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PARENTING THE SECOND TIME AROUND: VOICES FROM THE
HISPANIC COMMUNITY ON RAISING THEIR GRANDCHILDREN

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
Kellene Marie Lambert

Deborah Ann Price

June 2007

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Approved by:



Dr. Janet Chang, Faculty Supervisor
Social Work

5/7/07
Date



Rev. David Kalke,
CEO Kinship Family Center



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ABSTRACT

The study examined the experiences of Hispanic grandmothers parenting a second time around. The study was comprised of nine Hispanic grandmothers who are the primary caregivers and are affiliated with Kinship Family Center of San Bernardino and Central City Lutheran Mission. The study was qualitative design and used face-to-face interviews in order to gain an in-depth understanding of Hispanic grandmothers' experiences.

In this study, the reoccurring themes were the participants felt happy about raising their grandchildren, they needed medical insurance for themselves, grandchildren needing mental health services, and the community was supportive towards kinship families. The past literature showed that informal kinship placements were at risk for being invisible within the communities in which they reside. The findings showed future programs, policies, and practice need to be home based, culturally sensitive, and community based services. All kinship placements need equal access to health care and would benefit from Child Welfare agencies using a strength-based perspective for kinship families.

ACKNOWLEDGMENTS

The researchers would like to acknowledge Associated Students Incorporated (ASI) for their financial contributions to this project. We would also like to acknowledge the Hispanic grandmothers of the Kinship Family Center of San Bernardino who participated in this study. Additionally, we would like to thank the staff and participants of the Kinship Family Center and Central City Lutheran Mission for availing themselves and their resources to make this research possible. Finally, we would like to acknowledge Dr. Janet Chang for her tireless support, enthusiasm, and expertise in seeing this project to fruition.

DEDICATION

Dedicate to Central City Lutheran Mission, Kinship
Family Center of San Bernardino, and all grandmothers for
the tireless work.

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CHAPTER ONE

INTRODUCTION

Problem Statement

More and more children and families are being affected by the need for permanent out of home placement. In the state of California, there are approximately 294,969 children living with relatives instead of their biological parents (Caputo, 2000). Approximately forty-two percent of the grandparents in California who are caring for their grandchildren are of Hispanic descent (United States Census Bureau, 2005, para. 1).

Grogan-Kaylor (2000) reported that during the 1990's the need for licensed foster homes increased at a steady pace, while the available licensed foster homes steadily decreased nationwide. Some reasons in the surge of children needing out of home placements, over the last quarter century, include the AIDS epidemic, incarceration of parents, drug and alcohol abuse, parental neglect, death of a parent, and mental or physical illness of a parent or child (Caputo, 2000).

There was little data pertaining to kinship care in the Hispanic community. Most of the data on kinship

caregivers revolved predominantly around grandmothers of African-American descent and Caucasian descent. With the number of Hispanic families in California growing and the need for out of home placement continuing to rise, it was vital that research be done in the Hispanic community.

It was important to understand the complex issues that kinship families must deal with. One such issue is the change in the family structure and the strain on the relationships that occurs as a result of children's living situation being disrupted. Moreover, it became clear that it is imperative that social workers and policy makers be culturally sensitive with diverse groups of people in order to preserve each families dignity, cultural beliefs and cultural practices.

Also, social workers and policy makers need to be open to what the kinship providers want and need. This was prudent to the understanding of why some kinship caregivers prefer to be in formal kinship placements to informal kinship placements, which allowed agencies to provide resources adequately and equitably.

Kinship practice has been a timeless tradition; however, as the amount of children accumulates within the Child Welfare system kinship was the practice that

agencies were turning to in order to achieve permanence for children within the foster care system. The Adoption Assistance and Child Welfare Act of 1980 shifted the thinking to permanency for children within the foster care system. In 1997, the Adoptions and Safe Families Act created a policy to use kinship placements whenever possible, which promotes family responsibility (Cuddeback, 2004).

Furthermore, Henderson and Cook (2005) found that grandmothers felt that there were insufficient resources such as social support programs, food stamps and Medicaid. According to Swann and Sylvester (2006), private kinship caregivers were more likely to live below the federal poverty line; yet, they were the majority of kinship care providers. Hegar and Scannapieco (2000) explored informal kinship care and formal kinship care. They found that the Personal Responsibilities and Work Opportunity Act of 1996 brought about changes in the child welfare system that negatively impacted kinship care providers. They also found that the time limits, work requirements, and inconsistent policy responses of the Temporary Assistance to Needy Families (TANF) Act

were problematic in achieving safety and permanence for dependent minors (Hegar & Scannapieco, 2000).

The Adoption and Safe Families Act (ASFA) of 1997 was impetus for using kinship caregivers as an alternative to non-kinship foster care parents. The idea being that children could remain within their families, cultural setting and in some cases their own communities. Also, kinship caregivers received compensation to care for children who could not live with their biological parents. However, the level of services and amount of resources are still not equitable among caregivers (Swann & Sylvester, 2006).

As the government recognized a growing need for kin care providers, policies were created to grant subsidized income to kin caregivers to help absorb the cost of raising their kin. For example, the Senate Bill 1901 developed a program called Kinship Guardianship Assistance Payment Program, which helped Child Protection Services to place children into permanent homes (Berrick, 1997). This program gave kin caregivers financial assistance while caring for their kin.

Carpenter and Clyman (2004) reported that Child Welfare agencies used informal kinship placements about

ninety percent of the time, which created a problem since there are many gaps in the research on informal kinship placements. The Hispanic population was marginally underrepresented in Kinship studies and in-depth studies are needed in order to understand the needs of this population. Cuddeback (2004) reported that grandparents raising grandchildren are in need of services. This has been a problem for informal and formal kinship placements since there has been minimal social work practice within kinship placements.

Purpose of the Study

The purpose of the study was to explore the experiences of Hispanic grandmothers who are parenting the second time around. Specifically, the study wanted to find out the strengths, needs, services, and any unique situations within their kinship arrangements. This allowed child welfare workers to gain an in-depth understanding in cultural context that will inform their practice and service delivery.

Hispanic grandmothers parenting their grandchildren have been the source of little academic investigation. Kinship families in general have gaps in literature

creating a great need for more studies to be done.

However, it was unknown what specific information would be elicited and some issues may appear to be universal across all kinship placements. According to O'Brien, Massat, and Gleeson (2001), many caregivers struggled with their feelings of ambivalence about raising their grandchildren for fear of changing family dynamics.

The study employed a qualitative design utilizing face-to-face interviews in order to elicit information about grandmother's perceptions about their strengths and needs in order to best parent the second time around. There was little research that had been done in the Hispanic community. It seemed most prudent to start the process by asking the grandmothers who were experts on their particular situations about their perceptions of what was happening in their kinship families. Therefore, this study asked questions about the services, resources, and overall experience of the Hispanic grandmother's parenting the second time around.

This study used a convenient sample of nine Hispanic grandmothers utilizing services and resources of the San Bernardino Kinship Center and the Central City Lutheran Mission in San Bernardino. The participants were informed

that the interview would take between forty-five to sixty-minutes. The interview was audio-taped and transcribed in order to find themes and patterns among the responses.

Significance of the Project for Social Work

The significance of the study was to explore the perceptions of Hispanic grandmothers who were raising their grandchildren. The focus of the study was to gain an in-depth understanding of the needs of Hispanic grandmothers taking on the role of parenting for a second time. This allowed child welfare workers to gain an understanding of what services would benefit this growing population within kinship placements. The beneficiaries of this study are the children in kinship placements, child welfare workers, policy makers, and the caregivers. The importance of this study was that there are no other studies that focus on Hispanic grandmother's perceptions of needs and services within kinship placements.

In today's society, grandparents are now taking on the primary caretaking role due to their children's inability to take care of their own children. This phenomenon was not a new issue; however, more

grandparents today feel that taking care of their grandchildren is their responsibility. As of 2005, the national averages for children living with grandparents are 4.5 million children (United States Census Bureau, 2005, para. 1). In the state of California, 294,969 children are living with relatives with no biological parents residing within the homes (United States Census Bureau, 2005, para. 1). About forty-two percent of these grandparents are of Hispanic descent within the state of California (United States Census Bureau, 2005, para. 1).

This study explored the perceptions of Hispanic grandmothers and looked for reoccurring themes and patterns, which could be used by Child Welfare agencies to reduce the exiting out of kinship placements for children within the foster care system. The study started at the assessing phase of the generalist model and led to the planning and implementing phase of the generalist model. As the themes and patterns unfolded, Child Welfare agencies might be able to assess some of the needs of the Hispanic community and implement services developed to enhance grandmother's strengths and provide for their needs.

The research question in this study was: What is the Hispanic grandmother's experience of parenting the second time around?

CHAPTER TWO
LITERATURE REVIEW

Introduction

Chapter Two consisted of a review of the literature on kin caregivers. This chapter has three sections within this study. The first section has the characteristics of kin care providers, the second section has services offered to kin care providers, and the third section has theories that help guide the conceptualization of kinship placements. These sections are not directly related to Hispanic grandmother's perception on parenting a second time around due to the insufficient studies on this topic.

Characteristics of Kinship Providers

The literature revealed that there is insufficient information on Hispanic kin care providers. The studies were unable to show any characteristics within this population. However, many reoccurring characteristics of kin care providers has emerged within the studies about kinship placements. For example, Swann and Sylvester (2006) examined the characteristics that influenced a child's placement, whether the child was in private

kinship care or public kinship care. The difference between private and public was that in private kinship care governmental agencies were not involved, whereas in public kinship care children were part of the foster care system.

The study found that the most vulnerable children had disabilities, behavioral problems, and infants were more likely to be in public kinship care. Additionally, Swann and Sylvester (2006) found that the largest percentage of children in public kinship were African-American. The research showed that most of the children in public kinship had behavioral issues and the average child tended to be one year younger than children in private kinship.

In regards to the public kinship caregivers, Swann and Sylvester (2006) found that kin care providers tended to be older, less educated, unemployed and were likely to have been on welfare. Private kinship caregivers were more likely to live below the federal poverty line and generally did not have enough resources including food. Swann and Sylvester (2006) used data from the National Survey of America's Families. The sample was representative of 2,979 households in thirteen states

during the years of 1997, 1999, and 2002. Of the 2,979 children in kinship care, 76% were in private kinship care.

Jones, Harden, Clyman, Kriebel, and Lyons (2004) examined five hypotheses that predicted that kin care providers would report more problematic parental attitudes, had fewer economic resources, experienced poor health, whereas traditional foster parents would have parental characteristics that would promote a higher level of satisfaction. This was a quantitative study that used a sample size of 101 caregivers of children involved in the welfare system. The sample was divided into two groups with 50 being tradition foster parents and 51 being kinship providers.

The findings of the study showed that kinship provider's maternal age and martial status had the greatest impact on the parental attitude. For instance, kinship caregivers were a lot older than traditional foster parents and 59% of the foster parents were married compared to only 28% of kin care providers. The kin care providers felt less warmth/respect, more conflict/anger, and more strictness/over protectiveness over traditional foster parents (Jones et al., 2004). Moreover, the study

also showed that kin care providers had fewer social and economic resources at their disposal. The limitations within this study were the use of a convenience sample and the researchers relied on self-reported data by the participants.

Smith, Rudolph, and Swords (2002) set out to determine and compare the outcomes of permanent placement of children in New York. They examined the outcomes of 40 infants placed in kinship homes and 36 children who were placed in foster care homes. The sample was taken from that of a larger study that examined a total of 345 infants. The sample reflected similar demographic characteristics in that 80% of the infants were African-American and 20% were European-American. Similarly, 80% of the African-American children were placed in kinship care compared with 20% of European-American.

The results of their examination were that infants placed in kinship care remained more than twice the number of infants who were put into the foster care system. Adoption, the preferred method of permanency, was not realized for any of the children placed in relative care and only 5 of the 36 children who were placed in

foster care were adopted. Both foster care and kinship care children shared a similar result in terms of being placed back with their biological parents, each group returned approximately seven children. The findings reported that seven of the children who were placed in foster care were subsequently placed in kinship care.

The results of this research revealed several issues of permanency placement. First, African-Americans outnumber their European-American counterparts in out of home placements. Second, African-American children are more likely to be placed in kinship care over foster care. Finally, that by Adoption Safe Family Act standards, the African-American children do not experience permanency.

Kolomer and McCallion (2005)'s study examined grandfather's depression and mastery level and showed that grandfather's needs were different than grandmother's needs. This study focused on grandfathers; however, characteristics of grandmothers were prevalent in this study. For instance, the sample consisted of 540 grandmothers and 33 grandfathers. The grandfathers were in a focus group and were asked a series of questions in

four different sessions. The data collection was from face-to-face interviews that were audio taped.

The major difference in this study was 73% of the grandfathers had spouses over only 28% of the grandmothers (Kolomer & McCallion, 2005). The reported income for grandfathers was reported higher over grandmother kin care providers. Grandmothers also reported depression at higher rates over the grandfather kin caregivers. The limitation of this study was the use of a convenience sample that relied on self-reported data.

Furthermore, Beeman, Kim, and Bullerdick (2000) did a quantitative study on factors affecting kinship placements. This study looks at the child-parent relationship and case characteristics in kinship and non-kinship placements. The sample of this study was 2,121 children in the Mid Western region (Beeman, Kim, & Bullerdick, 2000). The sample was broken up with 810 children in foster kinship placements and 1,234 children were non-kinship foster care placements. The study explored nine independent variables, which were gender, race, Hispanic heritage, presence of a disability, presence of special needs, reasons for placements,

authority for placements, and number of prior placements during the current episodes of out-of home care and age of removal (Beeman, Kim, & Bullerdick, 2000).

This study had a single dependent variable, which was a type of placement for children in the foster care system. A Chi-Square analysis showed that 62% of the African American children were in kinship placements over non-kinship placements (Beeman, Kim, & Bullerdick, 2000). In addition, Caucasian children were the second largest group that was in kinship placements and the children of Hispanic heritage were slightly more prevalent in kinship placements over traditional foster care placements (Beeman, Kim, & Bullerdick, 2000).

Furthermore, a logistic regression was used to analyze the most important predictors of placement. The analysis showed that African American children were 1.31 times more likely to be placed in kinship foster care over Caucasian children. The limitations of the study were the data was limited to an administrative database. They rose an important question "Do workers place children of color with kin because of the lack of ethnicity and racially diverse non-kin foster parents?"

Keller et al. (2001) examined 240 youth in out of home placement 67 (28%) of which were placed in kinship care. The goal of the study was to compare the children's competencies and problem behaviors among three groups that were in foster care, kinship care, and the general population within the same region. The youth ranged in age from four to eighteen with the mean age of eleven years old. The ethnic breakdown of the children in the sample were as follows; 50% of the children were Caucasian, 16% African-American, 16% Native-American/Alaskan Native, 12% Hispanic, 5% Polynesian/Pacific Islander, and 1% Asian.

Problem behaviors and competencies were measured using Child Behavior Checklist Inventory (CBCL) (Achenback, 1991) and by using three competency scales which measured for the child's skills and adaptation in getting involved in activities, creating, maintaining social networks, and school performance.

The results of this study revealed that children placed in kinship care shared similar results with the general population of youth; they scored higher on competence and lower on problem behavior. In contrast, the children in foster care placement scored lower in

competence and higher in behavior problems. Race was a major factor in most types of behavioral problems; children of color having significantly less behavior issues than their Caucasian counterparts (when placed in kinship care).

In 1997, Berrick did a landmark study that assessed the quality of care within kinship and foster care (Berrick, 1997). Berrick (1997) developed a baseline assessing demographic characteristics of the child and caregiver, physical environment of the home, and socio-emotional climate of the home. The sample was 123 kinship and 97 non-kin homes (Berrick, 1997). The researchers did face-to-face interviews in the homes of kin care providers and foster parents.

The findings showed that the median age of kin care providers were 48.9 years compared to 46.4 of non-kin providers (Berrick, 1997). Furthermore, the non-kin care provider's predominant ethnicity was Caucasian. This study showed that 53% of kin care providers were grandmothers (Berrick, 1997). Kinship homes were often more crowded over non-kinship homes. Overall, Berrick showed that kinship homes were comprised of grandparents

of color who are raising their grandchildren (Berrick, 1997).

Grogan-Kaylor (2000) pointed out that kinship foster care was a viable solution to the growing problem that children are increasingly needing out of home care placements because available licensed foster care homes are on the decline. Grogan-Kaylor provided background information on laws and policies that affect children and their out of home placements (Grogan-Kaylor, 2000). The data set used was from the state of California of children who entered into foster care for a time period of seven years between 1989 and 1996.

The methodology was a random sample technique based on 21,560 participants and he used multivariate analysis to analyze the data. Relationships of independent variables were examined using logistic regression. Grogan-Kaylor (2000) found that 67.7% of the children needing out of home placement were due to allegations of neglect. He also found that 76.6% of the homes children were removed from were female-headed single parent households.

Additionally, 50.9% of the households were receiving government aid at the time of the child's removal.

Furthermore, he found that placement was influenced by a number of factors. For example, children receiving public assistance were less likely to be placed in kinship care as were infants.

Services of Kin Care Providers

There are many studies that examined what services are needed for informal and formal kin care providers. Testa (2002) reported that subsidized guardianship significantly increased permanence; however, foster home and kinship placements were not affected by subsidized guardianship as a permanency option to adoption.

The study found that 52.9 percent of the children in the experimental group (Kin-GAP) were under legal guardianship meaning they were no longer under the jurisdiction of the state or they were adopted out right. In terms of permanency, it means that permanency rates were elevated with the introduction of subsidized guardianship (Kin-GAP).

Henderson and Cook (2005) examined the influence of Temporary Assistance of Needy Families had on households where the grandmothers were the head of the household. The findings of this study found that grandmothers felt

that there were insufficient resources (such as food stamps, Medicaid, and social support programs) for them and the children they were raising. Grandmothers also reported that it was challenging to access childcare. The grandmothers in this study expressed a need for more resources and more cash aid to support their grandchildren.

Henderson and Cook (2005) suggested that the TANF reform should include different policies and eligibility requirements for grandparents and relatives involved in kinship care. Furthermore, these grandmothers believed that they should be compensated with the same resources that foster families benefit from.

O'Brien, Massat, and Gleeson (2001) interviewed 35 relative caregivers about major areas of concern that helped to explain the caregiver's reluctance to adopt or file for legal guardianship. What they found was that caregivers struggled with their feelings of ambivalence about raising the children. On the other hand, relative caregivers felt that love and the need to provide a stable loving home for the children was important. However, the kin care providers had concerns about the burden they were undertaking. They reported many

obstacles that made it difficult to care for the children. They listed services and resources that would make it easier for them to care for the children. They also discussed the impact on the familial relations both in the home and with extended family and community members. O'Brien, Massat, and Gleeson's findings conflict with Testa's findings that suggest that if services are provided to kinship families the caregivers are more likely to seek legal guardianship or adoption.

According to this study, there were more to kinship families than standard services and there was more at stake. For instance, the change in the family dynamics was a key factor in the ambivalence of the caregivers to seek legal guardianship or adoption. Also, the types of services kinship families require may be different, such as needing more education and respite care so that the caretakers can care for themselves while the children are being looked after. Kinship caregivers need to have access to some of the same resources that foster care families receive such as financial help, educational plans for the children, counseling and other resources such as beds, clothes etcetera.

Hegar and Scannapieco (2000) explored the ways government policy, particularly the Personal Responsibility and Work Opportunity Act (PR&WOA) of 1996 and TANF influenced both formal and informal kinship care. They provided background information on informal kinship care, kinship foster care, and the United States social welfare policy. They found that time limits, work requirements, and inconsistent policy responses to the problem of welfare-eligibility were problematic in achieving the goals of safety and permanence for dependent minors not living with their biological parent.

Gibson (2002) also explored what services would best fit those caregivers in kinship. The study examined the service needs of the African American grandmothers. Three reoccurring themes became apparent in this study, which were traditions of kin keeping, relationship with grandchildren, and distrust of the foster care system (Gibson, 2002). Gibson claimed that African American grandparents would benefit from innovated practice in advocacy, policy, and service delivery, which could enhance the lives of kin care providers (Gibson, 2002). The foster care system was looked at as a barrier for these grandmothers; therefore, attentive services to the

minority community from Child Welfare agencies would help remove the barrier of distrust for kin care providers (Gibson, 2002).

Since the grandmothers reported that traditional kin keeping was of vital importance, Gibson claimed that improving practice within the minority population would also enhance the Child Welfare agency reputation in these communities (Gibson, 2002). The grandmothers reported that they had close relationships with their grandchildren and spirituality was also an important element for these kin care providers. Gibson (2002) suggested that support groups and counseling services are needed for this population.

Chamberlain Price, Reid, Landsverk, and Fisher (2006) did a study on disrupted placements. This study looked at what predictors could lead to possible disruption in kin and non-kin placements. The method was quantitative with 246 children in the sample. The study tested the effectiveness of an intervention aimed at strengthening the parenting skills of foster and kinship placements in San Diego California.

Furthermore, this study found key areas where interventions are vital. For instance, Child Welfare

needs to focus on interventions that reduce child problem behaviors because the outcomes showed that six problem behaviors were all parents could take (Chamberlain et al., 2006). The study showed that kin parenting classes were needed to teach new parenting skills to kin providers.

Also, Child Welfare agencies need to implement a policy on the amount of children being placed in kin caregiver homes. Additionally, the study showed that the more children that were in the home the more problem behaviors became apparent. Overall, a reoccurring factor that became apparent was that Child Welfare Agencies need to identify, recruit, train, and support appropriate kinship placements, which could also decrease disruption within kinship placements (Chamberlain et al., 2006).

Sands, Goldberg-Glen, Robin, and Thorton (2005) did a study on factors that were associated with positive well-being of grandparents raising their kin. This study looked at stressors and crisis for grandparents while raising grandchildren. The study used a purposive sample with 129 grandparents and great-grandparents that were recruited from schools, social service agencies, churches, and support groups. They used Pearlin and

Schooler (1978) scale to measure grandparent stress (Sands et al., 2005).

A key finding in this study showed that a grandmother who had a lower perception of stressors and a grandparent with a high level of resources generated an overall feeling of well-being. Furthermore, informal and community resources were the critical component to the grandparents' feelings of well-being. Sands et al. (2005) suggested that social workers needed to reframe a grandparent's role as a parent to be more positive. Another suggested intervention should focus on strength-based modalities to strengthen the family unit, which could lead to an overall well-being of kinship caregivers. A limitation within this study was over half of the grandparents reported that they chose to be the caregiver, which could have had an effect on well-being.

Another interesting study looked at kinship barriers in adoption. Lorkovich, Piccola, Groza, Brindo, and Marks (2004) looked at two components of kinship adoption, which were identifying barriers and facilitators in kinship adoption. The study consisted of 71 participants and a set of questions that pertained to the barriers

they experienced during the adoption process. This project took place over a three-year period.

The barriers that were reported by the kin caregivers were children's behaviors, housing, health problems, court processes, bad experiences with child welfare system, complicated adoption process, problems with birth parents, cooperation with the system, and the grandparents whom were not married (Lorkovich et al., 2004). After the barriers were disclosed, the second component to this Kinship Adoption Project was to design a social service program to help diminish the barriers so kinship adoption could be achieved. The findings showed that many kin care providers would not meet the criteria for adoption.

Furthermore, Lorkovich et al. (2004) suggested that Social Services needed to develop a specialized process or provide a high level of financial support and supportive services to the kinship population. About 80% of the kinship participants stated that they needed services when caring for their kin. The resources need to be developed around the family since all families are dynamic and have different need.

Many of the participants claimed that accessing services was difficult due to the large amount of paperwork, lack of transportation, and inflexible office hours. Non-kinship placements have preservices and postservices, which helped the family learn to cope with problematic situations. However, this was not the case for kinship placements. Around 68% of the participants reported that they need social support services to help cope (Lorkovich et al., 2004). Child Welfare agencies philosophy needs to be consistent with policy and practice to ensure a positive outcome for children in kin placements as illustrated by (Lorkovich et al., 2004).

Scannapieco and Hegar (2002) collected available research to show a trend of the services that were needed in kinship placements. The article focused on past literature to show what is needed for kin caregivers. This article suggested that kin care providers needed to be empowered through a collaborative effort of social workers and kin care providers in a process called Family Decision Making (Scannapieco, & Hegar, 2002).

Moreover, Scannapieco and Hegar (2002) claimed that kinship families are a vital resource for Child Welfare agencies; however, Child Welfare agencies are not giving

the supportive services to kinship families. For example, the literature showed that most of the kinship homes received less financial support along with fewer services. The literature showed that kinship providers need to have an active role in the decision making process in order for the strength-based and family approach to be effective for kin caregivers (Scannapieco & Hegar, 2002).

Summary

The past literature examined the characteristics of kin care providers and the level of services that they received. The literature showed that the average kin care provider was African American, poor, and less educated. The Child Welfare system used many policies to create permanence for children within the system. However, studies showed that many relative caregivers received some financial assistance with fewer services while raising their kin.

Theories Guiding Conceptualization on Kinship Care

The kinship practice in Child Welfare has become a commonly used practice within Child Welfare agencies.

Three theories that explain family dynamics are Social Exchange theory, Attachment theory, and Erikson's psychosocial development theory. Social Exchange theory looked at the social interactions of individuals and what invested interest that each individual has toward one another. Richer (1968) was the catalyst to linking Social Exchange theory to family dynamics. Richer (1968) reported that families have a natural interaction that exchanges costs and benefits for an individual family member. For example, a child who receives a reward with intrinsic value to him or her will generate compliance to the parent. This allowed the parent to develop a social exchange for good behavior (Richer, 1968).

The literature on kinship homes has shown that child behaviors are one of the factors to placement disruption. This conceptual framework looked at how kinship providers have an invested interest in their own kin, which yielded different perceptions of problem behaviors over non-kin placements. Timmer, Sedlar, and Urquiza (2004) did a study on perceived costs and benefits of kin caregivers and non-kin caregivers. This study found that understanding perceived costs and benefits of foster care giving was important in order to develop strategies for

increasing stability for children (Timmer, Sedlar, & Urquiza, 2004).

In this study, kin and non-kin care providers perceived parent-child relationships as dysfunctional; however, their perceived costs, as caregivers were different. For instance, kin caregiver's costs were seen as a drain on emotional resources, whereas non-kin care providers looked at child behaviors as the cost over personal distress (Timmer, Sedlar, & Urquiza, 2004).

Another theory that guides an understanding in family dynamics was Attachment theory. Bowlby's attachment theory showed that children could form more than one attachment in their life. A child being removed from his or her home could be suffering from non-attachment issues from his or her parent. If an unattached child continued through life, his or her secure attachment would not be formed. The ideology in Child Welfare was kinship placements should be used as a resource for children within the system. Kinship was looked at as a way for children to continue stability in their lives. With the use of kinship, a child would be able to form secure attachments with those of importance in his or her life.

Ackerman and Dozier (2005) did a longitudinal study on foster parent's emotional investment with children in their care. The study showed that children experiencing disruptions in the early part of their life showed being at risk for a negative self-concept (Ackerman & Dozier, 2005). The children that were disrupted from primary caregivers used negative self-statements. Furthermore, a caregiver's acceptance of the child could be a protective factor for a child's self esteem (Ackerman & Dozier, 2005).

When an accepting caregiver interacts with a child, he or she will become validated as an individual and will gain the ability to develop relationships with others. Children, who become dis-attached, due to the disruption of placement, can develop mal-adaptive self-representations of one 's self. Therefore, children would not be able to develop coping strategies to reduce stressors in one's life (Ackerman & Dozier, 2005). Ackerman and Dozier stated that children that are placed with caregivers that are not accepting can stifle a child's ability to trust other individuals. This can lead to children being unable to develop an internal model on how to deal with stressors during separation from the

primary caregiver (Ackerman & Dozier, 2005). Overall, kinship placements coincided with attachment theory. The primary caregiver offered a secure attachment with the child and this helped the child adjust to being separated from his or her primary caregiver.

Thomas, Sperry, and Yarbrough (2000) provided a review of theories that contribute to the understanding of grandparents and their roles as a primary caregiver for their grandchildren and as a non-custodial grandparent role. They reviewed Erikson's psychosocial development theory (the eight stages of life), Gutmann's model of age related changes (based on cross-cultural research) and developmental perspectives steeped in sociological training.

They also reviewed literature about individual differences in grandparenthood, looking at age, retirement, social and psychological implications for grandparents. Further, they explored the demographic profile of grandparents raising grandchildren looking for interventions that could optimize outcomes for grandparent head of households and the grandchildren they care for.

Summary

The literature on kinship placement failed to show the perspective of Hispanic grandmothers as caregivers. Many of the studies reported that people of color are more likely to use kinship placements yet the research does not focus on the specific needs of minority caregivers. Theories that guided best practice for kinship placements are best fit by Social Exchange theory, Attachment theory, and Erikson's psychosocial development theory. Services are needed to fit around the dynamic of the family and policy and practice need to coincide with best practice for families in kinship placements.

CHAPTER THREE

METHODS

Introduction

Chapter Three consists of the methods conducted within this study. The subsections within this chapter were the study's design, sampling, data collection, the instrument, procedures, and the protection of Human subjects. The chapter ended with an analysis of patterns and themes that were apparent within the qualitative data.

Study Design

The purpose of the study was to explore the experiences of Hispanic grandmothers who are parenting a second time around. The literature showed that very few studies exist on the Latino/a community within kinship placements. This study explored the strengths, educational needs, financial needs, emotional needs and any unique situations and experiences the Latina grandparents in kinship placements divulged during the study.

The study was qualitative in design, which utilized face-to-face interviews that provided an in-depth

understanding of nine Latina grandmothers from the San Bernardino Kinship Center and the Central City Lutheran Mission of San Bernardino. Face-to-face interviews allowed the interviewers to extract the most information from the Hispanic grandmothers, by allowing the grandmothers to furnish narratives within the context of the of the interview guide.

This study was not meant to represent all Latino grandmothers' experiences with kinship care either formally or informally. Some limitations of this study were the sample size was small, which compromised its generalizability and also the study was a convenience sample, which also decreased generalizability. The research question was: What is it like for Hispanic grandmothers parenting the second time around?

Sampling

The sample size consisted of nine Latina grandmothers from the San Bernardino Kinship Center and the Central City Lutheran Mission of San Bernardino. The sample was generated in three steps. First, the director of Kinship and the Pastor at Central City Lutheran Mission made announcements that research would be

conducted regarding Hispanic grandmothers who are parenting a second time around. They informed their clients and parishioners that volunteers were being sought. Next, the researchers went to both locations and described their research project, handed out flyers and screened potential participants utilizing the screening tool (Appendix A). Finally, the researchers compiled a list of qualified participant and phoned them to schedule their interview. The sample of Latino grandmothers was chosen because there are insufficient studies done on the Latina/o population and this study could educate social workers on the perceptions of Hispanic grandmothers' experiences, which could inform practices, service deliver, policies and procedures that are culturally sensitive.

An obstacle for this project was obtaining twenty Latino grandparents for the study due to cultural barriers within the Latino population. For example, some of the kin caregivers were suspicious of the researchers, in their experience no one asked their thoughts and opinions and they wondered why the researchers were asking now. It was helpful that one of the researchers had worked with the Kinship program and volunteered at

the Central City Lutheran Mission. This afforded the researchers access to the kinship families as well as information about meeting times. The director of the Lutheran Mission was supportive of the study and wrote a letter of support addressed to the Internal Review Board (IRB) of California State University in San Bernardino.

Data Collection and Instruments

This study collected data by conducting interviews with nine Hispanic grandmothers recruited from the San Bernardino Kinship Center and Central City Lutheran Mission. The participants signed consent to audio tape their interviews. The interviewers used an interview guide that had a total of fourteen questions. These questions were open-ended, to elicit the most information from the participants.

Furthermore, the interview began with demographic questions to put both the researcher and participant at ease. Once the researcher and participant were at ease they proceeded into a semi-structured interview guide format. For example, each question was open-ended and naturally led into the next question. The goal was to have the participants reflect over the course of their

life, while answering the questions. The open-ended questions were used in order for the participants to give an accurate and detailed account of their experiences and the questions allowed the interviewers to ask more probative questions for further clarification. This instrument was created to get natural and spontaneous responses from the participants. (See Appendix A for the interview guide questions).

Procedures

First, the researchers obtained permission from the administrators of the San Bernardino Kinship Center and Central City Lutheran Mission of San Bernardino. The participants were solicited during an informational meeting about the study that took place during their support group and fellowship time following church service. Each potential participant was screened (see Appendix A) and those who qualified were placed on a list to be contacted by phone at a later date to set up their interview time. At the time of the interview each grandmother was assigned a number and that number was the only reference for each grandmother in order to insure her confidentiality. A group of forty grandmothers was

selected; however, only ten Hispanic grandmothers felt comfortable doing this study. The ten grandmothers completed the interview, but only nine were identified as the participants for this qualitative study. One participant asked that her information not be included in the study.

Once the participants were selected, the researchers called them to discuss the various aspects of the study including the purpose of the study, confidentiality, voluntary participation and remuneration. At that time, the participants were informed again that the process would take between forty-five to sixty minutes. The participants were then given a choice of where to conduct the interview. They could choose to be interviewed in a private office at either the Kinship center or Central City Lutheran Mission. The participants were also informed that they would be receiving remuneration in the form of twenty dollars for their time and participation. Once again, the researchers discussed the expected length of time that would be required in order to complete the interview process.

The researchers conducted the interviews between January 8, 2007 and March 20, 2007. At the time of the

interview, the participants were advised of their rights such as the right to confidentiality, the ability to stop the interview at any time and the ability to refuse to answer any question. They were asked to sign consent forms (Appendix A). The researchers provided a debriefing statement directly following the interviews (Appendix A). The researchers also provided phone numbers to the participants of agencies that they could contact in the event that they experienced any discomfort or adverse symptoms as a result of the study or their participation in it (Appendix A).

Protection of Human Subjects

A series of preventative measures were taken to insure the confidentiality and safety of the participants. The participants were each assigned a number and that number was the only identifier on the transcripts of the interview and on their consent forms. The participants were asked to sign their consent form with just an "x" to further ensure their confidentiality (Appendix A). Prior to beginning the interview and throughout the interview, the participants were advised of their rights to withdraw from the study at any time.

Additionally, they were advised that they could choose not to answer any question(s) during the interview process. Following the interview, a debriefing statement (Appendix A) was provided to the participants containing a list of agencies with their phone numbers (Appendix A) in the event that they felt discomfort about the interview. Additionally, the participants were provided with an anticipated date of publication and availability to view the results of the study

The only persons who had access to the names of the participants and their identification numbers were the researchers themselves and their advisor. The list with the participant's names was destroyed once the interviews were transcribed. Once the data was analyzed, the transcriptions were destroyed.

Data Analysis

The study was conducted utilizing a qualitative data analysis. The first step in the process was the collection of data in the form of audio taped face-to-face interviews. That lasted between forty-five to sixty minutes long. The researchers then transcribed each interview session verbatim and used a coding method

to identify particular categories and patterns. The assigned codes were placed into categories so the researchers could identify themes and patterns within the participant's responses. Furthermore, the second step was to conduct an analysis of the relationships of identifiable issues, themes, and patterns, this was done by developing another coding scheme for the researchers to place identifiable categories into patterns. In doing so, the researchers were able to compare and contrast patterns, similarities, and differences that became apparent from the data. The researchers were culturally sensitive and did not allow personal bias to have an affect on the data collection or analysis. The third step in the data analysis was to use descriptive statistics. For example, central tendency (mean) and frequency distribution were used to describe the demographics of the participants within this study.

Summary

The purpose of this chapter was to report the methodology that was utilized within this study. The structure of the study that was discussed contained the study design, sampling, data collection, instruments,

procedures, and data analysis. A special subsection was used to describe how confidentiality and the protection of human rights transpired within this study.

CHAPTER FOUR

RESULTS

Introduction

Chapter four presented the findings from the data of fourteen questions within this study. The questions reflected strengths, struggles, and gave an in-depth understanding from the viewpoint of nine Hispanic grandmothers. This chapter consisted of fourteen tables that displayed qualitative data from the nine participants within this study. This chapter explored the lives of Hispanic grandmothers parenting the second time around.

Presentation of the Findings

The sample consisted of nine participants and the average age of the participants was sixty-four years old. Most of the participants identified themselves as Mexican or Mexican-American. Furthermore, about seventy-eight percent reported that they were from the Catholic faith. Most of the participants practiced their religion on a regular basis. The average length of time that grandchildren lived with their grandparents was between four to six years. In this study, drugs and abandonment

were the two main reasons for grandparents raising grandchildren. The language most spoken in the home was Spanish and most of the grandparents reported that they were receiving social security.

As shown in table 1, grandparents were asked how their life was different now that they were raising their grandchildren. Over one-half of the respondents (56%) reported that there is no difference in their life while raising their grandchildren. Most of these participants reported that their grandchildren always lived within their home. The other 44 percent of the participants thought raising grandchildren made a difference in their life because of depression; being overworked or tired, felt more responsibility, and the difficulty of raising grandchildren (See Appendix E, Table 1).

One participant reported that raising her grandchildren was very tiring. Even when she closes her eyes, her mind never can rest because she is constantly thinking about what tasks she has to do the next day for her grandchildren. Another participant stated that raising her grandchildren is her responsibility. She believes that since the parents are unable to raise their children she has to take on the role of the parent.

Table 2 presents the respondents' views on the differences between parenting biological children and parenting grandchildren. Most (89 percent) of the grandmothers felt that raising their grandchildren was different than raising their own children. The findings showed that 56 percent of the participants felt it was different parenting their grandchildren because they had more time with their grandchildren and the family dynamics were different. A participant stated that when she had her children she had to work, whereas now she is able to stay home with her grandchildren. The other 44 percent of the participants stated that it was different because of the lack of financial resources, having to be strict, using support groups, being widowed, and some of their biological children were raised in Mexico (See Appendix E, Table Two).

Table 3 presents participants view on parenting style. The results indicated that 33 percent of the participants felt that their parenting style remained the same. However, 67 percent stated that their parenting style changed due to having more knowledge from a support group, lack of patience with their grandchildren, grandchildren getting into more trouble over biological

children, and more time to spend with their grandchildren.

One grandmother stated that, "I am able to play with my grandchildren now because I do not have to work, which is different from when I was raising my own children." Another grandmother reported that it was much different because she is running out of patience with her grandchildren. She reported that her "eldest grandson continually refuses to do what he is told." The answers were diverse as to why the parenting style changed, but most of the participants stated that it changed significantly since raising their children (See Appendix E, Table 3).

Moreover, table 4 presents reasons why the grandmothers were raising their grandchildren. The reoccurring themes that became evident were drug abuse, abandonment, or death of a parent. About 44 percent of the grandmothers reported that the biological parent was involved with drugs, whereas 33 percent stated that the biological parent abandoned their children or died at an early age. One grandmother's response was, "When they (parents) leave them with you and don't come back, what can you do? You have to take care of the kids."

Twenty-two percent responded that they were caring for their grandchildren because of incarceration or the biological parents were unable to care for their children. One participant stated that, "My son was in prison and so my daughter in-law, was in prison, they were in prison, they're out now, but I still have my grandson."

Furthermore, table 5 presents the feelings the participants have about raising their grandchildren. About 55 percent of the participants claimed that they were happy that they were raising their grandchildren. One grandmother said, "I feel happy that my grandsons are with me."

However, the other 45 percent reported that they felt responsibility, contentment, and happiness or a combination of all three. One participant explained that she was the responsible one at home. She also stated that the biological mom was not able to give the children security. Another grandmother stated that she felt responsible, happy, and content because her granddaughter was living with her. She explained that the biological mother went to Mexico and if she did not have her granddaughter it would be very hard for her because she

has lived with her granddaughter for a very long time (See Appendix E, Table 5).

Table 6 presents the grandmother's perceptions of their grandchildren's feeling about living with them instead of their biological parents. The results showed 44 percent of the participants claimed that their grandchildren felt a combination of happiness and being content, whereas 33 percent of the participants reported that their grandchildren felt that it was acceptable to live with their grandparents. However, 22 percent of the participants claimed that their grandchildren were angry or felt sadness because they had to live with their grandparents instead of their biological parents (See Appendix E, Table 6).

One grandparent stated that her grandchildren were peaceful and they feel fine about living in her home instead of their biological parent's home. She also said that her granddaughter often tells people, "I am rich because I have two moms." Another grandmother reported that her grandchildren feel happy and content. She stated that her grandchildren never want to move out of her home. However, one grandmother claimed that, "the younger

ones usually acts out and fights between each other. They say that they want their mother.”

Table 7 presents participants views on how they perceive the community feels about grandmothers raising their grandchildren. There were mixed findings. Around 44 percent of the participants reported that the community was supportive towards grandmothers raising their grandchildren. However, 33 percent of the grandmothers reported that there were concerns within the community.

One concern articulated by a respondent was that the grandmother's home became a convenient place for the parents to leave their children so that they did not have to take on the responsibility of raising their own children. Another participant stated that the community was unsupportive and worried that grandmothers were not able to care for the children. Finally, 22 percent of the participants stated that there was no difference for grandparents raising grandchildren within their community (See Appendix E, Table 7).

The results were mixed as seen by the answers of the participants. For instance, one grandmother claimed that the community felt it was a blessing to raise her grandchild, whereas another grandmother stated that a lot

of grandmothers were raising grandchildren in her community so there was no difference.

One participant stated that her community worries about her raising her grandchildren. She reported that many people in her community believe that her health is frail due to her having Leukemia last year. She felt that her community was not supportive about her raising her grandchildren. Many people within her community continually ask "what will happen to your grandchildren if you die?" This participant was very upset when asked this question and was physically upset at the thought of her grandchildren not having any other family members to go to if she was unable to care for them.

Table 8 represents the perception of normality in regards to grandparents raising their grandchildren. Two out of every three respondents affirmed that it is common practice in their culture for grandparents to raise their grandchildren. One respondent stated that grandparents help raise their grandchildren as a means of economic necessity. Another respondent suggested, "When children ask for help raising the grandchildren it is fine to do that." The rest of the grandmothers affirmed that it was normal and they did not elaborate.

Two of the respondents thought it was not normal or typical to raise their grandchildren. They talked about feeling obligated to raise their grandchildren because the children were abandoned and placed in their care. The third respondent who said that it was not typical was speaking from her experience while living in Mexico. She said that she "only heard of grandparents raising their grandchildren if the parent died" (See Appendix E, Table 8).

Table 9 presents the support system that the grandmothers had in place. When the grandmothers were asked whom they went to for advice, four out of nine respondents stated that they go to family members exclusively. However, one said that she goes to family members, the Kinship Center, and her church. The majority of the grandmothers rely on family members for advice, specifically their daughters. The fifth respondent said "I talk to my husband...Depression is a problem that is real big and he helps me a lot."

One respondent stated that there is nobody that she goes to for advice. Two of the grandmothers utilize their church with one of them utilizing the church exclusively. Two of the respondents utilize support groups with one

grandmother using them exclusively. There was only one respondent who said that they seek professional help in the form of doctors or hospitalization when seeking advice (See Appendix E, Table 9).

Table 10 reflects the grandmother's responses about the expertise they think they have and would be willing to share with others in similar situations. When answering the question, what would you tell other grandparents who find themselves raising their grandchildren? There were a variety of responses. For example, 56 percent of grandmothers mentioned that they would advise other grandparents to give love to their grandchildren. Needing patience with their grandchildren made up another 33 percent of the responses.

One grandmother said that giving attention to the children is important. However, another grandmother stated that, "if mom and dad are having problems raising their children then the children are better off with their grandparents." Another grandmother said that she would tell other grandparents to "do what they can." A different grandmother said it is the grandparent's responsibility to raise the grandchildren when the parents cannot or will not. The last grandmother said

that an explanation should be given to the kids about the current family situation (why they are living with grandma) and then they should be given supervision (See Appendix E, Table 10).

Table 11 presents the grandmother's perception of what they believe to be positive aspects in the relationship with their grandchildren. One-third of the respondents in the study reported that love and respect for one another was a positive aspect in their relationship with their grandchildren. Thirty-three percent of the grandmothers said that helping and teaching each other through the difficult times was a positive aspect in their relationship.

One grandmother told the researcher that her granddaughter cried a lot when she first lived with her grandmother. But after time spent together, the granddaughter told the grandmother, "I will no longer cry, I have cried enough for my parents." The grandmother said that the statement was positive for her granddaughter to make, but it still hurts the grandmother to hear it. Two of the nine grandmothers said that companionship and helpfulness were some of the positive aspects in their relationship. There was one grandmother

who said that a positive aspect in her relationship with her grandchildren was their ability to communicate (See Appendix E, Table 11).

Table 12 presents the respondent's level of interest in obtaining new information or skills in dealing with their grandchildren. The grandmothers were asked if they were interested in receiving educational services. About 44 percents of the grandmothers gave an affirmative answer on learning new skills. They stated that they were interested in classes that would teach them parenting skills, such as how to discipline and how to exhibit patience with their grandchildren. One grandmother told the researcher that she would like classes on "how to treat the kids better, and how to talk to them." Another grandmother said that she would like to learn skills through the Kinship support group. A different grandmother reported that she would like to have parenting classes in Spanish.

One-third of the grandmothers stated that they were not interested in educational services. One grandmother gave no explanation as to why she didn't want parenting classes. Another grandmother said "I cannot learn anything now, I do not have the memory, (and) I just

cannot retain information anymore." The last grandmother claimed that her health was an issue for being able to attend classes regularly (See Appendix E, Table 12).

Table 13 presents the social service needs that the grandmothers thought the children needed. Four out of nine of the respondents or 44 percent said that they would like to receive emotional and mental health services for their grandchildren. One grandmother said, "I don't need a counselor but I want one for the kids, but they say they don't qualify for counseling." Additionally, 45 percent of the respondents said that they did not need services for their grandchildren because they were already receiving services. The remaining 11 percent stated that they would like health insurance for their grandchildren who do not currently qualify for health insurance.

Furthermore, no respondent asked for financial services for their grandchildren. However, 56 percent of the respondents are receiving some form of financial assistance for their grandchildren. While 44 percent receive no financial assistance for the children at all. Four of the participants receiving financial assistance were receiving either the CAL Works subsidies or TANF and

the fifth participant was receiving social security benefits. Only three of the grandmothers stated that their grandchildren were receiving Medi-Cal (See Appendix, Table 13).

Table 14 presents the social service needs that the participants felt that they needed. When grandmothers were asked what social services they would like to receive for themselves, 56 percent reported that they did not need any services. All five of those grandmothers who said that they did not need services, already have some form of services. Some examples are TANF, Social Security or Cal Works. The issue most of the grandmothers discussed was that they do not have health insurance.

Approximately 78 percent of the grandmothers said that they would like medical benefits, but do not qualify. Around 22 percent of the grandmothers claimed that they would like emotional and mental health services, but they did not qualify due to age and immigration status. One grandmother said that they need emotional, mental health and financial services. Her services were terminated due to an inability to complete the necessary forms. Three grandmothers do not qualify for medical services due to their age. The final

participant stated that she needs medical insurance. She has no insurance and has Diabetes and claims that her vision is not good. She reported that she has tried to get medical insurance through Inland Empire Health Plan (IEHP) and Medi-Cal. Each program representative referred her to the other; for instance, she told the researcher that when she called IEHP they said she does not qualify and referred her to Medi-cal. The same thing occurred when she called Medi-Cal; they referred her to IEHP (See Appendix E, Table 14).

The results showed that most of the grandparent's life was different while raising their grandchildren. The majority of the grandmothers reported that their parenting style remained the same. The results showed that substance abuse and abandonment were the two main reasons as to why they were raising their grandchildren. Most of the grandmothers expressed that they experienced happiness and love while raising their grandchildren.

Furthermore, the majority of the grandmothers stated that their grandchildren felt happy and content in their living situation. Additionally, the majority of the community was supportive of kinship families. Around two-thirds of the grandparents believe that it is normal

within their culture to raise grandchildren. The study showed that there was a variety of advice that would be given to other grandparents. Love, Respect, and helping were reoccurring themes of positive aspects within the relationship between the grandmother and her grandchildren. Most of the respondents were interested in learning additional skills to help raise their kin. Most grandmothers wanted emotional and mental health services for their grandchildren, whereas most of the grandmothers only wanted medical services for themselves.

Summary

The purpose of this chapter was to look at the experiences of nine Hispanic grandparents taking on the primary caretaker role. The interview guide consisted of fourteen questions that focused on parenting a second time around. The results showed that these grandmothers do not have adequate resources to take care of their kin; however, these grandparents were happy to be raising their grandchildren.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter five explored an in-depth discussion on the strengths and struggles of nine Hispanic grandmothers parenting a second time around. This chapter had four sections within this study. The first section was the discussion of reoccurring themes that were found in the results of the study. The second section looked at the limitations within this study. The third section discussed recommendations for future social work practice, policy and program creation for Hispanic kinship caregivers. The fourth section was the conclusion for this study of Hispanic grandmothers parenting a second time around.

Discussion

One key finding of the study was that over half of the Hispanic grandmothers interviewed said that their lives were not different as a result of raising their grandchildren. The rest of the respondents discussed how raising their grandchildren affected their health and relationships with both their grandchildren and their

children. The findings are consistent with the previous studies of (O'Brien, Massat, & Gleeson 2001), and (Jones, Harden, Clyman, Kriebel & Lyons 2004) who found that many caregivers struggled with their feelings of ambivalence about raising their grandchildren because the family dynamics changed.

A second key finding was none of the respondents mentioned they would like financial support for raising their grandchildren when asked what services they would like to receive for their grandchildren. There was only one grandmother who discussed a need for financial resources in the interview. This particular grandmother was only receiving widower's social security benefits and was raising three grandchildren with no other means of support. Additionally, she came from a well-to-do family in Mexico, so her discussion revolved around her inability to provide for her grandchildren the way she had been accustomed to providing for her own children.

The researchers speculated that the rest of the participants did not discuss financial resources as a cultural practice. Within the Hispanic community, people of lower socioeconomic status do not generally discuss finances with people outside their culture. In the

researchers past experience working within the Hispanic population, they observed people within this culture focus on what financial resources they have available rather than their lack of financial resources. There was no literature that addressed Hispanic culture and how they viewed finances, which left the researchers to draw from their own experiences living and working within the Hispanic community.

The third key finding was that the grandmothers in the study emphasized a need for emotional and mental health services for their grandchildren and for medical services for themselves. One grandmother stated that she feels that her grandson needs mental health services. However, they continue to be denied services because he "doesn't have major problems so he doesn't qualify for counseling, even if he really needs it." These findings seem to resonate with the O'Brien, Massat, & Gleeson (2001) study. They found that the types of services kinship families require may be the same as those who are in foster care, such as, counseling and other resources.

More than half of the grandmothers interviewed have no health insurance. This was of great concern because they are the primary caregivers and the transmitter of

cultural norms and values for their grandchildren. In most cases; there is no one else to take their place, which would force these children to be placed within the foster care system. Another family crisis can occur in the event that they become too ill to continue to be responsible for raising their grandchildren due to their infirmity and lack of medical resources.

The fourth key finding was that one of the major reasons for the grandmother stepping into the role of parent for their grandchildren was due to substance abuse. Substance abuse led to the incarceration or abandonment of the children in 78 percent of the responses in this study. The other 22 percent was due to parental death, and parent inability to care for their children due to work constraints. These findings suggest that substance abuse was largely the cause for trauma within families. It would be important to study the variable within the Hispanic population that lead to substance abuse, which is well beyond the scope of this study.

The fifth key finding was most of the grandmothers in the study reported that they had a positive relationship with their grandchildren. The grandmothers

reported feelings of happiness, love, and contentment as a result of raising their grandchildren. The grandmothers also said that they thought that their grandchildren too were happy, content, and accepting of the situation. One grandmother stated that her grandson got mad whenever his friends referred to his grandmother as his grandmother. He insisted that his grandmother was his mom and did not like it when anyone else said differently.

The findings in this study are comparable to those in the Keller et al's (2001) study. Keller et al (2001) examined problem behaviors and competences by conducting three competency scales that measured the child's skills and adaptation. The results showed that children in kinship care shared similar results to those of the general population of youth. Both groups showed higher competence in getting involved in activities, creating and maintaining social networks and in overall school performance. They also exhibited lower behavioral problems. In this study, the grandmother's did not mention behavior issues; however, they discussed needing counseling for their grandchildren to help them deal with the fact that their biological parents are not raising them.

The sixth key finding was that nearly every grandmother interviewed became emotional when asked about the positive aspects within their relationship with their grandchildren that they are caring for. Again, the researchers must speculate as to why this occurred, as there is no literature that addresses the Hispanic community Kinship placements, let alone from a strength-based perspective. The researchers hypothesized that few professionals and service providers working with these particular grandmothers has come from the strengths based perspective, while seeking knowledge about what was positive and working within their family.

The literature has identified dialectical conflicts that can affect the family system. For example, the kin care providers are taking on the role of a primary caregiver while simultaneously experiencing some sort of crisis due to his or her child not being able to fulfill the role as parent. The best practice that appears in the literature is using a psychodynamic theoretical basis to treat the family system. Within kinship placements, the family members are going through a crisis that affects the attachments within the family system. Kinship placements are used as a way to create permanency for

children within the Child Welfare system; however, these placements are receiving limited direct practice, which ultimately holds the family in this dialectical pattern of conflict between family members. Many kin caregivers are constantly conflicted within by their dual roles as both parent and grandparent to the grandchildren that they are raising. Services for kinship providers need to be created to treat the trauma that these kinship family members are enduring.

In this study, one can see that this holds true for these nine participants. Many of them reported that they feel depressed, overworked, tired, and lonely, while raising their grandchildren. The reoccurring themes that became evident were that most of the grandmothers did not have adequate resources to help them raise their grandchildren. Most of the grandparents showed introspection and realized that they needed additional skills to help raise their grandchildren. Over half of the participants reported that they were very happy while raising their grandchildren, which was different than the past literature.

It was reported by most of the participants within this study that their community was very supportive and

Hispanic grandmothers would benefit from utilizing community-based organizations while raising their kin. The policies in place as of 2006 all focus on permanency for children within the foster care system. However, there are very few policies that have been created around the needs of kinship providers within the County of San Bernardino. Most of the participants within this study are not looking for financial assistance; however, they do want and need medical insurance for themselves and mental health services for their grandchildren. This study was only a small glimpse into a growing problem within the United States. Kinship placements are utilized by Child Welfare agencies whenever possible. The policies, programs, and services need to be designed around the cultural needs of all grandparents parenting a second time around.

Limitations

This study is not generalizable across all Hispanic grandmothers due to being a qualitative design. The sample size was small and this was a limitation within this study. Another limitation within this study was the researchers were unable to go into the participant's

homes. Many of the participants had issues with transportation, which created a barrier for the researchers within this study. The language barrier was another limitation within this study. Even though a translator was present during the interview some of the context of the questions was lost in translation and this made it difficult for the researchers to fully understand some of the answers that the participants gave the researchers. This study was limited to participants on or below the poverty line, which does not represent other Hispanic grandmothers who are from middle to upper socioeconomic status within San Bernardino County.

Recommendations for Social Work Practice, Policy and Research

Since 1997, the trend moved to permanence for children who are residing within the foster care system (Berrick, 1997). This was seen in the creation of Adoptions and Safe Families Act, which was a policy that fosters family responsibility for their kin (Cuddeback, 2004). This policy utilized kinship placements whenever possible over the traditional foster care family (Berrick, 1997). As of 2006, there are little studies done with Hispanic grandmothers who are kin care

caregivers. However, the past literature showed that kin care caregivers needed financial resources, social support groups, and medical insurance (Henderson and Cook, 2005). In this study of Hispanic grandmothers, the participants reported that they were in need of insurance for themselves and emotional and mental health services for their grandchildren. Most of these participants are informal kinship caregivers and do not have ties to social services, which leaves many of them with insufficient resources to raise their grandchildren.

Swan and Sylvester (2006) reported that private or informal kin care caregivers live on or below the federal poverty line. This was seen in the participants within this study. Almost all of them are living on some form of social security, which was meant to support an individual not an entire family unit. Most of the grandmothers were sixty-four years of age and did not work due to being elderly or sick.

The recommendations for future social work practice are providing programs that are home-based for Hispanic kinship caregivers. In this population, transportation was one of the largest barriers to gaining access to services. Community based organizations that have kinship

programs would best suit this population due to immigration status and cultural practices of Hispanic grandmothers. Many of the participants commented on needing help in filling out forms and not having adequate knowledge as to what services are available within their community. Therefore, workshops would be beneficial to this population, which could link them to services in their area and teach them how to fill out the complex forms for services. In the future, the creation of culturally sensitive programs would be very beneficial to Hispanic kinship caregivers.

The policies that are in place for kinship placements are vital in creating permanence for children who cannot reside with their biological parents. Moreover, grandmothers who take on the responsibility of caring for their kin need financial and emotional support to properly care for their grandchildren. Child Welfare agencies need to collaborate with other organizations to meet the needs of informal kinship providers. For example, Orange County Children and Family Services created a program called Healthy Tomorrows. This program used master level social workers and placed them within the school setting. This program was used as a preventive

approach to child abuse; however, many of the families seen within this program were informal kinship families. This program was able to identify informal kinship placements and link them to community based organizations like Catholic Charities and the Corbin Center in Orange County, which delivered financial and mental health services.

Carpenter and Clyman (2004) reported that informal kinship placements were used ninety percent of the time. A lot of the participants were informal kinship providers, which rendered them invisible to the Department of Children and Family Services. In order to lessen the gap in services, universal health care needs to be created for kinship placements. This would allow all kinship caregivers and their kin equal access to health care services regardless of their informal or formal kinship status. Also, it might be beneficial for the Department of Children and Family Services of San Bernardino to be involved with informal kinship caregivers. This would be beneficial to informal kinship caregivers because they would be able to gain access to services within the County of San Bernardino.

Policies need to support kinship providers in allowing them to have access to the same services as foster care children within the system. Grandparents raising grandchildren have a double bind, which is that grandmothers experience a role conflict due to being a parent and a grandparent (Climo, 2002). This causes distress for the grandparents and thus policies need to include this element when creating policies for kinship placements.

Programs need to be created around the issue of generational conflicts, within the family unit, in order for the family to successfully overcome the trauma that it has endured. A collaboration of community based organizations and Child Welfare agencies' resources would be beneficial in creating and dispensing services to Hispanic kinship caregivers. Future policies need to be created to support the family unit through the journey of parenting a second time around. Many of the grandmothers felt isolated and frustrated towards county based agencies due to lack of communication and fear of county-based practices for kinship placements.

Future research is desperately needed for Hispanic kinship caregivers. There is such a huge gap in the

literature about Hispanic grandmothers that this population needs further academic investigation, in order to fully understand the dynamics and experiences within this population. Future research could expand on this qualitative study design so that comparisons could be drawn along socioeconomic status and ethnic diversity. This could lead to a better understanding of the experiences of culturally and economically diverse people parenting a second time around.

Conclusions

The researchers were able to learn personal anecdotes from nine Hispanic kinship providers raising their grandchildren. The study used a qualitative design, which consisted of face-to-face interviews. One could see that these courageous grandmothers were very happy about raising their grandchildren, which was different from the past literature on kinship. The grandmothers expressed sadness when the researchers asked them the questions on parenting a second time around. Many of the grandmothers felt that they had insufficient resources while raising their grandchildren. For instance, over half of them reported that they need medical insurance for themselves.

They also reported that their grandchildren need mental health services. The literature showed that attachment therapies help with treating the trauma within kinship families.

Future practice needs to incorporate culturally sensitive programs and policies for Hispanic kinship caregivers. In today's society, a lot of the Hispanic population is invisible within this society due to immigration status and cultural practices. Moreover, community based organizations would be very beneficial to kinship caregivers because these agencies reside within the community in which these Hispanic grandmothers are stakeholders. With permanency as the goal for children within the foster care system, Child Welfare agencies need to give kinship providers the same services that foster children receive. Informal kinship providers are at risk for not receiving any type of services; therefore, Department of Children and Family Services needs to be involved with informal and formal kinship placements. This would allow all kinship caregivers equal access to services within the County of San Bernardino.

APPENDIX A
QUESTIONNAIRE

Interview Guide

1. How is your life different not that you're raising your grandchildren from what you thought it would be before they came to live with you?
What things have changed?
What things remained the same?
2. What if any differences are there in the way that you parented your children and the way that you are parenting your grandchildren?
3. Why do you think that you have changed your way of parenting?
4. Why are you raising your grandchildren?
5. How do you feel about raising your grandchildren?
6. How do you think your grandchildren feel about you raising them instead of their parents?
7. What do you think people in your community or family think about you raising your grandchildren?
8. Is it typical or normal in your culture for grandparents to help raise their grandchildren?
9. Who do you go to for advice if you feel upset or frustrated?
10. What would you tell other grandparents who find themselves raising their grandchildren?
11. Tell me about the positive things in your relationship with your grandchildren.
12. Are you interested in learning different or new skills that could help you in raising your grandchildren?
13. What services would you like to receive financially, emotionally, and/or mentally for your grandchildren?
14. What services would you like to receive financially, emotionally, and/or mentally for yourself?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate Hispanic grandmother's experiences raising grandchildren. This study is being conducted by Kellene Lambert and Deborah A Price under the supervision of Dr. Janet Chang, PhD, Associate professor of Social Work . This study has been approved by the Institutional Review Board, California State University, and San Bernardino.

In this study you will be asked to respond to questions about your experience as a Hispanic caregiver. The interview should take about 45 to 60 minutes to complete. We ask that you allow us to audio-tape your responses. Your audiotape will be held in the strictest of confidence by the researchers. Once a transcription of your audiotape is completed the tape will be destroyed and your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion after September 30, 2007 at the following location, Pfau library on the campus of California State University San Bernardino at 5500 University Parkway, San Bernardino, California, 92407.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the interview, you will receive a debriefing statement describing the study in more detail and, you will be given \$20.00 dollars to thank you for your participation in the study. In order to ensure to validity of the study, we ask that you not discuss this study with other participants. There is no foreseeable immediate benefit to you, however, the information you provide may help social workers, policy makers and nonprofit organizations better understand some of the services that may be beneficial. There may be some minor risk to you in completing the interview. You may feel some discomfort discussing your experiences or you may feel some discomfort about participating in the study. If you have any questions or concerns about this study, please feel free to contact my Dr. Chang at (909) 880-5184.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here

Today's date: _____

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed was about your experiences as a kin caregiver. The researchers were particularly interested in your personal experiences as a primary caregiver. They were also interested in the types of services you received or services you expressed could be beneficial. The goal of the study was to have an in-depth understanding of Hispanic kinship caregiver needs for emotional, financial, and educational (parenting skills, resource management) support. Information obtained from the study will be used to teach social work students how to make the best placements possible and support relatives (kin caregivers) who are caring for dependent children.

Thank you for participating in this study and for not discussing the contents of the interview with other people. If you feel uncomfortable or distressed as a result of participating in the study, you are advised to contact Family Services Association of Western Riverside County at (909) 686-3706 or Catholic Charities at (909) 370-1293. If you have any questions about the study please feel free to contact Professor Janet Chang PhD at (909) 880-5184. If you would like to obtain a copy of the findings of the study, you can contact the John M. Pfau library at (909) 537-5090, located on the California State University San Bernardino campus at 5500 University Parkway, San Bernardino, California, 92407.

APPENDIX D
DEMOGRAPHICS

DEMOGRAPHICS

What is your ethnicity? _____

What is your age? _____

How many grandchildren reside in your home? _____

What are their ages? _____

How long has your grandchild or grandchildren lived with you? _____

How long have you resided in the United States? _____

Are you a United States citizen? _____

What is your religion? _____

Do you practice your religion? _____

What services if any are you receiving? _____

APPENDIX E

TABLES

Table 1. Feelings of Raising Kin

Categories from question 1	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Depression	1	.11
Tired/overworked	1	.11
More Responsibility	1	.11
Same/no difference	5	.56
More Difficult	1	.11

Table 2. Differences in Raising Grandchildren over Biological Children

Categories from Question 2	Grandmothers Kinship (N = 9)	
	N	%
Different/raised kids in Mexico/relationship dynamics	2	.27
Using a support group	1	.11
More time with grandchildren over biological children/not working	2	.27
Lack of financial resources	1	.11
More Strict	1	.11
No Difference	1	.11
Older/Less Energy/Widowed	1	.11

Table 3. Changed Parenting Style

Categories for question 3	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Give more attention	1	.11
Gained knowledge in a support group	1	.11
More time for grandchildren	2	.22
Parenting style the same	3	.33
More trouble for kids to get into	1	.11
Lack of Patience	1	.11

Table 4. Reasons for Raising Grandchildren

Categories from question 4	Grandmothers (N = 9)	
	N	%
Biological parent on drugs	3	.33
Abandonment/death of a biological parent	4	.44
Incarcerated	1	.11
Parents are working/unable to care for the child	1	.11

Table 5. Grandmother's Feelings about Raising Grandchildren

Categories for question 5	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Responsibility	1	.11
Happiness/Love	5	.55
Content	1	.11
Responsibility/Happiness/Content	1	.11
No Answer	1	.11

Table 6. Grandchildren's Feelings about Grandmothers as Primary Caretaker

<u>Table 6</u> <i>How do your grandchildren feel about you raising them</i>	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Acceptable	3	.33
Happy/content	4	.44
Angry	1	.11
Sadness	1	.11

Table 7. Community Views on Grandmothers Raising Kin

Categories for question 7	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Worried because failing health	1	.11
Supportive/thinks it's a good idea	4	.44
Unsupportive	1	.11
No difference	2	.22
Convenient for daughter	1	.11

Table 8. Cultural Normalcy for Raising Kin

Categories from question 8	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Not normal	3	.33
Normal	6	.67

Table 9. Advisory for Feelings of Frustration and Sadness

Categories from question 9	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Nobody	1	.11
Church/parishioners	1	.11
Support group	1	.11
Family members	4	.44
Family/Support group/church	1	.11
Doctor/Hospital	1	.11

Table 10. Advice for other Grandparents Raising their Kin

Categories from question 10	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Give love and attention	2	.22
Grandmother's responsibility to raise her grandchildren	2	.22
Better to be with grandparents if parents have problems	1	.11
Explain situations and give guidance	1	.11
Love/patience	2	.22
Love/patience/strength	1	.11

Table 11. Positive Aspects of Raising Kin

Categories from Question 11	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Love/Respect one another	3	.33
Helping/teaching one another through hard times	3	.33
Helpful/companionship	2	.22
Communication	1	.11

Table 12. Interest in Learning New Skills

Categories from question 12	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Parenting skills/patience/discipline/	4	.44
Support group	1	.11
Not interested	3	.33
Parenting Classes in Spanish	1	.11

Table 13. Grandchildren's Needs for Services

Categories from question 13	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Emotional/Mental health	4	.44
Financial	0	0
Health Insurance	1	.11
None	4	.44

Table 14. Grandmother's Need for Services

Categories from question 14	Grandmothers Kinship (N = 9)	
	<u>N</u>	<u>%</u>
Emotional/Mental Health	2	.22
Financial/ Medical Insurance	1	.11
Need all three emotional/Mental Health/Financial	1	.11
None/already have resources	5	.56

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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:

Assigned Leader: Deborah Price

Assisted By: Kellene Lambert

2. Data Entry and Analysis:

Assigned Leader: Kellene Lambert

Assisted By: Deborah Price

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Kellene Lambert & Deborah Price

b. Methods

Team Effort: Kellene Lambert & Deborah Price

c. Results

Team Effort: Kellene Lambert & Deborah Price

d. Discussion

Team Effort: Kellene Lambert & Deborah Price