through the Kinship Family Center or other facilities, they will be in a better situation to provide effective care of the grandchildren that they are rearing.

Kinship Family Center will receive a report of this research study. If you would like to receive a report of this research when it was completed (or a summary of the findings), please contact Emily Osborne-Lewis at (909) 648-7643 and/or Shanta Clardy at (909) 771-9624. If you have concerns about your rights as a participant in this research project, please contact Dr. Rosemary McCaslin at (909) 880-5507, Research Faculty Coordinator at California State University at San Bernardino .

REFERENCES

- Chalfie, D. (1994). Going It Alone: A Closer Look at Grandparents Parenting Grandchildren. Washington, DC: American Association of Retired Persons. In Minkler, M. Intergenerational households headed by grandparents: Contexts, realities, and implications for policy. *Journal of Aging Studies*, 13(2).
- Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, DC: Author.
- Cox, C. B. (2003). Designing Interventions for Grandparent Caregivers: The Need for Ecological Perspective for Practice. *Families In Society*, 84 (1).
- Fuller-Thomson, E. and Minkler, M. (2000). African American Grandparents Raising Grandchildren: A National Profile of Demographic and Health Characteristics. *Health and Social Work*, 25.
- Fuller-Thomson, E., Minkler, M. and Driver, D. (1997). A profile of Grandparents Raising Grandchildren in the United States. *The Gerontologist*, 37 (3).
- Geen, R. (2000). In the Interest of Children. *Policy & Practice of Public Human Services*, 58(1), 19.
- Geen, R. (2004). The Evolution of Kinship Care Policy and Practice. *The Future of Children*, 14(1), 4.
- Generations United (2001). *Kinship Care Overveiw: Introduction to Issue of Grandparents and Other Relatives Raising Children*. Retrieved October 6, 2004, from <http://www.gu.org/projg&ointro.htm>
- Gibson, P. A. (2002). African American Grandmothers as Caregivers: Answering the Call to Help Their Grandchildren. *Families In Society*, 83 (1).
- Grinnell, R. M., Jr. (2001). Social work research and evaluation: quantitative and qualitative approaches (6th ed.). Itasca, Illinois: F. E. Peacock Publishers, Inc.

- Holder, W. (2000). How do I assess the risk of maltreatment in foster care and kinship care? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp.370-375). Thousand Oaks, CA: Sage Publications, Inc.
- McLean, B. and Thomas, R. (1996). Informal and Formal Kinship Care Populations: A Study in Contrasts. *Child Welfare*, 75 (5).
- Minkler, M. (1999). Intergenerational Households Headed By Grandparents: Contexts, Realities, and Implications for Policy. *Journal of Aging Studies*, 13 (2).
- National Commission on Family Foster Care (1991). A Blueprint for Fostering Infants, Children, and Youths in the 1990's. Washington, DC: Child Welfare League of America, National Foster Parent Association.
- Needell, B. (1994). Kinship care: Rights and responsibilities, services and standards. In Barth, R. P., Courtney, M., Berrick, J. D., & Albert, V. (Eds.), *From child abuse to permanency planning: child welfare services pathways and placements* (pp.195-219). New York: Aldine De Gruyter.
- Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & Plotnick, R. D. (2000). *The Child Welfare Challenge: Policy, Practice, and Research* (2nd ed.) (pp.347-355). New York: Aldine De Gruyter.
- Roe, K. M. and Minkler, M. (1999). Grandparents Raising Grandchildren: Challenges and Responses. *Generations*, 22(4).
- Scannapieco, M. (2000). How do I develop collaboration intervention plan with the kinship network? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp.399-403). Thousand Oaks, CA: Sage Publications, Inc.
- Wilson, D. B. and Chipungu, S. S. (1996). Kinship Care. *Child Welfare*, 75(5). In Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & Plotnick, R. D. *The child welfare challenge: policy, practice, and research* (2nd ed.) (pp.347-355). New York: Aldine De Gruyter.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Emily Osborne-Lewis & Shanta Clardy

2. Data Entry and Analysis:

Team Effort: Emily Osborne-Lewis & Shanta Clardy

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Emily Osborne-Lewis & Shanta Clardy

b. Methods

Team Effort: Emily Osborne-Lewis & Shanta Clardy

c. Results

Team Effort: Emily Osborne-Lewis & Shanta Clardy

d. Discussion

Team Effort: Emily Osborne-Lewis & Shanta Clardy